

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

<b>Present:</b>	Dr Linda Patterson OBE	Trust Chair
	Maz Ahmed	Non-Executive Director
	Kelly Barker	Interim Chief Operating Officer (for items 1-18)
	Bob Champion	Chief People Officer
	Andrew Chang	Non-Executive Director
	Phil Hubbard	Director of Nursing, Professions & Care Standards and Deputy Chief Executive
	Simon Lewis	Non-Executive Director and Senior Independent Director
	Alyson McGregor, MBE	Non-Executive Director
	Iain MacBeath	Director of Integration
	Carole Panteli	Non-Executive Director and Deputy Chair
	Mark Rawcliffe	Non-Executive Director
	Dr David Sims	Medical Director
	Mike Woodhead	Director of Finance, Contracting and Estates
	Therese Patten	Chief Executive
	Tim Rycroft	Chief Information Officer
<b>In Attendance:</b>	Joe Cohen	Freedom to Speak Up Guardian (for agenda item 25)
	Dr Bev Fearnley	Deputy Director of Patient Safety, Compliance & Risk
	Suzanne Hala	Senior Involvement Officer (for agenda item 3)
	Dawn Lawson	Strategy Advisor
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary (Committee Secretariat)
	Fran Stead	Trust Board Secretary

Five Guests observing, including on Appointed Governor; two members of staff, a service user for agenda item 3, and a member of the public.

**MINUTES**

Item	Discussion	Action
<b>1824</b>	<p><b>Welcome and Apologies for Absence</b> (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 Therese Patten (Chief Executive Officer), Tim Rycroft (Chief Information Officer), and Sally Napper (Associate Non-Executive Director).</p> <p>The Board of Directors was quorate.</p>	
<b>1825</b>	<p><b>Declarations of Interest</b> (agenda item 2)</p> <p>Simon Lewis, Non-Executive Director, advised the Board that he had been instructed to act on behalf of the General Medical Council in his role as Barrister.</p>	
<b>1826</b>	<p><b>Learning from Your Stories – Specialist Mother and Baby Mental Health Service</b> (agenda item 3)</p> <p>The Senior Involvement Officer introduced the story of Domi Johnson, who shared her experience of the Specialist Mother and Baby Mental Health Service (SMABMHS).</p> <p>The Board noted the following points raised by Domi:</p> <ul style="list-style-type: none"> <li>- The service would benefit from more publicity in order to reach all those who needed support and reduce the stigma surrounding maternal mental health.</li> <li>- The service stopped when the baby turned 1 year old, meaning the provision was not available for very long if the mother had sought help further into their first year of life.</li> <li>- The service would benefit from more staff.</li> <li>- Being connected via voluntary partners such as Home Start to others who had experienced something similar had been beneficial.</li> <li>- The service had offered support to Domi’s husband, but peer support for partners might be beneficial.</li> </ul> <p>The Interim Chief Operations Officer advised the Board that money had been released by NHS England through the Mental Health Investment Standard to expand the perinatal service. Support to the service was being increased in phases, with the offer being increased up to the age of two, and work ongoing to look at our partners and families could be included. A West Yorkshire peer support model was in place, but this would be developed further. Ms Barker stated that in addition to individual support, the SMABMHS provided advice across all teams in order to increase awareness of the service and when referrals should be made.</p>	

Item	Discussion	Action
	<p>The Board thanked Domi for sharing her story and noted the personal experiences highlighted.</p>	
<b>1827</b>	<p><b>Questions Received</b> (agenda item 4)</p> <p>Gary Derbyshire, a member of the public, had submitted the following question in advance of the meeting:          “With critical pressures on hospital discharge, ambulances queuing up outside hospitals and the gridlock in the care system due to lack of social care, why are NHS teams and CHC teams refusing to open up an open and constructive dialogue about rapid discharge solutions from providers of regulated and managed live-in care services such as mine (Promedica24), who have readily availability of care staff and an affordable cost effective means to safely discharge to home as part of an innovative discharge pathway?”</p> <p>The Interim Chief Operating Officer provided the following response:          “The procurement of services commissioned by social care and CHC, at present does not sit within Bradford District Care NHS Foundation Trust however the Trust does work very closely with the organisations that do and help shape ideas and solutions to the challenges pointed out relating to waits and delays for people in need of services. I am aware that the contracts relating to the services described are procured and managed under a framework which is reviewed periodically. I would be happy to take your question and challenge to the appropriate people and forums to be assured that we are maximising opportunities to create the capacity needed across our system.”</p> <p>Mr Derbyshire was happy with the response and proposed approach.</p>	
<b>1828</b>	<p><b>Minutes of the previous public Board meeting held on 8 September 2022</b> (agenda item 5)</p> <p>The minutes of the public Board of Directors’ meeting held on 8 September 2022 were agreed as a true and accurate record, subject to the reference to the private minutes in minute 1800 being amended to ‘public minutes’.</p>	
<b>1829</b>	<p><b>Matters Arising</b> (agenda item 6)</p> <p>There were no matters arising.</p>	
<b>1830</b>	<p><b>Action Log</b> (agenda item 7)</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>	
<b>1831</b>	<p><b>Chair’s Report</b> (agenda item 8)</p>	

Item	Discussion	Action
	<p>Dr Patterson presented her Chair's report, which covered a variety of topics including:</p> <ul style="list-style-type: none"> <li>• Thanks to Andrew Chang who would be leaving his role in December 2022</li> <li>• Meetings undertaken with partners</li> <li>• An update on the Council of Governors and related matters</li> <li>• The Audit Chair/Non-Executive Director recruitment and Associate NED appointment</li> <li>• New Non-Executive Director Committee allocations; and</li> <li>• The proposals for the Deputy Chair and Senior Independent Director roles.</li> </ul> <p>It was noted that <b>responsibility for Emergency Preparedness, Resilience and Response (EPRR) needed to be added to the Board Skills Matrix.</b></p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the recruitment process for an Audit Chair/Non-Executive Director had commenced , interviews on 2 November 2022;</b></li> <li>• <b>Noted the ratification of Sally Napper to the position of Associate Non-Executive Director from 19 September 2022, and welcomed her to the meeting;</b></li> <li>• <b>Noted the new Non-Executive Committee allocation, commencing on 1 November 2022;</b></li> <li>• <b>Noted the proposals being taken to the Council of Governors Nominations Committee on 16 November 2022 for the Deputy Chair role and for Simon Lewis to become the substantive SID.</b></li> </ul>	<p>Corporate Governance</p>
<p>1832</p>	<p><b>Chief Executive's Report</b> (agenda item 9)</p> <p>In the absence of Therese Patten, the Director of Nursing, Professions &amp; Care Standards and Deputy Chief Executive 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"> <li>• The Trust had achieved its annual Email and Office 365 accreditation standard.</li> <li>• It was noted that the date of the Reciprocal Mentoring event in the report had been incorrect, and should have stated 25 October 2022.</li> <li>• Industrial action – a detailed discussion would be held in private session, but the Chief People Officer confirmed that the Royal College of Nursing ballot had concluded and BDCFT would not be affected. Ballots had not yet concluded for Unison, Unite and GNB. A communications cell had been established in readiness for any industrial action, but Mr Champion confirmed that all essential and acute services would continue in the event of a strike. Neighbouring hospitals were to be affected.</li> </ul>	

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	<p><b>COVID-19 Update</b></p> <p>The Director of Nursing, Professions &amp; 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"> <li>The anticipated surge at the start of November had not yet been realised, but rising flu and COVID-19 cases were expected and this would continue to be monitored.</li> </ul> <p><b>The Board noted the Chief Executive's report, including the update on the Trust's response to COVID-19.</b></p>	
1833	<p><b>Board Assurance Framework (BAF) &amp; Supporting Organisational Risk Register (ORR)</b> (agenda item 10)</p> <p>The Deputy Director of Patient Safety, Compliance &amp; Risk 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> <p>It was noted that three risks had increased in score during the last month, and Dr Fearnley provided the detail behind the changes.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Noted the progress made and outstanding areas in relation to populating the Strategic Objectives</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 two increased risk scores in SO3 and SO5; and</b></li> <li><b>Supported the work to further develop the Strategic Objectives during in 2022/23.</b></li> </ul>	
1834	<p><b>Alert, Advise, Assure Report: Mental Health Legislation Committee held on 22 September 2022</b> (agenda item 11)</p> <p>On behalf of the Committee, Mr Lewis presented the AAA report from the meeting held on 22 September 2022. Mr Lewis drew attention to the alert around the timely production of reports and documents for mental health tribunals and Hospital Manager meetings.</p> <p>In response, the Medical Director stated that the long-term sickness issues were being resolved, and this would help to alleviate the pressure on the Mental Health Act team over the next few months.</p>	

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	<p>In order to improve the team’s resilience a proposal had been discussed with Finance colleagues to increase the number of specialist posts. Mrs Barker added that Care Trust Way principles should be applied, and consideration given to whether different types of resource could be used to increase the team’s resilience.</p> <p><b>The Board noted the update.</b></p>	
<p><b>1835</b></p>	<p><b>Alert, Advise, Assure Report: Quality and Safety Committees held on 20 October 2022</b> (agenda item 12)</p> <p>On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 20 October 2022. There had been no items to escalate.</p> <p>A brief discussion took place regarding Go See visits and it was agreed that Committee and individual visits would continue to be arranged prior to the new framework being implemented from April 2023.</p> <p><b>The Board noted the updates.</b></p>	
<p><b>1836</b></p>	<p><b>Integrated Performance Report</b> (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>The report highlighted the combined impact of high service demands and workforce challenges, with increasing labour turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff and sickness absence remaining higher than pre-COVID rates.</p> <p>Mr Woodhead referred to the delay in opening the crisis beds, with the current plan being for them to open in December 2022, which would help to reduce the number of out of area placements.</p> <p>He also flagged the improved waiting times in the Children and Young People Eating Disorders service.</p> <p>Mrs Panteli highlighted the sustained improvement in the number of interventions across acute services and the positive impact of the No Force First approach.</p> <p>Mrs Barker provided reassurance that where performance was declining, work was being undertaken with professional leads and corporate services in order to develop a realistic plan for improvement and stabilisation.</p>	

Item	Discussion	Action
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Considered the key points and exceptions highlighted for September 2022 and noted the proposed actions;</b></li> <li>• <b>Considered any further attention via supporting Board Committee structures.</b></li> </ul>	
<p><b>1837</b></p>	<p><b>Winter Planning (agenda item 14)</b></p> <p>Mrs Barker presented the report which provided an update on progress at an organisational and system level on developing the winter plan 2022/23 and to present the Trust's winter plan for initial Board comments.</p> <p>The Board was informed that the final system wide winter plan would be approved at the Urgent Care Board in November 2022.</p> <p>Following a question around what was different to last year's plan, Mrs Barker explained that the plan had been robustly developed with system partners and teams. Support from corporate services had been pulled together into regular calls with operational services in order to understand the pressures and work together to maintain services.</p> <p>Mrs Barker confirmed that the possible industrial action had been included in both the Trust and the system winter plans. Reassurance was given that all possible preparations were in place.</p> <p>It was acknowledged that the socio-economic impact of the cost of living crisis had not yet been factored into the demand predictions used in the West Yorkshire modelling tool. However, impacts on respiratory illness had been included in acute Trust modelling. The impact of increased frailty and deprivation within the local population had been taken into account, and it was noted that the system was more developed than previously to understand the challenges of each of its partners.</p> <p>The Trust Board Secretary then gave a presentation on the Board of Directors Business Continuity and Resilience, and shared the proposal to develop a Board Business Continuity Plan using Care Trust Way methodologies.</p> <p>Ms Panteli sought clarification regarding the role of Non-Executive Directors in the proposal, and it was confirmed that the Non-Executive Directors would continue to Chair sub-committees as normal, but that the aim was to free up clinical leadership time and refocusing the Executive Director presence.</p> <p>The Chair stated that the Board would need to keep this under review and have oversight if governance arrangements were changing. It was agreed that <b>the proposal would be brought to a future Board meeting with some examples of how it would work in practice.</b></p>	<p><b>Fran Stead</b></p>

Item	Discussion	Action
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the progress made on the winter preparedness plans for the Trust, including how the system across Bradford and Craven would work collaboratively to reduce the impact on service users;</b></li> <li>• <b>Provided initial feedback on the Trust's winter plan and highlighted any further information or assurance required prior to Quality and Safety Committee consideration of the final winter plan.</b></li> </ul>	
<b>1838</b>	<p><b>Alert, Advise, Assure Report: Finance, Business and Investment Committee held on 22 September 2022</b> (agenda item 15)</p> <p>On behalf of the Committee, Mr Ahmed presented the AAA report from the meeting held on 22 September 2022. He reported that there were no items to escalate.</p> <p>Mr Ahmed advised that the Committee continued to monitor the financial pressures from bank and agency staff, and had requested further assurance and information on the transformation work around this issue.</p> <p>Mr Ahmed highlighted the emerging risk from the Local Authority in relation to the system financial position, and the potential impact of this.</p> <p><b>The Board noted the update.</b></p>	
<b>1839</b>	<p><b>Alert, Advise, Assure Report: Charitable Funds Committee held on 28 July 2022</b> (agenda item 16)</p> <p>On behalf of the Committee, Mr Rawcliffe presented the AAA report from the meeting held on 28 July 2022. He reported that there was one alert in relation to the challenging external environment for all charities in light of the cost of living crisis and lower levels of participation. He asked for the continued support of the Board in identifying Charity Ambassadors to raise awareness, spread the word and help in the collation of ideas that would allow the Trust to seek external funding.</p> <p>The longer term financial viability of the charity would be considered later in the agenda and in a Charity Trustees meeting later that day.</p> <p><b>The Board noted the update.</b></p>	
<b>1840</b>	<p><b>Alert, Advise, Assure Report: Audit Committee held on 6 October 2022</b> (agenda item 17)</p>	



Item	Discussion	Action
	<p>On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 6 October 2022. He reported that there were no items to escalate.</p> <p>Mr Chang highlighted Audit Yorkshire's report on progress on delivery of the 2022/23 internal audit plan, with delivery behind programme, however with support from departments, the plan remained deliverable. Failure to recover the programme could jeopardise the ability of the Trust to obtain the annual Head of Internal Audit Opinion and/or a positive opinion. The Committee had been assured that management were working with Audit Yorkshire to ensure delivery of the plan. The Committee would continue to closely track progress.</p> <p><b>The Board noted the update.</b></p>	
<b>1841</b>	<p><b>Finance Report</b> (agenda item 18)</p> <p>Mr Woodhead provided an overview on the financial performance for Month 6, for both the Trust and the Integrated Care System (ICS).</p> <p>Mr Woodhead highlighted that the financial position continued to look favourable with a year to date surplus position of £933k which was £19k better than plan. The forecast for the year was a breakeven position which was as planned. It was noted that the efficiency programme had a forecast of £5m under-achievement and this would be mitigated non-recurrently.</p> <p>Mr Woodhead drew attention to the financial pressures within the Local Authority and across the Integrated Care Board (ICB), and forewarned of the likely need to provide help with system pressures going forwards.</p> <p>In response to a question, Mr Woodhead stated that there was very limited risk to next year's funding if the Trust delivered a surplus, as this would be used to help the wider system.</p> <p>In relation to Lynfield Mount and the new hospitals programme bid, Mr Woodhead explained that if funding did not come via that route, the other avenue was the operational capital received from the ICB each year although this was not to be used for strategic purposes. Discussions had commenced with the ICB's finance forum regarding whether this money could be used on strategic projects, and if so how schemes could be prioritised. The possibility of asking the ICB to match-fund the Trust's operational capital was being explored.</p> <p>It was agreed that a Board Development session in January 2023 would be used to explore ICB financial pressures and the visibility of this at Board, and the associated impact on the Trust's risk appetite.</p> <p><b>The Board:</b></p>	

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	<ul style="list-style-type: none"> <li>• <b>Noted the year to date forecast financial position of the Trust and the ICS; and</b></li> <li>• <b>Did not highlight any further assurances required.</b></li> </ul>	
<b>1842</b>	<p><b>Approval of the 2021/22 Charity Annual Accounts and Annual Report</b> (agenda item 19)</p> <p>Mr Woodhead presented the report which provided the Charity audited Annual Accounts and Annual Report for 2021/22, for review and approval. The Board noted that the document had previously been reviewed by the Charitable Funds Committee and the Audit Committee, with the Audit Chair having been given delegated authority to adopt the accounts and report subject to there being no material adjustments required as part of the KPMG audit. KPMG had confirmed an unqualified opinion, with no recommendations arising from the audit.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the draft ISA260 as having been discussed and agreed at the Charitable Funds Committee and Audit Committee.</b></li> <li>• <b>Noted the Charitable Fund Committee held on 27 October and the Audit Committee Chair, approved the audited Charitable Funds Annual Accounts and Annual Report 2021/22.</b></li> <li>• <b>Noted the final audit opinion issued by KPMG would be an unqualified opinion on the accounts</b></li> <li>• <b>Received the recommendation from Audit Committee and Charitable Funds Committee on the Charities audited Annual Accounts and Annual Report for 2021/22, for the Board to approve their adoption prior to the submission to the Charity Commission by 31 January 2023.</b></li> <li>• <b>Signed the Letter of Representation, dated 10 November 2022.</b></li> </ul>	
<b>1843</b>	<p><b>Approval of the Supplemental Deed of Declaration for the Charity</b> (agenda item 20)</p> <p>Mr Woodhead presented the report which provided the Board with the changes required for both the charity Trust Deed and the charity bank account for the following amendments:</p> <ul style="list-style-type: none"> <li>• <b>Change of the charity name to 'Better Lives NHS'</b></li> <li>• <b>Addition of a dissolution clause within the existing Charity Trust Deed, recommended by the Charities Commission for all NHS charities.</b></li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the Charity Commission requirements in order to make the changes to the Trust Deed.</b></li> <li>• <b>Noted the changes to the Trust Deed and bank account had been presented and approved at the Charitable Funds Committee on 27 October 2022.</b></li> </ul>	

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	<ul style="list-style-type: none"> <li>• <b>Approved and signed the supplemental deed of declaration for the change of the charity name to 'Better Lives NHS'.</b></li> <li>• <b>Approved and signed the supplemental deed of declaration for the addition dissolution clause, as recommended in the model deed provided by the Charity Commission, for NHS charities.</b></li> <li>• <b>Approved the change of bank account name to 'Better Lives NHS'.</b></li> </ul>	
<p><b>1844</b></p>	<p><b>Scheme of Delegation and Standing Financial Instructions Ratification</b> (agenda item 21)</p> <p>Mr Woodhead presented the report which summarised the changes required to the Standing Financial Instructions and Scheme of Delegation and presented the recommended changes from the Audit Committee, for approval by the Board.</p> <p>It was acknowledged that as the ICB developed, further changes may be required to recognise changes within the system.</p> <p>Mr Chang suggested that the Board may at some point wish to consider raising the levels of delegation to facilitate greater empowerment of Executive Directors.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Reviewed the recommendation by the Audit Committee held on 6 October and approved the amendments proposed to the Standing Financial Instructions and Scheme of Delegation, to reflect changes within the Trust, in addition to legal and regulatory references made throughout the documents.</b></li> </ul>	
<p><b>1845</b></p>	<p><b>Innovation and Improvement Working Group – Draft Terms of Reference</b> (agenda item 22)</p> <p><b>The Board approved the draft Terms of Reference.</b></p>	
<p><b>1846</b></p>	<p><b>NHS England Consultation on the NHS Provider License</b> (agenda item 23)</p> <p>Mrs Stead presented the report which informed the Board of work supported by the Executive Management Team (EMT) on a joint response from the West Yorkshire System (WYS) - Mental Health, Learning Disability &amp; Autism (MHLDA) Provider Collaborative, on NHS England's consultation on the NHS Provider Licence.</p> <p>Mrs Stead stated that the consultation would close on 9 December 2022, following which it was anticipated that new Provider Licences would be issued to all licence holders.</p>	

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	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted that NHS England were undertaking a consultation on the NHS Provider Licence, which would conclude on 9 December 2022;</b></li> <li>• <b>Noted that NHS England would publicise the consultation response and the associated timescale for issue of the new Provider Licence; and</b></li> <li>• <b>Noted that EMT would work with the WYS MHLDA Provider Collaborative to contribute to the joint response from the System, as agreed at the WYS Executive Collaborative on 1 November 2022.</b></li> </ul>	
<p><b>1847</b></p>	<p><b>Executive Management Team Business Resilience</b> (agenda item 24)</p> <p>Mrs Stead introduced the report which updated the Board on a temporary measure within the Executive Management Team as part of the Trust's existing business continuity &amp; resilience arrangements framework.</p> <p>It was confirmed that Grainne Eloi would be invited to future Board meetings while the temporary measures were in place.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted that during the absence of Therese Pattern, substantive Chief Executive, business continuity and resilience arrangements had been enacted to support Phil Hubbard undertaking the role of Interim Chief Executive, and Grainne Eloi undertaking the role of Interim Director of Nursing, Professions &amp; Care Standards;</b></li> <li>• <b>Noted that following the return of Ms Patten, Mrs Hubbard would return to her substantive role of Director of Nursing, Professions &amp; Care Standards, and Deputy Chief Executive, and Ms Eloi would return to her substantive role of Deputy Director of Nursing Professions &amp; Care Standards; and</b></li> <li>• <b>Noted that the Trust's regulators and partners would be kept informed of the situation as it progressed.</b></li> </ul>	
<p><b>1848</b></p>	<p><b>Freedom to Speak Up Guardian Thematic Report</b> (agenda item 25)</p> <p>The Freedom to Speak Up Guardian was invited to pull highlights from the report which provided information about Freedom to Speak Up activity in quarters 1 and 2 of 2022/23.</p> <p>Mr Cohen stated that he felt encouraged by the activity from the last six months, and acknowledged a national dip in scores which were also evident in the Trust. He flagged the positive impact of the Kind Life project, and was looking forward to keeping the momentum going in terms of Freedom to Speak Up activity.</p>	

Item	Discussion	Action
	<p>Mr Lewis noted that 12 of the cases in the report related to a team which came forward to speak to the Deputy Guardian together. According to guidance each person speaking up to a Freedom to Speak Up Guardian should be counted as a separate case even if they are speaking up about the same issue, together or separately. This issue was being dealt with under a separate process but it had skewed the data until it was resolved.</p> <p>Mr Chang urged the Board to reflect on the survey responses which showed that half of those who had spoken up thought that nothing would be done as a result of them speaking up. Mr Cohen stated that desired outcomes were not always possible, and the action taken could not always be discussed with the person raising the concern.</p> <p><b>The Board noted the contents of the report.</b></p>	
<b>1849</b>	<p><b>Care Quality Commission Update and Developments</b> (agenda item 26)</p> <p>Mrs Hubbard presented the report which provided an overview of recent CQC activity that was not held within other reports.</p> <p>Mrs Hubbard highlighted that in relation to recent media concerns regarding closed cultures following the Panorama programme, a series of spot visits had been undertaken in inpatient services. A full report would be taken to the Quality and Safety Committee in December 2022. Visits to Assessment and Treatment Unit and one of the inpatient wards had not yet been undertaken due to acuity, and visits would shortly be scheduled for out of hours services to ensure parity across the organisation.</p> <p>Mrs Panteli added that she felt reassured by the scrutiny applied, but also the independent role of NEDs should be considered in such visits.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the work being undertaken as part of the CQC Medicines Optimisation Pilot, and the Trust’s intention to embrace this as a learning opportunity; and</b></li> <li>• <b>Took assurance from the Trust’s response to recent media concerns about closed cultures and the Trust’s approach to addressing this.</b></li> </ul>	
<b>1850</b>	<p><b>NHS Improvement Quarterly Submissions</b> (agenda item 27)</p> <p><b>The Board retrospectively approved the quarter 2 submission made to NHS England &amp; NHS Improvement.</b></p>	
<b>1851</b>	<p><b>Board of Directors Public Meeting Annual Work Plan</b> (agenda item 28)</p>	

Item	Discussion	Action
	<b>The Board reviewed the Private Board Work Plan for 2022/23.</b>	
1852	<p><b>Any Other Business</b> (agenda item 29)</p> <p>There was no other business raised.</p>	
1853	<p><b>Comments from Public Observers</b> (agenda item 30)</p> <p>A member of staff who had observed the meeting thanked the Board for the opportunity to observe, and commented that she believed it may enhance her practise in the future.</p>	
1854	<p><b>Meeting Evaluation</b> (agenda item 31)</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 the positives were time management, the amount of discussion and an enlightening patient story. Suggested improvements could be more clarity of purpose on certain agenda items, a longer break, and not having late papers added at short notice.</p> <p>The meeting was closed at 11.37am.</p>	

**Signed:**

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**Dated:**

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