

Board of Directors meeting in Public
Thursday 24 September 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
	Therese Patten	Chief Executive
	Gill Findley	Director of Quality, Risk and Compliance
	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
Patrick Scott	Chief Operating Officer	
Dr David Sims	Medical Director	
In Attendance:	Fran Limbert	Deputy Trust Board Secretary (Secretariat)
	Claire Risdon	Deputy Director of Finance (observing)
	17 guests: including six members of staff; nine Governors; and two partners.	

Minutes

Item	Discussion	Action
3747	Welcome and Apologies for Absence (agenda item 1)	
	<p>The Chair, Cathy Elliott, opened the virtual meeting via Microsoft Teams at 9.00am and confirmed that one apology for absence had been received from Sarah Jones, NeXT Director Programme participant, who typically observes Board meetings. Ms Elliott informed the Board that Mrs Jones would be continuing with the programme, but would temporarily cease attending the corporate governance meetings as agreed with NHSE/I due to COVID-19.</p>	

Ms Elliott welcomed Ms Patten who joined the Trust as Chief Executive Designate on 7 September and substantive Chief Executive on 21 September 2020; and Ms Risdon, Deputy Director of Finance, who was observing the meeting. The Board thanked Mr Scott for undertaking the Acting Chief Executive role; Mrs Hubbard for undertaking the Acting Chief Operating Officer role from 29 June until 20 September 2020; and Mrs Findley for undertaking the Interim Director of Nursing, Professions and Care Standards, from 6 July until 20 September 2020.

The Board noted that in line with Mrs Romaniak leaving the Trust on 18 October 2020, this was her last Board meeting held in public. The Board thanked Mrs Romaniak for her commitment, hard work and exemplar leadership.

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.

3748 Declarations of and Conflict of Interest (agenda item 2)

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

3749 Questions Received (agenda item 3)

The Board noted that no questions had been received but that the Trust's Annual Members' Meeting (AMM) was taking place on 29 September 2020 where attendees included a variety of stakeholders who were also encouraged to submit questions to the Board. In line with national guidelines the AMM would be a virtual event via MS Teams.

3750 Service User and Carer Experience: Colleagues Experience of COVID-19 (agenda item 4)

Ms Elliott welcomed Lorna Dunsire and Thabani Songo, leaders within the Mental Health Care Group, to the Board, noting that they had joined to share their experience of contracting COVID-19 to form a staff story for today's meeting. Ms Dunsire explained that after experiencing some symptoms associated with COVID-19 during April 2020, she was supported by the Trust, including her line manager and Human Resources (HR) to undertake a swabbing test. Following which, Ms Dunsire had been diagnosed with COVID-19 and remained positive for 36 days. During that period, she self-isolated at home and explained to the Board that she received a significant amount of

support from HR, on wellbeing, advice, guidance, and general care. Ms Dunsire reported that the support had been invaluable during a challenging period that had proved difficult on her wellbeing due to the psychological impact and anxieties. Work continued for Ms Dunsire to build up her strength and fitness following COVID-19, she highlighted the importance of lived experience and peer support to further build understanding and knowledge. The Board noted the ongoing challenges that Ms Dunsire faced and how HR and her colleagues had continued to support her through the experience, with the experience providing an opportunity for her to better understand the impact of contracting COVID-19.

Next, Mr Songo provided an overview of his experience of being diagnosed in April 2020 with COVID-19 following experiencing some symptoms. He remained positive with COVID-19 for 23 days and self-isolated within his family home. Mr Songo reflected on how supportive the Infection Prevention and Control (IPC) Team had been and continued to be throughout the experience and explained the high level of support that he had received from colleagues, his line manager and HR. He reported that his experience had allowed him to support others throughout the pandemic, including providing feedback on Trust processes and procedures. He encouraged the Board to continue ensuring that representation and lived experience featured throughout the work of the Trust and within the decision-making processes. The Board noted the richness in the diversity of the Trust's workforce and how world-wide learning had featured within the Trust's response and learning from the pandemic. Mr Hogg suggested that the Trust would benefit from collating staff stories which could be used by HR to showcase its wellbeing offer with existing staff and for recruitment purposes.

The Board noted that both Ms Dunsire and Mr Songo had been significantly impacted on both their mental and physical health when contracting COVID-19. The Director of Human Resources and Organisational Development thanked Ms Dunsire and Mr Songo and enquired if they had any feedback on how the Trust's health and wellbeing service could be improved further. Mr Songo outlined that the Trust continued to be dynamic in the response to the pandemic and welcomed reflection from the different impacts following COVID-19 to feature within Trust processes, policies and procedures to ensure that they were reflective and representative.

The Chief Operating Officer thanked Ms Dunsire and Mr Songo for sharing their experience, he praised Trust colleagues for their continued support throughout the pandemic and recognised the efforts of the HR and IPC teams. The importance of reflection and lived experience was recognised and the powerful impact of sharing experiences to support others learning, knowledge and understanding. The Director of Nursing, Professions and Care Standards welcomed the comments, noting the associated physical and mental health challenges and the importance of providing treatment to the whole person as part of their recovery pathway.

Professor Armitage thanked the members of staff for sharing their stories and suggested that at some point in the future a COVID-19 story from a service user or patient would be welcomed at Trust Board.

The Board thanked Ms Dunsire and Mr Songo for their ongoing commitment to the network and for sharing their feedback and experience. The Board action that had been delegated to the Quality and Safety Committee on case studies to support learning from the pandemic was noted with work taking place to deliver the studies to the Committee in the coming months.

3751 Minutes of the previous meeting held in public on 30 July 2020 (agenda item 5)

The minutes of the public Board of Directors meeting held on 30 July 2020 were accepted as a true and accurate record.

3752 Matters Arising (agenda item 6)

The Board noted that there were two matters arising from the Board meeting on 30 July 2020 held in public which were:

- Risk 1825 within the Corporate Risk Register, for mitigations and risk management for the risk on social care funding given the ongoing pandemic.
- Waiting times and associated quality and financial pressures given the ongoing pandemic. The Board noted that the sub-committees continued to be sighted on the risk and mitigations with the Dashboard being a substantive item at each meeting.

No other matters arising were discussed.

3752 Action Log (agenda item 7)

The Deputy Trust Board Secretary presented the cumulative action log which showed those actions previously agreed by the Board, those that were still outstanding and those that had been listed as completed.

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

3753 Chief Executive's Report and COVID-19 Update (agenda item 9)

Mrs Hubbard, as the Incident Commander, provided an update to the Board on the Trust's continued response to the pandemic. She explained that the working from home risk assessments, as the Trust's third stage of assessment, commenced on 6 July and were expected to be completed by 30 September 2020. Following which, further targeted staff engagement for risk assessments

would take place, working with males and pregnant colleagues, with the final stage being for colleagues who had not received an assessment throughout each of the stages. The Board heard that new national guidance on IPC had been received which included the risk assessment of areas with the Trust's Safe Working Environments Group continuing to meet to undertake and oversee assessments of Trust estate. Mrs Hubbard outlined that a capital programme for safe working spaces for service users within acute clinical settings had been established to support isolation in line with Trust IPC processes.

Mr Lewis asked if the first and second stage risk assessments for colleagues with underlying health conditions and those from a Black Asian and Minority Ethnic (BAME) background had been completed. Mrs Hubbard confirmed that they had. Mrs Knight outlined the ongoing work planned as part of the staff engagement workstream to revisit the risk assessment that had been undertaken to ensure that colleagues continue to be supported in accordance with their needs.

The Board noted that the Trust's command continued which operated five days a week continued to be led by Mrs Hubbard with support from Ms Patten. The COVID-19 performance reporting framework had recommended weekend reporting from 19 September 2020 with ongoing review to ensure that the supporting framework remained dynamic and response. Mrs Hubbard said that there had been no COVID-19 related Reporting of Injuries, Diseases and Dangerous Occurrences incidents at the Trust.

Mrs Hubbard outlined the future planning work that continued to take place which included scenario modelling, emergency response and preparation for wave two, and planning for phase three of the financial plan. The Board noted that work continued to take place on the refresh of the service Business Continuity Plans, taking into consideration the learning that services had noted on wave one of the pandemic. Mrs Hubbard outlined how the performance management framework, huddles and daily lean management continued to support the operational oversight of increasing trends associated with capacity and demand and the associated quality and finance risks. The Board noted that ongoing discussions supporting the Trust's response to the pandemic and future planning would take into consideration winter planning, including influenza preparations, and continuing work with partners such as the strategic discharge service and supporting the Care Homes.

The Chief Executive informed the Board that she and Mrs Hubbard had attended a national engagement event that had provided an overview of the future planning requirements to support NHS organisations with their planning for the next six months. Ms Patten drew the Board's attention to agenda item 12, Winter Planning, and explained that following the discussion at the Board meeting, further engagement would take place on how the report could be developed, particularly due to the pandemic, and presented to the Board for

further assurance and information. **The Board supported an extraordinary Board meeting held in public being convened on 29 October 2020 to receive this item.** The Director of Finance, Contracting and Facilities explained that the temporary financing arrangements that were put in place nationally in response to the pandemic were expected to continue with partnership work taking place to submit a system financial plan on 5 October 2020 with an individual organisation plan expected to be submitted on 22 October. The Board noted how the planning supported the reset and recovery work both within the Trust and across the wider health and social care system. Mrs Romaniak outlined that partners were working together to understand the priorities for the local population and each organisation to better understand any gap analysis. The Board noted the role that the West Yorkshire and Harrogate Integrated Care System (WYHICS) would have with financial planning and prioritisation.

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Professor Armitage reminded the Board of the unknown wellbeing and ill-health impact from the pandemic. Mrs Romaniak said that the telehealth service would continue to be a key part of the Trust's reset plans with work scheduled to assess the productivity and capacity of the new system. The Medical Director confirmed that around 1,000 contacts per month were taking place within the service, using the pre-existing system. The Board noted the importance of learning and reflection to support future planning.

Ms Patten provided an overview of some work on assurance, performance management, and oversight that Mrs Findley was leading on, linked to risk management. **It was agreed that the outcome report for the workstream would be presented to the Board meeting held in public on 29 October 2020.**

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A discussion took place on the importance of interpreting data to support future service provision and how population health methodology supported that thinking. Ms Elliott outlined that the Trust's Gold Command had received an overview data report on the impact of the pandemic on local communities, and **it was agreed that the report would be shared with Board members.**

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The Board noted that the Chief Executive Report was compiled in two halves', the first was a look back at the period of July to mid-September 2020 and had been presented by Mr Scott. He explained that work continued within strategy deployment and the strategic programmes supporting the Better Lives, Together strategy with the Senior Leadership Team (SLT) reviewing the workstream, including the repurposing of the strategic aims and the revised projects. The Board noted that the 13 original strategic programmes had been consolidated to four with three enabling priorities and learning from the pandemic featuring within the refinement.

The Board received an update on Brexit, noting that negotiations continued nationally and were expected to continue throughout the transition period which

would define how aspects of health and social care were delivered and accessed from 1 January 2021 and beyond. Mr Scott explained that the Trust continued to prepare for and mitigate against potential consequences of Brexit and subsequent negotiations following the transition period.

Mr Scott provided an overview of the learning week that had taken place with the Voluntary and Community Sector (VCS) that had been facilitated by the Trust in support of capturing learning from the experiences of staff members and service users in the Bradford and Airedale Mental Health Provider Forum in response to the pandemic. The Trust facilitated a range of conversations and engaged with over 120 staff members and 47 service users from over 20 partner organisations, with the findings being analysed to support innovation and agreed next steps. The Board noted that the Trust had submitted several Care Trust Way case studies on innovation throughout the pandemic to NHS Providers as part of a shared learning and celebrating success initiative.

Mr Scott informed the Board that the Trust had also been awarded the 'Cyber Essentials' and 'Cyber Essentials Plus' accreditation that were the highest level of Cyber Security accolade, and had only been awarded to twelve NHS trusts within England. He went on to draw the Board's attention to the Media Summary and associated document that provided an overview of key performance indicators and targets, as well as a summary of key media coverage since the last meeting.

Next, Ms Patten presented the second half of the report which provided an overview of her induction to the Trust, key engagement opportunities that she had taken part in, and a forward look of what she would be developing over the first 100 days of her being in the role. The plan welcomed the opportunity to take time to meet with a variety of colleagues, stakeholders and partners to understand the successes and challenges of the Trust and the local population. The Board noted that Ms Patten would prioritise quality, safety and risk management; governance and Board assurance; workforce; and delivery of the Better Lives, Together strategy.

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.

3754 Community Collaborative Update (agenda item 9)

Richard Haddad, Chair at Bradford Care Alliance (BCA) ; Richard Wall, Chief Operating Officer at BCA; Michelle Smith, Interim General Manager – Adult and Children's Care Group; Chris Hunt, Head of the Kaizen Promotion Office (KPO); and Claire Reed, KPO Manager, joined the meeting to present an update on the Community Collaborative programme. Dr Haddad reminded the Board that the BCA was a community interest organisation that was based on

partnership working across the primary network, provider organisations, and the VCS that built on previous partnership working. He said that the aim of the alliance was to provide an integrated service delivery model that supported multi-disciplinary teams (MDTs) working together across primary and mental health care. The Board noted that following discussion and support by the Board on 19 December 2019 on BCA and the Trust working together to consider new care models for promoting the delivery of partnerships Happy, Health and at Home vision and the aims of a subsequent Strategic Partnering Agreement, a proposal was supported in January 2020 by the Health and Care Partnership Board to progress the workstream that would support a number of pilot projects during 2020. Dr Haddad, Ms Smith and Mrs Reed would be facilitating an Open House session with the Trust Governors on 29 September 2020 to provide an overview of the collaborative and gain Governor feedback.

Mr Wall outlined the aim of the programme which was to improve physical and mental health outcomes through collaboration by having improved relationships; care provided at home; a proactive approach to preventable admissions; embracing agile technology; and integrated workforce plans. He said that the programme would utilise and manage local geographic population health tools to support the best integrated care delivery. The Board noted work that had taken place, or that had been planned to take place during 2020, with pilots identified supported by the Trust's KPO and Care Trust Way methodology for continuous improvement. Ms Elliott suggested it would be useful to receive further population health data from the BCA on the areas in which the pilots were to be undertaken in order to tailor future services to neighbourhoods. Mr Scott explained that the pilots supported the development of the programme, and improved the partnership arrangements to deliver a joined-up approach to providing healthcare tailored to the population and community need.

The Board heard more information on the next steps to support delivery of the programme which included delivery of a communications plan to support engagement; investment in suitable informatics platforms to support single system usage; development of an operational plan to support alignment and systematic involvement; and further consideration for governance and performance measures to provide programme oversight and measure successes and impact. Mr Wall said that work was taking place to agree the system aims, scope and objectives which would be aligned to key milestones. It was expected that a Strategic Partnership Agreement (SPA), and joint business plan to support the programme's ambitions would be presented to the Board on 17 December 2020 at the joint session with BCA. A jointly owned communication plan was being developed that was expected to be finalised in Autumn 2020.

Mr Ahmed asked how risk management on financial governance would be managed and mitigated against. Mr Wall explained that the SPA would outline the collaborative working arrangements for the programme and that it was

important to remain dynamic and responsive. Dr Haddad explained that the development of the service model would prioritise the best delivery configuration to support wellbeing and care within communities that would be supported by the appropriate governance arrangements working within the parameters of each partner organisations and their regulatory requirements.

Professor Armitage emphasised the importance of interactive action learning when supporting collective development and strategic thinking. Mrs Panteli sought further assurance on how the workforce models would be developed. Dr Haddad explained that the Directed Enhanced Service, (part of the GP contracting arrangements), could be considered to support integrated roles. Mrs Knight noted the importance of development and talent management for the workforce and ensuring that the needs of specific diverse communities are met. Mr Wall agreed and said that workforce models should be localised. Ms Smith explained that the workforce plan would be integrated within the business plan to ensure that they were aligned, were dynamic, and provided consistency. She said that the plans would be demand led with work taking place to learn from other partnership experiences which Ms Elliott welcomed.

The Board noted the development work that had taken place during 2020 for the programme and the next steps that would take place before the Board of Directors on 17 December 2020, year one of the collaborative programme. The importance of partnership working that produced outcomes tailored to the local population was noted, along with the importance of learning from other partnership initiatives.

Dr Haddad, Mr Wall, Ms Smith, Mr Hunt, and Mrs Reed left the meeting.

3755 Escalation and Assurance Reporting: Finance, Business and Investment Committee held 21 September 2020 (agenda item 10.1)

Mr Ahmed provided an overview to the Board of the discussion that had taken place at the Committee on 21 September 2020. He outlined that the financial position and plan had been presented that continued to show the trends on associated risks including: Out of Area Placements; COVID-19 costs; financial losses; and Agenda for Change contract arrangements. The Board noted that a top up contract arrangement continued throughout the pandemic with work taking place to understand the financial planning arrangements for the next six months.

Mr Ahmed explained that the future financial governance arrangements would be led by the WYHICS that would work with partners to understand the allocation arrangements for prioritisation. The Board heard that following submission of the system, and Trust financial plans work would take place to undertake gap analysis within contracting arrangements.

The Board welcomed the update provided and the leadership and scrutiny that had been undertaken by the Committee. The Board agreed to delegate responsibility to Ms Elliott, Ms Patten, Mrs Romaniak and Mr Ahmed to approve the financial planning arrangements should a decision be required in a timely manner outside of the formal meeting arrangements.

3756 Escalation and Assurance Reporting: Mental Health Legislation Committee held 17 September 2020 (agenda item 10.2)

Mrs Panteli informed the Board that there had been good engagement and representation at the Committee which supported the Committee's continuous improvement plans. The Board noted that the findings and learning from a serious incident had been presented on compliance with the Mental Health Act which had resulted in a number of recommendations being identified to support quality improvement. The Board heard how external benchmarking had taken place on the process for virtual hearings with the Trust embedding a new process and using opportunity to learn from partner organisations on best practice.

The Board heard how legal advice had been sought by the Trust following an administration error on requirements within application of the Mental Health Act which had resulted in a series of improvements to support informatic systems. Mrs Panteli provided an overview of the ongoing developments within training and application of the Mental Capacity Act which continued with successful compliance and engagement throughout the pandemic.

The Board welcomed the update provided and the leadership and scrutiny that had been undertaken by the Committee. The Board noted that the increasing trend in acuity, incidents and demand had been noted again by the Committee and highlighted as an area to keep a watching brief on with the Committee, noting the associated financial and quality risks.

3757 Escalation and Assurance Reporting: Quality and Safety Committee held 4 September 2020 (agenda item 10.3)

Professor Armitage presented the report from the Committee and explained that the continued increasing trend in acuity and demand had also been discussed by the Committee with themes running throughout the various discussion items on the ongoing implications of the pandemic. The Board noted that this included significant delays in waiting lists for service users trying to access services such as dentistry; heightened level of acuity for mental health inpatient wards; impact of this on incidents and potential financial risks associated with service delivery (including out of area placements; and cost improvement programmes).

The Committee had received the IPC Annual Report which had included learning on the pandemic. An additional report on the training and audit of the Personal Protective Equipment workstream had been presented with the Committee requesting external benchmarking take place to support further learning. The Board noted that targeted engagement work was taking place to further support services and undertaken re-audit to support continual learning.

The newly developed Learning Reporting framework was presented, with the Committee Dashboard, and a deep dive into the Dementia Assessment Unit, all of which presented the Committee with further opportunity to triangulate data. Oversight of risk management was received which included scrutiny of the draft Risk Management Strategy; presentation of the Corporate Risk Register; and the Board Assurance Framework.

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.

3758 Bradford and Craven Independent system-wide review of Children and Young people's mental health system (agenda item 11)

Dr Sims presented the report on the jointly commissioned review of the pathway for children and young people across the health and care system. He explained how the Act as One alliance had a supporting charter for the Young People Wellbeing programme and how the work was one of six key priorities locally across the place with Dr Sims undertaking the Senior Responsible Officer role for this Programme. The Board noted that the review had been commissioned from the Centre for Mental Health by Bradford Districts and Craven Clinical Commissioning Group, Bradford Council and the Trust. The Board noted the supporting governance for the programme which included a monthly programme meeting and reporting to the Health and Care Partnership Board.

Dr Sims explained that Dr Rachel Voller, Consultant Psychiatrist in Children and Young People's Mental Health, was the clinical champion for the programme and was leading work on developing crisis support. During the period of COVID-19 this had focused on helping to reduce the presentation of young people in emotional and psychological crisis to Accident and Emergency departments with work taking place to develop one trusted referral pathway across the Trust and VCS providers. Dr Sims outlined that the programme was supported by six young apprentices who had supported the development of the vision and aims.

The Board noted that the review had focused on six key lines of enquiry which had resulted in findings highlighting the importance of prevention and early help; specialist support provision; a variety of accessible services; risk support

and managing hospital admission; a shared commitment to meeting the needs of a diverse population; and a better understanding of resource and spending. Dr Sims outlined that the review had involved consultation with 480 stakeholders; a survey aimed at practitioners, children and young people, parents and carers; and qualitative interviews with a diverse range of stakeholders. Dr Sims outlined the THRIVE model and explained that it had been developed at the Anna Freud Centre and the Tavistock and Portman NHS Trust as a way to provide major whole-system change for children's mental health support, and explained that the developments would be centered around this model.

Mrs Knight welcomed the ongoing engagement opportunities associated with the programme and outlined the importance of an ongoing conversation to support continued engagement. Dr Sims stated that all partners were engaged with the review and committed to improving the pathway across the health and care system with each partner working together to deliver key messages and engagement opportunities.

Dr Sims drew the Board's attention to the recommendations that had been identified which included having a whole system approach that established support across a spectrum of need; a better understanding of children and young people using data and insight; developing a system that was accessible and easy to navigate; and offering a collaborative model of support. Professor Armitage welcomed the opportunity for a partnership approach to service delivery and noted the different providers and associated funding arrangements in place to support children and young people. He referenced the discussion on the Community Collaborative and the importance of aligned workforce modelling to support community tailored care. Dr Sims agreed and explained the importance of providing the right type and level of care at the right time.

The Board supported the recommendations of the review and welcomed the opportunity for the programme to develop further to transform the existing pathway as one of the six programmes supporting the Act as One alliance.

3759 Winter Planning (agenda item 12)

Mrs Hubbard presented the report on the Trust's preparation in support of winter planning to the Board. She explained that the plan was based on the principles of the system vision and aim to support people to be happy and healthy at home with the focus being on preventing unnecessary hospital attendance and admission. The Board noted how the Trust would work with partners to ensure services and pathways remained effectively monitored to manage demand; support appropriate discharge; engagement with the influenza campaign; and reduce the risk to service users and colleagues of contracting COVID-19.

The Board noted how 2020 had seen an unprecedented challenge for the health and social care system with the pandemic which created additional pressures on service delivery and system resilience. Mrs Hubbard reminded the Board of the developments and learning that had taken place in response to the pandemic which included system collaboration and new learning translated into new practices supporting a different demand model. She outlined that winter planning for 2020 would focus mostly on contingency planning, associated COVID-19 response and mitigations, and seasonal variation in demand for accessing services.

Mrs Hubbard drew the Board's attention to the modelling and analysis on previous outcomes and national findings that had been seen and explained how they had support future modelling. She presented an overview of the plans in place at the Trust which included managing capacity and demand; partnership working; and supporting the flu vaccination programme. Professor Armitage noted how staff members had been deployed throughout the pandemic and asked how the Trust would continue to monitor the deployment schemes. Mrs Hubbard explained that colleagues who had been deployed had returned to their substantive roles by 31 August 2020 with work taking place to support the re-commencement of those Trust services that had been temporarily stood down in relation to national guidance received in response to the pandemic.

Professor Armitage also welcomed partnership working to support timely, safe and effective discharge from hospital and asked how this would feature within the Trust's preparations. Mrs Hubbard said that partnership work with Bradford Teaching Hospitals NHS Foundation Trust had been established for a multi-agency integrated discharge team that worked with secondary care, social care and VCS providers to facilitate discharge.

Dr Hussain asked whether any shortages were expected nationally with the influenza vaccination. Mrs Hubbard explained how the NHS distribution programme worked to support two deliveries within the Trust having received the first as expected. She explained that due to the pandemic private providers may have seen an increase in demand. The Director of Quality, Risk and Compliance explained that additional supply had been procured nationally for the NHS with planned additional release expected in the coming months.

The Board went on to discuss the 0-19 Children's Service and the Vaccination and Immunisation Service, and noted the associated pressures on service delivery. Mrs Romaniak informed the Board that the Finance, Business and Investment Committee had recommended that a quality impact assessment should be undertaken for the 0-19 Children's Service as it was the end of year one of the agreed tender specification. Mr Ahmed provided an overview to the Board of the COVID-19 service pressures, financial uncertainty, and scenario analysis that had been presented to the Committee. Professor Armitage reminded the Board of the escalation report that had been presented on 30

July 2020 that had expressed concern for the recommencement of the vaccination and immunisation programme due to the pandemic and proportions of the programme being delivered within education settings.

The Board noted the update that had been provided and supported a developed winter planning report being presented to the Board on the 29 October 2020 that included some suggested performance metrics and in light of the pandemic.

3760 Corporate Risk Register (CRR) (agenda item 13)

Mrs Findley presented the CRR and explained that three new risks had been added since it had last been presented to the Board. The risks were: 2146, Virgin Media contract; 2147, Care Quality Commission inquiries; and 2148, the 0-19 Children's Service contract, as outlined within the report. She explained that three risk scores had changed since the report had last been presented, which were risk 1825, care home sector and budget allocation that had decreased from a score of 16 to 15; risk 2102 ligature risks within inpatients of community mental health teams, which had decreased from 15 to 12; and risk 2370, COVID-19, which had decreased from 20 to 12. Mrs Hubbard explained that the COVID-19 risk had changed due to the developments of the pandemic nationally. A discussion on the 0-19 Children's Service and associated contracting arrangements took place with the Board noting the quality and financial pressures and challenges and associated the recommendation from the Finance, Business and Investment Committee for the Trust to undertake an additional quality improvement assessment.

The Board noted that there were 14 live risks on the CRR, with one red risk, 2256 clinical trial participation, being downgraded as a score from 16 to 15. Mrs Findley said that ten red risks remained on the CRR due to no additional red risks being added during the reporting period. Mrs Findley explained that work was taking place to review all risks within the CRR in support of the planned developments taking place to the risk management framework and to ensure that the CRR is aligned fully to the Board Assurance Framework. Professor Armitage referenced risk 2266, assault of inpatient staff by service users, and asked what assurance could be provided on the Health and Safety Executive inspection outlining that Trust's arrangements at the Airedale Centre for Mental Health to support staff. Mrs Romaniak outlined that the action plan associated with the inspection had focused on Lynfield Mount Hospital as that was where the inspection had taken place. The Trust had subsequently shared internal learning across services and estate in support of positive engagement with the HSE and associated recommendations. Due to the action plan being associated with a different estate originally, assurance would be sought from a ACMH tailored action plan as required.

Mrs Panteli referenced risk 2147, CQC inquiries, and asked whether the decrease in risk score from 15 to 12 had been anticipatory; she believed the

rating should remain at 15. Mrs Findley explained the rationale for the decrease and how the developed risk management framework and supporting strategy supported clearly defined management and oversight of the corporate risks.

The Board noted the contents of the CRR and the ongoing developments taking place to the Trust’s risk management framework and associated monitoring processes.

3761 Board Assurance Framework (agenda item 14)

The Director of Corporate Affairs presented the Board Assurance Framework and drew the Board’s attention to the updates that had been provided during the reporting period. He highlighted the score changes that had taken place which included: risk 1.1, with the current score reduced from 20 to 12; risk 5.1 with the target score increased from 16 to 20; risk 5.2 with the current score increased from 12 to 20 and the target score increased from 12 to 20; and risk 6.1, with the current score decreased from 25 to 12 and the target score decreased from 25 to 8. The Board noted that elements of the report had been presented for scrutiny and assurance at the Quality and Safety Committee (4 September), the Mental Health Legislation Committee (17 September) and the Finance, Business and Investment Committee (21 September), with plans to present to the Workforce and Equality Committee (on 28 September).

Mr Hogg reminded the Board that at its July meeting, the Board agreed that a new process for presenting BAF risks allocated to individual Committees would be adopted. The Board noted that this would allow for further focused scrutiny and assurance. Mr Hogg explained that as the refreshed Risk Management Strategy was being presented to the Board for approval, it had been suggested that any new reporting format be introduced after that discussion from October 2020 onwards which the Board supported.

The Board considered the controls and assurances in place, the gaps in controls and the actions identified in mitigation for each BAF risk; and noted that discussion on the Risk Management Strategy may influence the future reporting processes of the BAF and CRR.

3762 Risk Management Strategy (agenda item 19)

Mrs Findley outlined that the draft strategy had been presented to the Quality and Safety Committee on 4 September 2020 for review and formal approval. The Committee had been reminded that the Trust’s previous risk strategy had naturally reached the end of its term during 2019. A draft risk strategy had been presented to the Board on 26 March 2020 following a discussion on the risk management framework. It was decided that further work was required to ensure that the strategy was co-produced and owned at all levels within the Trust. To support the development of the strategy and supporting framework

further benchmarking and a crowdsourcing campaign had taken place with colleagues with over 1,200 comments received.

The Committee had noted that the draft strategy had been discussed in detail with Non-Executive Directors holding specific expertise as part of the consultation process, with the revised strategy setting out the Trust's approach to risk management and identifying responsibilities, accountability arrangements, and the suggested approaches to management of identified risks. Mrs Findley explained that the strategy also identified three ambitions and how they would be delivered between 2020 and 2024.

The Board supported the importance of risk being owned by every colleague within the Trust, and the three ambitions within the strategy which were: implementing a systematic approach to defining risk appetite; supporting empowerment of colleagues in decision making and accountability; and building a culture that views risk management positively. The Board welcomed the work that had taken place to develop the risk appetite framework within the Trust, noting the supporting risk assessment matrix. It was recognised that the scoring process required greater clarity, objectivity and responsiveness.

Mrs Findley explained that work had begun on the implementation of a Just Culture programme to reinforce the culture of the management of risks being a positive, quality improvement approach. The Board noted that the ambitions outlined within the strategy would complement a refreshed Quality Strategy at the Trust. The Board welcomed the development of an evidence-based strategy that supported engagement and continual learning through systematic ownership. Ms Elliott highlighted the importance of effective risk management connecting within the key assurance frameworks in the operational meeting structure and the corporate governance structure.

Professor Armitage explained that the Quality & Safety Committee had considered the risk management approaches outlined within the strategy; and recommended its adoption by the Board of Directors.

The Board considered and ratified the Risk Management Strategy noting how it was aligned to the Care Trust Way methodology and the framework would be developed further following the discussion on governance, assurance and oversight that would take place at the Board on 29 October 2020.

3763 Chair's Report (agenda item 12)

Ms Elliott presented the Chair's Report and reminded the Board of the phase three phase of the NHS response to the pandemic, noting the commentary that had been provided throughout the Board meeting on the operational response to the phase three plans. She drew the Board's attention to two NHS national recommendations in support of reducing health inequalities that included:

accelerating preventative programmes; and strengthening leadership and accountability in each NHS organisations. The Board noted that diversity had increased to 42% of Non-Executive Board members from BAME backgrounds and 7% to 30% (four members) of voting Board members or 25% of Board members overall from a BAME background in nine months. The Board welcomed the fact that its membership now represents the diverse population which the Trust serves.

The Board noted the partnership recommendations that featured within the phase three plans that included collaborative leadership; and formation of a Partnership Board. The Board noted that the Trust was a member of the West Yorkshire and Harrogate Partnership Board with significant work having taken place to align the Better Lives, Together strategy with the regional strategy and supporting plans.

Ms Elliott reminded the Board that she was the new Chair of the West Yorkshire and Harrogate Committee in Common. She stated that she had facilitated a strategic review with the Committee on 9 September of the region's mental health, autism and learning disability transformation, and a Governor and Non-Executive Director engagement session will take place on 27 November 2020.

The Board noted that that Trust continued to develop work in achieving equality, diversity and inclusion (EDI), including Board facilitated EDI sessions with network representatives of colleagues with protected characteristics. The Board noted that Mrs Romaniak had been interviewed for the Women on Boards report on women in health leadership. Learning from recent Board level recruitment had been captured, including the development of a single operating procedure across Human Resources and Corporate Governance, and also Ms Elliott highlighted the learning case from Just R Ltd which worked with the Trust to innovate recruitment processes to reach new audiences, including on the Chief Executive recruitment.

Ms Elliott outlined that Mr Scott had stood down from the Acting Chief Executive role on 20 September, following a two week handover with Ms Patten. The Board noted that Mr Scott would become Deputy Chief Executive of the Trust following Mrs Romaniak's relocation to a new role in the North East in October 2020. The Board noted the forward planning and robust handovers taking place in relation to Executive team changes.

The Board noted that engagement with a variety of stakeholders continued throughout the pandemic, including with the VCS; Governors; and Members of Parliament. Ms Elliott outlined that virtual Board service visits also continued throughout the pandemic with work taking place to refine them based on the learning from the first phase of visits since March.

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.

3764 Integrated Performance Report (agenda item 16)

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 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. Mrs Romaniak outlined the ongoing discussion taking place with services to share learning and refine service delivery models and business continuity plans. Integrated review and analysis continued noting the operational and financial plans associated with phase three, recommencing service delivery within the Trust, refresh of the strategic programmes, and the recommencement of national contracting and performance management monitoring.

A discussion on the continuing increasing trend on demand and acuity and the associated quality and financial pressures took place. Ms Romaniak provided some external intelligence from partner trusts who had reported similar themes both nationally and across the West Yorkshire and Harrogate system. The Board emphasised that importance of maintaining a watching brief on the risks, mitigations and increasing pressures, and that would continue to support an informed response made on reasonable decision-making processes taking place.

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.

3765 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard Update (WDES) (agenda item 17)

Mrs Knight presented the WRES and WDES report to the Board and explained that it included the 2020 results that had been submitted to NHS England in August 2020 in line with national requirements. She explained that the report outlined the outputs and outcomes of the 2019/20 action plan and the priorities of the ongoing engagement with colleagues for 2020/21. The Board noted that implementation of both standards was an Equality Objective for the Trust, featuring within the EDI Strategy with a Strategic Reference Group supporting implementation at the Trust.

The Board noted that the past six months as a result as of the pandemic, inequalities and the importance of EDI had been recognised nationally. COVID-19 has had a disproportionate impact on protected groups; particularly BAME and Disabled communities, including BAME NHS staff and staff who have underlying health conditions. Mrs Knight outlined that the WRES and WDES results demonstrated a widening gap in some cases with the Trust continuing to embrace the Best Place to Work strategic programme as a driver for change. The Board noted that virtual staff group meetings had been convened to review the data and provide another opportunity to gain feedback.

Mrs Knight provided an overview of key recommendations that had been agreed to support continuous improvement, they included: design and implementation of COVID-19 risk assessments; further developed health and wellbeing advice and support; further development of HR policies and procedures; increased training requirements to provide additional support; and engagement campaigns to raise awareness of key workstreams. The Board recognised how valuable staff networks and systematic engagement processes continued to be. There was a continued commitment from the Board to engage with a reverse mentoring programme with colleagues representing different protected characteristic groups.

Mrs Knight explained that the SLT had supported a proposal to further develop the EDI Team to provide additional support for delivery of the EDI strategy. Mr Lewis explained that an overview of the proposals, along with the EDI Annual Report, would be presented to the Workforce and Equality Committee on 28 September 2020.

The Board noted that the 2020 WRES and WDES results and considered the priorities identified. They noted that delivery against the action plan would be monitored at the Workforce and Equality Committee and at the Board annually as part of the annual review process with ongoing activity and milestones discussed at the Strategic EDI Staff Partnership Group which met every two months.

The Board welcomed the progress that had been made at the Trust across the EDI workstream, but noted that there was more work to do to achieve its ambitions. The importance of representation and diversity, especially within formal decision-making processes was recognised, with the Board noting the ongoing engagement opportunities to receive diverse feedback through a variety of mechanisms, including sharing stories, service visits, engagement with staff networks and reverse mentoring.

3766 Medical Appraisal and Revalidation Statement of Compliance (agenda item 18)

Dr Sims reminded the Board that in response to the pandemic, national guidance on requirements on medical revalidation had changed to provide opportunities for organisations to temporarily pause the mandatory work, with revalidation planned to restart during 2021 and appraisals planned to restart in October 2020. The Board noted that the Trust had continued with appraisals recognising the importance of protected reflection and development time for colleagues. Dr Sims outlined that trusts were required by the General Medical Council (GMC) to make a statement of compliance from the Responsible Officer who had maintained an accurate record at the Trust of licenced medical practitioners.

The Trust maintained robust approaches for medical governance which included regular conversations with the GMC as regulator and also with NHS Resolution. The Trust had two senior doctors trained in Maintaining High Professional Standards who could work as case investigators when required. Comprehensive pre employment checks for medical staff, including working with Health Education England in regard to doctors in training posts had been maintained throughout the pandemic response.

Dr Sims outlined that the Trust had one doctor currently under investigation following self-referral to the GMC for a conduct issue. This had also been reviewed by NHS Resolution who had closed the case being satisfied that the Trust had appropriate actions in place. He outlined that another doctor on a local training plan had some limitations to their practice during a period of enhanced learning after an incident was investigated. The Trust worked with Health Education England with regards to exception reporting for doctors in training, and there had been two exception reports requested from trainees in the past six months regarding serious incidents being investigated.

The Board reviewed the content of the report and confirmed that the Trust was compliant with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

3767 Well Led Developments Update (agenda item 20)

Mr Hogg presented the update report on the well led developments and explained that the Trust had completed four areas of pre-agreed work during the reporting period which had included: a desktop review of well led documents from Make it Happen Solutions (MiH) and a facilitated Board development webinar; consideration of the results of an evaluation questionnaire seeking views on the Board's readiness for a well led inspection; undertaking the majority of 'check, challenge and coaching sessions' with individual Board and Senior Leadership Team (SLT) members; and discussion of the results from the corporate governance effectiveness review, one of the workstreams from the recovery and resilience programme at the Trust. Actions had now been amalgamated into a proposed action plan which the Board reviewed and approved. The Board noted the development work that had been completed and the associated timescales for delivery of the agreed actions. The importance of the development work connecting to the Care Trust Way, as the Trust's quality improvement programme and its support methodology, was recognised with the Board agreeing the importance of local ownership and successfully embedding improvements.

The Board noted the work undertaken and the agreed next steps to support the development; noted that a desktop triangulation review would be reviewed by the Compliance Group; noted the nine areas that had been suggested as the basis for the well led development pack would be reviewed by EMT; and that the final Board Development Session with MiH would take place on the 2 November 2020.

3768 Suicide Prevention Annual Report (agenda item 21)

The Board had discussed the Suicide Prevention Annual Update Report at the private part of its July Board meeting and had noted the ongoing developments and partnership working that continued to take place in support on suicide prevention. It was agreed by the Board that the report should be presented to the next public Board meeting and shared with the Council of Governors for information.

The Board noted the ongoing developments and partnership working that continued to take place in support on suicide prevention.

3769 Management of Deferred Items (agenda item 22)

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.

3770 Any Other Business (agenda item 23)

The Chair thanked members for the contributions that had been made and closed the meeting at 1.15pm.

3771 Meeting Evaluation (agenda item 24)

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.

The Board welcomed the commitment from a variety of stakeholders who had joined the meeting to observe the discussion, noting how virtual meetings offered an additional option to support and encourage attendance, especially Governors.

Signed:.....

Date:.....