

Board of Directors meeting in Public
Thursday 29 October 2020 at 9.30am
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 and Chair of the Audit Committee
	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	Interim Director of Quality, Risk and Compliance
	Phil Hubbard	Director of Nursing, Professions and Care Standards
	Paul Hogg	Director of Corporate Affairs
	Susan Ince	Interim Associate Director of Planning, Performance and Estates
	Sandra Knight	Director of Human Resources and Organisational Development
	Claire Risdon	Interim Director of Finance
	Tim Rycroft	Chief Information Officer
	Patrick Scott	Chief Operating Officer
	Dr David Sims	Medical Director
In Attendance:	Fran Limbert	Deputy Trust Board Secretary (Secretariat)
	11 Guests including 9 Governors representing Public; Staff and Appointed Constituencies	

Minutes

Item	Discussion	Action
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3771 Welcome and Apologies for Absence (agenda item 1)

The Chair, Cathy Elliott, opened the virtual meeting via Microsoft Teams at 9.30am and confirmed that there had not been any apologies for absence. Ms Elliott welcomed members of the Council of Governors and a member of staff as observers of the extraordinary meeting in public, and thanked them for their interest in the work of the Trust at this time.

Ms Elliott welcomed Mrs Ince who joined the Board as Interim Associate Director of Planning, Performance and Estates; and Ms Risdon as the Interim Director of Finance, both of whom had begun the interim role on 19 October 2020. The Board thanked Mrs Findley for undertaking the Interim Director of Quality, Risk and Compliance from 20 September until 13 November 2020.

Ms Elliott stated that the extraordinary meeting held in public had been convened this month to review the Trust's further developed Covid-Winter Plan and current response to the pandemic, following the discussion at the Board on 24 September 2020 on the Trust's preparations for Winter Planning at this exceptional time during the pandemic.

The meeting held in public had followed a Board Development Session with the national Good Governance Institute on system governance, policy and partnership working during the pandemic and in the future.

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.

3772 Declarations of and Conflict of Interest (agenda item 2)

Mr Chang declared an interest, though not a conflict, as he had been appointed as the Audit Chair and Non-Executive Director for Yorkshire Ambulance Service NHS Trust.

No other declarations of interest were received.

3773 Questions Received (agenda item 3)

The Board noted that a question had been raised by a Public Governor in relation to the 111 service and whether there was a sufficient number of clinically trained staff members within the service. The Chief Operating Officer explained that he **would raise the query at the Secondary Care Pathway Forum.**

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3775 Minutes of the previous meeting held in public on 24 September 2020 (agenda item 4)

The minutes of the public Board of Directors meeting held on 24 September 2020 were accepted as a true and accurate record **subject to minor**

**Fran
Limbert**

corrections and typographic errors being made which the Board noted would not affect the context of the document.

3776 Matters Arising (agenda item 5)

No matters arising were discussed.

3777 Action Log (agenda item 6)

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.

3778 Winter Preparations (agenda item 7)

The Director of Nursing, Professions and Care Standards provided the update report to the Board and explained that it contained further detail on the Trust's preparations to support winter planning, noting that previous iterations had been presented to the Board on 24 September and the Quality and Safety Committee on 16 October 2020. She said that the Trust's plans were based on the principle of the health and social care system vision and supporting aim which was to support people to be 'Happy, Healthy and at Home' with the focus on preventing unnecessary hospital attendance and appropriate support in returning them home quickly and safely. She said that the report outlined how the Trust would work with partners to ensure that services and pathways effectively managed demand to support people at home; upon admission, service users would be supported to be discharged safely and as quickly as possible; work would take place to ensure that all clinical facing staff members were offered and receive an influenza vaccination to prevent the spread of infection and safeguard service users and staff, with the culmination of the actions reducing risk with further work on capacity and demand for services taking place throughout October in partnership with multi-disciplinary teams.

Mrs Hubbard outlined that due to the ongoing pandemic extra preparations had taken place to support resilience across individual organisations, the place and wider health and social care system to manage capacity and demand. She provided an overview of clear milestones that would be delivered which included: development of digital technology; approach to End of Life care; influenza vaccination programme; review of business continuity plans; Mental Health winter plans and confirmed schemes; investment in Voluntary and Community Sector services to support winter planning; and attendance a winter planning workshop. The Board noted how a system-wide approach to preparedness and managing capacity and demand continued to take place, building on successful partnerships that had been further enhanced throughout

the pandemic. Mrs Hubbard outlined further detail of the system approach and said that the Integrated Care System (ICS) had developed an approach to the use of mental health beds, including Psychiatric Intensive Care Unit, with ongoing work taking place across the place to support discharge planning. Ongoing discussions on a partnership approach to workforce management and planning were taking place which included reviewing skills mixing. Multi-agency discharge teams had been established, with secondary care pathway developments continuing to take place. Nationally work had taken place to re-mobilise the Nightingale Hospitals with the Trust deploying three colleagues who had previous Intensive Care Unit (ICU) experience to the service in line with national guidance.

The Board noted that the place-based approach to preparations included: a joint communications and engagement plan with a connected launch of the winter campaigns; further support to colleagues' wellbeing, building on the feedback received, including the Trust's and national offers available throughout the pandemic; joint preparations for the COVID-19 national vaccination programme to be delivered locally. The Board recalled how a strategic discharge planning service had been convened with partners to support service users throughout the healthcare system which Mrs Hubbard confirmed would continue following successful mobilisation throughout the winter period.

Mrs Panteli asked how the Harrogate Nightingale service model was different to that of the Greater Manchester ICS. Mrs Hubbard said that the Greater Manchester model was rehabilitation focused, that the Harrogate model provided acute intensive care by multi-disciplinary teams, and that the models will adapt during the pandemic. The Director of Human Resources and Organisational Development said that trusts had been asked by NHS England/Improvement (NHSEI) to identify colleagues with ICU experience who volunteered themselves to be deployed to the temporary service. Work had taken place to model the right balance of skills and experience to enable healthcare to be provided to the whole pathway of care which was considered across specialist provisions.

Professor Armitage noted the challenges faced by the Trust in relation to the ongoing response to the pandemic, the increasing trend in acuity and demand in some mental health services, and the response to the influenza and winter campaign. Mr Scott outlined that additional funding had been sourced to support the First Response service to further strengthen the delivery model, with further reset funding expected to support outreach support for local communities. Oversight on the ongoing response would be monitored through the Trust's Gold Command of Executives and the Trust Chair which would include understanding risks and mitigations. Professor Armitage challenged the plans presented, stating that greater defined metrics and milestones would further develop the Trust's Winter Plan which Mrs Hubbard agreed to take on board in her future Winter Planning reports to Board.

Mr Lewis asked whether any intelligence on the expected impact of influenza for 2020/21 had been received. Mrs Hubbard outlined that feedback had been provided nationally from Australia as part of their Winter response, and they had reported that a significantly lower impact of influenza had been seen. She said that it may have been due to increased infection prevention and control because of the pandemic, and ongoing awareness raising through engagement. Mr Lewis noted that colleagues had reported fatigue throughout the pandemic and asked how the Trust was continuing to support them. Mrs Hubbard said that discussion had taken place on how staff teams could be supported as part of the wellbeing offer to take time away from work for periods of reflection and time out. The Medical Director outlined that the wellbeing of colleagues' family members and children was also of vital importance to the Trust. The Chief Operating Officer said that part of the ongoing discussions included exploring how colleagues could be supported to undertake some creative activities with the Gold Command continuing to discuss colleague wellbeing and implement adapted or additional offers and support for staff.

The Director of Corporate Affairs noted the impact that temporary cessation of clinical services as part of the national response to wave one of the pandemic, with the increase in demand and acuity would have on an increasing trend on waiting lists to access services. He asked what work was taking place to mitigate against risks. Mr Scott provided an overview from the two business continuity planning (BCP) sessions involving Board members that had taken place in March and in September during the pandemic to strengthen oversight and assurance processes at the Trust and how corporate and clinical services would continue to be delivered, taking on board learning from previous experiences. He said that scenario modelling continued to take place both within the Trust and with partners to understand how the whole healthcare pathway could be supported.

Mrs Knight said that colleagues continued to be supported to ensure that health and wellbeing was built into each day, and provided an overview of the working time directive overview work that continued to take place which provided an oversight system to monitor compliance, breaches and mitigations. A discussion took place on the importance of carers and the role that they fulfilled, which in some cases the pandemic had placed an increased pressure on carer duties. Mrs Hubbard said that work was taking place with partners across the place to understand what support could be provided to carers as part of the health and wellbeing model.

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A discussion took place on the ongoing learning opportunities that the Trust was involved with which included internal and external learning with partners and peers in response to the pandemic. The Board recalled the enhanced partnership working that continued to take place which included providing a Strategic Discharge Planning service across a multiple providers; support for the Care Home sector with infection prevention and control guidance and

training; and mutual aid for personal protective equipment. Innovation had also been seen throughout the pandemic which included an enhanced volunteering offer and further work with the Voluntary and Community Sector which the Trust facilitated as a community connector.

The Board agreed that a watching brief would be kept for wellbeing; risk; and concerns associated with increased acuity and demand, influenza response and the ongoing pandemic which would further support the Trust's foresight and management of risk. The Incident Commander continued to monitor performance dashboards and the COVID-19 action log and risk register as part of the oversight arrangements which was supported by national guidance and learning, as well as learning from partners across the place and system.

Ms Elliott thanked the Executive Team for their work at this challenging time, and highlighted with the Board the Trust being featured in a national NHS Providers report published on 7 October on innovation during the pandemic as recognition of the good work taking place, especially the use of the Trust's Care Trust Way methodology.

The Board:

- **acknowledged the progress made on the winter preparedness plans for the Trust, including the COVID-19 response;**
- **noted that reporting on the Trust's progress in implementing the Winter Plan and its response to the pandemic would be reported at each monthly Board meeting (in public and private as appropriate) at least until March 2021;**
- **noted how the system across Bradford and Craven would work collaboratively to reduce the impact on service users; and**
- **noted that a further update on Winter Planning would be presented to the Council of Governors on 3 December 2020.**

3779 Management of Deferred Items (agenda item 8)

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.

3780 Any Other Business (agenda item 9)

The Chair thanked members for the contributions that had been made, thanked meeting observers for joining the meeting, and closed the meeting at 10.40am.

3781 Meeting Evaluation (agenda item 10)

A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust. The Board noted that as part of the continuous improvement plans for the corporate governance workstream, an

external benchmarking exercise would take place to review minute documentation from peer NHS providers and partners, alongside analysis and benchmarking for the escalation and assurance reporting framework in operation, which was expected to conclude in November 2020.

Signed:.....

Date:.....