

**Board of Directors meeting in Public
Thursday 9 September 2021 at 9.00am
Meeting held virtually using Microsoft Teams**

Present:	Carole Panteli	Non-Executive Director and Senior Independent Director (chairing the meeting)
	Professor Gerry Armitage	Non-Executive Director and Deputy Chair of the Trust
	Maz Ahmed	Non-Executive Director
	Dr Zulfi Hussain	Non-Executive Director
	Simon Lewis	Non-Executive Director
	Therese Patten	Chief Executive
	Phil Hubbard	Director of Nursing, Professions and Care Standards
	Paul Hogg	Director of Corporate Affairs
	Tim Rycroft	Chief Information Officer
	Patrick Scott	Chief Operating Officer and Deputy Chief Executive
	Mike Woodhead	Director of Finance, Contracting and Estates
In Attendance:	Fiona Sherburn	Deputy Director of HR and OD
	Claire Risdon	Deputy Director of Finance
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary
	Sue Grahamslaw	Corporate Business Manager
	Gemma Berry	Care Quality Commission
	Michelle Holgate	General Manager, Community Services (for item 3.1)
	Vicki Porter	Mother of Oscar (for item 3.1)
	Claire Warne	Children's LD Team, Craven (for item 3.1)
	Isla Skinner	Head of Patient Experience and Involvement (for item 3.1)
	Emma Holmes	Senior Involvement, Experience and Inclusion Officer (for item 3.1)
	Catherine Jowitt	Charity and Volunteering Lead (for item 11)
	Mark Mon-Williams	Born in Bradford (for item 22)
	Damon Boxer	Born in Bradford (for item 22)
	Ruth Denis	Principal Educational Psychologist, CBMDC (for item 22)
	Fazeela Hafejee	Transformation Business Change Lead, CBMDC (for item 22)

In addition, nine Governors were observing, representing Public and Staff Constituencies, together with three members of staff and two members of the Trust.

Minutes

Item	Discussion	Action
3910	Welcome and Apologies for Absence (agenda item 1)	

Mrs Panteli, Senior Independent Director, opened the virtual meeting via Microsoft Teams at 9.00am, explaining she had been asked to chair the meeting in the absence of the Trust Chair and the recent sickness absence of Professor Armitage, Deputy Chair. Apologies for absence had been received from Ms Elliott, Mr Chang, and Mrs Knight. Mrs Sherburn, Deputy Director of HR and OD, was deputising for Mrs Knight. Ms Risdon, Deputy Director of Finance was deputising for Mr Woodhead for parts of the meeting.

The Board of Directors was quorate.

3911 Declarations of any Conflicts of Interest (agenda item 2)

No declarations of interest were made for this meeting.

3912 Learning from your Stories: Oscar's Story (Children's Learning Disability Team, Craven) (agenda item 3.1)

This item was taken later in the agenda to accommodate availability of clinical staff. Mrs Panteli welcomed the members of the Craven LD Team and Vicki, Oscar's mother, who was featured in the presentation. Claire Warne provided some background to the service, which provided specialist nursing support to children and young people with a learning disability across Craven. She described the partnership working with local GPs and family support groups, involvement of student nurse placements and enhanced pathways to support enhanced care delivery. Nicki Porter went on to describe how her son, who was on the autistic spectrum and had a number of other complex conditions, had been referred to the service for anxiety regarding people wearing Personal Protective Equipment (PPE) within his school. The service worked closely with Oscar using bespoke social stories and completed desensitisation work which allowed him to attend dental and hospital appointments without requiring sedation (which was previously required).

Board members thanked the team and Oscar's mother for sharing such a powerful story. During the discussion the following points were made:

- Oscar's story demonstrated the significant impact that early intervention and specialist desensitisation work could have on the quality of life for individual children and their families;
- There was an ambition to extend the service into the Bradford district;
- The service was commended for its approach of meeting children from rural areas in their school environment, with the intention of re-introducing home visits when COVID-19 restrictions allowed;

- The work with student nurses was an excellent opportunity to use as a case study for future recruitment and **the Deputy Director of HR and OD would follow this up with the service;**
- It was important this standing item should embrace the different cultures and backgrounds represented by the local populations which were served by the Trust and it was agreed that the **Director of Corporate Affairs would work with Mrs Hubbard, the Patient Experience and Involvement Team and Assistant General Managers to reflect on the diversity of communities when planning future stories.**

The Board:

- **thanked all involved for presenting this story and noted the personal experiences highlighted; and**
- **asked the Director of Nursing, Professions and Care Standards to provide an update on progress of the Children's Learning and Disability team (Craven) through most appropriate route.**

3913 Learning from your Stories: Recent Board Service Visits (agenda item 3.2)

Mrs Panteli 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 following visits were highlighted:

- Professor Armitage had visited the Learning Disability team at Waddiloves, Fern Ward, and Oakburn and Maplebeck wards through three separate visits with Executive Director colleagues. Staff were open and constructive during discussions, keen to improve services, aware of challenges of staffing levels (particularly on the acute inpatient wards) and that the medical functional model was working effectively across both inpatient sites. A full written report had been produced and follow up actions identified;
- The Chief Executive and Director of Nursing, Professions and Care Standards had also recently visited night shift staff on the inpatient wards and their experiences were similar with evidence of induction of bank and agency staff. They had also visited the 0-19 service in Wakefield with a focus on collaboration with local authority partners against the backdrop of COVID-19;
- The Director of Corporate Affairs had joined a virtual visit with the Speech and Language Therapy (SaLT) service managers which had highlighted technological innovations introduced during COVID-19, the specialist nature of individual teams and the recruitment challenges faced both locally and nationally;

- Mr Scott, Dr Sims and Mrs Panteli had visited the Psychological Therapy service and discussed the quality of estate and therapeutic space, staffing levels, recruitment and caseloads;
- The Chief Executive had experienced a 'back to the floor' visit with the Estates and Facilities team highlighting the positive work undertaken on ligature risk assessments, health and safety compliance and backlog maintenance. Further work on the Trust's nutrition policy would be taken forward to help inform service user meal planning as a result of the visit; and
- The Director of Nursing, Professions and Care Standards had visited the Neuro-development service in CAMHS which had adapted the format of their clinics and prescribing during COVID-19.

Mr Lewis commented that the Go See visits were an excellent demonstration of Board visibility which provided valuable insight into services. **He suggested that some refresher training for Board members on the Go See framework would be useful to further maximise their impact and potential.** Mr Hogg reported on a recent meeting which had discussed how the framework could be further enhanced, with the re-introduction of planned face-to-face visits on the dates of private Board meetings through themed service visits, supply of pre-reading material for Board members on service areas, guidance for those staff who were being visited and how issues and learning from visits could be translated into action and improvement.

The Board noted the visits highlighted and the suggestion of future refresher training for Board members.

3914 Questions Received (agenda item 4)

One question had been received since the last Board meeting from a member of the Trust about access to advocacy services, which would be address through agenda item 12.

3915 Minutes of the previous meeting held in Public on 8 July 2021 (agenda item 5)

The minutes of the Public Board of Directors meeting held on 8 July 2021 were accepted as a true and accurate record, subject to some minor amendments from Mrs Panteli which did not impact on the materiality of the minutes.

3916 Matters Arising (agenda item 6)

There were no matters arising raised.

3917 Action Log (agenda item 7)

The Director of Corporate Affairs updated the Board on the action log. Mr Hogg reported that seven items were considered as completed and other actions were in date. On action, 08/07/21-6, Mrs Hubbard confirmed that the training for staff had been brought forward from December 2021 and that she would update Board members in the private meeting about work on the Trust's new Patient Safety Framework.

The Board:

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

3918 Chair's report (agenda item 8)

Mrs Panteli presented the Chair's report which covered a variety of topics including: the Care Quality Commission (CQC) Well-Led review work; development of strategic plans in relation to the Government's forthcoming legislative changes on integrated care; work of the Nominations Committee and Remuneration Committee; and engagement with the Council of Governors and Governor appointments. The Chief Executive reported that the Expression of Interest (EoI) for capital investment on the Lynfield Mount Hospital site was being submitted today, which had received strong support from local partners.

The Board:

- **Noted the Board's and the Trust's continued preparation work for a review with the Care Quality Commission (CQC) against their Well-Led Framework;**
- **Noted the Board's continued strategic work from 29 April this year on system working and responding to the health and care integrated care agenda, against our Better Lives, Together 2019 – 2023 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;**
- **Noted the partnership working and external senior stakeholder engagement included in the report;**
- **Noted the recent meetings of the Nominations Committee and Remuneration Committee for Board succession planning;**
- **Noted the appraisal process for all Board members had been concluded;**
- **Noted engagement with and developments for the Trust's Council of Governors, including the appointment of a new Lead Governor and Deputy Lead Governor; and**

- **Noted continued engagement with staff for Board visibility via virtual methods and forums due to COVID-19 restrictions and a programme of Go See visits, as discussed early in the meeting.**

3919 Chief Executive's Report and COVID-19 Update (agenda item 9)

The Chief Executive highlighted a number of issues from her report including the contribution of the Chair and members of the Executive Management Team in development of the Integrated Care System (ICS) across West Yorkshire and Harrogate; and the four Mental Health Act reviews which had taken place since July 2021. **Mr Hogg would present the draft system governance arrangements for discussion at the next Board meeting.**

Mr Scott updated the Board on progress on Provider Collaboratives, specifically on the Trust's lead role in the Assessment and Treatment Units across West Yorkshire and the refreshed strategy for learning disabilities at Place level. Mrs Hubbard updated the Board on a recent Child Sexual Exploitation (CSE) investigation and that she would provide a more comprehensive written report in October on the key actions and learning from the multi-agency thematic review. Mrs Panteli highlighted it was important to consider any learning for the Trust, even though the report had not identified any significant issues for our services, and that the Safeguarding Partnership Board would be responsible for the overview of system-wide follow up.

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

- The NHS would continue to use infection prevention and social distancing to limit spread of infection and provide safe, clinical care environments;
- The local context where services remained under significant pressure with increased acuity and demand across the majority of services; and
- The work underway to prepare for the statutory Public Inquiry.

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

- The Trust's response to administer vaccines to young adults (16-18 years old) and 12-15 year olds who were categorised as clinically extremely vulnerable;
- Approval of COVID-19 booster vaccinations which was expected shortly;
- Continuing with pop-up clinics to support communities that were more vaccine hesitant;
- Preparations to respond to the Government's request to vaccinate other 12-15 year olds; and

- The work underway to manage the flu vaccination programme alongside the CVCs.

The Board noted the Chief Executive's report, including the update on the Trust's response to COVID-19.

3920 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 provided the BAF status as at the end of July 2021 and presented any significant updates. She explained that the cycle of monthly updates on the BAF had meant further work had been completed since Board papers had been circulated and that **the amended version would be sent out to Board members after the meeting.** It was proposed that the updated version would be scrutinised in more detail at Committee meetings in September and October, which was supported by Board members.

Professor Armitage highlighted three BAF risks and was assured about the update on collecting FFT data and carer involvement; the progress on Care Trust Way methodology and encouraged the Board to receive further examples of embedded learning which was leading to better health outcomes; and recognised the work on strategic partnerships to address health inequalities. Both he and Mrs Panteli requested further information on organisational risk 2509 relating to community nursing. In response, Mrs Hubbard reported the Trust was reviewing safer staffing levels across community nurses with the introduction of a RAG rating process, working with Primary Care Networks to deliver innovative recruitment and retention processes and noted the consideration of the national community nursing plan. The risk was also being closely monitored through the Senior Leadership Team and Risk and Compliance meetings.

The Board:

- **Noted the progress made in implementing the new BAF;**
- **Noted the mitigations and controls in place to manage the risks associated with the Strategic Objectives described within the BAF; and**
- **Noted the reduction in risk for Strategic Objective 3.**

Catherine Jowitt joined the meeting.

3921 Volunteering Strategy (agenda item 11)

The Director of Corporate Affairs introduced the draft Volunteering Strategy and welcomed Catherine Jowitt, Charity and Volunteering Lead, who went

on to provide more details of the five workstreams within the strategy, the background to the work which started before the pandemic, how volunteers had contributed to the work of the Trust during COVID-19 and how governance processes had been strengthened to support the new strategy. Board members were very supportive of the strategy. Mrs Sherburn highlighted the Volunteer to Career workstream and how the Trust might scale up this work across other services; further discussions would be held with HR colleagues. Dr Sims drew a connection to the Care Trust Way methodology and the benefits of working with Dr Khan in adopting this approach in recruiting volunteers. Finally, Mr Hogg added that progress on the deliverables set out in the strategy would be monitored through the Participation and Involvement Strategic Group.

The Board approved the Volunteering Strategy 2021-2024.

Catherine Jowitt left the meeting.

3922 Alert, Advise, Assure (AAA) Report: Mental Health Legislation Committee (MHIC) held on 22 June 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 advisory points:

- An update on restrictive practices and closed cultures, as a result of a service users experience of seclusion and detention, with regular progress reports to be received from the Positive and Proactive Steering Group and further monitoring of restrictive practice via the Dashboard; and
- Access to advocacy services was highlighted by the Associate Hospital Manager Group. In response to the question raised by Mr Perry, a former Public Governor, Mr Scott reported that it was the responsibility of the nursing team/Mental Health Act (MHA) office to signpost advocacy services to service users, which had been strengthened and refocused following the early months of the pandemic.

Mrs Panteli also highlighted five other areas of positive assurance including a recent Section 17 leave audit report, work underway to ensure the Trust was compliant with new Liberty Protection Safeguards when it is implemented in April 2022 and an internal audit report which evidenced significant assurance that the MHA office was fulfilling its legal duties.

The Board:

- **Noted the advisory and assurance items provided by the Committee.**

3923 Alert, Advise, Assure (AAA) Report: Quality and Safety Committee held on 26 July 2021 (agenda item 13)

On behalf of the Committee, Professor Armitage presented the AAA report from the meeting held on 26 July 2021. There was one item to escalate: that staffing in Children's Services and Adult Community Services remained a challenge, which would continue to be monitored at the Committee and at the Workforce and Equality Committee. Professor Armitage also highlighted three advisory points from the July 2021 meeting:

- An Involvement Partner had alerted the Committee to some limitations in Advocacy Services (Vital) with reference to discharge into community mental health teams. Executive colleagues/leadership teams would review this Involvement Partner feedback with a view to identifying opportunities to improve existing processes;
- Opportunities for external benchmarking work regarding pressure ulcer prevention was being sought by management; and
- The AAA Report from the Patient Safety and Learning Group concerning leadership capacity was discussed and further information had been requested.

The Board noted the issues raised by the Committee.

3924 Integrated Performance Report (IPR) (agenda item 14)

Mr Scott reported that a common theme throughout the IPR was the combined impact of growing demand (with increased acuity and complexity due to COVID-19) and the level of staff absence and staffing shortages. He reported on mandatory and role specific training with 38 out of the 43 training elements achieving the target and only two training elements remained more than 5% below target. Mrs Hubbard also highlighted the work underway about safer staffing across inpatient services, with an updated model roster, safety huddles and the importance of observations and handovers involving banks and agency staff.

During the discussion, Board members raised the following issues:

- The Chief Executive emphasised the need for the discussion at the joint Finance, Business and Investment Committee and Workforce and Equality Committee later in the week to focus on the future workforce planning requirements needed to ensure the safety and wellbeing of our service users and patients; and
- Mr Ahmed sought clarity on the increase in sickness absence of 0-19 services recorded in the dashboard, which were due to multiple factors including the impact of transformation changes on individuals and fatigue due to COVID-19.

The Board:

- noted the key points and exceptions highlighted for July 2021 and the proposed actions; and
- endorsed the allocation of NHS System Oversight Framework metrics to Committees included in the paper.

3925 Draft Winter Plan (agenda item 15)

Mr Scott referred to the slide deck that had been circulated to Board members which highlighted the five key requirements from NHS England for winter planning arrangements (external events such as the pandemic, demand, capacity, workforce and exit flow), identified risks on winter planning, and the key elements of the mental health and community services workstreams overseen by the A&E Delivery Board. Mr Scott went on to report that the Trust had established an internal working group reporting to the Executive Management Team, was involved in the winter planning summit and a more detailed paper would be submitted to the October Board meeting. In response to a question from Mrs Panteli about mutual aid across the ICS, Mr Scott reported the Trust was working closely with other partners on this.

The Board noted the progress on developing the Trust's winter plan, working in collaboration with other local stakeholders.

3926 NHS England Emergency Preparedness, Resilience and Response Assessment and Declaration (agenda item 16)

Mr Scott presented a paper which provided assurance on the Trust's annual assessment and submission to meet its Emergency Preparedness, Resilience & Response (EPRR) statutory obligations. He reported that the Trust was compliant with all but three of the 48 core standards; one of those areas was the identification of a NED to support the lead Executive Director in this area and Mrs Panteli confirmed that Ms Elliott had asked her to take on this role given her previous experience in the NHS. **As a result, the Chief Operating Officer would arrange a briefing meeting with Chris Wright and Carole Panteli (as NED lead for EPRR).**

The Board:

- noted the findings of this report.
- approved the assessment of compliance as Substantial; and
- supported Mrs Panteli's appointment as NED lead for EPRR.

3927 Alert, Advise, Assure Report: Finance, Business & Investment Committee held on 29 July 2021 (agenda item 17)

On behalf of the Committee, Mr Ahmed presented the AAA report from the meeting held on 29 July 2021. He reported that there were no items to

escalate and for assurance he highlighted the work that had taken place to identify cost improvement and transformation opportunities, the joint Committee meeting which would be looking at the work of Provider Collaboratives and that the Committee would be reviewing in more detail significant Trust contracts at a future meeting.

The Board noted the content of the Committee report and approved the revised terms of reference appended to the report.

3928 Financial Report (agenda item 18)

Ms Risdon presented this report on behalf of Mr Woodhead, highlighting the following:

- there was a high degree of confidence in delivering a break even plan for 2021/22 for both the Trust and the ICS;
- there was some phasing of expenditure within the Trust's capital plan but again there was an expectation to deliver this in full;
- the focus was now on Half 2 with an efficiency target of £3m for the remainder of the financial year which would be monitored through FBIC; and
- the Together We Create Improve and Sustain (TWICS) Programme would be a key factor in delivering the Trust's future sustainability plans.

Ms Risdon also provided a summary of activity towards achieving the aims of the Green Plan which had been approved by the Board in March 2021.

The Board:

- **Noted the year to date and Half 1 forecast financial position of the Trust;**
- **Noted the wider ICS financial position for Month 4; and**
- **Noted the positive progress on the Green Plan.**

The Board noted the content of the Committee report.

3929 Alert, Advise, Assure Report: Audit Committee held on 2 September 2021 (agenda item 19)

In Mr Chang's absence, the Board noted the issues presented in the AAA report from the meeting held on 2 September 2021 and that there were no items to escalate to the Board. Mr Ahmed highlighted the discussion at Committee relating to the number of overdue actions linked to internal audit reports and the Chief Executive confirmed that the Compliance and Risk Group would be overseeing work to reduce the outstanding actions prior to the next discussion at Audit Committee.

The Board noted the content of the Committee report.

3930 Alert, Advise, Assure Report: Continuation of the Committees in Common (CinC) for the Provider Collaborative (agenda item 20)

The Board noted the content of the Committees in Common report and the issues highlighted from the meeting held on 22 July 2021.

3931 Care Quality Commission (CQC) Update and Developments (agenda item 21)

Mrs Hubbard updated the Board on the Trust services that had recently been inspected by the CQC (which were Psychiatric Liaison Services, CAMHS, First Response, Intensive Home Treatment Team and Community Mental Health Teams) as part of the core inspection framework. She also provided an update on preparations for the Well-led inspection scheduled for 28 and 29 September 2021.

The Board

- noted the areas that had been inspected and the activity being undertaken to prepare the Trust for the Well-led inspection; and
- noted the progress in developing the Quality Assurance Framework for the Trust which was referenced in the written report.

3932 Born In Bradford (agenda item 22)

Mrs Panteli welcomed the four guests to the meeting who were presenting about the work being undertaken across Bradford on health inequalities and the case for collaboration and change relating specifically around autism. Mr Boxer presented a number of slides which covered the following points:

- increases in health inequalities could result in children experiencing one or more vulnerability (such as household unemployment, low income, poor quality housing, crime, or access to a good school);
- in areas of multiple vulnerability, individual services were more likely to come into contact with the same individuals and households;
- the proposed strategy to address such circumstances was to support early identification, wrapped around the individual, linking data and systems for secure information sharing, analysis and research of Born in Bradford data and sources internal and external funding;
- autism had been identified as a suitable trigger issue to explore this further, specifically, services for children with autism and neurodevelopmental disorders; and

- proposed action included putting in place the data infrastructure and tools to model patterns of vulnerability, delivering a new vision within the strategy for autism to tackle waiting lists for assessments, mobilisation of communications across different workforces, and establishing robust programme governance and management support from system leaders.

During the discussion Board members made the following comments:

- Dr Sims strongly supported the methodology outlined in the presentation, highlighting the needs of local communities (in moving towards a needs-based assessment approach for autism) and the opportunity to break down historical silo working across health and education sectors;
- Professor Armitage was equally supportive of this family centred, evidence-based approach which would be an exciting opportunity for co-design and alignment of quality improvement work and neighbourhood developments within Primary Care Networks; and
- Mr Woodhead suggested it would be important to ensure that benefits and costs could be measured during and at the end of the funding period to inform any future decision making on additional resourcing.

The Board:

- **Supported the proposed approach to use autism as a trigger issue for collaboration and change across health inequalities;**
- **Recognised that this work required whole system support across leadership teams with a reference group already established across place; and**
- **Supported the suggestion for members of the Executive Management Team to have a further discussion about the three most suitable localities to be taken forward.**

3933 Management of Deferred Items (agenda item 23)

The Board noted there were no items currently on the deferred items log.

3934 Any Other Business (agenda item 24)

No other business was raised.

3935 Meeting Evaluation (agenda item 25)

Mrs Panteli thanked all Board members for their contributions and closed the meeting at 1.42pm

Signed:.....

Date:.....