

**Board of Directors meeting in Public  
Thursday 13 January 2022 at 9.00am  
Meeting held virtually using Microsoft Teams**

<b>Present:</b>	Carole Panteli	Interim Chair of the Trust (Chair of the Board)
	Professor Gerry Armitage	Non-Executive Director
	Maz Ahmed	Non-Executive Director
	Andrew Chang	Non-Executive Director & Deputy Chair of the Trust
	Paul Hogg	Director of Corporate Affairs
	Dr Zulfi Hussain	Non-Executive Director
	Sandra Knight	Director of Human Resources and Organisational Development
	Simon Lewis	Non-Executive Director and Senior Independent Director
	Therese Patten	Chief Executive
	Phil Hubbard	Director of Nursing, Professions and Care Standards
Tim Rycroft	Chief Information Officer	
Dr David Sims	Medical Director	
Mike Woodhead	Director of Finance, Contracting and Estates	
<b>In Attendance:</b>	Claire Bancroft	Volunteer Service Manager (for item 3)
	Dr Bev Fearnley	Deputy Director of Patient Safety, Compliance and Risk; TWICS Programme Director
	Michelle Holgate	Deputy Director of Operations (Deputising for Chief Operating Officer and Deputy Chief Executive)
	Rachel Jones	Volunteer Coordinator (for item 3)
	Catherine Jowitt	Head of Charity and Volunteering (for item 3)
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary
	Aniqa	Service User (for item 3)
Isla Skinner	Head of Patient Experience and Involvement (for item 3)	

In addition, one Governor was observing, representing the Public: Bradford South Constituency, together with three other members of staff and one member of the public.

### Minutes

Item	Discussion	Action
<b>3967</b>	<b>Welcome and Apologies for Absence</b> (agenda item 1)	
	The Interim Chair, Carole Panteli opened the virtual meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Mr Scott, Chief Operating Officer and Deputy Chief Executive.	

The Board of Directors was quorate.

**3968 Declarations of any Conflicts of Interest** (agenda item 2)

No declarations of interest were made for this meeting.

**3969 Learning from your Stories: Aniqa's Story (Volunteering)** (agenda item 3)

Mrs Panteli welcomed Rachel Jones, Volunteer Coordinator and Aniqa, who shared her experience of volunteering at Bradford District Care Foundation Trust over the last four years. Aniqa had become passionate about mental health after her own personal experiences and had joined as an Involvement Partner through to volunteering activities, initially for the Research and Development team.

Aniqa shared some of the difficulties she had encountered in an inpatient setting, such as adapting to the needs of service users, but stated that overall she had grown in confidence in the role with the support of the team, and that volunteering had had a positive impact on her own mental health.

Aniqa described one less positive experience of volunteering in a team where there had been some conflict between other team members and had found it hard to speak up in her voluntary role about the impact it was having on her mental health. The Board felt that learning could be taken from this point.

In terms of possible improvements, Aniqa suggested that scheduled meetings between volunteers and volunteer coordinators would be beneficial to discuss any issues arising within a placement.

Working alongside different professions such as Occupational Therapists and Clinical Psychologists had inspired Aniqa to consider pursuing such professions, and she had added her experiences of volunteering onto her CV and felt this had helped her to get university offers in order to progress her education.

Clare Bancroft explained to the Board that services had originally managed their own volunteers but that the Trust had recognised this needed coordination and volunteers needed more support than could be offered by individual services. Experiences such as Aniqa's had informed the Trust's Volunteering Strategy which was launched in 2021 and the Trust now had a dedicated volunteering service based on both inpatient sites which provided personal development plans and individual support packages for volunteers.

It had also been recognised that volunteers may have previously used or be using mental health services themselves and may need specific support around this which could now be provided by the service.

Ms Bancroft informed the Board that 15 volunteers were yet to return to the Trust since the COVID-19 pandemic. However, there were now 16 active volunteers and a further 27 in the recruitment process. The Well Together community volunteering programme also had 30 volunteers rested and waiting to return, and 92 still active.

Members of the Board thanked Aniqa for sharing her story with them and expressed their appreciation of the volunteering service overall. The lived experience of volunteers was particularly valued. It was also noted that Aniqa had started volunteering when her life was difficult rather than when it was going well, and that it was positive that the Trust was now investing in supporting volunteers through the process.

The Board discussed volunteers being seen as an integral part of the Trust's workforce but noted that they were not there to replace staff and also were not paid so careful consideration had to be given to what roles provided the greatest impact. The aim of the volunteering service was to release clinical and staff time and bring added value in a safe and supported way.

Ms Jowitt informed the Board that Health Visiting had been identified as a future area of development for the volunteer service.

A question was raised regarding whether **more could be done to support the links between the Research and Development Team, volunteers and Young Dynamos and it was agreed that this would be discussed outside the meeting.**

**David  
Sims**

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

**3970 Questions Received** (agenda item 4)

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

**3971 Minutes of the previous meeting held in Public on 11 November 2021** (agenda item 5)

The minutes of the Public Board of Directors meeting held on 11 November 2021 were accepted as a true and accurate record.

**3972 Matters Arising** (agenda item 6)

Professor Armitage highlighted that since the November 2021 meeting, he had agreed to continue in the Non-Executive Director role until 31 March 2022. He once again highlighted the issue of leadership capacity and asked the Board to note the sustained pressure in this area. He went on to ask for an update on increasing crisis beds specific to CAMHS, and Dr Sims confirmed that the national picture for inpatient beds for children and young people had not improved over the last few months. The Trust had experienced a recent case of a 17 year old who had actually recovered and been discharged whilst waiting for a bed to become available. Red Kite View would be opening from the end of January 2022, adding 6 beds into the system by the end of March 2022. **Dr Sims agreed to bring an update on Red Kite View to the April 2022 Board meeting.**

**David Sims**

**3973 Action Log (agenda item 7)**

The Director of Corporate Affairs updated the Board on the action log. Mr Hogg reported that four items were considered as completed.

Mrs Hubbard updated the Board on action 08/07/21 – 5, stating that the Trust had received additional monies from NHSE in relation to suicide prevention in Eastern European communities. This was being led through the West Yorkshire ICS via the place-based suicide intervention team and updates would be provided through the Quality and Safety Committee. Mrs Hubbard confirmed that the action for Board could now be closed.

On action 13/05/21-4, Ms Patten confirmed that she had asked the Born in Bradford team to use the inequity in opportunity work to look at how data could be used differently in terms of managing services. The aim was to look at health information alongside education and social care information, to consider how services could be delivered differently. **Ms Patten had asked for an update on this work and would share this at a future meeting once received.**

**Therese Patten**

Ms Patten added that the Place-based Health Inequalities Academy referred to in action 08/07/21-4 was now established. She agreed to include an update in the March 2022 Chief Executive's update, and for the action to remain on the log until then.

**The Board:**

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

**3974 Trust Chair's Report (agenda item 8)**

Mrs Panteli presented her Chair's report, which covered a variety of topics including:

- The delay to the implementation of the Health and Social Care Act for three months until 1 July 2022;
- The CQC re-rating of the organisation to "Good" overall and "Good" for the well-led domain. Staff were thanked, and the areas for improvement were in process;
- The Council of Governors had approved the appointment of the two new NEDs on 20 December 2021. Subject to satisfactory pre-employment checks they would be substantively in post from 1 March 2022.

**The Board:**

- **Noted the Board's and the Trust's response to the Care Quality Commission (CQC) inspection report of autumn 2021 against their Well-Led Framework;**
- **Noted the work with the Governing body to successfully recruit two Non-Executive Directors to replace Dr Zulfi Hussein and Professor Gerry Armitage**
- **Noted the Board's continued strategic work during 2021/22 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 for statutory arrangements which will now be in place by July this year;**
- **Noted partnership working and external senior stakeholder engagement;**
- **Noted engagement with and developments for the Trust's Council of Governors; 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.**

**3975 COVID-19 Update (agenda item 9)**

Mrs Hubbard, Director of Nursing, Professions and Care Standards, then provided an update on the Trust's response to the pandemic which included:

- Omicron cases continuing to rise, with the peak expected the following week;

- Significant pressures experienced, particularly within the medical workforce with 9.5% affected. Dr Sims reported that the previous Junior Doctors absence issue had now been resolved.
- Six outbreaks within inpatient services, impacting on Infection Prevention services and a resulting increase on the testing offer to staff, with guidance currently changing. Staff were praised for their continued response;
- Mandated vaccinations coming into force from 1 April 2022, preparatory work underway and FAQs being developed;
- Daily silver calls and weekly gold calls underway;
- 70 care homes currently had outbreaks but this was not translating at the same rate into acute inpatient admissions although pressure on out of area beds continued.
- December's focus on booster vaccinations had resulted in a large uptake but this had since tailed off over Christmas and into the New Year. There was a continued demand in the 12-15 age group. Wakefield's school immunisation team were taking over the school vaccination programme from Pharmacy2U due to issues around their delivery programme.
- There was no update regarding the statutory Public Inquiry as it was ongoing.

Mrs Panteli asked how staff were being supported back into the workplace following COVID-19 illness and Mrs Hubbard advised that return to work risk assessments were being undertaken, along with the continued health and wellbeing offer and flexible working arrangements where requested.

Dr Sims reported that in terms of the system consideration of mandatory vaccinations, the Chief Executives had discussed the ethical considerations previously, and Dr Sims stated that Clinical Board had increased to weekly meetings and were also discussing this issue. There was also a focus on patient choice and safety, in addition to compassion towards staff. Dr Sims would be taking the conversation to the Bradford System Ethics Committee the following week where ideas would be tested. It had been agreed that consistency was required on a local and regional basis. Dr Sims would continue to provide updates to the Board on this issue.

It was acknowledged that non-traditional sources of expertise could be a powerful tool in encouraging peers to have their vaccinations.

Following a question from Mr Lewis, Dr Sims stressed that further guidance was due the following day regarding moving to targeted conversations with staff for whom there was no record of vaccination. A general offer of conversations with senior leaders and the Infection Prevention service had been in place and opportunities for redeployment were being scoped but these were anticipated to be very limited within the Trust. Ms Knight added

that the Trust was hoping that dismissal would be the last resort if redeployment within the Trust or across the system was not an option.

The Board was informed that the Executive Management Team had agreed to fund the Long COVID-19 team on a permanent basis. The team provided a seven-week programme for staff to support them back to work, in addition to individual consultations.

Ms Holgate stressed that at an operational level, everything possible was being done to reassure hesitant members of staff regarding vaccines, and she queried whether there was a value in reaching out to the local business community for those cases where redeployment within the NHS was not an option. It was agreed that this conversation would be taken offline.

Mr Chang shared feedback from the Aspiring Cultures network, which suggested that within minority ethnic backgrounds the younger generation was encouraging the older generation to resist vaccinations. Mrs Hubbard drew attention to the Young Vaccine Ambassadors who went out into local communities to address the reluctance of the younger population. Mrs Hubbard was not aware of a negative influence from the younger population on the older generation locally.

Ms Knight updated the Board on the 22 staff from minority ethnic backgrounds who had initially been reluctant to be vaccinated and then reconsidered. Discussions were ongoing regarding in-reach to local businesses, providing the vaccines at high footfall sites, and expansion of the pop-up vaccination offer. It was confirmed that the associated risks had been clearly articulated, including financial implications.

Finally, Dr Hussain drew the Board's attention to fake vaccination certificates that were in circulation locally and the Board agreed vigilance would be required going forwards.

**The Board noted the update on the Trust's response to COVID-19.**

**3976 Alert, Advise, Assure (AAA) Report: Mental Health Legislation Committee (MHIC) held on 18 November 2021 (agenda item 10)**

On behalf of the Committee, Mrs Panteli presented the AAA report from the meeting held on 18 November 2021, highlighting that there were no items of alert but some advisory points raised. Mrs Panteli drew attention to a number of hospital managers having left, and therefore the need to support a new recruitment process in early 2022.



**The Board:**

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

**3977 Alert, Advise, Assure (AAA) Report: Quality and Safety Committee held on 23 November and 16 December 2021 (agenda item 11)**

On behalf of the Committee, Professor Armitage presented the AAA report from the meetings held on 23 November and 16 December 2021. Safer staffing had been a consistent item for escalation from both meetings, with concerns around the capacity of staff to provide care whilst maintaining morale and their own health and wellbeing; and the Committee had prioritised this for scrutiny and further assurance.

Ms Patten stressed that the Trust prioritised staff health and wellbeing and this issue had been discussed at the recent Staff Governor meeting where it was agreed that while the Trust was strong in this area there was always more that could be done. A staff Broadcast had been scheduled to highlight the offers available to Trust staff.

**The Board noted the issues raised by the Committee.**

**3978 Integrated Performance Report (IPR) (agenda item 12)**

Ms Holgate presented the report, drawing attention to the key themes around high service demands, staffing capacity, sickness rates, staff wellbeing and the need to move staff between services as mitigation.

Ms Holgate highlighted the 12 week incentive scheme for clinical staff working in patient / service user facing services, offering extra payments to staff who took up bank and additional shifts between 24 December 2021 and 17 March 2022.

During the discussion, Board members raised the following issues:

- Professor Armitage asked what legal protection there was to prevent staff working too many hours, and Ms Holgate confirmed that locally agreed guidance had been included to help staff manage this.
- Out of Area placements – the model with Cygnet was being picked up at ICS level. The Trust had been asked to have oversight across the place on this function.
- The financial and quality impact of the deteriorating picture regarding Out of Area placements was queried. Dr Sims reported a slight upturn over the last week. However, there had been a continued need for Specialist Psychiatric Intensive Care Unit (PICU)



placements and difficulties had continued regarding accessing such provision. The financial plan had built in the risk regarding the cost of Out of Area Placements.

- A consolidated Out of Area risk had been agreed by the Finance, Business and Investment Committee and this was currently being developed.
- Significant pressure on IAPT waiting times was noted, as was the proposed CCG joint review into the issue. Dr Sims stated that recruitment within IAPT was now improving, although a further wave of referrals was anticipated following the spread of the Omicron variant. This would be further scrutinised by the Quality and Safety Committee.
- In relation to the 200 memory assessment cases which were being outsourced, Ms Panteli asked how the quality of the services offered would be assured. **Ms Holgate agreed to provide further information on all the outsourcing plans to the Quality and Safety Committee.**
- The Board commented on how well-written the Integrated Performance Highlights report had been and commended Susan Ince on this report.

Michelle  
Holgate

#### The Board:

- **noted the key points and exceptions highlighted for November 2021 and the proposed actions; and**
- **considered further attention via supporting Board Committee structures.**

#### **3979 Alert, Advise, Assure (AAA) Report: Joint Workforce and Equality Committee, and Quality and Safety Committee held on 16 December 2021 (agenda item 13)**

Mr Lewis shared the AAA report from the Joint Committee meeting held on 16 December 2021, which had focussed on staff sickness and wellbeing issues. Mr Lewis stressed that although the Joint Committee had not flagged anything for escalation, it had acknowledged that the already substantial staffing challenge looked likely to increase in the weeks to come. He provided assurance that the issue was being taken very seriously. Mr Lewis also highlighted the disparity in national policy between staff with long terms absences related to COVID-19 as opposed to other conditions. It was noted however that the Trust was limited in its approach to this issue.

Ms Knight observed that Bradford was an outlier in terms of the health of the population and associated comorbidities, and that Trust staff were drawn from this population. A piece of work had been commenced with Bradford Teaching Hospitals NHS Foundation Trust to explore this further. Ms Knight also added that NHSE/I had offered their support to this work,

and **Ms Knight agreed to contact NHSE/I to remind them that the Trust was keen to be involved in any work around sickness levels.**

**Sandra Knight**

In terms of staff wellbeing, it was agreed that there was a strong offer within the Trust, but that more needed to be done to publicise what was available to staff. A series of practical actions had been agreed at the meeting, to be led by the HR team, but it was acknowledged that this was a Trust-wide issue. The Workforce and Equality Committee would continue to monitor the progress against this action plan.

**The Board noted the issues raised by the Committee.**

**3980 Alert, Advise, Assure Report: Finance, Business & Investment Committee held on 25 November 2021 (agenda item 14)**

On behalf of the Committee, Mr Ahmed presented the AAA report from the meeting held on 25 November 2021. He reported that there were no items to escalate, but on behalf of the Committee he flagged concerns over the pace of delivery of the TWICS programme in a number of workstreams.

In relation to concerns around data quality, the Committee had requested a clear activity plan to improve data quality across the Trust, together with accountability and governance of data in the Trust. This would be picked up by a future meeting of the Committee.

Finally, the AAA had highlighted the construction delays in the ATU assessment unit but the Committee had received confirmation that this would not incur any operational cost. Mr Woodhead added that there was currently a discussion around whether the go live date for the ATU Provider Collaborative should be deferred from 1 April to 1 July 2022 in line with the delayed Health and Social Care Act legislation.

**The Board noted the issues raised by the Committee.**

**3981 Alert, Advise, Assure Report: Charitable Funds Committee held on 16 December 2021 (agenda item 15)**

The AAA report from the meeting held on 16 December 2021 was taken as read, and no questions were raised from Board members.

**The Board noted the issues raised by the Committee.**

**3982 Alert, Advise, Assure Report: Audit Committee held on 4 November 2021 (agenda item 16)**

On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 4 November 2021. He reported that there were no items to escalate but highlighted slippage to the internal audit programme and risks to delivery of the audit plan and added that this would need the support of the Trust in order to provide all the required information for the annual Head of Internal Audit Opinion. Mr Woodhead provided assurance that the Compliance and Risk Group had discussed what was needed for the Head of Internal Audit Opinion and would continue to monitor this.

**The Board noted the issues raised by the Committee.**

**3983 Care Quality Commission Update and Developments (agenda item 17)**

Dr Fearnley presented the report which provided the Board with an overview of the outcomes of the most recent CQC inspection, the report for which was published on 15 December 2021 and the Trust's response to this.

Dr Fearnley highlighted that while the organisation was now rated 'good' overall and also in the well-led domain, work was required in the safe domain which remained as 'requires improvement'. It was particularly noted that the Trust's acute and PICU wards had moved from 'inadequate' to 'good' in less than 12 months. Dr Fearnley went on to summarise the work to which the Trust had committed to either undertake or continue to progress across a number of projects, programmes and activities, which would continue to address the areas for improvement identified as a result of the CQC's inspection.

Ms Patten informed the Board that consideration was being given to a celebratory event when the current pandemic had passed, in order to recognise the hard work that had been done by staff to achieve this improved rating. Dr Sims highlighted the Child and Adolescent Mental Health Service (CAMHS) which had moved from a rating of 'good' into 'requires improvement' and provided assurance to the Board that the outcome had not been unexpected and that transformation was underway in the system. He suggested that the CAMHS service report on progress made since the CQC visit at the celebratory event and shared their ambition to be an outstanding service.

Dr Fearnley advised the Board that the new Quality Assurance Framework would be piloted in the CAMHS service, partly in order to provide the opportunity for the service to demonstrate how it had evolved in the six months since the inspection. Finally, the Board was informed that unless there was an identified risk, services were unlikely to receive a re-inspection in the near future.

**The Board:**

- Commended the work of services to make significant improvements, despite managing the significant operational pressures as a result of the COVID-19 pandemic;
- Noted the outcomes of the CQC report including the improvements made and the continuing improvement work that remained;
- Took assurance as to the Trust’s response to address identified breaches in regulations;
- Took assurance as to the Trust’s response to address areas for improvement which did not directly result in a breach of regulations; and
- Agreed to have oversight of this work on a quarterly basis

**3984 Board of Directors Public Meeting Annual Work Plan (agenda item 18)**

**The Board reviewed the Public Board Plan for 2022/23.**

**3985 Management of Deferred Items (agenda item 19)**

In recognition of the national guidance to streamline work during the Omicron wave, items would be managed through the deferred items log.

**The Board noted the items currently on the deferred items log.**

**3986 Any Other Business (agenda item 20)**

No items of additional business were raised.

**3987 Meeting Evaluation (agenda item 21)**

Mrs Panteli thanked all Board members for their contributions, noting the key theme of workforce issues which had run through the agenda, and the impact COVID-19. She closed the meeting at 11.48am.

Signed:.....

Date:.....