

Board of Directors Meeting in Public
On Thursday 8 September 2022 at 9:00am
Virtual meeting held on Microsoft Teams

Present:	Dr Linda Patterson OBE	Trust Chair
	Carole Panteli	Non-Executive Director and Deputy Chair
	Andrew Chang	Non-Executive Director
	Alyson McGregor, MBE	Non-Executive Director
	Dr David Sims	Medical Director
	Gilbert George	Interim Director of Corporate Affairs
	Iain MacBeath	Director of Integration
	Mark Rawcliffe	Non-Executive Director
	Maz Ahmed	Non-Executive Director
	Bob Champion	Chief People Officer
	Mike Woodhead	Director of Finance, Contracting and Estates
	Phil Hubbard	Director of Nursing, Professions & Care Standards and Deputy Chief Executive
	Tafadzwa Mugwagwa	Interim Chief Operating Officer
	Therese Patten	Chief Executive
	Tim Rycroft	Chief Information Officer
 In Attendance:	Farhan Rafiq	Head of Business Development and Innovation (for agenda items 1-3)
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary (Committee Secretariat)
 Observers:	Jeanette Homer	Staffside Representative

MINUTES

Item	Discussion	Action
1796	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Trust Chair, Dr Linda Patterson OBE, opened the virtual meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Simon Lewis (Non-Executive Director).</p> <p>The Board of Directors was quorate.</p>	

Item	Discussion	Action
1797	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of interest were made for this meeting.</p>	
1798	<p>Learning from Your Stories – Staff Story (agenda item 3)</p> <p>The Head of Business Development and Innovation presented the report which summarised the approach taken for the iCare Innovation Awards, provided a headline summary of the winning ideas that had been funded; and outlined a plan to run the Innovation Awards again in September 2022.</p> <p>The Board were then shown five short videos where the staff who had taken part in the programme offered an insight into their iCare journey as of April 2022.</p> <p>The Board acknowledged the work involved in pulling the videos together, and the challenges to getting the awards up and running.</p> <p>Ms McGregor asked how learning could be taken from the examples of excellence shown and spread to other areas of the Trust. The Head of Business Development and Innovation explained that the projects had also been supported by the Trust’s Research and Development Team, and they would be providing ongoing evaluation and monitoring. A peer support approach was being used to support colleagues to take the learning into other teams. Mr Rafiq also referred to the newly developed innovation hub which sat across Bradford District and Craven Place, and this would have a focus on the adoption of innovation across Place. The hub would also be a part of the iCare awards for 2022/23.</p> <p>Ms McGregor expressed an interest in hearing of the impact across the Trust or across Place over the next year.</p> <p>Mr Ahmed asked how the Trust could embed this innovation work into the strategy and plans, such as the Digital Strategy. Mr Rafiq stated that this innovation work was being pulled into the Care Trust Way project, in order to embed it across the organisation. He was also working with the Chief Executive to link it into the review of the Better Lives Together Strategy, and he stated that it aligned with creating the best place for people to work.</p> <p>It was noted that the timescales for 2022/23 application were tight, and it was suggested that the Beacon Network could become involved with supporting areas of the Trust to get their ideas down on paper.</p> <p>Following a query regarding intellectual property, it was confirmed that this was built into the iCare programme and advice and support were offered during the process.</p>	

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	<p>It was agreed that the Executive Management Team would spend time considering how the iCare programme could be mainstreamed and embedded into the Trust.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the progress made on the initiative in the last 12 months • Commented on the approach taken and the individual video stories presented • Offered advice to be considered in the next round of iCare Innovation Awards in 2022. 	<p>Exec Management Team</p>
1799	<p>Questions Received (agenda item 4)</p> <p>No questions for the Board had been received since the last Board meeting.</p>	
1800	<p>Minutes of the previous private Board meeting held on 14 July 2022 (agenda item 5)</p> <p>The minutes of the private Board of Directors' meeting held on 14 July 2022 were agreed as a true and accurate record.</p>	
1801	<p>Matters Arising (agenda item 6)</p> <p>There were no matters arising.</p>	
1802	<p>Action Log (agenda item 7)</p> <p>The Interim Director of Corporate Affairs updated the Board on the action log. In relation to action 12/05/22-4, gaps in the PACS Ombudsman Standards, the Director of Nursing, Professions & Care Standards advised the Board that the newly-established assurance panel would have oversight of the gaps between the Trust's provision and the standards. It was agreed that the action could therefore be closed.</p> <p>It was noted that the review of the Go See process in action 10/03/22-1 would return to Board in December 2022.</p> <p>In relation to action 14/07/22-1, efforts were being made to arrange a shadow meeting of the Transformation Working Group in October 2022.</p> <p>The Board noted the contents of the action log and agreed to close the actions that had been listed as completed.</p>	
1803	<p>Chair's Report (agenda item 8)</p>	

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	<p>Dr Patterson presented her Chair's report, which covered a variety of topics including:</p> <ul style="list-style-type: none"> • The Trust Chair's onboarding • A reminder for the Annual Members Meeting • An update on the Council of Governors and related matters. <p>The Board noted the report.</p>	
<p>1804</p>	<p>Chief Executive's Report (agenda item 9)</p> <p>The Chief Executive formally welcomed the new Trust Chair to her first Board meeting, and then presented a brief paper to provide an overview of significant issues that had occurred during the month for Board to note and discuss, including the following:</p> <ul style="list-style-type: none"> • Digital Mental Health Information Sharing had gone live in August 2022, and it was hoped it would provide significant benefits to staff and patients. The teams involved with this piece of work were thanked for their efforts, and it was noted that it was a tribute to the value of clinical leadership in digital transformation. • The Trust's Individual Placement Support (IPS) employment service had achieved the new IPS Grow Quality Kite Mark, which replaced the previous title Centre of Excellence. <p>COVID-19 Update</p> <p>The Director of Nursing, Professions & Care Standards provided a verbal update on the Trust's response to the pandemic which included the following information:</p> <ul style="list-style-type: none"> • Bookings had opened for the Autumn booster for all frontline staff. • The Jacob's Well Vaccination Centre had officially closed at the end of August, and St Luke's would be opening on evenings and weekends. The Jacob's Well workforce had been gradually reduced, with only two substantive staff remaining and the rest on Staff Bank. <p>The Board noted the Chief Executive's report, including the update on the Trust's response to COVID-19.</p>	
<p>1805</p>	<p>Board Assurance Framework (BAF) & Supporting Organisational Risk Register (ORR) (agenda item 10)</p> <p>The Director of Nursing, Professions and Care Standards presented a paper which provided an overview of changes and updates to the 2022/23 strategic objectives (SO) and associated risks currently held on the Board Assurance Framework (BAF).</p>	

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	<p>It was noted that due to capacity and timing of paper submissions, a minority of ambitions were still to be fully developed but these would be provided to the Board in October 2022.</p> <p>The Chief Executive noted that the Interim Director of Corporate Affairs and new Trust Chair had been invited to comment on the Trust's BAF as newcomers to the Trust. She added that consideration would be given to SO4 and how it would through Committee level, in light of the Innovation and Improvement Working Group which was currently being created.</p> <p>Following a question regarding the new risk due to staff sickness within the Safeguarding Team, the Director of Nursing, Professions and Care Standards advised that the sickness had related to the Wakefield service, and the Bradford team had provided cover leading to the Bradford service being stretched temporarily. It was also noted that there had been a surge in Initial Management Reviews and Domestic Homicide Reviews, the impact of this would be monitored through the Quality and Safety Committee.</p> <p>The Interim Director of Corporate Affairs stated that the Trust's BAF would need to contain mitigations for the key system risks, and this would be considered in the development work to be under taken by the Deputy Director of Patient Safety, Compliance and Risk.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the progress made in populating the new Strategic Objectives • Noted the mitigations and controls in place to manage the risks associated with the Strategic Objectives described within the BAF; and • Supported the work to further develop the Strategic Objectives during in 2022/23. 	
1806	<p>Alert, Advise, Assure Report: Mental Health Legislation Committee held on 21 July 2022 (agenda item 11)</p> <p>On behalf of the Committee, Ms McGregor presented the AAA report from the meeting held on 21 July 2022. There were no items to escalate.</p> <p>It was noted that the 'No Force First' approach was having a positive impact with a sustained reduction in restrictive interventions.</p> <p>The Board noted the update.</p>	
1807	<p>Alert, Advise, Assure Report: Quality and Safety Committees held on 21 July 2022 (agenda item 12)</p>	

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	<p>On behalf of the Committee, Ms McGregor presented the AAA report from the meeting held on 21 July 2022. There had been two items to escalate to the Board, relating to the challenges currently facing Adult services staff, and the continuing challenges in staffing within the Speech and Language Therapy Service.</p> <p>In relation to the impact of the Cost of Living crisis on staff, the Chief People Officer informed the Board that grant payments had been made to Trust staff in May 2022, the lower rate of mileage had been increased, and an advance on expenses payments had been offered to around 300 staff in the organisation. The package outlined had been co-produced with staff and Union representatives. These initiatives had cost the Trust around £0.25m, and went further than most other such organisations.</p> <p>The Director of Nursing, Professions and Care Standards reassured Board members that the use of bank and agency staff across the Trust was monitored and scrutinised by the Safer Staffing Group and the Senior Leadership Team, with any concerns being escalated to Committees.</p> <p>It was acknowledged that the difficulties with recruitment was an issue nationally and was on the agenda for the Integrated Care System.</p> <p>Mr Rawcliffe added that recruitment was also a standing item on the Workforce and Equality Committee agenda. He felt that the Board had engaged well with frontline colleagues in dealing with the challenges outlined.</p> <p>Attention was then drawn to the 50% reduction in waits for psychological therapies, and within the context discussed above this was commendable.</p> <p>The Board noted the updates.</p>	
1808	<p>Integrated Performance Report (agenda item 13)</p> <p>The Director of Finance, Contracting and Estates presented the report and summarised the items that had been considered and escalated through the relevant governance groups.</p> <p>Mr Woodhead highlighted the delay in opening the crisis beds, with discussions underway regarding the interim arrangements with an alternative provider. The risk had been discussed at the Executive Management Team as part of the Winter Planning preparation, and remedial work was being undertaken to try to get them open as quickly as possible.</p> <p>He also flagged the delay in getting full access to patient records online with Cygnet. The Trust would continue to report externally the use of inappropriate out of area placements in September and October 2022, until continuity principles were applied in November 2022.</p>	

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	<p>Mr Rawcliffe commented on the high turnover rate in some teams identified in the league table, and the Chief People Officer stated that the high age profile appeared to be a factor, as well as the impact of leavers within a small team.</p> <p>The Chief Executive stated that the Trust had been performing relatively well in relation to Out of Area placements, but there was pressure nationally to get the figure down to zero. The Trust would be monitoring this through the Quality and Safety Committee.</p> <p>The Director of Nursing, Professions and Care Standards added that the Trust's quality assurance and weekly review process in relation to Out of Area placements had been praised by System leads.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Considered the key points and exceptions highlighted for July 2022 and noted the proposed actions; • Considered any further attention via supporting Board Committee structures. 	
<p>1809</p>	<p>Winter Planning (agenda item 14)</p> <p>The Interim Chief Operating Officer presented the report which provided an update on the Trust's preparations for Winter 2022, within the overall Bradford District and Craven and West Yorkshire Integrated Care Board (ICB) Winter planning approach. The paper highlighted the Trust's initial plans and actions at an early stage in the planning process, in order to give Board members the opportunity to shape the final winter plan.</p> <p>Mr Mugwagwa stressed that the Trust's plans needed to address the national priorities and challenges. The ICB and System plans had not yet been developed, however structures to support system collaboration and respond to presenting operational issues would be enacted during the winter period.</p> <p>The Director of Finance, Contracting and Estates highlighted the risk of only a small amount of funding being made available for Winter 2022/23, and stated that work had commenced to identify if any other funding streams were available.</p> <p>Ms McGregor pointed out that it was predicted that 90% of the Bradford population were predicted to experience fuel poverty this Winter, higher than other areas, but that the impact of this had been absent from the report. It was agreed that the impact of the cost of living crisis should be considered in the Trust's and system's approach to Winter planning. In response, the Chief Executive stated that the West Yorkshire Board were considering how organisations could work together on this, and the Trust was working on joint planning with the Director of Integration.</p>	

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	<p>Comments were welcomed from Board members on the draft plan, and then a robust plan would be taken to the next Private Board meeting.</p> <p>It was also noted that the Voluntary Sector may not be in a position to offer the same degree of support as in previous years.</p> <p>Mrs Panteli observed that the capacity and demand challenges in the community nursing workforce were not reflected in the report. Mrs Panteli also questioned whether Primary Care were involved with Winter planning across the system as she saw them as an integral part of the plans, and the Director of Nursing, Professions and Care Standards confirmed that the Trust was working with Primary Care colleagues.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the system wide approach to Winter planning; • Acknowledged the challenges and associated responses to Winter pressures; • Provided feedback on the Trust’s initial 2022 Winter plan; and • Noted that it would receive further updates as system wide Winter planning progressed. 	
<p>1810</p>	<p>NHS England Emergency Preparedness, Resilience and Response Assessment and Declaration (agenda item 15)</p> <p>The Interim Chief Operating Officer presented the report which shared the results of the Trust’s annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) statutory obligations.</p> <p>The Board was reminded that the standards had been suspended during the pandemic but that they were now reinstated.</p> <p>The Board asked what the risk was of being partially compliant, having fully completed 43 out of the 55 standards required. Mr Mugwagwa explained that the areas where the Trust was not fully compliant were due to training/exercising of staff and the review/update of plans. NHS England EPRR leads had stated that it was acceptable to show as amber where plans had been known to work previously but updates had been delayed by up to two years due to Covid and Brexit operational work, as in the case at BDCFT. The work would be monitored to completion by the Trust’s Resilience Group and shared with health partners, to ensure that best practice was achieved within the two year window.</p> <p>It was agreed that the Board would receive an update in October regarding when the Trust anticipated being fully compliant.</p>	<p>Chief Operating Officer</p>

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	<p>As the NED with responsibility for EPRR, Mrs Panteli requested involvement with this work going forwards.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the findings of the report. • Agreed with the assessment of compliance as PARTIAL. 	
1811	<p>Learning from Deaths Report (agenda item 16)</p> <p>The Medical Director presented the report which provided an overview of the learning the Trust had taken from the deaths of patients within its care during Q1, 2022. The Board was advised that the report had previously been scrutinised by the Quality and Safety Committee (QSC), and it was proposed that in future the report would be an addenda to the QSC AAA report rather than brought in full to the Board.</p> <p>The Trust Chair asked whether there was the capacity in place to carry out the work involved in the report. The Medical Director stated that a robust structure was now in place including fortnightly meetings to review all deaths within the Trust, and he hoped that in the next year there would be a move to a system approach to learning from deaths.</p> <p>Ms McGregor noted that the report looked back at deaths, but questioned whether the learning could be used to look ahead in relation to the cost of living crisis. She was informed that there were close links to the Patient Safety Group which picked up on issues affecting the local community, and that they could be asked to look specifically at the impact of the cost of living crisis.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the content and took assurance from the report and the scrutiny at Quality and Safety Committee. • Agreed to receive further reports through the QSC AAA report. 	
1812	<p>Alert, Advise, Assure Report: Finance, Business and Investment Committee held on 28 July 2022 (agenda item 17)</p> <p>On behalf of the Committee, Mr Ahmed presented the AAA report from the meeting held on 28 July 2022. He reported that there were no items to escalate.</p> <p>Mr Ahmed advised that the Committee continued to note concerns around data quality and the accuracy of activity data at patient level in all systems. An action plan to improve data quality would be reviewed by the Committee in November 2022.</p> <p>The Chief Executive asked for clarity on the timetable for the Business Partnering Model, which would link up intelligence and support between</p>	

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	<p>Finance, HR and Operational support. The Director of Finance, Contracting and Estates confirmed that consultants from Moorhouse had been commissioned to help develop the tools, skills and business model within the Trust.</p> <p>The Board noted the update.</p>	
1813	<p>Proposed Changes to Charitable Funds Committee Terms of Reference (agenda item 18)</p> <p>The Board ratified the proposed changes to the Charitable Funds Committee Terms of Reference.</p>	
1814	<p>Alert, Advise, Assure Report: Audit Committee held on 7 July 2022 (agenda item 19)</p> <p>On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 7 July 2022. He reported that there were no items to escalate.</p> <p>Mr Chang highlighted that the internal audit team had reported a limited assurance report in relation to service users' monies. An internal deep-dive audit was scheduled to review operations and processes, and the Finance team would provide a de-brief to the Audit Committee in October 2022.</p> <p>The Board noted the update.</p>	
1815	<p>Finance Report (agenda item 20)</p> <p>The Director of Finance, Contracting and Estates provided an overview on the financial performance for Month 4, for both the Trust and the ICS.</p> <p>Mr Woodhead highlighted that the financial position was looking favourable with a year to date surplus position of £405k which was £383k better than plan. The forecast for the year was a breakeven position which was as planned.</p> <p>For the ICS the financial position at Month 4 was no variance to plan, with a forecast surplus of £4.5m. The risk in the wider system was again noted.</p> <p>The Chief Executive highlighted that the current position and forecast excluded the impact of the new pay settlement announced in July. Using the national planning assumptions of 1.66% uplift to contract values, costs would exceed income by c£1m. The differential impact on Mental Health Trusts compared to Acute Trusts due to the higher balance of staff was being raised on a national level.</p>	

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	<p>Mrs Panteli asked about the implications of being over the agency cap, and Mr Woodhead stated that the implications were currently unclear beyond potential reputational risk.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the year to date forecast financial position of the Trust and the ICS; and • Did not highlight any further assurances required. 	
1816	<p>Care Quality Commission Update and Developments (agenda item 21)</p> <p>The Director of Nursing, Professions and Care Standards presented the report which provided an update on proposed changes to the CQC's inspection regime and how this would impact on internal quality assurance processes. The report also provided an update on the outcomes of the recent inspection of the Trust's 0-19 services, which would be monitored through the QSC.</p> <p>Mrs Hubbard highlighted that a Board Development session in October would go into more detail regarding the changes to the CQC strategy and the impact on the Trust.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the changes in the CQC's regulatory approach and the potential impact on the Trust • Noted the outcome of the recent inspection of 0-19 services and the plan to provide assurance that the Trust's response to Quality and Safety Committee in due course. 	
1817	<p>NHS Improvement Quarterly Submissions (agenda item 22)</p> <p>The Board retrospectively approved the Q1 quarterly submission made to NHS England & NHS Improvement.</p>	
1818	<p>Board Sub-Committee Annual Report – Charitable Funds Committee (agenda item 23)</p> <p>Mr Rawcliffe introduced the report which covered the work of the Charitable Funds Committee for the financial year 1 April 2021 to 31 March 2022. He then invited questions from Board colleagues.</p> <p>Ms McGregor commended the report, and asked whether there would be a refresh of the Better Lives Charity Strategy given the rapidly changing context and nature of charity work. Mr Rawcliffe informed the Board that consideration was being given to holding an extraordinary meeting in light of several factors, both in terms of the long term funding viability of the charity and the context in terms of the external environment.</p>	

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	<p>The Board reviewed and noted the Charitable Funds Committee Annual Report.</p>	
<p>1819</p>	<p>Medical Appraisal and Revalidation Annual Report (agenda item 24)</p> <p>The Medical Director presented the report which outlined the current situation with regards to medical revalidation and appraisal, and asked the Board to agree a statement of compliance for the General Medical Council.</p> <p>The Board was assured that revalidation was based on a robust appraisal framework.</p> <p>The Guardian of Safe Working Annual Report (agenda item 24.1) was also received by the Board.</p> <p>The Chief Executive thanked all those involved with the work that had gone into both reports.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Agreed the statement of compliance and noted that the Chief Executive would sign this for return to NHS England • Received the report of the Guardian of Safe Working and agreed that future reports would be received by Quality and Safety Committee. 	
<p>1820</p>	<p>Board of Directors Public Meeting Annual Work Plan (agenda item 25)</p> <p>The Board reviewed the Private Board Work Plan for 2022/23.</p>	
<p>1821</p>	<p>Any Other Business (agenda item 26)</p> <p>There was no other business raised.</p>	
<p>1822</p>	<p>Comments from Public Observers (agenda item 27)</p> <p>No comments were raised.</p>	
<p>1823</p>	<p>Meeting Evaluation (agenda item 28)</p> <p>The Trust Chair thanked all colleagues for their contributions to the meeting. The Board discussed the meeting and reviewed its effectiveness as part of the Trust's commitment to good governance and continuous improvement. It was agreed that there had been a good standard of reports, with a good connection between the topics. Although the meeting had finished ahead of time it was felt that there had been an appropriate level of scrutiny applied. The meeting was closed at 11.16am.</p>	

Item	Discussion	Action
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Dated:
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