

Board of Directors meeting in Public
Thursday 8 July 2021 at 9.00am
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 (up to minute 3897)
	Dr Zulfi Hussain	Non-Executive Director
	Simon Lewis	Non-Executive Director
	Carole Panteli	Non-Executive Director and Senior Independent Director
	Therese Patten	Chief Executive
	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
	Patrick Scott	Chief Operating Officer and Deputy Chief Executive
	Mike Woodhead	Director of Finance, Contracting and Estates
In Attendance:	Dr Himanshu Garg	Consultant Psychiatrist and Clinical Director of Adult and Community Mental Health services (deputising for Medical Director)
	Sue Grahamslaw	Interim Corporate Governance Business Manager (observing)
	James Cooke	Assistant General Manager (for agenda item 3.1)
	Katie Dixon	Admiral Nursing Team (for agenda item 3.1)
	Clare Fell	Care Quality Commission
	Dr Sarojit Ganguli	Consultant Psychiatrist/Guardian of Safe Working Hours (for agenda item 22)
	Brian Cranna	Care Quality Commission
	Michelle Holgate	Deputy Director of Operations (for agenda item 3.1)
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary (Committee Secretariat)
	Isla Skinner	Head of Patient Experience and Involvement
	Gayle Smith	Chief Clinical Information Officer (for agenda item 11)
	Dayne Taylor	Carer (for agenda item 3.1)

In addition, five Governors were observing, representing Public and Staff Constituencies.

Minutes

Item	Discussion	Action
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3878 Welcome and Apologies for Absence (agenda item 1)

The Chair, Cathy Elliott, opened the virtual meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Dr Sims, Medical Director, for whom Dr Himanshu Garg was deputising. Mr Chang advised the Board that he would be leaving the meeting early due to a prior commitment. Ms Elliott welcomed members of the Council of Governors, thanked them for their continued interest in the work of the Trust at this time and welcomed representatives from the Care Quality Commission observing the meeting.

The Board of Directors was quorate.

3879 Learning from your Stories: Adult Community Care Group (agenda item 3.1)

Michelle Holgate, Deputy Director of Operations, introduced the item and handed over to Katie Dixon, Admiral Nurse, who informed the Board that her service provided specialist dementia support to family carers and people living with dementia. She went on to introduce Dayne Taylor, a carer who had kindly agreed to share his experience of caring for his recently bereaved grandad and the circumstances around his diagnosis of mixed vascular dementia. Dayne highlighted how dementia affected everyone differently, and he shared what had worked well, and what he suggested could be done differently in the future.

Dayne stressed how he had felt abandoned following his grandad's initial diagnosis, but benefited from the training and knowledge shared by the Admiral Nursing service, and that the support offered had allowed him to develop his confidence in a caring role.

Board members thanked the team and Dayne for sharing his story. They expressed surprise at how few Admiral Nurses there were globally, and how fortunate the local population was to have a growing team in the area.

During the discussion the following points were made:

- Integration of physical and mental health needs were important, in addition to seeing the person holistically, rather than as a diagnosis;
- More could be done to educate employers around the specific needs of working age carers;
- It was important for the team to have good links with primary care services;
- Admiral Nursing had blended with palliative care locally to deliver a Multi Disciplinary Team (MDT) approach;
- Opportunities existed in relation to population health management and various new funding streams;

- Research behind the Reducing Health Inequalities in Bradford project would hopefully help drive local initiatives such as this.

It was agreed that the presentation would be shared with members outside the meeting, and the comments raised during the item would be fed back to Dayne and the team as part of Board engagement.

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The Board thanked all involved for presenting the story and noted the personal experiences highlighted.

3880 Learning from your Stories: Recent Board Service Visits (agenda item 3.2)

Ms Elliott invited Board colleagues to share any learning from recent in person or virtual service and staff team visits carried out through the Go See Framework.

The Director of Nursing, Professions and Care Standards, and Chief Executive reported back on an overnight unannounced visit undertaken at Lynfield Mount. They had observed the handover between day and night staff, and asked questions around the visibility of senior leaders, and how internal communications reached staff on wards. Mrs Hubbard added that it had been a positive visit, and highlighted discussions around the challenges of wearing PPE and the importance of breaks. Mrs Hubbard added that staff had confirmed that issues raised by themselves were being addressed. Future unannounced visits were in the process of being arranged.

Mrs Hubbard went on to report back from a recent visit to the Child and Adolescent Mental Health Service (CAMHS) Crisis Team and highlighted the strong culture of supervision and team leadership which had strengthened the service. Ms Elliott shared that she joined Mrs Hubbard on an in-person visit to a Community Mental Health Team recently which reflected the same culture.

Ms Elliott stressed the responsibility of Board colleagues to write up any visits undertaken, in order to provide feedback to the services visited and related Committees to celebrate good practice, resolve issues and support quality improvement.

Mr Armitage stated that he would be joining Executive Directors on in-person visits to services and reinforced the importance of getting out and meeting staff within services within infection prevention guidance.

Mr Lewis welcomed the unannounced visits approach as a useful tool. He then reported back on a virtual visit undertaken with Executive and Non-Executive Director colleagues to the Craven Team, during which he had observed a meeting and participated in a question and answer (Q&A) session. He felt it important to probe staff on visits in order to reveal the issues affecting them. A number of issues had been raised around IT connectivity and kitchen facilities,

alongside positive comments around providing flexibility and staff choice in relation to ways of working brought about by the pandemic, including home working.

The Director of Corporate Affairs reported back on visits to the Vaccination and Immunisations team and the Physical Health team and highlighted that the Daily Lean Management standard agenda used had led to issues being picked up and addressed. He outlined an agreement in the services to 'buddy up' on areas with high referral rates, which he saw as a positive step.

Mr Ahmed stated that he had visited Lynfield Mount in person, and this had highlighted the limitations of the site and helped him relate back to the issues which were currently being taken through the Finance, Business and Investment Committee (FBIC) meetings on capital plans. He had also visited the two Community Vaccination Centres (CVCs), and this had flagged the challenges of demand management and onboarding new colleagues.

Mr Scott stressed the importance of the multiple methods of undertaking visits outlined in the Go See Framework, such as planned and unannounced visits. He also commented on the convenience afforded by digital solutions which had made accessing services much easier and enabled greater frequency of visits via MS Teams.

Ms Patten shared feedback from a Dental service visit which she had recently undertaken and stated that prior to the visit she had not appreciated the lack of NHS dental provision and the resulting impact on the specialist service. She flagged the need to pick this up with commissioners and emphasised that learning could come from outside the organisation, as well as from within.

Ms Elliott shared that she had visited in person the Assessment Treatment Unit and Dementia Assessment Unit with Dr Sims and noted quality improvement and cross-agency/integrated working improvements to support staff. She thanked colleagues for providing feedback on visits, demonstrating Board visibility and engagement, highlighting that the Trust's values were being positively reflected back to senior leaders during visits. Ms Elliott reiterated the need to provide feedback to the services visited and related Committees.

The Board agreed to have feedback on service visits as a new standing agenda item with the format to be developed.

3881 Questions Received (agenda item 4)

No questions for the Board had been received since the last Board meeting.

3882 Minutes of the previous meeting held in Public on 13 May 2021 (agenda item 5)

The minutes of the Public Board of Directors meeting held on 13 May 2021 were accepted as a true and accurate record.

3883 Matters Arising (agenda item 6)

Mr Hogg provided an update on minute 3871 relating to the Freedom to Speak Up Guardian (FTSUG) from the last meeting, stating that a new FTSUG had been appointed through an open external appointment process, and that interim arrangements were in place until the new person was in post. The FTSUG Board self-assessment would be scheduled for October/November 2021, once the new Guardian was in post.

Mrs Knight added that FTSUG training would shortly become mandatory for all staff to complement the developing strategic work by the Trust for the role.

3884 Action Log (agenda item 7)

The Director of Corporate Affairs updated the Board on the action log. Mr Hogg confirmed that Action 26/11/20-1 on the electronic prescribing system would be discussed at the FBIC in September 2021. It was agreed that this action could therefore be closed.

For Action 13/05/21-1, Mr Hogg stated that a virtual Go See visit with young apprentices to discuss young people's mental health services would be arranged once new apprentices were in post.

In relation to Action 26/11/20-3 on the Rapid Process Improvement Workshop, Mr Scott advised that an identical action was currently open on the Private Board of Directors action log. RPIW output would be discussed at the Quality and Safety Committee on 26 July 2021, and could then be escalated if this was deemed appropriate. The Board therefore agreed to close this action in favour of the action on the private log.

Mrs Hubbard advised that in relation to Action 13/05/21-3, the North Yorkshire presentation had been circulated, but the NHS England slides would be shared once they had been made available. It was agreed that this action could be closed.

The Board:

- **noted the contents of the action log; and**
- **agreed to close the actions that had been listed as completed.**

3885 Declarations of any Conflicts of Interest (agenda item 2)

No declarations of interest were made for this meeting. The Board noted that Ms Patten had been appointed as a Trustee for NHS Providers representing the mental health sector nationally. **Although this had been added to the**

Register of Interests, it would be moved to the column regarding holding a position of authority in a charity. **Corp Gov**

3886 Chair's report (agenda item 8)

Ms Elliott presented her report which covered a variety of strategic developments, system and Well-Led governance developments, integrated care partnership working, external stakeholder engagement, activities with the Trust's Council of Governors, and internal staff engagement and Board visibility via Go See visits. She highlighted key moments of positivity and celebration, with the recent You're a Star Awards held virtually by the Trust for staff and volunteers and the 73rd birthday of the NHS. She also gave an overview of the robust appraisal process for all Board members from April – July this year, including Council of Governor oversight of Non Executive Director (NED) performance, ensuring leadership capacity and capability.

Ms Elliott informed the Board of Directors that a report on the Better Lives, Together strategy would be included in the September 2021 meeting. **CE** She also outlined the emerging governance arrangements for the Bradford District & Craven Integrated Care Partnership (ICP) and West Yorkshire & Harrogate Integrated Care System (ICS) in line with forthcoming legislative changes.

Mr Armitage questioned how the organisation could prosper from being outward-facing in terms of organisational learning, and suggested that this should be a future focus. He went on to outline the key principles in his opinion of what the Trust was aiming to achieve and hoped that these would be evident in the future Strategic Partnering Agreement at ICP level.

The Board:

- **Noted the Board's and the Trust's preparation work for an expected review with the Care Quality Commission (CQC) against their Well-Led Framework;**
- **Noted the Board's continued strategic development work from 29 April this year on system working and responding to the Government's White Paper on integrated care, leading to a refresh of the Trust's Better Lives, Together 2019 – 2023 strategy, continuing to ensure a clear vision and credible strategy;**
- **Noted the Trust's external work at a senior level in system working and integrated care, leading up to key system milestones in October this year and April next year at ICP and ICS levels;**
- **Noted partnership working and external senior stakeholder engagement taking place;**
- **Noted engagement with and developments for the Trust's Council of Governors;**

- **Noted continued engagement with staff for Board visibility via virtual methods and forums due to Covid-19 restrictions and a new programme of Go See visits via the Trust's Framework; and**
- **Noted the appraisal process for Board members has concluded with the necessary reporting and Board objectives setting for 2021/22 which have been supported by the Council of Governors and Board during June and July this year.**

3887 Chief Executive's Report and COVID-19 Update (agenda item 9)

The Chief Executive highlighted a number of issues included in her report:

- Various awards and areas of recognition, including the Estates and Facilities team receiving Highly Recommended for health and safety performance in the Royal Society for Prevention of Accidents Awards 2021, exceeding the standard requirements of the Data Security and Protection Toolkit; and a successful application to take part in the Adopting Innovation programme which would lead to the development of a Bradford and Craven Innovation Hub. In addition to the above, a poster showcasing the Care Trust Way (CTW) had been accepted for the Royal College of Psychiatrists Quality Improvement Annual Conference;
- The workstreams which had emerged from the Board Strategic Development session; including identification of Non-Executive Director and Executive Director groups to take forward each of the programmes. The results of this work will come together this September, including a refresh of the Better Lives, Together strategy;
- Ms Patten reported that she had taken on the role of Children and Young Person's Lead for Bradford, in relation to Inequality to Opportunity, with a particular focus on Autism waiting times with representatives from different services and organisations. Each organisation had nominated a colleague to sit on a Reference Group with Ms Hubbard undertaking this role for the Trust;
- The new ICS design framework, which was produced in June 2021 and included a roadmap to implement new arrangements for ICS NHS bodies by April 2022, including appointing leadership teams and ensuring a smooth transition of staff from CCGs; and
- A selection of media coverage summarised from June 2021.

Ms Patten went on to share some of the key headlines following the Health and Care Bill being set before Parliament earlier that week, including the merger of NHS England and Improvement, and the power to limit spend for Foundation Trusts. Mr Chang advised the Board that he had received some NHS England documents regarding financial governance in relation to the operation of the ICS which he was not in a position to share, but he gave assurance that he would pass on anything of concern to the Trust.

Mr Armitage questioned whether the local vulnerable population could be further affected by any financial challenges faced by Local Authorities (LAs), in light of deficits currently being experienced. Ms Patten agreed that the transparency of the Trust's relationship with the LA for Bradford as a key partner was crucial, and that the relationship had significantly developed recently due to further joint working. Further to this Ms Patten reported that Iain MacBeath (Strategic Director of Health and Wellbeing at the LA) had been invited to a future Board meeting in relation to links between adult mental health services and social care, and Born in Bradford colleagues would be attending the Board in September 2021 to talk about how closer working in future could be achieved, linked to the recent joint Children's Services review.

Mr Woodhead stated that the LA was represented at the local Directors of Finance meeting for the ICP, and there was no indication of financial issues locally. Mr Woodhead was also working with the Chief Finance Officer of the ICS regarding developing transparency across all LA and NHS colleagues within the ICS.

Mr Scott, as the Incident Commander, then provided an update on the Trust's response to the pandemic which included that:

- The majority of the remaining Government control measures would be stepped down on 19 July 2021, although there was a recognition that infection rates would continue to rise as restrictions lessened;
- The Trust needed to continue to have a staff wellbeing focus across the Winter period;
- High demand was evident across all sectors in the system, including an increased pressure on community services;
- Increased pressure was being experienced across the inpatient mental health services;
- The Trust reset week had taken place in June this year with activity across many areas and key themes identified. Priority areas had been agreed. One example was the introduction of a health inequalities analysis matrix to be used across services;
- A Subject Matter Expert Group had been set up in relation to the Statutory public inquiry to agree the mechanism for developing the nationally requested Heat Map of decisions taken during the pandemic, and this would report into Gold Command;
- Acknowledgement that Winter Planning would be significantly challenging due to the additional pressure on community and primary care, with a proposal to hold a local summit looking into this.

Ms Elliott stated that consideration would need to be given to how the Heat Map would be fed into Gold Command and Board of Directors.

Mr Lewis asked whether the Subject Matter Expert Group had adequate representation from service users and carers, and people from ethnic minority

backgrounds. Mr Scott responded that this would be a consideration and discussed at the first meeting of the group.

Dr Hussain asked whether plans were in place regarding a potential third wave, and Mr Scott confirmed that the Trust, along with the ICS, was sighted on this, and the message was not to be complacent in terms of PPE and social distancing. This would be discussed further in the Private Board meeting.

Following a question regarding the impact of restrictions easing on 19 July 2021, Mrs Hubbard confirmed that the Infection Prevention and Control guidance had not changed, and the arrangements around PPE would remain unchanged until new guidance was published. Mr Scott added that the incident response was being scaled back and some Silver and Bronze Command meeting slots had been repurposed, but this could be stepped up again at any point, if required.

The Director of Nursing, Professions and Care Standards provided an update on the Community Vaccination Centres (CVCs) which included:

- The Jacobs Well CVC was now delivering the Moderna vaccine as of 8 July 2021, following approval through the Board Assurance Group for the pandemic on 28 June, in addition to Pfizer and AstraZeneca vaccines;
- The Bradford Old College CVC would only deliver the Pfizer vaccine due to the site layout which had been reviewed by the Board Assurance Group;
- There had been a significant reduction in take up of the vaccine as the 18+ cohort had become eligible. An extensive advertising scheme had taken place, and multiple delivery routes were in use; and
- Guidance was reportedly in development regarding a potential COVID-19 booster vaccine, and this would be considered in the Winter Planning process.

Board members commented on the extensive work and reach which had been achieved by the programme. It was acknowledged that more work was needed to be done in relation to engaging with Eastern European communities on the vaccine. Mrs Hubbard outlined work taking place via the Trust's mobile vaccination unit in priority communities.

Mrs Panteli raised the issue of younger people being concerned about the side effects of vaccination and asked what was being done to address this. Mrs Hubbard stated that engagement with the younger population was being undertaken via the LA Children's Board, through social media and other communication channels. Additionally, free refreshments were being provided at the point of vaccination as an incentive. Engagement was also being done through schools and colleges in order to target this population.

Mr Chang commented on the excellent privacy arrangements in place at the Trust's CVCs.

Feedback received through the Friends and Family Test (FFT) was also being acted upon, and the Board noted the continuation of collecting FFT data at the CVCs.

The Board:

- **noted the Chief Executive's report, including the update on the Trust's response to COVID-19; and**
- **ratified the Board Assurance Group minutes from 28 June 2021, which supported the multi-vaccine approach at the Jacobs Well CVC and updated plans for Bradford Old College CVC.**

3888 Board Assurance Framework (BAF) and Supporting Organisational Risk Register (ORR) (agenda item 10)

The Director of Nursing, Professions and Care Standards presented a paper which informed the Board that the new process for updating the BAF was now being embedded and would continue to be informed by progress in month, data and consideration of the wider organisational risks. Work had been undertaken to align the Risk Impact Categories to the Strategic risk areas, and a Standard Operating Procedure (SOP) had been developed and was presented to Board for approval to support good governance arrangements.

There had been no change in the scores of the risks relating to the Strategic Objectives contained within the BAF since it was last updated in May 2021.

Mrs Hubbard invited discussion around whether Board colleagues believed the Trust was being over-critical of its scoring on the BAF.

She went on to highlight that the front sheet of the ORR had incorrectly shown all risks as having worsened, however only three areas had deteriorated. Mrs Hubbard stressed that the COVID-19 risk had worsened not because of a lack of management of the risk, but due to the impact of staff shortages with frontline staff being required to isolate. Mrs Hubbard emphasised that there were currently no infections in inpatient services.

Mr Woodhead informed the Board that there had been a delay in agreeing the ICS Provider Collaborative funding arrangements due to a delay at national team level. He was hopeful that this would shortly be resolved and advised that an update would be taken to the FBIC on 29 July 2021.

Mrs Hubbard added that individual risks would be taken to the relevant Committees for discussion.

Dr Himanshu Garg drew the Board's attention to the ICS BAME Fellowship initiative for senior leaders at Board level, which the Trust was proactively participating in, reflecting in particular Strategic Objective 4 - 'To empower all

staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity’.

Mr Armitage commented that there was still work to be done regarding health inequalities metrics. Ms Patten agreed that this should be looked at across both place and system and advised that a Health Inequalities Academy had been established, chaired by a GP. Although it was in its infancy it had already set some targets to clarify the relationship between population health management and health inequalities, and **Ms Patten offered to feed back an outline of the work to a future meeting**. Mr Scott referred back to the Health Inequalities Analysis matrix which had been developed as part of the Next Steps programme, which aimed to drive all services towards recognising what health inequalities looked like in relation to the services they delivered and develop plans to address them.

Mr Armitage also requested a timeline for when the role of the Care Trust Way could be fully reinstated, as he felt it had been surpassed recently at the Quality and Safety Committee by the focus on COVID-19 vaccinations. Mr Scott agreed that the capacity to roll out the Care Trust Way training had been compromised by the pandemic, but that plans were in place to reintroduce this. He gave assurance that despite this, the principles had started to become embedded throughout the organisation for learning, continuous improvement and innovation.

Mrs Panteli welcomed the design of the new BAF which she found clear and easy to understand. She felt that more work was required on some of the gaps in assurance and control.

Mr Chang assured the Board that the Audit Committee received the BAF and ORR, and regularly challenged their contents as a Committee. As Chair of a Committee he favoured risks being graded prudently, and then urged Committees to triangulate and provide challenge.

The Board concluded that the new reporting arrangements were a significant improvement and thanked all those involved in the work. Ms Elliott stressed that the Trust was restless for improvement and suggested that this was reflected in the scoring, and welcomed regular reviews of the BAF to ensure realistic scoring against our ambitions.

Board members were invited to feed any further comments back to Mrs Hubbard directly. It was noted that the documents would be presented again at the September 2021 Public Board meeting.

The Board:

- **Noted the progress made in implementing the new BAF, demonstrating clear and effective processes for managing risks;**

- **Noted the work done on alignment of risk areas and impact categories;**
- **Noted the mitigations and controls in place to manage the risks associated with the Strategic Objectives described within the BAF; and**
- **Approved the BAF Standard Operating Procedure.**

Gayle Smith joined the meeting.

3889 Digital Strategy (agenda item 11)

The Chief Clinical Information Officer presented a paper which provided the Board with a progress update regarding the formation of the Trust's new Digital Strategy. The presentation contained background information, plus the key outputs following a comprehensive engagement process. It also briefly described the next steps and activities required to finalise the strategy.

Ms Smith informed the Board that four themes had emerged through the engagement process: Use of Digital Services, Ways of Working, Accessibility and Communication; and Understanding Needs. A strategic response would be developed around those themes.

Mr Ahmed commented on it representing a good foundation but noted that it was currently more of a plan than a strategy and he was unclear how it would translate into deliverables over time. He also queried whether the resources were in place for delivery. Ms Smith stated that not all of the suggestions were high technology expensive items, such as reliable connectivity and good information governance sharing. The intention was for the document to evolve and adapt to a changing environment.

Mr Rycroft acknowledged that there were many priorities for resources across various work programmes but that he would work with colleagues to determine the priorities and high impact items. Ms Elliott requested that the next iteration of the strategy should outline objectives, milestones and a timeline for delivery. It was agreed that a progress update would be brought back to the Board in September 2021 following further discussion at the FBIC.

The Board:

- **Noted the progress made and the outputs from the engagement process and the next steps towards finalising the strategy.**

Gayle Smith left the meeting.

3890 Alert, Advise, Assure (AAA) Report: Mental Health Legislation Committee (MHIC) held on 20 May 2021 (agenda item 12)

On behalf of the Committee, Mrs Panteli presented the AAA report from the meeting held on 20 May 2021, highlighting two points of escalation:

- The Committee Chair had been briefed privately by the Medical Director regarding the detention of a young person who was an out of area admission to PICU and the complex care required from the MDT. The CQC and NHSE/I had been informed of the case. It had highlighted the issue of availability of Tier 4 CAMHS provision nationally. Mrs Hubbard confirmed that the young person was now home, and that a lessons learnt process had been completed. The issue had been flagged at a national level; and
- The Committee had been monitoring the performance of the timeliness of reports to hospital manager hearings and tribunals, and due to performance dipping significantly over the past three months, the Committee had commissioned a Rapid Process Improvement Workshop (RPIW) which would report back to the July 2021 meeting.

Mr Lewis stated that in his opinion the MHLC was working very well, in terms of identifying risk, managing and escalating it, and monitoring the steps taken in response to the risk. He added that the Committee had also been successful in terms of service user involvement, and Mrs Panteli confirmed that this was an area which she would like to develop further in 2021/22.

The Board:

- **Noted the escalation and advisory points, and assurance provided by the Committee.**

3891 Alert, Advise, Assure (AAA) Report: Quality and Safety Committees held on 25 May and 17 June 2021 (agenda item 13)

On behalf of the Committee, Professor Armitage presented the AAA reports from the meetings held on 25 May and 17 June 2021. There was nothing of note to escalate from the May 2021 meeting, and Mr Armitage drew attention to two advisory points from the June 2021 meeting:

- The Committee had asked for information on definitive processes in relation to Psychological Therapies due to long waiting lists and staffing challenges, with timelines and proposed outcomes to be presented to the next meeting. Mr Woodhead added that there was now a significant amount of financial support which would hopefully go some way towards addressing these issues. This was due to be discussed further by the Executive Management Team on 14 July 2021; and
- The Trust now had further National Institute for Health Research funding with other external partners and the funding needed effective financial

management. There would be a continual review of whether this should be brought in house, although the support currently on offer was working well.

Ms Elliott reflected on the service user story around their experience of seclusion which had been taken to the May 2021 meeting, and took the opportunity to celebrate how service users were routinely being engaged in the work of the Committee. Mrs Panteli added that the case had demonstrated the close links between the Quality and Safety Committee and Mental Health Legislation Committee, as the issues raised had then been followed up in both Committees.

The Board noted the advisory points and assurance provided by the Committee.

3892 Integrated Performance Report (IPR) (agenda item 14)

Mr Scott highlighted a number of issues raised in the IPR:

- Recognition of the continued pressure on services due to the pandemic;
- Scrutiny of areas where mandatory and other specific training was underperforming by more than 5%, with projections of compliance being taken to the Senior Leadership Team meeting later this month. Full compliance was forecast to be achieved over the next three months;
- Inpatient mental health acuity, occupancy, associated inpatient staffing pressures and increased use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds;
- Demand and capacity within a growing number of services including community dental services, speech and language therapy for children and young people, Child and Adolescent Mental Health Service (CAMHS), Memory Assessment and Therapy Service and psychological therapy services particularly in community mental health services; and
- Staff absence - sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID-19 related absences, for example staff needing to self-isolate; working time directive breaches.

Mr Hogg stated that a further staffing review would be undertaken as part of the COVID-19 reset work, and this would be discussed further at the Quality and Safety Committee in September 2021.

In response to a question regarding staff sickness rates, Mr Scott stated that the Trust's figures were comparable to those in other Trusts, and that work was ongoing with the acute Trusts at place/ICP level on this.

A question was raised regarding whether dental waiting list triage information was reliable, and Mr Scott provided assurance that a continual triage process

was in place and was considered to be reliable and the intention was to have cleared the backlog by June 2022.

It was confirmed that the Workforce and Equality Committee (W&EC) scheduled for 10 September 2021 had been extended to allow discussion of common topics between Committees in order to strengthen governance arrangements, particularly for FBIC and W&EC on strategic workforce matters.

The Board:

- **Noted the key points and exceptions highlighted in the IPR for May 2021 and the proposed actions being taken forward for Trust services and future demand management; and**
- **Considered any further attention via supporting Board Committee structures.**

3893 Annual Report: Suicide Prevention (agenda item 15)

Mrs Hubbard presented the report which provided a summary and update on the work continuing both regionally and locally to reduce suicide and increase awareness.

Mrs Hubbard reported that from 2018/19 data when compared to other local authorities within Yorkshire and Humber, the Bradford District had the lowest suicide rate across the West Yorkshire & Harrogate ICS and within the region at 9.4 deaths per 100,000 population. However, she stressed that the Trust had adopted a zero-suicide philosophy where each death by suicide was seen as preventable.

The Board was asked to celebrate the local successes in this area and was informed that work continued with the LGBT network, and engagement continued at the ICS and place/ICP level suicide prevention networks.

Work was also progressing with the University of Bradford in a bid to develop a mobile phone app that children and young people could engage with.

Mr Lewis flagged that Bradford had a growing Central and Eastern European community, and the Board had already noted today that this population was a priority in the COVID-19 vaccination programme. He asked whether enough was being done to understand that community. Board members acknowledged that much work had been undertaken within the South Asian community and good engagement was now taking place with Central and Eastern European communities, but the pandemic had highlighted health inequalities and the Eastern European population had been notably affected. It was agreed that more work needed to be done to find the right way to engage with and reach into that population. **Mr Scott agreed to explore engagement with Central and Eastern European communities, including as part of the work of the**

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Mental Health Legislation Committee, such as a service user story, as well as ensuring consideration in the health inequalities analysis work.

Dr Hussain asked when the 2020 report would be available, as it was anticipated that this would include evidence of the impact of COVID-19. Mrs Hubbard reported that she hoped it would be published during this summer, and it would be taken through the appropriate governance route.

The Board acknowledged the ongoing work and partnership working across the Trust, at place and region to reduce suicide.

Dr Sarojit Ganguli joined the meeting.

3894 Annual Report: Guardian of Safe Working Hours (agenda item 22)

Mrs Knight introduced the report, which related to the working hours and patterns for junior doctors. She informed the Board that Dr Ganguli had been appointed as the Guardian of Safe Working Hours, and that she met with him on a quarterly basis to review any issues or breaches.

Dr Ganguli gave assurance that there were no breaches to report. He stated that since the last report only one exception had been raised in November 2020 by a less than full time trainee pertaining to additional hours worked during her non-working day, a one-off incident which had been resolved through supervision sessions.

Dr Ganguli stated that due to the low numbers of issues being raised, the Junior Doctors Forum time had been used as an opportunity for them to raise and resolve any other issues of concern.

The Board was advised that the Quality and Safety Committee had previously received the report as part of the governance process.

The Board noted the content of the report.

Dr Sarojit Ganguli left the meeting.

3895 Independent Review of Serious Incidents (agenda item 16)

Mrs Hubbard presented the report which highlighted the outcomes of the review into Serious Incidents commissioned in October 2020, and the management response to the recommendations made.

She stated that an action plan had now been developed in relation to the findings. Mrs Hubbard suggested that the next Independent Review would take place in April 2022.

Ms Elliott stated that more detail would be considered during the Private Board meeting, protecting service user confidentiality.

Mr Lewis stressed the importance of the review and monitoring the implementation of the actions. He challenged whether the training and standards highlighted in the action plan could be in place prior to December 2021, and Mrs Hubbard stated that some training had already been undertaken on human factors, but that more was planned in terms of training the Board. **Mrs Hubbard agreed to explore whether the training and standards could be in place prior to December 2021.**

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Mr Armitage suggested that the human factors approach which was currently embedded in serious incident investigations, was also clear in the Trust's quality improvement strategy, but should also be reflected in the Health and Safety approach.

Mrs Hubbard provided assurance that the approach to improvements and governance of the improvements was under continual review, including scrutiny from Internal Audit.

It was agreed that evidencing progress against the action plan would sit with the Quality and Safety Committee, and then any key actions would be highlighted through the Committee report to Board.

The Board:

- **Noted the recommendations of the Independent Review of Serious Incidents;**
- **Noted the management response to the recommendations made; Received assurance from the oversight arrangements described; and**
- **Agreed that the next Independent Review would take place in April 2022.**

3896 Alert, Advise, Assure (AAA) Report: Audit Committee held on 8 June 2021
(agenda item 18)

On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 8 June 2021. He commented that there were no items to escalate and the Committee had received strong assurance about the relationships between management, internal and external auditors evident from the Committee papers and discussion which focused on the close down of the 2020/21 Annual Report and Accounts prior to approval by Trust Board and submission to NHS Improvement on 10 June 2021.

The Board noted the content of the Committee report.

3897 Annual Report: Health, Safety and Security (agenda item 24)

Mr Woodhead introduced the Health, Safety and Security Annual Report which provided assurance to the Board of Directors on achievements within health, safety and security throughout 2020/21, and a summary of trends and themes relating to health and safety and security management incidents reported in the Trust throughout 2020/21.

Mr Chang noted the increase in violence and aggression highlighted in the report, and asked what provisions were being taken to safeguard Trust staff which Ms Elliott also queried.

Mr Woodhead acknowledged the increase and referred to page 13 of the report which outlined some of the actions being taken to address this, including working in partnership with SWYPFT in developing a specialised centre of excellence including nursing workforce development to ensure staff working on the Assessment and Treatment Unit had the right level of training, knowledge and experience. The Trust was also investing significant capital in the development of a specialised assessment and treatment centre of excellence unit on Lynfield Mount Hospital site. This unit would include a dedicated seclusion unit including seclusion garden and place specific isolation areas which should support managing violence and aggression risks. The unit was due to open to service users from quarter 3 of 2021/22.

To assist in managing the risks of violence and aggression towards staff, staffing levels were being increased where there were specific acuity challenges within the ward in line with safe staffing ratios.

Mr Scott added that the use of restrictive interventions was being reviewed across the Trust, including the introduction of a 'No force first' approach. Ms Patten would be carrying out a deep dive into this approach as part of her own 2021/22 objectives as Chief Executive.

Mr Armitage urged the Trust to take a human factors approach to serious incident investigations, quality improvement initiatives and health and safety.

Ms Elliott highlighted that the team had received six consecutive gold awards from the Royal Society for the Prevention of Accidents, in particular for its work around occupational safety in health.

The Board reviewed and approved the Health, Safety and Security Annual Report for 2020/21.

3898 Summary of Learning from Deaths (agenda item 17)

Dr Garg presented the report, which provided Board members with an overview of the learning the Trust had taken from the deaths of patients within its care during 2020/21.

He explained that learning from deaths was supported by two key policies, the Serious Incident policy and the Learning from Deaths policy. Dr Garg reported that between April 2020 and the end of March 2021 a total of 323 of the Trust's patients had died, with 27 Structured Judgement Reviews and 22 Serious Incident investigations carried out.

The outcome of these investigations was that there had been no deaths judged to be 'more likely than not to have been due to problems in the care provided to the patient'.

Dr Garg highlighted the Trust's proactive approach to learning from deaths, including learning from excellence and learning from improvement.

The learning from deaths approach had taken particular account of COVID-19 and concluded the following:

1. In reviewing deaths from COVID-19 both inpatient and community staff had used appropriate procedures to limit spread, with only two inpatient deaths within inpatient services; and
2. The impact of COVID-19 had not reduced the capacity of the Trust to review learn from deaths of individuals in its care.

Ms Patten advised the Board that Dr Sims had taken the lead on the Medical Examiner role.

Mr Lewis asked whether the action plans referred to in the report would be brought to Board, and Mrs Hubbard confirmed that they would be monitored initially through the Quality and Safety operational groups, and then any key assurances taken through to the Quality and Safety Committee.

Ms Elliott reminded Board colleagues that Professor Armitage held the Non-Executive Director remit for learning from deaths and liaised regularly with the Medical Director on this.

The Board noted the content of the report and took assurance that the Trust's processes for reviewing and learning from deaths was robust and appropriate.

3899 Alert, Advise, Assure (AAA) Report: Finance, Business and Investment Committee held on 27 May 2021 (agenda item 19)

On behalf of the Committee, Mr Ahmed presented the AAA report from the meeting held on 27 May 2021. He reported that there were no items to escalate and for assurance he highlighted that an improved position had been achieved for the final financial position of 2020/21 largely due to additional funding received.

He also provided assurance that the Microsoft licencing renewal had now been approved with revised associated costs.

The Board noted the content of the Committee report.

3900 Finance Report (agenda item 21)

Mr Woodhead presented the report, which provided the Trust Board with an overview of financial performance for May 2021 (Month 2) and forecast against the agreed 2021/22 Half 1 Plan for the Trust and the wider ICS.

He stated that the Trust's revenue and capital positions were largely in line with the plan for Half 1. The main focus was to identify c£3.6m efficiency improvements to deliver a break-even plan for the year, and recurrent improvements of c£7m-£10m to address the estimated underlying deficit.

A Deloitte facilitated workshop that had been held this June had identified a range of opportunities that were currently being prioritised, in order to agree the efficiency programme in readiness for the 2021/22 Half 2 plan.

Mr Woodhead stated that work was ongoing into how to bring the reset work into one properly resourced and governed programme, and that the FBIC would be discussing this further prior to it being brought back to Board in September 2021.

In terms of the ICS position, Mr Woodhead stressed that risks to the whole system would require a whole system approach.

Ms Patten and Mrs Knight highlighted that clarity was required around the medium and long term workforce planning process, and this linked to the financial planning round. Integrated processes around workforce planning were in place, but in addition a workforce group had now been established to support each service to develop their own workforce plans. Assurance around the final draft workforce service plans would be discussed at the Workforce and Equality Group in September 2021 and further connections would then be made at the Joint Committee following that meeting, including FBIC members. Mrs Hubbard stressed the importance of patient safety and quality issues when considering these plans.

The Board:

- **Noted the year to date and 2021/22 Half 1 forecast financial position of the Trust;**
- **Noted the wider ICS financial position for Month 2; and**
- **Noted the deferred go-live dates for the ICS Provider Collaboratives.**

3901 Alert, Advise, Assure (AAA) Report: Charitable Funds Committee held on 24 June 2021 (agenda item 20)

The Board agreed that the report would be taken as read and considered further during the Private Board session.

3902 Annual Report: Medical Appraisal and Revalidation (agenda item 23)

The report presented the current situation with regards to medical revalidation and appraisal.

The Board agreed the statement of compliance contained within the report.

3903 Annual Report: Senior Information Risk Owner (agenda item 25)

The annual report by the Senior Information Risk Owner (SIRO) provided an update relating to the responsibilities of the SIRO and outlined activity and performance related to information governance. The paper provided assurances that information risks were being effectively managed, what had been achieved and where improvements were required going forward.

The Board:

- **Considered the information and assurances provided for 2020/21; and**
- **Noted the proposed information governance objectives for 2021/22.**

3904 Board Sub-Committee Annual Reports (agenda item 26)

The Board noted the assurance provided in the following Annual Reports from Board Committees:

- **Quality and Safety Committee;**
- **Mental Health Legislation Committee; and**
- **Charitable Funds Committee.**

3905 Terms of Reference Ratification (agenda item 27)

The Board ratified the following Terms of Reference:

- **Mental Health Legislation Committee;**
- **Quality and Safety Committee; and**
- **Remuneration Committee.**

3906 Use of Trust Seal (agenda item 28)

The Trust Seal was used by the Board of Directors to executive legal documents such as formal contracts and lease agreements agreed on behalf of the Trust. The report detailed the five occasions on which the Trust seal had been used between July 2020 and May 2021.

The Board noted the register of sealings and recorded its receipt in the minutes of this Board meeting.

3907 Management of Deferred Items (agenda item 29)

The Board noted the contents of the Deferred Items Log.

3908 Any Other Business (agenda item 30)

No other business was raised.

3909 Meeting Evaluation (agenda item 31)

Ms Elliott noted that more time needed to be allocated to the COVID-19 update at future meetings as a continuing priority item.

The Chair thanked all Board members for the contributions, and reinforced the recurring theme of the Board and Trust being restless for improvement which was evident at today's Public Board meeting. She thanked Governors, staff members and representatives from the Care Quality Commission for their time in observing the meeting

The Chair closed the meeting at 1.47pm.

Signed:.....

Date:.....