

Board of Directors meeting in Public
Thursday 30 July 2020 at 10.55am
Meeting held virtually using Microsoft Teams

Present:	Cathy Elliott	Chair of the Trust (Chair of the Board)
	Professor Gerry Armitage	Non-Executive Director and Deputy Chair of the Trust
	Maz Ahmed	Non-Executive Director
	Andrew Chang	Non-Executive Director
	Dr Zulfi Hussain	Non-Executive Director
	Simon Lewis	Non-Executive Director
	Carole Panteli	Non-Executive Director and Senior Independent Director
	Patrick Scott	Acting Chief Executive
	Gill Findley	Interim Director of Nursing and Professions
	Phil Hubbard	Director of Nursing, Professions and Care Standards
	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:	Fran Limbert	Deputy Trust Board Secretary (Secretariat)
	Therese Patten	Chief Executive Designate (observing)
	Claire Risdon	Deputy Director of Finance (observing)
	Six guests: including two members of staff; and four Governors.	

Minutes

Item	Discussion	Action
3725	Welcome and Apologies for Absence (agenda item 1)	
	The Chair, Cathy Elliott, opened the virtual meeting via Microsoft Teams at 10.55am and confirmed that one apology for absence had been received from Sarah Jones, NeXT Director Programme participant, who typically observes Board meetings.	

The Board meeting followed two Board Development Sessions: the first was on the Trust's approach to organisational learning and culture that had been facilitated by Deputy Chair, Professor Armitage and Mr Scott, Acting Chief Executive; the second had been a virtual roundtable discussion with Councillors and Senior Leaders of Bradford Council on health and social care and partnership working in response to the COVID-19 pandemic, learning from the crisis and future delivery models. **The Board noted that the results of the virtual discussion with Bradford Council will be followed up by Ms Elliott and Mr Scott.**

CE/PS

Ms Elliott welcomed Mrs Findley who had joined the Trust on a secondment as the Interim Director of Nursing and Professions as part of Trust interim Executive team arrangements.

She introduced Ms Patten who will join as Chief Executive Designate on 7 September; and Ms Risdon, Deputy Director of Finance, who were both observing the meeting.

On behalf of the Board, Ms Elliott thanked colleagues for their continued hard work during the pandemic and for our local partners for their ongoing support. She 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.

3726 Declarations of and Conflict of Interest (agenda item 2)

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

3727 Service User and Carer Experience: Aspiring Cultures Network (agenda item 4)

Ms Elliott welcomed Wali Nazar and Ravinder Kullar to the meeting who had joined to represent the Aspiring Cultures Network for the Trust's Black and Asian Minority Ethnicities (BAME) staff, supporting continued engagement between the Network and the Board on the Trust's Equality, Diversity and Inclusion (EDI) agenda. Mr Nazar welcomed the opportunity to continually engage and referenced the reverse mentoring event that had taken place with the Board on 12 December 2019; the Chair of the Aspiring Cultures Network (Leeroy Golding) being an attendee at the Workforce and Equality Committee; the joint statement on Black Lives Matter made by the Network and Board members in June 2020; Board members attending the Aspiring Cultures Network meetings; Network members connected to the Trust's incident Command structure for the pandemic to ensure representation and advise on staff risk assessments; and the reflection session on 25 June 2020 with the Network, Board, Governors and

staff members on the Black Lives Matter movement. The Board noted that the Workforce and Equality Committee received oversight on the developments made within the EDI workstream and supporting strategy, with the Board receiving an annual report on the Workforce Race Equality Standards. At the Workforce and Equality Committee meeting that had taken place on 22 June 2020, a discussion had taken place on the EDI workstream, that had included presentation of the work taking place internally, with partners across the system, in relation to the reverse mentoring session and associated learning and actions; and on the progress made with the EDI strategy and how it links to the Trust's Best Place to Work strategic programme.

Mr Nazar outlined that the Network provided intelligence and contributed to a diverse range of viewpoints being received from staff, providing representation of staff membership. He welcomed the ongoing engagement and outlined work that had taken place during 2016 that had resulted in a variety of actions, including the Trust setting a target last year of 35% of BAME staff in the organisation which the Board noted had not been achieved yet. Mr Nazar enquired how **EDI work could be streamlined across the Trust during the next two years, supported by a commitment by the Board on EDI, to support achieving agreed actions and the Trust having diverse representation within the workforce.** The Board noted that following the discussion at the Workforce and Equality Committee on 22 June 2020, the Head of Diversity and Inclusion is reviewing how a new ethnicity pay gap target or data set could be reviewed internally; and how the supporting action plans and recommendations for the EDI strategy could be succinctly monitored as a key contributory factor for the delivery of the Trust's People Development Plan. Mr Nazar acknowledged that further work could be undertaken to support the Trust's ambitions on EDI, but recognised that open and honest dialogue continued to take place with the Board. He suggested that analysis on progress made could take place to learn lessons from successes and areas for improvement to help shape the next steps and action planning.

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The Board noted that members of staff supporting networks at the Trust did so voluntarily, in addition to their job role. Mr Nazar asked for consideration to be given to whether that was the best model to work in partnership with staff members and the networks. This was noted by the Director for Human Resources and Organisational Development. Mr Nazar said that the Aspiring Cultures Network celebrated their partnership with the Board and wondered what role the network could fulfil in supporting the Trust to achieve the right culture in line with the Better Lives, Together strategic vision. Mr Nazar suggested that part of the action refinement work to support the next phase of the EDI strategy deployment could review talent management and personal development opportunities to support BAME staff more effectively, following feedback being received at the Network that colleagues had reported that they would seek to leave the Trust to gain career progression. Ms Elliott supported this point, stating that the Trust needed to move beyond training opportunities and offer other opportunities, such as mentoring.

Ms Kullar supported the feedback that had been provided and welcomed the opportunity to build on the successes of the previous engagement with the Board. She suggested that consideration to implementing a smaller number of actions that were co-delivered through shared ownership and accountability that documented progress made would be welcomed by the network and this was noted by the Board. Ms Kullar wondered whether internal gap analysis had been undertaken to understand the progress made against the EDI strategy, but to ensure that future actions were co-produced and based on feedback from others learning. She welcomed the opportunity to build, together with the Board, an inclusive culture that embraced diversity and equality and innovative ways of delivering actions.

Ms Elliott thanked the colleagues involved with the staff networks for their views and commitment to further EDI and to inform the Board's future considerations. She welcomed the opportunity to learn about the network's views on innovative ways of delivering EDI related workstreams to ensure that representation featured across the work of the Trust. The Director of Human Resources and Organisational Development shared previous initiatives that had taken place to support colleagues, including their successes and learning that had been received. She welcomed the opportunity to embed new practices and ways of working, linked to the Care Trust Way quality improvement programme and the Better Lives, Together strategy being delivered in a sustainable way. The Board noted that work continued to take place with partners across the place and system to ensure that workforce ambitions and action planning was aligned, and that learning took place across organisations, especially in delivering EDI.

Mr Ahmed welcomed the work taking place to refresh the action plans supporting the EDI strategy and People Development strategy to ensure that a succinct and achievable action plan was agreed based on past learning. Mrs Knight outlined that the Senior Leadership Team received operational oversight on progress made on the Best Place to Work strategic programme, with a variety of supporting operational meetings forming part of the workforce governance arrangements. The Board noted that the Workforce and Equality Committee would receive assurance for the Board on workforce topics, with the work plan for the Committee based on the five strategic priorities within the People Development strategy. Mrs Knight explained that workforce developments would wrap around other clinical and corporate workstreams, with workforce featuring within the four strategic programmes at the Trust.

Ms Elliott suggested that when understanding the support available to staff members working within the networks, it could be beneficial to create champions for engagement and EDI, embedded across the Trust. Ms Kullar welcomed innovative developments forming part of the next phase of work undertaken and suggested that colleagues remained open minded. She suggested that the first stage could support representation being embedded across the work of the Trust to support learning and diverse view points. The findings from the learning

could support adaptations being made to cultural preferences, acknowledging that personalisation supported by open and honest conversations could support delivery of a culture supporting the Better Lives, Together strategy. The Director of Finance, Contracting and Facilities outlined that discussions were taking place with the Head of Equality and Diversity on supporting engagement with colleagues on EDI. The Director of Corporate Affairs suggested that EDI is embedded through demonstrating the core values at the Trust (We care; We listen; We deliver), and wondered whether there was opportunity for the Governors representing staff constituencies to be involved with this work's development. Mr Nazar said that his aspiration was for staff networks to be diverse whilst maintaining adequate representation. Mrs Panteli welcomed the suggestion and requested consideration be given to how that could be delivered through engagement.

Mr Ahmed suggested that part of the refinement of the action planning could include engagement and celebration of progress made, and identification of actions that would result in high impact. He said that longer term actions associated with targets would support accountability and the impact on the Trust's culture through sustainable change. Mr Ahmed wondered what support was available to leaders across all levels of the Trust as part of their ongoing development as an enabler of change. Dr Hussain recognised the importance of recognising that leaders were all individuals, undertaking a role as opposed to defined by a job title.

Mr Lewis noted the importance of understanding variances across behaviours and services when planning for sustainable cultural change. He **invited Mr Nazar and Ms Kullar to observe a meeting of the Workforce and Equality Committee.** The Acting Chief Executive welcomed the challenge of understanding what could take place in the following two years and how the Board would continue to be engaged with the developments. He outlined the learning that had been gained as a result of the pandemic which had included ensuring representation across decision making forums, linked to a recent equality impact assessment, and successful engagement to support ongoing lessons being learnt as part of the findings.

FL

The Board thanked Ms Kullar and Mr Nazar for their ongoing commitment to the network and for sharing their feedback and experience. They noted the importance of listening and learning from a diverse variety of stakeholders, and supported the plans in place to revise and focus the Trust's EDI work.

3728 Minutes of the previous meeting held in public on 25 June 2020 (agenda item 5)

The minutes of the public Board of Directors meeting held on 25 June 2020 were agreed as a true and accurate record.

3729 Matters Arising (agenda item 6)

The Board noted that there were no matters arising.

3730 Questions Received (agenda item 3)

Mr Hogg informed the Board that correspondence had been received from a resident at Riverside Court that had been in relation to used nitrous oxide cannisters in the car park near to the Trust's New Mill site. He confirmed that the Deputy Director of Estates was leading on the engagement with the individual.

3731 Action Log (agenda item 7)

The Deputy Trust Board Secretary presented the cumulative action log which showed those actions previously agreed by the Board, and 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.

3732 Chief Executive's Report and COVID-19 Update (agenda item 9)

Mr Scott presented the Chief Executive's Report to the Board. He started by outlining recognition of the Trust being one of four in the North East and Yorkshire region for progress made on undertaking staff risk assessments as a result of the pandemic, especially for BAME staff. Mr Scott thanked colleagues for their efforts on the progress made with the key workstream at the Trust. The Board received an update on Brexit which included confirmation that it remained high on the risk register for NHS England/Improvement, with no national guidance being released before the withdrawal agreement discussions were concluded. Mr Scott went onto outline details of the Trust's Annual Members' Meeting which included the event being delivered digitally whilst the pandemic continued. The Board noted that a task and finish group, involving Governors who had expressed their interest to support the project, had been established to consider the format, content and logistics supporting the event. Following the first meeting, a proposal for the event to run 3.00pm until 5.00pm had been supported by the Senior Leadership Team, which took into consideration feedback on preferences for the event timing from a variety of individuals. The Board received a new summary of media activity that showed performance against agreed media targets, a summary of key media coverage, and a forward look of key external communication items. Mr Lewis referenced the media coverage and asked whether the report included positive and negative coverage. Mr Hogg confirmed that the framework for delivering the report worked on that basis, with the latest report showing positive engagement because that was what had taken place within the reporting period. Ms Elliott referenced the work taking place nationally on Brexit. She suggested that

consideration be given to the Trust's recording of the risk within the corporate risk register to ensure that it was aligned to how it was reported as a risk by NHS England/Improvement. **It was agreed that a report on the Trust's preparedness for Brexit would be presented to the Quality and Safety Committee.**

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The Acting Chief Operating Officer then provided an update on the Trust's continued response to the pandemic. She outlined the continuing work to ensure that required risk assessments were completed for members of staff. Phase three of the workstream was focused on colleagues that were working from home, with phase four scheduled for male colleagues. The Board received an update on the work of the Safe Working Environment task and finish group which included understanding potential estate configurations across Trust sites. The Trust had reviewed revisions made on national command arrangements and undertaken benchmarking exercise for other NHS trusts to understand revisions made to existing structures. Gold Command had reviewed several proposals on the Trust's Command structure and agreed that a reduced frequency of meetings would be held that would be regularly reviewed by Silver Command to ensure that it remained dynamic. The Trust continued to work closely with partners to plan a place based and system wide response to the pandemic, share best practice and learning, and ensure future plans. The Board heard that the Trust would commence Winter preparations in September 2020 which would look at past learning, scenario planning and the potential impact of the pandemic as part of the resilience and response work. Mrs Hubbard said that **a report would be presented to the Board on 24 September 2020 on the Trust preparedness for the workstream.**

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Work had taken place to support visiting to wards to safely take place again, working in line with the Trust's policy and procedures. The Board noted that work was taking place to increase staff member testing in wards that were deemed to have vulnerable service users, and that the anti-body testing scheme for colleagues had ceased on 17 July 2020. Mrs Hubbard outlined that work had taken place during July to review the risk log for the Incident Control Team (ICT) which had identified further development work to ensure that the log remained dynamic. She outlined that nationally, revisions had been made to the situation reporting framework which had resulted in the Trust no longer required to submit daily data. The Board noted that the ICT continued to review Trust data as part of the Command performance management framework and that **updates would be circulated as required to the Board in between formal Board meetings.**

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Mrs Hubbard reported that a national increase had been seen on deaths associated to the pandemic and explained that the Serious Incident team received a daily report of any deaths of service users and patients as a result of COVID-19. The Board noted that there had been three COVID-19 related deaths in wards and 18 within the community of Trust service users during March to June 2020. Mrs Hubbard outlined that the majority of cases that had

been reported were in the Older People's Mental Health Services and that June had seen a decrease in cases.

The Board noted the key areas of focus that had been undertaken which included: delivering safe working environments; personal protective equipment (PPE) training and audit; ongoing engagement with colleagues and delivery of the weekly question and answer engagement session; externally commissioned research on COVID-19; reset of core Trust services; and swabbing of community nursing colleagues that work within care homes. Mrs Hubbard outlined the ongoing partnership work that was taking place across the Bradford place which included working closely with Bradford Council to support a refreshed engagement campaign with members of the public. A discussion took place on the importance of networks and reaching out to communities through ongoing engagement. Mrs Romaniak informed the Board of the community networks that were closely aligned to the place Command structure, including the Council of Mosques forming part of the place Gold Command. Dr Hussain asked how the Trust continued to engage with stakeholders throughout the pandemic. Mrs Hubbard confirmed that the Communications Team worked across the place and system to support delivery of agreed messages in line with national guidance. She confirmed that work had taken place to ensure that ongoing engagement took place with service users and carers, which included ensuring that the conversation was accessible.

Mrs Panteli shared with the Board feedback that she had received during a virtual visit to the Vaccination and Immunisation Service. They had outlined how the team worked from shared facilities that were not Trust estate. Mrs Hubbard said that in those situations a risk assessment was undertaken on the estate, with engagement taking place with the provider organisation to ensure that Trust policies and procedures could be followed by colleagues, in line with expectations from partners. Ms Elliott enquired if the same standards of PPE applied at partner estates which the Trust shares. Mrs Hubbard confirmed that organisations were required to follow national guidance and PPE, defining space as COVID secure following a set assessment. The Board heard that learning with partners continued to take place with a health and social care system meeting taking place with Infection Prevention colleagues and leaders every two months.

Professor Armitage sought clarification on the process for swabbing service users on admission and asked whether individuals had declined. Mrs Hubbard outlined that a Trust position had been reached, following receipt of national guidance, discussion at the Trust's Ethics Committee that had taken place on 18 and 20 May 2020, and advice from a solicitor that had supported a process for delivering swabs on admission and isolation, working with service users across inpatient settings. The Board noted the Trust process for reviewing national guidance through Bronze Command, with required revisions to Trust policies and procedures taking place that were ratified by Silver Command or the Senior Leadership Team. Mrs Hubbard praised the clinical colleagues for

their successful engagement with service users and confirmed that there had only been one situation where an inpatient had refused to be swabbed on admission. Mrs Hubbard explained that the situation had been managed as per the Trust's policy and procedure. The situation had not resulted in an incident, nor had it had a detrimental impact to the healthcare provided to the service user involved. The Board noted that a discussion on the situation had taken place at the Mental Health Legislation Committee on 23 July 2020 to understand associated learning opportunities.

A discussion took place on the developments that had been made to partnership working across the place and system which had been further enhanced throughout the pandemic. It was noted that the Infection Prevention and Control Team provided training to partner organisations to support the delivery of effective infection prevention methods and techniques. Ms Elliott suggested that part of the future learning that could be undertaken by the Trust could review alignment of individual organisations' preparations and responses to the pandemic. **It was agreed that a COVID-19 case study would be presented to a future Quality and Safety Committee meeting.**

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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 in line with the Trust's continuous improvement culture and national guidance.

3733 Escalation and Assurance Reporting: Finance, Business and Investment Committee held 20 July 2020 (agenda item 9.1)

Mr Ahmed presented the report from the Finance, Business and Investment Committee held on 20 July 2020. He explained that the Committee had noted the development work which had taken place to support production of a business case for an electronic pharmacy provision, including external engagement to support benchmarking throughout the process. The benefits, risks, and supporting governance framework had been presented by the Chief Pharmacist, with the Committee noting how an electronic system would provide greater assurance on storage and dispensing errors. An update on developments to support suicide prevention and the anti-ligature workstream had been presented to the Committee for the work undertaken following the Care Quality Commission inspection during February 2019; associated Rapid Process Improvement Workshop; and Clinical Summit that had brought together colleagues, external partners, stakeholders and commissioners to discuss the best therapeutic environment to support high quality and safe care for service users and their carers. The revised approach to ligature assessments is supported a multi-disciplinary approach with estates, nursing, operations and medical colleagues working together to undertake the assessments that are monitored by the Trust's Ligature Environmental Risk and Safety Group.

Mr Ahmed explained that the Committee had received an update on the apprenticeship scheme within the Trust that included progress made on the scheme; the impact of the COVID-19 pandemic to the scheme; and a financial update, including meeting targets agreed by the Senior Leadership Team to support delivery of the workstream. An update on gifting had been received, which included how the Trust had supported existing and new partners with the scheme within their organisations. He outlined that the Committee had noted the importance of apprenticeships and other schemes, such as volunteering, in supporting strategic future planning and providing opportunities for personal development and growth, which were key enablers of delivering the Best Place to Work strategic priority for the Trust and the associated People Development strategy. The Board noted that the Committee had approved the Health, Safety and Security Annual Report 2019/20; and the Fire Security Annual Report 2019/20.

Finally, Mr Ahmed outlined that the Committee had received the month two performance dashboard which had included an update on the financial position; recovery of COVID-19 costs; and quarter one submission to NHS England /Improvement, noting the significant financial risks associated with inpatient wards and the impact on out of area placements for both quality and financial factors.

The Board welcomed the update provided and the leadership and scrutiny that had been undertaken by the Committee.

3734 Escalation and Assurance Reporting: Mental Health Legislation Committee held 23 July 2020 (agenda item 9.2)

Mrs Panteli shared with the Board a verbal update on activity and area of focus from the Mental Health Legislation Committee that had taken place on 23 July 2020. She welcomed two Involvement Partners who had joined as regular attendees for the meetings and thanked them for the contributions that they had made at their first meeting. The Board noted that two Governors, representing public constituencies, had observed the meeting. Mrs Panteli outlined that a high level report on a serious incident (SI) had been presented to support further scrutiny and analysis on the SI at the meeting on 17 September 2020. The Board noted that it had involved a service user that had accessed a variety of health care services since October 2016, been detained by the Police under the provision of Section 136 Mental Health Act (MHA); and been assessment under the MHA. Sadly, the service user had died due to hanging at her home on 2 April 2020, with the investigation resulting in eight MHA concerns, and five recommendations being highlighted as areas for improvement for the Trust.

The Board heard that the Committee had commissioned a benchmarking exercise to understand how partner organisations were delivering MHA hearings in response to the pandemic. Mrs Panteli explained that the Trust had undertaken benchmarking at the start of the pandemic with other trusts reporting

that they had made a decision to temporarily pause the delivery of hearings until they could find a suitable delivery model. The Mental Capacity Act (MCA) Annual Report 2019/20 had been approved by the Committee with analysis on the MCA audit and development scheduled to be discussed at the Committee meeting on 17 September 2020.

A report on searching service users and their property had been presented to the Committee which outlined the process for undertaking searches and the risk management that underpinned engagement and ongoing processes to support service users and ensure that a high quality therapeutic service was delivered. Mrs Panteli informed the Board that following review of the performance dashboard, an increasing trend on full physical intervention incidents had been seen with 70 incidents reported during June 2020. The Committee had noted that the number of incidents fluctuated each month, with an increasing trend across the last three months. Mrs Panteli assured the Board that a watching brief was being maintained for the situation, with update reports presented to the Committee at every meeting.

Finally, the Board received an update on the ongoing development work that had taken place for the Committee which included reviewing historical actions and recommendations in line with the ongoing work taking place with the corporate governance effectiveness review. A reminder of the last Committee development session had been presented as part of the workstream to ensure that the work was integrated.

The Board welcomed the update provided and the leadership and scrutiny that had been undertaken by the Committee. They welcomed the ongoing development work that had taken place to support continuous improvement for the Committee.

3735 Escalation and Assurance Reporting: Quality and Safety Committee held 3 July 2020 (agenda item 9.3)

Professor Armitage presented the report from the last Quality and Safety Committee meeting and explained that a revised framework supporting deep dives to be undertaken on the corporate risks had been piloted at the meeting. The Board heard that the revised framework provided an opportunity to discuss the corporate risk and receive assurance on the developments made to the governance process supporting oversight within the operational meetings. Undertaking the pilot had been a reflective process for the Committee that had supported continuous improvement on the corporate risk register framework and oversight and assurance reporting within the Committee. Professor Armitage thanked the two Involvement Partners for their ongoing partnership with the Committee, which provided valuable insight and representation.

The Board noted that assurance had been received by the Committee on: findings from the PPE training audit that showed compliance was achieved;

comprehensive reports from Care Group leads demonstrating clear oversight of service, highlighting risks, challenges, and achievements; performance of the Trust's Research and Development activities via a bi-annual report; pressure ulcer prevention and care, practice developments, management and monitoring; endorsement of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment scheme); planned developments within the NICE Guidance workstream; and oversight on issues raised on informatics by Children's services.

Professor Armitage said that intelligence from the Adult and Children's Care Group had provided evidence of ongoing successful collaboration with partners and across agencies in primary care, with the Committee noting an increasing demand on community nursing. He said that work continued to engage with colleagues to support wellbeing throughout the pandemic looking at staffing levels and staff fatigue. The Board noted that intelligence from the Mental Health Care Group resulted in an increased number of incidents concerning violence and aggression in the context of increasing acuity being reported by colleagues. Mrs Romaniak said that specialist provider partner trusts across the system had reported similar acuity and pressures. The Medical Director agreed and outlined that acuity within wards had been escalated nationally to Tim Kendall, Mental Health Lead at the Department of Health and Social Care, by Medical Directors. Mr Lewis enquired on the process for service user engagement and involvement through managing challenging situations and behaviours. The Interim Director of Nursing and Professions explained that risk management underpinned ongoing engagement and clinical decision making. She said that the Compliance Group was undertaking a review of violence and aggression incidents that had occurred at the Trust to support lessons being learnt. The Board noted that work was taking place to ensure a consistent training programme was delivered for colleagues, with a temporary staffing review taking place to understand the impact from different service models. Mr Scott outlined that work was taking place across the West Yorkshire and Harrogate system by the mental health provide trusts to understand whether a single approach to managing violence and aggression could be applied systematically across trusts which supported external learning.

The Board welcomed the update provided and the leadership and scrutiny that had been undertaken by the Committee. They welcomed the intelligence that had been received from the Care Groups and partners across the health and care system.

3736 Corporate Risk Register (CRR) (agenda item 10)

Mrs Findley updated the Board on the revised assurance process that would supporting reporting of the CRR to the Board sub-committees. She explained that each corporate risk would be assigned to the sub-committee to receive scrutiny and assurance on the risk to support a quality discussion taking place on the risk, mitigations, and connections to the Board Assurance Framework.

The Board noted that since the CRR had last been presented no new risks had been added, closed, or de-escalated. It was noted that Risk 1826, investment in mental health to support system bids for funding, had increased from 9 to 15 as a score on 21 May 2020 to reflect the potential adverse impact on care delivery if the Strategic Outline Case for the Lynfield Mount Hospital redevelopment was not supported by the place and system as a priority for a funding bid.

Mrs Findley outlined that there were 11 live risks on the CRR, with a new red rated risk (2405, employment specialist staffing retention) added during the reporting period. She explained that local benchmarking on banding for employment specialists had resulted in other provider trusts confirming a Band 5 contract for the role with the Trust paying Band 4 remuneration. The Board noted the impact of not retaining employment specialists, including delivery of mandated targets and maintaining the Centre of Excellence recognition. Mrs Findley explained that the COVID-19 risk would be updated to include recent developments.

Ms Elliott suggested that the development supporting the Trust to become a learning organisation and the ongoing Board Development programme could feature as a mitigation within the CRR as appropriate. Professor Armitage noted live Risk 1825, funding for social care, and asked whether the development work undertaken with Bradford Council and supporting Care Homes should feature within the CRR as a mitigation.

The Board welcomed the development work on the CRR and the pilots undertaken by the Board sub-committees in support of delivering assurance and scrutiny.

3737 Board Assurance Framework (agenda item 11)

Mr Hogg presented the Board Assurance and outlined that there had been no risk score changes in the latest iteration of the report. The Board noted that the report had been presented to the Workforce and Equality Committee (June), the Quality and Safety Committee (July), the Finance, Business and Investment Committee (July) and to the Mental Health Legislation Committee (July). Mr Hogg outlined that following discussion held with members of the Executive Management Team, a new process for presenting BAF risks allocated to individual Board sub-committees was proposed, with one risk allocated to a sub-committee that would be presented at each meeting supported by presentation of the associated corporate risks. The Board noted that the further developments would support additional focused scrutiny and assurance being received.

Mr Hogg said that the findings from the Corporate Governance Effective Review had identified further issues for consideration by the Board about how strategic risks (within both the BAF and CRR) could be better aligned. The Board noted

that the results of phase one of the crowdsourcing exercise on the existing risk management framework, led by the interim Director of Nursing and Professions would be analysed, which would support further development of the Trust's risk appetite, management of corporate risks, risk management strategy and alignment of the BAF and CRR. Ms Findley outlined that the reporting template for the CRR would be revised in line with the template for the BAF.

Ms Elliott referenced strategic risk 5.2, partnership working, and encouraged the mitigations to be developed to include the ongoing partnership work taking place locally and regionally, such as the Trust's COVID-19 related Learning Week with the voluntary and community sector this month, and the ongoing engagement with partners through the Board Development programme, such as the virtual Board session with Bradford Council today.

A discussion took place on the importance of clinical supervision on providing the right environment and culture to support colleagues to deliver the highest quality and safe care. Mrs Knight outlined development work that would take place to ensure that the clinical supervision framework was integrated to the appraisal and objective setting process for colleagues. Ms Findley said that the Compliance Group would be overseeing analysis of the existing clinical supervision framework to support delivery of a refresh of the workstream. Mrs Hubbard reminded the Board of the feedback that had been received from previous inspections of the inpatient services by the Care Quality Commission that had supported the Trust ensuring that collective oversight was monitored within the Trust. **It was agreed that an update on the clinical supervision workstream would be presented to a Quality and Safety Committee.**

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The Board endorsed the proposed developments to the BAF to ensure that it was aligned to the CRR and risk management framework, and supported additional triangulation opportunities to facilitate ongoing high quality discussions across the Trust.

3738 Chair's Report (agenda item 12)

The Board received the latest iteration of the Chair's Report, which included an update on governance arrangements during the pandemic. She said that the Trust's Gold Command continued with membership of Executive and Non-Executive Board members to ensure challenge, scrutiny and support. The Board noted that revisions to the Trust's Command structure had resulted in the Gold Command meeting once a week from July, as required, (in relation to the incident's COVID alert level being downgraded from four to three last month). The Trust continued to streamline governance during the pandemic with a high level maintained through business as usual activities across the corporate governance workstream. Ms Elliott informed the Board of ongoing engagement that had taken place with the Good Governance Institute (GGI) to exchange practice and gain learning during the pandemic with NHS Chair and Non-Executive peers across the country through a virtual network. The engagement

had resulted in Ms Elliott contributing to a GGI national COVID-19 NHS governance guidance brief for Boards during March; being a Guest Speaker for two national GGI virtual sessions for NHS NEDs, including on governance and community services during the pandemic in April; and being invited to join national virtual roundtable discussions on the future of governance in the public sector. The Board noted the ongoing development taking place across the Trust's Well-Led workstream that had included an externally delivered development session by Make it Happen Solutions for the Trust's Board on 28 July 2020, a desk-top review, a check and challenge coaching session for all Board members, and a self-assessment of Board activities with external consultants, with the results of the work scheduled to be presented to the Board meeting on 24 September 2020. The Board noted the welcomed opportunity to continue to engage with a diverse range of colleagues through the virtual service visit programme. Governors continued to be encouraged to attend the visits to present them with an opportunity to find out more about the Trust's services, and so that they could observe the Non-Executive Directors, including the Chair, fulfilling their role. The visits, which were part of the Trust's listening and learning framework, provided an additional opportunity for triangulation of intelligence and for the Board to further engage with colleagues.

Ms Elliott outlined that partners from the Primary Care Network, Bradford Care Alliance (BCA), would attend future Board meetings as part of the developing work with BCA on piloting and developing a local collaborative for community services with a variety of partners. BCA would attend the September Board meeting in public to provide a progress report, alongside our substantive Chief Operating Officer and community collaborative Trust lead, Mr Scott. The Board noted that BCA would also attend the December Board to review progress made one year on since the pilot collaborative was agreed between BCA and the Trust's Board. This development was welcomed by the Board.

The Board noted that the Trust's profile on EDI work had been raised nationally by being featured in the national King's Fund report on addressing race inequalities and inclusion in the NHS due to an analysis by the King's Fund of the progression of Trust data. The Trust was one of three case studies featured which had introduced interventions to make it safer to talk about race-related issues and interventions to enable development and career progression for ethnic minority staff. Ms Elliott informed that Board of a request from the NHS England/Improvement Regional Director, Richard Barker, to understand how Boards could continue to commit to greater diversity at Board level. Ms Elliott had shared the King's Fund report with Mr Barker and outlined how the Trust had changed the diversity of our Board from 14% to 42% of BAME Non-Executive's (three NEDs) and 7% to 30% (four members) of voting Board members or 25% of Board members overall from a BAME background in nine months. Ms Elliott outlined how revisions had been made to Trust practices, including recruitment, to support greater representation through decision making.

Finally, Ms Elliott provided an update on membership of the Board of Directors which included welcoming Therese Patten as substantive Chief Executive from 21 September 2020, following an open and robust recruitment process that had involved a wide range of colleagues, partners and stakeholders through the assessment centre, including BAME staff and Board member representation. Following the Chief Executive recruitment process and in light of Mrs Romaniak leaving the Trust on 18 October, the Board Nominations Committee had appointed Mr Scott as Deputy Chief Executive from 19 October 2020. The Board noted the ongoing delivery of the recruitment campaign for the Director of Finance, Contracting and Facilities that was scheduled to conclude the end of September 2020, with interim arrangements in place until the individual recruited to the substantive post joined the Trust which was expected early 2021.

The Board received the updates provided within the Chair's Report and welcomed the opportunity for further learning and development through the Trust's continuous improvement commitments.

3739 Integrated Performance Report (agenda item 13)

The Board received the Integrated Performance Report and noted the ongoing developments that had been made in support of continuous improvement for the performance management framework, quality governance and data reporting. Mrs Romaniak explained that revisions had been made to the dashboards that supported the Board sub-committee discussions to ensure that timely data was presented for dynamic reporting. The developments made ensured that a systematic framework was provided across the corporate governance workstream.

Mrs Romaniak outlined that the iteration of the report included data from May and June 2020, with national guidance received to inform the Trust of the requirements for external data reporting arrangements to commence following temporary revisions due to the response to the pandemic. She drew the Board's attention to the emerging themes on the increased acuity within wards and demand to access services. The Board noted that this had resulted in an increase in staffing pressures, out of areas placements, high occupancy levels, financial pressures, and an increasing trend in full physical intervention incidents with 70 incidents reported during June 2020. Mrs Romaniak outlined the ongoing discussion taking place with services to share learning and refine service delivery models and business continuity plans.

The Board noted the ongoing internal and external discussions that had taken place which would result in learning to support the Trust's preparations and resilience for Winter planning. Professor Armitage noted the waiting times to access Trust services and asked whether the pandemic had caused an impact on the length being increased. Mrs Hubbard confirmed that it had. Professor Armitage reminded the Board of the discussion that had taken place in the Board

Development Session on the Care Trust's Approach to Learning, which had included a system to support near miss reporting. He noted the role of the Patient Safety and Learning Group and the connection that it has to the Quality and Safety Committee, that it would provide assurance and escalation on issues including the management of violence and aggression and incident reporting.

The Board noted that temporary revisions had been made following discussion and approval at Silver Command, on mandatory training and compliance, and completing appraisals for members of staff. Mrs Romaniak explained that a six month extension had been approved with the Human Resources team supporting delivery trajectories following engagement with teams and services leads. Mrs Hubbard informed the Board of the ongoing training offer available for students undertaking placements at the Trust and said that the Trust had suggested that an increase in mental health participants through schemes could be delivered through existing frameworks in place to provide support within the Trust.

Mrs Romaniak presented the financial position to the Board and confirmed that the process for national reimbursement of costs associated with the pandemic continued with further national guidance expected to support contracting arrangements. Dr Hussain asked whether any scenario modelling had been undertaken from the learning throughout the pandemic. Mrs Romaniak confirmed that the Finance, Business and Investment Committee continued to receive oversight on finance management and COVID-19 costs with a report being produced to understand how lessons learnt could support future decision making and engagement with partners.

Mrs Panteli referenced the data presented on safer staffing and the gaps that had been identified for qualified nursing colleagues. She enquired whether increased pressures had been identified by colleagues within service areas. Mrs Hubbard responded to confirm that increased staffing measures had been invested in by the Trust to ensure that adequate staffing levels were maintained throughout the pandemic to support infection prevention and control processes. She explained that developments that were taking place to the safer staffing workstream to ensure that a dynamic oversight and assurance process was embedded at the Trust. The Board noted that the existing system did not include student nurses within the safer staffing compliance numbers within wards, noting that they would be included within the revised reporting framework that would include development of a safer staffing dashboard to understand acuity and movement across service areas. Mrs Hubbard outlined that the Executive Management Team were sighted on the importance of mitigating pressures with rostering arrangements and ensuring that the right skills mix supported the highest delivery of care.

Professor Armitage welcomed the ongoing developments that had been made to the quality governance reporting framework and suggested that further consideration be made to enhancing the supporting narrative provided within

the report. He referenced the data on learning from deaths throughout the pandemic and enquired what external learning and engagement was taking place at the Trust. Dr Sims explained that work was taking place to track hospital and community deaths to review trends, including Learning Disability service users, and support thematic analysis. He said learning from past crisis incidents had resulted in younger people presenting with increased mental ill-health and wellbeing concerns. The Board noted that engagement with partners across the system continued with work taking place to understand the impact of physical health conditions for individuals with mental ill-health.

The Board received the Integrated Performance Report and noted the ongoing developments that had been made to the Trust's performance management, quality governance and data reporting system.

3740 Recovery and Resilience: Corporate Governance Effectiveness Review (agenda item 14)

Mr Hogg presented the findings from the Corporate Governance Effectiveness Review and reminded the Board that the review had been commissioned by the Trust's Recovery and Resilience Cell to look at revisions that had been made to the Board and four of its supporting sub-committees due to the pandemic. The Board noted that a variety of participants had been invited to contribute to the survey which had resulted in a 75% participation rate. Mr Hogg outlined that the findings, learning and associated recommendations had been presented to the Recovery and Resilience Cell, and the Senior Leadership Team. He outlined that the development work would be interconnected to the Well-Led developments taking place in partnership with Make it Happen Solutions, which would result in a high level action plan being overseen by the Executive Management Team through engagement with the Senior Leadership Team.

The Board noted that ongoing developments would take place to support continuous improvement within the corporate governance workstream to result in a specialist profession service being delivered to further enhance the existing service model. Mr Hogg outlined that the ongoing developments for the workstream would be supported by the Kaizen Promotion Office to deliver a case study for the Trust on how the Care Trust Way had supported learning and continuous improvement. Mr Chang enquired whether the investment in developing the corporate governance service had associated financial risk. Mr Hogg explained that existing funding that had been underspent within the service had been identified.

The Board welcomed the opportunity for reflection and learning within the key corporate function at the Trust and supported the proposed next step.

3741 Health, Safety and Security Annual Report (agenda item 15)

Mrs Romaniak outlined that the Health, Safety and Security Annual Report for 2019/20 had been approved by the Finance, Business and Investment Committee on 20 July 2020 with it providing assurance on the achievements within the workstream and a summary of the trends and themes relating to incidents reported through the period. She drew the Committee's attention to the key achievements, which included: achievement of ISO 45001:2018 certification of the health and safety management systems utilised; receiving the RoSPA Gold Medal (in Occupational Safety and Health) for achieving six consecutive Gold Awards; and completion of actions relating to Managing Violence and Aggression risk assessments within inpatient areas in response to the Health and Safety Executive Improvement Notice received.

The Board noted the analysis work taking place to understand themes and trends from the incidents that had been reported where nine had been RIDDOR reportable, two of which related to violence and aggression. Mrs Romaniak said that an increase of one had been seen for the total number of incidents reported (1,327) during the period in comparison to the previous reporting year, and that there had been a 29% decrease in the number of reported physical assault incidents for the reporting period. A discussion on near misses and learning took place with Mrs Hubbard outlining the supporting governance framework to capture learning across the Trust on incidents, near misses and serious incidents. She explained that the Patient Safety and Learning Group had oversight of all incidents to support internal learning, understanding themes, and analysing trends, with work taking place to finalise the strategy supporting the workstream.

The Board received and ratified the Health and Safety Annual Report for 2019/20 and welcomed the assurance it had provided.

3742 Safeguarding Annual Report (agenda item 16)

Mrs Hubbard presented the Safeguarding Annual Report for 2019/20 to the Board and outlined that it provided an overview of the adult and children's safeguarding workstream across the Trust, including how engagement with partners continued. She explained that strong partnership work was maintained across the Bradford and Wakefield Children Safeguarding Partnership and the Bradford Safeguarding Adult Board. The Board noted that the report outlined the depth and breadth of the Trust Safeguarding workstreams, including strong commitment to both community and inpatient services, adult and child and the additional service of the MASH service in Wakefield Police Trust Headquarters.

Mrs Hubbard said that development work had taken place during quarter four of the reporting period to further improve the Trust's system and approaches and to ensure that standardisation was embedded. The Board noted that this included standardisation of analysis frameworks that supported thematic

learning from engagement; refresh of the training requirements for staff members, including improved accessibility; and increased engagement with the Safeguarding Board. The Board heard that nationally an increase in domestic violence had been seen as a result of the pandemic and the associated pressures. Mrs Hubbard outlined how successful partnership work provide opportunity to engage with a range of professions to help provide support across the health and care pathway, including during the pandemic. Mrs Panteli referenced feedback that had been received following a virtual visit to the Children's service who had reported challenges in accessing the local authority safeguarding portal though the internet. Mrs Hubbard explained that the challenge had been resolved following advice received from the Informatics Service who had advised on the web browser to be used to support access to the portal. The Board noted that the challenge had been raised as a risk at the Safeguarding Board.

The Board received and ratified the Safeguarding Annual Report for 2019/20 and welcomed the opportunity to celebrate a multi-agency approach to service delivery.

3743 Digital Programme and Pilot Proposal (agenda item 17)

The Chief Information Officer outlined the aim of the national Digital Boards Programme and said that it hoped to enhance Board level understanding of the digital agenda. He said that the initiation of the NHS Providers' delivered programme would involve a Board Development session to help understand the priorities of the Trust which would be supported by external learning and an evidence-based approach to help shape the Trust's digital future. Mr Rycroft explained that the development opportunity would support the Trust's COVID-19 recovery, the refresh of the digital strategy, the enablement and support of the strategic programmes, and place based digital work and associated leadership.

Mr Rycroft outlined that the programme would be delivered in collaboration by NHS Providers and Health Education England, which aimed to enable the sharing of good practice and peer learning on digital transformation through a comprehensive set of Board resources and regional events for all Board Directors, as well as whole Board development sessions rolled out to 100 trusts over the three year period.

Dr Hussain noted the importance of aligning the development opportunity with the refresh of the Trust's digital strategy. Mrs Knight asked whether other partner trusts across the system had engaged with the programme. Mr Rycroft said that the Trust was the first organisation across the West Yorkshire and Harrogate system to engage with NHS Providers in relation to the programme and outlined that the learning received at the Trust through the work could feature within the developing Act as One programme across the Bradford place.

The Board supported the proposal for the Trust to take part in the Digital Programme and Pilot and welcomed the opportunity for external learning.

3744 Management of Deferred Items (agenda item 18)

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.

3745 Any Other Business (agenda item 19)

It was agreed for the Trust's recent Suicide Prevention report to be shared at the September Board meeting in public and with the Council of Governors for information.

The Chair thanked members for the contributions that had been made and closed the meeting at 2.00pm.

3746 Meeting Evaluation (agenda item 20)

A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust. The Board noted today's meeting agenda was more extended than usual, reflecting the need on this occasion to review a notable number of business as usual and COVID-19 related matters.

Signed:.....

Date:.....