

**Board of Directors Meeting in Public**  
**On Thursday 10 March 2022 at 9:00am**  
**Virtual meeting held on Microsoft Teams**

<b>Present:</b>	Carole Panteli	Interim Chair of the Trust (Chair of the Board)
	Maz Ahmed	Non-Executive Director
	Professor Gerry Armitage	Non-Executive Director
	Andrew Chang	Non-Executive Director and Interim Deputy Chair of the Trust
	Phil Hubbard	Director of Nursing, Professions & Care Standards
	Sandra Knight	Director of Human Resources and Organisational Development
	Alyson McGregor, MBE	Non-Executive Director
	Therese Patten	Chief Executive
	Mark Rawcliffe	Non-Executive Director
	Tim Rycroft	Chief Information Officer
	Patrick Scott	Chief Operating Officer
	Dr David Sims	Medical Director (agenda items 1-10)
	Mike Woodhead	Director of Finance, Contracting and Estates
<b>In Attendance:</b>	Amanda Barker	Clinical Manager for Psychological Therapies (for agenda item 3.1)
	Emma Holmes	Senior Patient Experience, Involvement & Inclusion Officer (for agenda item 3.1)
	Wali Nazar	Patient Experience & Involvement Manager (for agenda item 3.1)
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary (Committee Secretariat)
	Isla Skinner	Head of Patient & Carer Experience and Involvement (for agenda item 3.1)
	Prashant Wasnik	Ward Manager (for agenda item 3.1)
<b>Observers:</b>	Tina Butler	Appointed Governor: Bradford Assembly
	Dr Bev Fearnley	Deputy Director of Patient Safety, Compliance & Risk; TWICS Programme Director
<b>Apologies:</b>	Paul Hogg	Director of Corporate Affairs
	Simon Lewis	Non-Executive Director and Interim Senior Independent Director

Bob Champion

 Interim Director of Human Resources and  
Organisational Development

## MINUTES

Item	Discussion	Action
<b>1708</b>	<p><b>Welcome and Apologies for Absence</b> (agenda item 1)</p> <p>The Interim Chair, Carole Panteli, opened the virtual meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Paul Hogg (Director of Corporate Affairs), Simon Lewis (Non-Executive Director), and Bob Champion (Interim Director of Human Resources and Organisational Development). It was noted that David Sims (Medical Director) would need the leave the meeting at 11am.</p> <p>Mrs Panteli welcomed Alyson McGregor and Mark Rawcliffe to their first Board meeting, and also highlighted that it would be the final meeting for Patrick Scott, Sandra Knight and Professor Gerry Armitage.</p> <p>The Board of Directors was quorate.</p>	
<b>1709</b>	<p><b>Declarations of Interest</b> (agenda item 2)</p> <p>No declarations of interest were made for this meeting.</p>	
<b>1710</b>	<p><b>Learning from your Stories: Richard's Story (Mental Health Inpatients)</b> (agenda item 3)</p> <p>Wali Nazar introduced the story of Richard (real name anonymised), who had been an inpatient at Moorlands View at Lynfield Mount Hospital for 4 years. Before being admitted, he had been homeless and had a long-term history of drug and alcohol misuse. Initially admitted to Thornton Ward for assessment, Richard had moved onto Baildon Ward and was currently on Ilkley ward, where he was working towards being discharged in the near future.</p> <p>The Board noted the following points:</p> <ul style="list-style-type: none"> <li>- There had been a delay getting Richard onto his existing anti-psychotic medication due to its availability only in the EU – a process was now in place where early liaison with Pharmacy and the MDT would take place for new admissions where their medication was not readily available in the UK in order to prevent any unnecessary delays, or to consider alternative medication.</li> <li>- The noise on the wards had a negative impact on Richard and he used his room as a refuge.</li> <li>- Richard had struggled with not being able to smoke on the ward, but work was now underway on a new process for patients to be given nicotine patches or e-cigarettes on assessment to prevent nicotine withdrawal symptoms. It was noted that service users were being</li> </ul>	

Item	Discussion	Action
	<p>involved in this piece of work, and Richard’s mum had also offered to assist with this work.</p> <ul style="list-style-type: none"> <li>- The positive reports of the relationships built up between Richard and ward staff and the effect this had on his recovery.</li> <li>- Activities had been tailored to his own interests and helped him develop practical and social skills.</li> </ul> <p>The Director of Nursing, Professions &amp; Care Standards then shared Richard’s mum’s story, who had been very positive about his inpatient experience and the role staff had played in his recovery. She had suggested that investment in IT equipment would help in care planning meetings where not everyone could be physically present.</p> <p>Richard’s mum had also queried the three day isolation period on return from leave, which had restricted his movements within the unit. The Board heard that the unit were working with the Infection Prevention and Control Team to try to find a solution to this whilst remaining within national guidelines.</p> <p>The Chief Operating Officer informed the Board that across inpatient services daily conversations were held with service users and the MDT to ensure that any quality and safety issues could be managed in real time, and he reported that these mechanisms were working well.</p> <p>The Head of Patient &amp; Carer Experience and Involvement stated that pre-pandemic, volunteers on inpatient wards had been an alternative and effective route for concerns or issues to be raised, and urged that plans be put in place to reinstate volunteers in inpatient settings as soon as possible. Further to this, the Medical Director added that the Trust’s Consultants were being encouraged to make use of ‘Patient Mentors’ in order to learn from a non-clinical view of patient experience, and to reinforce the value of the patient voice.</p> <p>It was noted that the length of stay for Richard had been longer than average, but essential for the work undertaken with him to be sustainable long-term.</p> <p><b>The Board thanked all involved for presenting this story and noted the personal experiences highlighted.</b></p>	
<p><b>1711</b></p>	<p><b>Recent Board Service Visits</b> (agenda item 3.2)</p> <p>Mrs Panteli drew attention to the slides which summarised the Go See Visits held following the February 2022 Board Meeting. Board members were invited to share highlights from the visits, and these included:</p> <ul style="list-style-type: none"> <li>• Lack of discharge options, and acuity of individual service users on the Dementia Assessment Unit having a detrimental impact on staff.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Staff wellbeing and morale having been significantly challenged by COVID-19 across all visits.</li> <li>• Positive visit to the Airedale Centre for Mental Health, with office spaces now up and running and having a positive impact on productivity on the wards.</li> </ul> <p>The Director of Finance, Contracting and Estates provided verbal feedback from the Intensive Home Treatment Team visit, highlighting that the team liaised well with other services and effective multi-disciplinary team working was evident, although it was noted that Social Worker numbers had dropped recently. A lack of opportunities for face to face meetings with colleagues had been having an impact on motivation. The restrictions of the estates had also been discussed and possible solutions discussed.</p> <p><b>The Director of Nursing, Professions &amp; Care Standards informed the Board that she would be discussing with the Director of Corporate Affairs how actions arising during Go See visits would be tracked and where they should be reported.</b></p> <p>Mrs Panteli stressed that the Board continued to want to be engaged with services as much as possible, and the May 2022 meeting would receive a summary of the next round of Board visits.</p> <p><b>The Board noted the visits highlighted to ensure Board visibility and engagement with services and staff.</b></p>	<p><b>Phil Hubbard/ Paul Hogg</b></p>
<b>1712</b>	<p><b>Questions Received</b> (agenda item 4)</p> <p>No questions for the Board had been received since the last Board meeting.</p>	
<b>1713</b>	<p><b>Minutes of the previous private Board meeting held on 13 January 2022</b> (agenda item 5)</p> <p>The minutes of the private Board of Directors' meeting held on 13 January 2022 were agreed as a true and accurate record.</p>	
<b>1714</b>	<p><b>Matters Arising</b> (agenda item 6)</p> <p>The Director of Nursing, Professions &amp; Care Standards highlighted the Ofsted and Special Educational Needs and Disabilities (SEND) inspection which was currently being undertaken across the system, for which the Trust was offering support to place partners.</p>	
<b>1715</b>	<p><b>Action Log</b> (agenda item 7)</p> <p>The Deputy Trust Secretary updated the Board on the action log. In relation to Action 08/07/21-4, Health Inequalities Academy, the Chief Executive</p>	

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	<p>informed the Board that an update would be included in the Chief Executive's report to the May 2022 meeting.</p> <p>For action 13/05/21-4, Born in Bradford, the Chief Executive stated that an update would be brought to the May 2022 meeting.</p> <p>In relation to action 13/01/22 -1, the links between the Research and Development Team, volunteers and Young Dynamos, the Medical Director reported that volunteers across Bradford had been involved with the launch of the Age of Wonder research project. It was agreed that the action could be closed but that Dr Sims would bring back future updates on the links between volunteers and Young Dynamos.</p> <p>The Medical Director confirmed that in relation to action 13/01/22-2, Red Kite View, the unit had now reopened and patients were starting to flow. Intensive care beds were also now open. <b>A further update would be brought to the May 2022 meeting.</b></p> <p><b>The Board noted the contents of the action log and agreed to close the actions that had been listed as completed.</b></p>	<p><b>David Sims</b></p>
<p><b>1716</b></p>	<p><b>Chair's Report</b> (agenda item 8)</p> <p>Mrs Panteli presented her Chair's report, which covered a variety of topics including:</p> <ul style="list-style-type: none"> <li>• Non-Executive Directors had been invited to be involved with recruitment to the Integrated Care Board, and she had been involved with recruiting the Independent Chair for the Bradford and Craven Partnership Board;</li> <li>• Needing to strive towards maintaining the CQC rating of "Good" overall and "Good" for the well-led domain, and being ambitious for a rating of "Outstanding";</li> <li>• Governor elections running between March and May 2022 to fill 6 public Governor positions.</li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the work with the Governing body to successfully recruit two Non-Executive Directors to replace Dr Zulfi Hussain and Professor Gerry Armitage and welcomed Alyson McGregor and Mark Rawcliffe to the Board meeting;</b></li> <li>• <b>Noted the Board's continued strategic work during 2021/22 on system working and responding to the health and care integrated care agenda, against the Better Lives Together 2019 – 2023 strategy;</b></li> </ul>	

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	<ul style="list-style-type: none"> <li>• <b>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 would now be in place by July 2022;</b></li> <li>• <b>Noted partnership working and external senior stakeholder engagement;</b></li> <li>• <b>Noted engagement with and developments for the Trust’s Council of Governors; and</b></li> <li>• <b>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.</b></li> </ul>	
<b>1717</b>	<p><b>Chief Executive’s Report and COVID-19 Update</b> (agenda item 9)</p> <p>The Chief Executive presented a brief paper that provided an overview of significant issues that had occurred during the month for the Board to discuss, including the following:</p> <ul style="list-style-type: none"> <li>• The amends to the Health and Care Bill, and the ICP governance arrangements which would be operating in shadow form from April to June 2022</li> <li>• The White Paper building on existing work locally, especially the key deliverable of having a single person accountable for delivering shared outcomes at place level by Spring 2023</li> <li>• Better Lives Charity Update</li> <li>• Ukraine Conflict – support available for Trust staff, and ensuring no contracting arrangements continued with any Russian based groups.</li> </ul> <p>The Board discussed the increased threat of cyber attack as a result of the conflict, and the Chief Information Officer provided assurance that the Trust had met all the national mitigation requirements, and stated that a further update would be provided to the Private Board meeting later that day.</p> <p>The Director of Finance, Contracting and Estates added that in terms of contracts with Russian-based companies, arrangements were being made regarding transferring the Air Liquide contract to BOC (medical gas), and advice had been sought from the national team regarding the existing Gazprom contract.</p> <p><b>COVID-19 Update</b></p> <p>The Chief Operating Officer provided an update on the Trust’s response to the pandemic which included the following:</p> <ul style="list-style-type: none"> <li>• Continued pressure across services</li> <li>• Staff sickness rates remained high</li> <li>• The Trust needed to continue to follow IPC advice</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Gold command was now meeting on a monthly basis</li> <li>• A level of assurance was provided around Out Of Area beds, with 21 acute placements at the time of the meeting and 4 PICU placements</li> <li>• The COVID-19 budget was in the process of being reviewed.</li> </ul> <p>The Director of Nursing, Professions &amp; Care Standards reported that there had been no significant changes to the vaccination programme. A pop-up vaccination centre would be opening in Keighley. The Primary Care Network sites were starting to step away when demand was low. Finally, the Trust was starting to plan the Spring booster programme.</p> <p><b>The Board noted the Chief Executive's report, including the update on the Trust's response to COVID-19.</b></p>	
<b>1718</b>	<p><b>Board Assurance Framework (BAF) &amp; Supporting Organisational Risk Register (ORR)</b> (agenda item 10)</p> <p>The Director of Nursing, Professions and Care Standards presented a paper which provided the BAF status as at February 2022 and presented any significant updates.</p> <p>It was noted that a Board Development session would be held during April 2022 to consider the strategic objectives, and then a follow up session would consider risk appetite and risk tolerance.</p> <p>Mrs Hubbard also highlighted that from February 2022, in agreement with all Committee Chairs and lead Executives, the ORR would be separated out so Committees receive just the high risks directly related to the individual Committee's work.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the progress made in implementing the BAF process</b></li> <li>• <b>Noted the mitigations and controls in place to manage the risks associated with the Strategic Objectives described within the BAF</b></li> <li>• <b>Noted the reduction in risk for Strategic Objective 01</b></li> <li>• <b>Noted the changes in presentation of the Organisational High Risk Report to Committees.</b></li> </ul>	
<b>1719</b>	<p><b>Alert, Advise, Assure Report: Mental Health Legislation Committee held on 27 January 2022</b> (agenda item 11)</p> <p>On behalf of the Committee, Mrs Panteli presented the AAA report from the meeting held on 27 January 2022. She reported that there were no items to escalate.</p> <p><b>The Board noted the update.</b></p>	



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<b>1720</b>	<p><b>Alert, Advise, Assure Report: Quality and Safety Committees held on 17 February 2022</b> (agenda item 12)</p> <p>On behalf of the Committee, Professor Armitage presented the AAA report from the meeting held on 17 February 2022. He escalated the shared concern about the impact factor of the Local Authority's discussion regarding a retendering of the Bradford 0-19 service and the possible consequences.</p> <p>It was noted that a further update would be provided to the Private Board meeting.</p> <p>He also highlighted advisory notes around poor collaboration with service users in setting and progressing CMHT Care Plans, limited vaccine stock, and continued pressures on Community Nursing Services.</p> <p><b>The Board noted the update.</b></p>	
<b>1721</b>	<p><b>Alert, Advise, Assure Report: Workforce and Equality Committee held on 17 February 2022</b> (agenda item 14)</p> <p>On behalf of the Committee, Mrs Panteli presented the AAA report from the meeting held on 17 February 2022. She reported that there were no items to escalate.</p> <p>In relation to the Workforce risk, the Chief Executive stressed that a significant amount of work had been undertaken around the clinical workforce strategy, and the Workforce and Equality Committee would be receiving a detailed update at its April 2022 meeting.</p> <p><b>The Board noted the update.</b></p>	
<b>1722</b>	<p><b>Proposed Changes to Workforce and Equality Committee Terms of Reference</b> (agenda item 14.1)</p> <p><b>The Board ratified the proposed changes to the Workforce and Equality Committee Terms of Reference.</b></p>	
<b>1723</b>	<p><b>Alert, Advise, Assure Report: Audit Committee held on 8 February 2022</b> (agenda item 15)</p> <p>On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 8 February 2022. He reported that there were no items to escalate but highlighted the following:</p> <ul style="list-style-type: none"> <li>- A two year extension to the KPMG contract would be recommended to the Council of Governors at their meeting on 5 May 2022.</li> </ul>	



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	<ul style="list-style-type: none"> <li>- The Trust continued to manage the slippage to the internal audit programme and it was hoped that there would be minimal impact in terms of the Internal Audit Opinion.</li> </ul> <p><b>The Board noted the update.</b></p>	
<b>1724</b>	<p><b>Proposed Changes to Audit Committee Terms of Reference</b> (agenda item 15.1)</p> <p><b>The Board ratified the proposed changes to the Audit Committee Terms of Reference.</b></p>	
<b>1725</b>	<p><b>Finance Report</b> (agenda item 16)</p> <p>The Director of Finance, Contracting and Estates provided an overview on the financial performance for both the Trust and the ICS; and the outlook for 2021/22.</p> <p>Mr Woodhead highlighted that the year-end surplus was likely to be around £2m. He stressed that the draft financial plan would normally be brought to the March Board but due to delays nationally the timescale for submissions had slipped by a month. The Trust was looking at recurrent efficiency savings of £7-10m, but the figures were still subject to change. Roughly 50% of this had been identified through the Together We Improve Create and Sustain (TWICS) Programme and other measures. An added complication was that the Trust plan no longer stood in isolation, it formed part of the place and ICS plans.</p> <p>The Board noted that Infection Prevention and Control measures could have a large impact on the financial position, in light of the 57% reduction in COVID-19 funding but no change to the measures in place.</p> <p>A discussion followed, with the following points being highlighted:</p> <ul style="list-style-type: none"> <li>- The March 2022 Finance, Business and Investment Committee would be considering how the TWICS Programme would feed into financial planning for 2022/23 and beyond.</li> <li>- Consideration needed to be given to working with social care colleagues to use any additional resources received as a result of central government funding.</li> </ul> <p><b>The Board of Directors noted the verbal update.</b></p>	
<b>1726</b>	<p><b>Integrated Performance Report</b> (agenda item 13 – items taken out of order due to presenter availability)</p> <p>The Chief Operating Officer presented the report and invited Board members for feedback on whether the table which aligned performance to the strategic</p>	

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	<p>objectives added value. It was agreed that this table was useful for Board members.</p> <p>The key themes continued to be around workforce and sickness absence levels, although there had been a slight improvement since January 2022 pressure within services remained high. Mr Scott added that robust mechanisms were in place across services to identify and mitigate pressures within community nursing.</p> <p>Mr Scott reported that the Trust continued to perform well in relation to Statutory Mandatory training, although he outlined the actions being taken in relation to the four training elements that remained more than 5 percentage points below target. He stated that compliance and forward trajectories would be reviewed by the Senior Leadership Team in mid-March 2022.</p> <p>The Trust continued to meet the national waiting times standards for Improving Access to Psychological Therapies (IAPT), however people were presenting with higher levels of need, requiring more one to one therapy rather than group therapy. The CCG was leading a review of IAPT which would inform the appropriate access target for the Bradford and Craven population, and the findings and recommendations would be presented to the Health and Care Partnership Board in May 2022.</p> <p>Dental waiting times had significantly reduced, whereas Speech and Language Therapy (SLT) and Continence services continued to fail to meet waiting time standards. It was anticipated that the Continence service would be back within target by June 2022. Mr Scott stated that recruitment was underway within SLT, but the Trust was also looking at skill mixing.</p> <p>During the discussion, Board members raised the following issues:</p> <ul style="list-style-type: none"> <li>The Trust's sickness rates benchmarked above other Mental Health and Community Trusts. Work was ongoing with Bradford Teaching Hospitals NHS Foundation Trust comparing policies and procedures in this area. A deep dive into sickness absence had been carried out during December 2021 in conjunction with NHSE/I, and the Trust had been given assurance that it was taking all the possible actions they would recommend. Links were being maintained with the health and wellbeing lead at NHSE/I. It was acknowledged that some areas were more challenging than others in relation to staff sickness.</li> <li>In terms of the patient experience whilst on waiting lists, the offer varied depending on the service. Mr Scott confirmed that risks were reviewed whilst people were waiting to be seen, and self-help support and group work was offered in some cases. <b>Mr Scott agreed to circulate a summary of the support on offer for all services whilst patients were waiting to be seen.</b></li> </ul>	<p><b>Patrick Scott</b></p>

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	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>considered the key points and exceptions highlighted for January 2022 and noted the proposed actions; and</li> <li>considered further attention via supporting Board Committee structures.</li> </ul>	
1727	<p><b>Annual Review of Division of Duties of the Chair and Chief Executive</b> (agenda item 17)</p> <p>The circulated report outlining the division of responsibilities between the Chair and Chief Executive had been taken as read, and Mrs Panteli confirmed that there had been no significant changes since the annual report had last been presented to the Board.</p> <p>The Board was assured that the responsibilities that fell to the Deputy Chief Executive had been included in the revised Job Description for the Deputy Chief Executive.</p> <p><b>The Board considered and approved the division of responsibilities of the Interim Chair and Chief Executive as outlined in the paper.</b></p>	
1728	<p><b>Board of Directors Public Meeting Annual Work Plan</b> (agenda item 18)</p> <p><b>The Board reviewed the Private Board Work Plan for 2022/23.</b></p>	
1729	<p><b>Management of Deferred Items</b> (agenda item 19)</p> <p><b>The Board noted the items currently on the deferred items log.</b></p>	
1730	<p><b>Any Other Business</b> (agenda item 20)</p> <p>No items of additional business were raised.</p>	
1731	<p><b>Meeting Evaluation</b> (agenda item 21)</p> <p>The Interim Chair thanked all colleagues for their contribution. She also thanked Ms Knight, Mr Scott and Professor Armitage for their contributions over the years. The Board discussed the meeting and reviewed its effectiveness as part of the Trust's commitment to good governance and continuous improvement. The meeting was closed the meeting at 11.54am.</p>	

Signed:

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Dated:

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