

**Agenda
item**

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Board of Directors meeting in Public
Thursday 28 May 2020 at 10.15am
Meeting held virtually on Microsoft Teams

Present:	Professor Gerry Armitage Non-Executive Director (Deputy Chair) Maz Ahmed Non-Executive Director Andrew Chang Non-Executive Director Dr Zulfi Hussain MBE Non-Executive Director Simon Lewis Non-Executive Director Carole Panteli Non-Executive Director (Senior Independent Director) Brent Kilmurray Chief Executive Phil Hubbard Director of Nursing, Professions and Care Standards (from agenda item 10) Paul Hogg Director of Corporate Affairs Sandra Knight Director of Human Resources and Organisational Development Tim Rycroft Chief Information Officer Liz Romaniak Director of Finance, Contracting and Facilities Dr David Sims Medical Director
In Attendance:	Sarah Jones NeXT Director Programme (observer) Fran Limbert Corporate Governance Manager and Deputy Trust Board Secretary Two Governors representing public constituencies.

Minutes

Item	Discussion	Action
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3676 Welcome and Apologies for Absence (agenda item 1)

The Deputy Chair, Professor Armitage, opened the virtual meeting via Microsoft Teams at 10.15am and confirmed that apologies for absence had been received from: Cathy Elliott, Chair of the Trust; and Patrick Scott, Chief Operating Officer. He thanked colleagues for their continued hard work during the COVID-19 pandemic.

The Board welcomed Maz Ahmed as a new member, following Mr Ahmed recently being appointed by the Council of Governors as a Non-Executive

Director for the Trust. Professor Armitage welcomed Sarah Jones who was observing the Board meetings as part of Mrs Jones undertaking the NHS England/Improvement NeXT Director Programme.

Professor Armitage outlined that the Trust continued to follow national guidance in response to the pandemic with the corporate governance meetings continuing to meet to receive reports scheduled through pre-agreed work programmes; and urgent items as required.

The Board of Directors was quorate.

3677 Declarations of and Conflict of Interest (agenda item 2)

No conflicts of interest were made in respect of agenda items to be discussed.

3678 Questions Received (agenda item 3)

The Corporate Governance Manager explained that no advance questions had been received.

3679 Minutes of the previous meeting held in public on 26 March 2020 (agenda item 4)

The minutes of the public Board of Directors meeting held on 26 March 2020 were agreed as a true and accurate record.

3680 Matters Arising (agenda item 5)

The Board noted that there were no matters arising.

3681 Action Log (agenda item 6)

Ms Limbert presented the cumulative action log which showed those actions previously agreed by the Board, she explained that all actions had been completed as outlined within the report.

The Board agreed to close the actions that had been recognised as complete.

3682 Chief Executive's Report and COVID-19 Update (agenda item 7)

The Chief Executive informed the Board that the Care Quality Commission (CQC) had published on 27 May 2020 the report for adult inpatient mental health, and Psychiatric Intensive Care Unit services for the inspection that had taken place during March 2020. He outlined that an inspection of those services had taken place February 2019 and resulted in an overall rating of inadequate, with the CQC issuing a Section 29A Warning Notice to the Trust that identified

eight areas deemed inadequate across the safe and well led domains. The Board noted that the recent inspection had seen a rating of good across each of the five CQC domains being received by the Trust in relation to the report for adult inpatient mental health, and Psychiatric Intensive Care Unit services. Mr Kilmurray explained how the Care Trust Way methodology and performance management framework supported continuous improvement within the Trust and external partnership arrangement, with the framework being integral to supporting the continuous improvement that had been evidenced through the report for adult inpatient mental health, and Psychiatric Intensive Care Unit services being rated as good across all domains. He thanked stakeholders for their ongoing support during the progress made on continuous improvement within the Trust.

Next, Mr Kilmurray informed the Board of key topics that had been discussed at the Trust's Gold Command, of which Andrew Chang (as Audit Committee Chair); and Cathy Elliott (as Chair of the Trust) were members. The Board noted the supporting governance framework for Gold Command and the ongoing engagement it had with colleagues and external partners. Topics that had been considered by the Committee included: Black, Asian and Minority Ethnicity staff risk assessments; Personal Protective Equipment (PPE); bed management; Children's Services and safeguarding; Care Homes support; and discharge.

The Board then heard that the Trust had established a Recovery and Resilience Cell to look at learning from changes that had taken place in response to the pandemic. He outlined that colleagues had adopted new ways of delivering services and undertaking their daily work, which had included in some situations changes in how service users had received Trust services. Mr Kilmurray said that the Care Trust Way methodology was supporting the programme that involved ongoing engagement with individuals to understand their experience of the changes. The Board heard that Professor John Wright's (Bradford Institute for Health Research) crisis matrix had been used to explore the changes that had taken place, and to understand through the learning process which ones the Trust may wish to: end; amplify; let go; or restart. A Learning Week had been established that had involved over 700 colleagues and over 150 service users to gather feedback, and through a series of engagement events that involved over 300 colleagues. The Board heard that initial learning had been reviewed by the Executive Management Team with further engagement work scheduled to understand key themes that had been identified and a review of the Trust's strategic priorities and supporting annual plan.

Finally, Mr Kilmurray outlined work taking place by the Bradford and Craven Mental Health Partnership Board in response to the pandemic. He outlined that a task and finish group had been established by the Mental Health Forum to mobilise additional clinical commissioning group-funded mental health support for the district. The Board heard that 23 projects had been developed and supported by the group.

Next the Director of Nursing, Professions and Care Standards as the Incident Director, provided an update on the Trust's continued responses to the pandemic. She outlined how the Incident Control Room operated which included regular review each day of agreed performance metrics within the Incident Dashboard and the identified COVID-19 risk register. The Board heard that the internal and external Command structures continued to operate with a focus for the Trust being on engagement with different stakeholders. To further support staff engagement plans, a weekly question and answer session had been established with members of the Executive Management Team.

The Board heard that work had taken place on risk assessments, for individuals based at Trust premises, and Black, Asian and Minority Ethnicity colleagues, with further programmes scheduled for clinically vulnerable colleagues; and members of staff working from home. Work continued to take place with staff partnerships and the Aspiring Cultures Network to ensure information was shared and discussed, and a diverse membership was seen across Trust programmes.

The Board heard that key areas of focus for the Incident Control Team had been: the establishment of an Ethics Committee (and PowerPoint support pack that had been developed by Professor Armitage); revision of policies and procedures in accordance with changing national policy and guidance; establishment of a Clinical Board; PPE training, audit, and supply; and supporting safeguarding. Mrs Hubbard reported that there were no COVID-19 positive cases within Trust wards, with the COVID-19 community teams continuing to provide specialist healthcare to adults and children across the district.

Mrs Hubbard outlined the supporting framework for PPE procurement and distribution, that included mutual aid agreements with external partners including Care Homes. Nationally, there had been a reduction in referrals during April 2020, with the Trust seeing an increase in admissions and the acuity of service users during May 2020. Mr Kilmurray outlined work that had taken place to understand how cohorting of inpatients could support a revised bed model within the service, which would be supplemented by services understanding occupancy levels in light of further peaks of COVID-19 expected nationally.

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A discussion on learning and continuous improvement took place, with the Board recognising the importance of triangulating data and intelligence. **It was agreed that an update on the Recovery and Resilience Cell would be presented to the Board of Directors on 25 June 2020.** Mr Kilmurray outlined how the Care Trust Way Master Coaches supported the learning week and ongoing associated workstreams with the Recovery and Resilience Cell. Professor Armitage reminded the Board of the externally funded research opportunity across Bradford to review the health economy's response to the pandemic; study, led by the PSTRC, which would provide a published report. He explained that the study would be published and would include case studies

to further outline the data captured from the Trust and Bradford Teaching Hospitals NHS Foundation Trust.

The Board thanked colleagues for their ongoing hard work and support during the COVID-19 pandemic and welcomed opportunities for lessons being learned to support progress made towards the Trust's continuous improvement aspirations.

3683 Care Quality Commission Update (agenda item 7)

Mrs Hubbard outlined that a rating of good had been received across each of the five CQC domains from the latest inspection to adult inpatient mental health, and Psychiatric Intensive Care Unit services. She explained that following the inspection of the same services that had taken place February 2019 the Trust had received an overall rating of inadequate and an associated Section 29A Warning Notice. The Notice had identified eight areas within the safe and well led domains that were inadequate and required significant improvement. The Board noted that the Trust's performance management framework and Care Trust Way methodology had supported continuous improvement being made to services, with the Notice being removed by the CQC following a re-inspection of the two service areas during September 2019.

Colleagues had reported how proud they felt of their achievements in ensuring that the services provided high quality and safe care. The CQC had recognised that staff members assessed and managed risk well; minimised the use of restrictive practices; managed medicines safely; and followed good safeguarding practices. The Board noted that holistic recovery orientated care plans were in place that were informed by ongoing engagement with service users and carers, and a comprehensive assessment. This further supported that clinical colleagues understood the individual needs of service users and that this was supported by well-developed governance processes.

Mrs Hubbard outlined that no regulatory action would be taken following the inspection as there had been no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ten 'should do' areas had been identified for further development which would be monitored by the Compliance Group. The Board heard that the CQC had begun observing the Trust's corporate governance meetings virtually and noted that further development work to support the Trust's aspirations within the well led programme would be presented to the Board of Directors on 25 June 2020.

The Board discussed the improvements that had been seen and noted the importance of the Care Trust Way methodology and the performance management framework. Work had taken place to enhance governance frameworks that were co-owned and developed in partnership. The framework supported service-user centred conversations taking place by a multi-disciplinary team of professionals that was responsive to the healthcare needs

of the individual and the service environment. Mr Kilmurray reminded the Board of the work that had taken place to implement the functional medical model in summer 2019 to further support clinical leadership across services.

The Board welcomed further developments within the well led workstream to continually strengthen governance processes and provide additional structures. Work would take place to ensure that learning took place across Trust services to ensure a consistent and systematic framework was applied.

3684 COVID-19 Revisions to Trust Policies and Procedures (agenda item 7.1)

In response to the COVID-19 pandemic and the changes required to continue to deliver safe and effective care the Board noted that six policies had been revised and published on CONNECT, the intranet system. The policies were: death and dying; supporting attendance; infection prevention and control; smoking cessation; volunteering; and complaints. The Board was reminded of the revision made to the Trust's governance framework in response to the establishment of the Command structure, where Silver Command had delegated authority to approve Trust policies and procedures.

The Board noted that policies and procedures continued to be reviewed in response to the pandemic with a log of revisions made established to support further review.

3685 COVID-19 Virtual Board Quality and Safety Visits (agenda item 7.2)

Mr Kilmurray informed the Board that Executives and the Chair of the Trust had undertaken several visits meeting with clinical teams and managers across a number of different engagement events. The virtual visits had been positively received by colleagues and had provide Board members with an opportunity to continue with the quality and safety visit programme that had been temporarily paused in March 2020 due to the pandemic. A report on the engagement visits that had been undertaken was presented to the Board along with a proposal to outline how the visits could be further developed to provide opportunity for all Board members to engage with services. The revised quality and safety visit programme would take place through virtual visits until the end of August 2020 and would provide an opportunity for Governors to join the visit to provide them with a chance to witness the Non-Executive Director fulfilling their role, and for them to find out more about the services that the Trust provided.

The Board noted the virtual visits that had taken place during the pandemic and agreed the proposal to continue with virtual visits until the end of August 2020. It was agreed that formal feedback to teams would continue within this revised quality and safety visit process.

3686 Escalation and Assurance Reporting: Audit Committee held 26 May 2020
(agenda item 8.1A)

Mr Chang thanked Nicky Green, Governor - Public Keighley, for observing the meeting. He informed the Board that the Committee had reviewed the draft Annual Report, Annual Accounts, Annual Governance Statement, and Draft Internal Audit Head of Audit Opinion for 2019/20. The key financial performance for 2019/20 had involved working towards delivering the mandated control total that resulted in a surplus of £400,000 better than plan. Mr Chang outlined that it had resulted from the Trust receiving additional mental health funding of £457,000; a £4,000 improvement from pre-planned position; and £61,000 untaken annual leave agreed to be carried forward in response to the pandemic as a deviation to the plan. The Board heard that key changes within the reporting framework had included a Modern Equivalent Asset Revaluation that KPMG as the external auditor had audited; and reclassification of lease/rental agreements in preparation for IFRS16 implementation that had been expected 1 April 2020 and had been deferred until 1 April 2021.

Assurance had been received by the Committee on the work of the Internal Auditors; External Auditors; and Local Counter Fraud Specialists who had outlined how their programmes had been affected by the pandemic. A report had been presented that outlined the 2020/21 draft Internal Audit plan that was being continually developed in partnership with members of the Executive Management Team and the Non-Executive Director Chair's of the Board sub-committees. The Board noted that the bi-annual litigations report; and Annual Data and Information Assurance Report had been scrutinised by the Committee.

The Board noted the assurances that had been received by the Audit Committee and welcomed the update provided.

3687 Escalation and Assurance Reporting: Audit Committee Annual Report 2019/20
(agenda item 8.1B)

Mr Chang presented the annual report for the Audit Committee to the Board and outlined activity undertaken during 2019/20. The Board noted that the report provided an overview on how the Committee had fulfilled its duties in line with its terms of reference. The report had been presented to the Committee on 26 May 2020 and approved as a final record.

The Board received the Audit Committee Annual Report 2019/20 and were assured that the Committee had fulfilled its duties for the year.

3688 Escalation and Assurance Reporting: Finance, Business and Investment Committee held 26 May 2020
(agenda item 8.2A)

Mr Chang thanked Mr Colin Perry, Governor – Bradford West for observing the meeting that had taken place on 26 May 2020. At the Committee, a discussion

had taken place on the national revisions to the financial and capital plan programme due to the pandemic. The revisions made to the Trust's financial governance arrangements had been reviewed and the Committee were assured on the temporary amendments that had been made, noting that Audit Yorkshire had completed a review to scrutinise the Trust's governance arrangements.

The Board noted that work undertaken to seek assurance on the Trust's Cyber Security framework in response to the pandemic had taken place with an update on the Trust's Digital Strategy had also been presented at the meeting. The Committee had been assured on the findings from the Internal Audits that had been presented to support learning across the Board sub-committees.

Mr Chang informed the Board that the Dashboard and Internal Communications Review had been scrutinised by the Committee, with members also receiving a report on the Lone Worker Pilot as part of the Trust's health and safety workstream.

The Board welcomed the update provided and were assured on the activity undertaken by the Finance, Business and Investment Committee.

3689 Escalation and Assurance Reporting: Finance, Business and Investment Committee Annual Report 2019/20 (agenda item 8.2B)

Mr Chang presented the annual report for the Finance, Business and Investment Committee to the Board and outlined activity undertaken during 2019/20. The Board noted that the report provided an overview on how the Committee had fulfilled its duties in line with its terms of reference. The report had been presented to the Committee on 26 May 2020 and approved as a final record.

The Board received the Finance, Business and Investment Committee Annual Report 2019/20 and were assured that the Committee had fulfilled its duties for the year.

3690 Escalation and Assurance Reporting: Mental Health Legislation Committee held 21 May 2020 (agenda item 8.3A)

Mrs Panteli thanked Mr Colin Perry, and Dr Sid Brown, Governor – Public Shipley, for observing the meeting. She welcomed Dr Suresh Bhoskar, Consultant; and Dr Abdul Qayyum, Consultant who had joined the Committee as regular attendees. The Board also heard that two Involvement Partners had requested to join the Committee as regular attendees with both being supported through the Trust training programme.

Mrs Panteli outlined that discussion on the Trust's risk management framework had taken place noting the formal Board Assurance Framework, and Corporate Risk Register reports. Continuous improvement work was taking place across

the Trust in preparation for the refresh of the Risk Management Strategy, Committee members had welcomed future iterations of the report being dynamic and interconnected with other committee business.

The Board heard that the Dashboard for the Committee had contained data on pre-agreed metrics that had covered the March 2020 period. A discussion had taken place on the importance of timeliness of reviewing data and how further developments to the performance management framework could support this. Data was extracted from Trust systems at a particular point in the month which on this occasion had resulted in the Committee reviewing data from an earlier period due to the date of the Committee meeting and paper circulation. The Board welcomed this to be discussed further, with a consistent approach being applied as applicable for all relevant Trust meetings.

The Board heard that assurance had been received from the Associate Hospital Managers and temporary revisions that had been made to existing practice in response to the pandemic. The Committee had received an update on developments of Associate Hospital Managers reviewing service user's detentions under the Mental Health Act, where lessons could be learnt from improved practice and efficiencies, and positive feedback being received from independent individuals involved with the process.

The Committee noted that phase one of the Care Quality Commission action log had been approved virtually by members of the Committee and members of the Mental Health Legislation Committee.

Finally, Mrs Panteli outlined that a serious incident of restrictive practice on a service user under 18 who had been placed in a Trust service by Bradford Council had been reported. The Board noted that an update on the incident would be presented to the next Committee meeting.

The Board noted the assurance that had been received by the Mental Health Legislation Committee and welcomed the update provided, noting the continuous improvements taking place.

3691 Escalation and Assurance Reporting: Mental Health Legislation Committee Annual Report 2019/20 (agenda item 8.3B)

The Board received the annual report for the Mental Health Legislation Committee for 2019/20 and thanked Teresa O'Keefe as the report author. Mrs Panteli explained that the report provided assurance to the Committee on the supporting frameworks within the Trust for this workstream with the report providing an overview of activity that had been undertaken during 2019/20. The Board noted that the report also provided an overview on how the Committee had fulfilled its duties in line with its terms of reference, with the Committee approving the on 21 May 2020.

The Board received the Mental Health Legislation Committee Annual Report 2019/20 and were assured that the Committee had fulfilled its duties for the year.

3692 Escalation and Assurance Reporting: Quality and Safety Committee held 15 May 2020 (agenda item 8.4A)

Professor Armitage informed the Board of the discussion that had taken place at the Quality and Safety Committee (QSC) meeting on 15 May 2020. He thanked colleagues for their ongoing work to refine the escalation and assurance reports from service areas and meetings that had resulted in iterations of the reports supporting Committee members to triangulate information received. He outlined that although there had been a national decline in referrals to healthcare services, an increasing trend on admissions had been seen at the Trust during May 2020 with some services reporting an increase in acuity of mental health conditions. The Committee had discussed the effects of the pandemic on individual's mental health and wellbeing with national advice outlining that future waves of the pandemic could be expected nationally. The Committee had been assured on the work that had taken place to further support colleagues' wellbeing and understand the impact on service demand to ensure that a high quality and safe service continued to be provided by the Trust.

The Board noted that a discussion had taken place on the Trust's Quality Improvement Assessment for Cost Improvement Programmes, with further developments scheduled that would utilise the Care Trust Way methodology, ensure that the framework was service user and carer centred, and demonstrated clear triangulation of feedback on quality. Professor Armitage outlined that a similar discussion at QSC had occurred at the Mental Health Legislation Committee on the timeliness of data review following March 2020 Dashboard presentation.

Finally, the Board noted that an update had been provided to the Committee, on defective face masks had been procured by the Trust from an external supplier. The Committee had noted that the face masks had all been recalled with new stock reissued accordingly.

The Board welcomed the developments that had been made to the escalation and assurance framework that supported the work of the Committee.

3693 Escalation and Assurance Reporting: Quality and Safety Committee Annual Report 2019/20 (agenda item 8.4B)

Professor Armitage presented the annual report for the Quality and Safety Committee to the Board and outlined activity undertaken during 2019/20. He welcomed the creation of the Compliance Group; and Patient Safety and

Learning Group and the work that they were undertaking at the Trust. The Board noted the developments that had been made to further improve governance frameworks at the Trust and noted how the Board sub-committees were interconnected across the corporate governance workstream. The Board noted that the report provided an overview on how the Committee had fulfilled its duties in line with its terms of reference. The report had been presented to the Committee on 15 May 2020 where it had been approved.

The Board received the Quality and Safety Committee Annual Report 2019/20 and were assured that the Committee had fulfilled its duties for the year.

3694 Escalation and Assurance Reporting: Ethics Committee (agenda item 8.5)

Mr Kilmurray provided an overview to the Board of the work of the Ethics Committee at its last three meetings. He drew the Board's attention to the dilemma that had been escalated from the Trust's Ethics Clinical Advisory Group on testing and isolation of service users admitted to inpatient wards. The Board noted that Operational and Clinical colleagues had attended the meetings and how the discussion had developed that had resulted in specialist legal advice being sought. The legal advice, a report on managing Trust estate to support service user flow, and guidance to support colleague's decision-making process had been presented to the Trust's Gold Command.

The Board noted that considerations on managing Trust estates through bed modelling had been reviewed in light of the increasing trend on admissions to services and potential expected demand as trauma from wave one of the pandemic as well as potential outcomes of future phases of the pandemic. Mr Kilmurray explained that the Trust was engaged with the place-based Gold Command led by Bradford Council, where discussions on bed modelling had taken place across the health and social care system. The Trust's role as a community connector working across multiple systems and partnerships was recognised.

The Board noted the work undertaken by the Ethics Committee on the dilemma's that had been escalated by the Ethical Clinical Advisory Group.

3695 Corporate Risk Register (agenda item 9)

The Board received the Corporate Risk Register and noted that no new risks had been added since March 2020 with the majority of revisions made referencing the pandemic. Mrs Hubbard outlined that risk 2164: a sustained high number of serious incidents since April 2018, had been de-escalated following review of the current situation. She drew the Board's attention to the risks whose score had changed, the following updates were received:

- 1821: accurate forecasting, the Director of Finance, Contracting and Facilities reminded the Board of the Trust's underlying financial position

and the risks associated with it, which included not being able to access Provider Sustainability Funding should the Trust fail to deliver the pre-agreed surplus. The Board noted the financial plan that had been mandated nationally in response to the pandemic and the associated impact to the Trust. The financial effects of the pandemic were unknown along with the impact of an increased occupancy level and acuity within services.

- 1825: financial cushion for social care, Mrs Romaniak outlined financial arrangements that had been revised nationally in response to the pandemic. The Board noted the work that had taken place by the Trust on discharge to support individual's healthcare pathways.
- 1826: Lynfield Mount Hospital redevelopment, the risk score had increased due to revised access to national capital funding in response to the pandemic. The Board noted the impact of block contracts, that had been mandated nationally, to the Trust's financial plan.

Next, the Board reviewed the red risks and noted the changes that had taken place. The Chief Information Officer provided an update on risk 2347: delivery of the 0-19 contract, he outlined informatics development work that had been implemented and the next steps associated with the workstream. This included supporting automation with SystemOne, the electronic patient record system, where capability had been created within the system to support the development required by the Trust. Mrs Hubbard provided an update on risk 2381: inadequate PPE, she outlined the supporting governance framework to monitor and procure PPE and said that work was taking place to audit the Trust systems and monitor associated training compliance.

Professor Armitage noted risk 2256: clinical trial participation, the Board welcomed a Bi-Annual report from the Research and Development Team being presented to the Quality and Safety Committee on 3 July 2020. Mrs Panteli referenced risk 2101: anti-litigation, **it was agreed that an update on the risk would be presented to the Quality and Safety Committee on 3 July 2020.**

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The Board noted the contents of the Corporate Risk Register and the changes that had taken place. Future developments to support the report being more dynamic and to include additional narrative were welcomed.

3696 Board Assurance Framework (agenda item 10)

The Director of Corporate Affairs presented the Board Assurance Framework (BAF) to the Board and outlined the Committees that had reviewed the report as designated assurance receivers. He drew the Board's attention to the revisions that had been made to the report since it was last presented to the Board. They included mitigations against the COVID-19 risk 6.1; and the refresh of the charitable fund, Better Lives, as a control for risk 3.1 developing an engaged and motivated workforce. The Board heard that the creation of the Recovery and Resilience Cell and learning framework were a control for risk 1.2

advances in digital technology; with the developments of CQC workstream and the receipt of the latest inspection report of the Trust's core services forming part of the Trust's assurances. The Board went onto discuss continuous improvement on the well-led workstream and noted that a report on developments would be presented to the Board of Directors on 25 June 2020.

The Board noted that Audit Yorkshire had reviewed the Trust's corporate governance framework (including the BAF) and had provided a significant assurance report with the element of the BAF receiving high assurance.

3697 Freedom to Speak Up Guardian Report (agenda item 14)

The Freedom to Speak Up Guardian (FTSUG) joined the meeting and presented the annual report. The Board noted the developments that had taken place to raise the profile of the work and ensure that colleagues were sighted on the supporting process. Mrs Wilkes drew the Board's attention to section two of the report which was a summary of cases during the annum. The Board noted that 55% of all cases raised during the period were within the Mental Health Care Group which had been an increase of 7% since 2018/19, with an increase of 6% from 2018/19 for cases within the Learning Disability Service. The Board noted that 10% fewer Trust colleagues, compared to the national average, who raised concerns indicated that they would do so again. Mrs Wilkes outlined that the category 'bullying culture' was the highest area of concern at 41% which had been an increase of 24% from 2018/19. Mr Lewis noted that the category could be vast and asked whether it have sub-categories within it. Mrs Wilkes confirmed that elements of the FTSUG framework were nationally mandated and she went on to emphasise the importance of learning lessons and understanding themes at the Trust.

Learning and continuous improvement was discussed by the Board who noted the support governance framework for the workstream and how future developments were identified. Mrs Wilkes outlined that there was no systematic approach to sharing learning across the Trust linked to concerns that had been raised and the actions that had been taken. The Board noted that a report on the supporting framework for this workstream would be presented to the Workforce and Equality Committee on 22 June 2020. Mr Lewis noted that work would be taken place by the Senior Leadership Team to review the demands of the role against current capacity and enquired when the results would be presented. Mr Kilmurray outlined that the report had been scheduled for June 2020 and would contain different models that would be reviewed with the Trust's aspirations for this work.

The Board encouraged work taking place to support triangulation of data sets within the Trust and comparisons as appropriate against external metrics. Mr Kilmurray suggested that consideration be given to understanding how triangulation of data sets could take place to support the Trust's business

intelligence. Professor Armitage noted the importance of combined data sets and utilising the Care Trust Way methodology.

Finally, Mrs Wilkes shared an update from NHS England/Improvement on Freedom to Speak Up Guidance for Boards. The Board supported the proposal of a Board Development Session taking place to complete a self-assessment using the tool that had been published in July 2019.

The Board welcomed the developments that had been made to the FTSUG workstream and noted the associated actions to further support the work being embedded within the Trust.

Mrs Wilkes left the meeting.

3698 Senior Information Officer Annual Report 2019/20 (agenda item 17)

Mr Rycroft presented the annual report for the Senior Information Officer to the Board and outlined how it documented: compliance with legislative and regulatory requirements; information of security risk assessments; compliance with the Data Security and Protection Toolkit; assurance of ongoing improvements for managing risks to information; personal data breaches; and future developments within the information governance workstream.

The Board noted that the Data Security and Protection Toolkit had received significant assurance from Internal Audit with the full report having been presented to the Audit Committee, and Finance, Business and Investment Committee. Mr Rycroft explained that there had been one serious incident reported during the period that had been closed by the Information Commissioners Office. He outlined the processes to support colleagues on information governance and said that the Trust had a good reporting culture embedded.

Finally, Mr Rycroft outlined the information governance objectives for 2020/21 and explained how continuous improvement work and continued engagement would support delivery of the objectives throughout the period.

The Board received the Senior Information Officer Annual Report 2019/20 and were assured on the information governance systems and process.

Mr Rycroft and Mrs Jones left the meeting.

3699 Chair's Report (agenda item 11)

The Board of Directors received the Chair's Report and thanked colleagues for their committed work in preparation and response to the pandemic. Professor Armitage drew the Board's attention to the governance arrangements that had been refined in response to the pandemic, which included Non-Executive

Directors being involved in key assurance activities specific to the pandemic. The Board was reminded of the review exercise undertaken by Audit Yorkshire to benchmark the Trust's governance arrangements, good levels of assurance had been received with the Trust meeting all recommended benchmarks. The Board noted that in preparation for the next well-led inspection by the CQC, Non-Executive Directors had engaged in national governance networks during the pandemic that included engagement with the Good Governance Institute.

Professor Armitage outlined external engagement activities that had taken place with a variety of stakeholders including: the Council of Governors; developments following the event held on 10 March 2020 with the local Voluntary and Community Sector; liaising with Members of Parliament; and working with partners across the place and system in relation to health and care pathways.

Finally, the Board noted the update provided with the people section, which included and update on: the Chief Executive recruitment process; welcome to Maz Ahmed as a new Non-Executive Director; the process supporting the Non-Executive Director appraisals; welcome to Sarah Jones on the NeXT Director programme; and engagement that had taken place with members of staff.

The Board received the Chair's Report and noted its content.

3700 Integrated Performance Report (agenda item 12)

The Board noted that development work had taken place following the revised quality governance process being approved by the Board of Directors on 26 March 2020 to support the creation of Dashboards and a Datapack to support assurance activity across the Trust. In response to the pandemic, national guidance encouraged local reviews to take place to streamline reporting arrangements to support management of the crisis. The iteration of the report presented was an overview of key data metrics and activity from March 2020.

The Board reviewed the report and noted that additional data metrics were reviewed as part of the Incident Control Team Dashboard. Mrs Romaniak outlined how capacity and demand modelling had formed a key aspect of preparations for the Trust's internal Recovery and Resilience Cell and that they were informing the place-based recovery workstream.

The Board considered the key points and exceptions highlighted for March 2020 and noted the proposed actions. The year end financial performance was noted as outlined by Mr Chang in the Escalation and Assurance Report from the Audit Committee held on 26 May 2020.

3701 Staff Survey 2019 (agenda item 13)

The Director of Human Resources and Organisational Development provided an updated to the Board on the 2019 Staff Survey results and outlined that the

Board had received a presentation of an overview of the results on 30 January, with findings from the results being discussed at the Senior Leadership Team and Workforce and Equality Committee in March 2020. She drew the Board's attention to the Trust-wide headlines within section two and said that the scores had been similar to those from the 2018 survey and explained that the Trust had benchmarked the responses against compatible NHS trusts to support learning lessons. The Board encouraged learning taking place and noted the importance of triangulating data sets and information and how this could support more proactive discussion on topics. A discussion on bullying and harassment took place with the Board noting the findings from the FTSUG Annual Report 2019/20. Mr Kilmurray informed the Board that the internal Bradford Manager training course had been agreed as mandatory training for all leaders within the Trust.

Mrs Knight outlined the staff engagement score for 2019 was 6.8 which was a slight reduction on the Trust's 2018 score, with other compatible trusts scored as 7.1. The Board referenced the response rate of 47% encouraged targeted engagement taking place within future campaigns with members of staff. A discussion took place on the workforce race equality and workforce disability equality standards and the work taking place at the Trust to support aspirations to ensure of a diverse workforce. Mrs Knight outlined developments within the People Development Strategy and reminded the Board that one of the five underpinning strategic priorities for the strategy was on equality, diversity and inclusion. There was an increase of 40% (from 31%) in disabled colleagues who reported feeling valued by the Trust, compared with non-disabled colleagues. Mrs Knight reminded the Board that the Trust had been approached by the King's Fund as a positive case study for some research analysis they were undertaking on equality, diversity and inclusion.

The Board discussed the next steps for local engagement with service areas on the findings from the survey and noted that the survey had taken place prior to the pandemic where there had been an accelerated increase in staff engagement and internal communications across a variety of channels to ensure that colleagues were supported. Dr Hussain encouraged the Trust to further develop engagement with colleagues and suggested a refresh of the platforms of communication taking place to ensure increased engagement. Professor Armitage encouraged the Trust to triangulate the findings from the survey with other internal information and connect the learning from the Recovery and Resilience Cell to the survey data to gain a more dynamic understanding of staff views. Mr Kilmurray welcomed the suggestions and reminded the Board of the Best Place to Work campaign as one of the Trust's strategic priorities, he outlined how the Care Trust Way methodology supported development opportunities for colleagues and ongoing conversations.

Mr Chang enquired what local changes could happen from receipt of the results. Mrs Knight outlined that the results were shared within teams that had more than 11 colleagues, and the wider service area or directorate, where celebration

of success took place and discussion on areas for identified development. She outlined how the Staff Engagement Manager worked with individual teams to understand what improvements had been agreed and to undertake shared learning and benchmarking across internal services. Mrs Knight outlined the development work on talent management within the Trust that was another of the five supporting strategic priorities for the People Development Strategy.

The Board received the findings from the 2019 Staff Survey and noted the supporting framework to progress learning and development taking place.

3702 Safer Staffing Report (agenda item 15)

The Board received the bi-annual Safer Staffing Report covering November 2019 to April 2020 and noted the work that had taken place to support the Trust to continue with securing greater efficiency whilst maintaining service user safety, quality of care and safe staffing numbers. Mrs Hubbard outlined how the nationally developed, Mental Health Optimal Staffing Tool (or MHOST), had been implemented at the Trust alongside a SafeCare module within the e-Rostering system that was embedded from January 2020. Mrs Hubbard outlined that all inpatient wards had utilised SafeCare and MHOST programmes with work continuing to further embed the new programmes within the Trust.

A discussion on the contents of the report took place that included analysis of the data recorded during the pandemic period; ongoing recruitment plans; the impact of sickness absence; and developments on staff member retention. Mrs Hubbard outlined that a Rapid Process Improvement Workshop on the rostering process had taken place in November 2019 as part of the Care Trust Way. The Board welcomed the developments that had been made through a further iteration of the report, and supporting safer staffing framework through continuous improvement.

The Board received the Safer Staffing Report for November 2019 to April 2020 and noted that no 'red breach' shifts (where a shift had no qualified nurse cover) had been reported.

3703 Internal Communications Review (agenda item 16)

Mr Hogg presented the findings from the internal communication review that had taken place and explained that the report had been scrutinised at the Finance, Business and Investment Committee on 26 May 2020 following the results having been presented to the Senior Leadership Team. The Board discussed the next steps for the workstream, with Mr Hogg outlining that as a result of the pandemic, some identified actions had been accelerated in revised ways of working. He outlined the work taking place to ensure that ongoing dialogue with colleagues took place and outlined that the work would be connected to other staff engagement programmes. The Board noted that the timelines supporting phase one and two had been revised following the pandemic and some agreed

actions having taken place in response to temporary revisions being made to engagement and service delivery.

The Board noted the outcome of the internal communications review, the impact that the pandemic had on agreed actions, and how the work would be aligned to learning and innovations from the Recovery and Resilience Cell.

3704 Compliance Against Care Quality Commission Registration (agenda item 8)

Mrs Hubbard provided an overview of the report that outlined compliance with the CQC (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. She outlined ongoing development work that was being led by Mrs Wilkes, Deputy Director for Compliance, Risk and Nursing to support continuous improvement and learning for the workstream and drew the Board’s attention to the recommendations outlined within the report.

The Board noted the content of the report, welcomed future developments being made to the workstream and supported the recommendations outlined with the report.

3705 Management of Deferred Items (agenda item 19)

The Board received the log of deferred items that outlined those topics that had been deferred from Board meetings due to meetings being revised in response to the pandemic.

3675 Any Other Business (agenda item 20)

The Chair thanked the Governor attendees for observing the meeting virtually, and the Board members for the contributions made. The Deputy Chair closed the meeting at 1.10pm.

Signed:.....

Date:.....