

**Board of Directors Meeting in Public
On Wednesday 17 July 2024
9.00 until 12.00
Hybrid meeting held on Microsoft Teams and
in person at New Mill, Saltaire**

Present in person:	Dr Linda Patterson OBE FRC P	Chair of the Trust (Chair of the Board)
	Kelly Barker	Chief Operating Officer
	Phil Hubbard	Director of Nursing, Professions and Care Standards, Deputy Chief Executive
	Tim Rycroft	Chief Information Officer
	Dr David Sims	Medical Director
	Sally Napper	Non-Executive Director
	Mike Woodhead	Chief Finance Officer
	Therese Patten	Chief Executive Officer
Present via MS Teams:	Chris Malish	Non-Executive Director
	Alyson McGregor	Non-Executive Director
	Mark Rawcliffe	Non-Executive Director
In attendance:	Sasha Bhat	Deputy Director of Integration and Transformation (<i>for item 3</i>)
	Christopher Weston	Health Rehabilitation Programme Manager (<i>for item 3</i>)
	Dishna Parmer	Occupational Therapist (<i>for item 3</i>)
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary (Secretariat)
Observers:	Jess Greenwood - Owens	Corporate Governance Officer
	Nazmeen Khan	Corporate Governance Officer
	Mike Lodge	Public Governor

MINUTES

Item	Discussion	Action
1	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 9.00am. Apologies for absence had been received from Maz Ahmed, Non-Executive Director, Bob Champion, Chief People Officer, Simon Lewis, Non-Executive Director.</p> <p>The Board of Directors was quorate.</p>	
2	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of interest were made.</p>	
3	<p>Learning from your experience: Hollingwood Lane Partnership Initiative (agenda item 3):</p> <p>S Bhat introduced C Weston whom presented the rationale and progress of the Hollingwood Lane supported living initiative. C Weston explained that Hollingwood Lane was a newly commissioned supported living facility in Bradford, developed through a joint partnership between the Trust and the local authority. The facility comprised 14 self-contained apartments and was supported by a jointly funded community rehabilitation team.</p> <p>C Weston noted that the uniqueness of the model lay in the integrated oversight provided by the community rehab team, which managed rehabilitation pathways and nominated service users—primarily from inpatient settings and social care placements—for tenancy. The enablement and recovery support was delivered in collaboration with Cellar Trust and Horton Housing. The service was not 24-hour but operated daily from 10:00 AM to 8:00 PM, focusing on trauma-informed, psychosocial rehabilitation and promoting independence.</p> <p>A video testimonial was presented from a service user who had transitioned from hospital to Hollingwood Lane. The individual described the move as transformative, citing improved mental health, increased independence, and a safer, more supportive environment compared to previous placements.</p> <p>C Weston emphasised that the model aimed to reduce inpatient stays and support early discharge into a structured, recovery-focused setting. He stated that the initiative was still in its early stages but was already showing promise. The team planned to evaluate outcomes rigorously, with the hope of expanding similar models across the district.</p> <p>K Barker and T Patten, expressed strong support and praised the initiative for its impact and alignment with the Trust's values. They acknowledged the importance of providing individuals with a sense of ownership and dignity through independent living.</p>	

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	<p>In response to questions from Board members, C Weston confirmed that a comprehensive screening and prioritisation process had been implemented to ensure appropriate referrals. He also noted that tenancies were expected to last between six months and three years, with a focus on flow and transition to mainstream housing. The initiative formed part of a broader community mental health transformation strategy, which included enhancing existing rehab infrastructure and exploring housing partnerships to address systemic discharge delays.</p> <p>The Board commended the team for their collaborative efforts and looked forward to future updates on outcomes and potential scaling of the model.</p>	
4	<p>Questions Received (agenda item 4)</p> <p>No questions had been received.</p>	
5	<p>Minutes of the previous meeting (agenda item 5)</p> <p>The minutes of the Public Board of Directors held on 29 May 2024 were approved as an accurate record.</p>	
6	<p>Matters Arising (agenda item 6)</p> <p>There were no matters arising.</p>	
7	<p>Action Log (agenda item 7)</p> <p>An update was provided on the succession planning for senior management action, noting a paper had been submitted to the Remuneration and Nominations committee and a plan was in place to address succession planning throughout the year. As a result the action was agreed to be closed.</p> <p>In response to a query about media coverage, it was clarified that the reporting reflected a balanced view of media coverage over the period, including both positive and negative items. This action was also agreed to be closed.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the contents of the action log; • agreed to close the actions listed as complete; and • noted that no further actions were required on any actions listed. 	
8	<p>Chair's Report (agenda item 8)</p> <p>The Chair presented her report to the Board & focused on the following areas:</p> <p>The Board noted the continuing engagement that has taken place with external partners, internally at the Trust, and with the Council of Governors.</p> <p>The Chair noted that on 15 July 2024, the Trust hosted the West Yorkshire Community Health Providers Collaborative at Victoria Hall, which was well received. A follow-up meeting was scheduled for October to explore changes in community services.</p>	

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	<p>The Chair noted that all non-executive director appraisals had been completed and submitted to NHS England, along with the Chair's own appraisal. The Trust's public declaration on the "fit and proper person" requirement had also been submitted.</p> <p>The Annual Report and Quality Account had been adopted and submitted to NHS England and Parliament, and would be presented at the Annual Members Meeting on 19 September 2024.</p> <p>Arrangements were underway for the election of the Lead Governor.</p> <p>P Hubbard provided an update on the development of a women in leadership network, following discussions with female consultants. The initial meeting focused on sharing experiences and challenges. It was proposed that the group form a formal network, initially for consultants and SAS doctors, with plans to expand participation and offer training.</p> <p>The Board supported the initiative as part of its commitment to equality and diversity. Alyson McGregor suggested broadening the network beyond senior roles to ensure inclusivity. The Chair acknowledged this and agreed the network should expand over time.</p> <p>The Board of Directors noted the contents of the paper</p>	
<p>9</p>	<p>Chief Executive's Report (agenda item 9)</p> <p>T Patten, Chief Executive, presented the report, the following areas were highlighted:</p> <p>Firstly, the Board was informed that the Trust had successfully fulfilled the requirements of the West Yorkshire Trauma-Informed Charter. A training session on trauma-informed care had been delivered to the Board, and a small internal team continued to lead this work. The achievement was recognised as an important milestone in the Trust's ongoing journey to embed trauma-informed approaches across services.</p> <p>Secondly, the Board congratulated L Pyrah, Estates and Facilities Business Manager within the team, on receiving a national award for her work in training and development. Her leadership had contributed significantly to the team's success and was acknowledged with appreciation.</p> <p>P Hubbard provided an update on the Patient Advice and Complaints Service. Following a limited assurance rating from an internal audit in September of the previous year, the Trust had undertaken significant improvements. This included restructuring the team, introducing new roles, and conducting workshops with staff, partners, and service users. A new Head of Quality, Compliance and Patient Experience had been appointed, although the postholder was due to leave at the end of the month. Interim arrangements were in place, with a strategic review of the service being undertaken.</p> <p>Key improvements included:</p>	

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	<ul style="list-style-type: none"> • Elimination of the backlog of complaints over six months (previously 46 cases). • 100% of complaints now acknowledged within three days. • All complaints now require appropriate consent before progressing. • A daily management process was in place to monitor and triage concerns. • The number of open complaints had reduced significantly, from 209 to 95. <p>The Board noted the progress and commended the team for their efforts in improving the complaints process and embedding a more responsive and person-centred approach.</p> <p>The Board of Directors noted the contents of the paper and seek any further clarification as appropriate.</p>	
10	<p>Strategic Assurance and Performance Report (agenda item 10)</p> <p>K Barker presented the strategic assurance and performance report. The report summarised assurance levels across the Trust's strategic priorities, based on data triangulated through committee discussions, dashboards, and operational intelligence.</p> <p>It was noted that the Quality and Safety Committee had adopted a new approach, including deep dives into key areas such as neurodiversity and trauma-informed care. The Trust was also working across the Integrated Care Board (ICB) to shape its response to these themes.</p> <p>While systems were in place to monitor performance, the Board acknowledged that full assurance could not yet be given due to ongoing challenges such as waiting lists and compliance issues. A review of committee scheduling and oversight was underway, with changes expected from September.</p> <p>The Board welcomed the introduction of a "learning from experience" item at the start of each assurance committee meeting, ensuring that staff and service user voices informed improvement.</p> <p>It was agreed that assurance levels should be tracked over time to identify trends and support more effective oversight.</p> <p>The Board discussed the interdependencies between assurance areas, particularly the impact of limited assurance in financial sustainability on other domains such as quality and workforce. Members emphasised the need for integrated oversight and early recognition of cascading risks.</p> <p>It was noted that the Finance and Performance Committee had explored these issues, including the effects of temporary staffing and sickness absence. A joint deep dive into temporary workforce pressures was planned, involving both finance and people and culture leads.</p> <p>The Board supported the idea of joint committee sessions to strengthen triangulation and decision-making, especially given the financial pressures. Executive discussions were also planned to anticipate emerging risks and inform</p>	

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	<p>proactive planning. The importance of forward-looking governance and maintaining strategic oversight was acknowledged and endorsed.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the data and associated narrative and triangulation as discussed within each delegated committee, detailed within the AAA+D • Accepted the BAF Assurance levels as confirmed within each delegated committee, detailed within the report and in the AAA+D 	
11	<p>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held May 2024 (agenda item 11)</p> <p>A McGregor presented this on behalf of the Committee Chair S Lewis. A McGregor confirmed that no alerts had been raised and that the committee had provided a significant level of assurance.</p> <p>The Board was informed that the Trust was closely monitoring developments regarding the legal status of associate hospital managers. Although the national position remained unsettled, the Trust did not consider this a significant risk. Ongoing discussions were being held with hospital managers to ensure they were kept informed and supported as the situation evolved.</p> <p>A McGregor also raised a point regarding the training of non-executive directors in relation to hospital manager responsibilities. She noted that while hospital managers were highly skilled, no formal approach had yet been made to involve NEDs in this area. It was confirmed that a previous development session had been held, and further consideration would be given to future training needs.</p> <p>The Board noted the update on the AAAD.</p>	
12	<p>Alert, Advise, Assure and Decision Report: Quality and Safety Committee held on May and June 2024 (agenda item 12)</p> <p>A McGregor presented the AAAD report on behalf of the Quality and Safety Committee. She confirmed that no alerts had been raised at the most recent meeting held on 8 May. The committee continued to monitor recurring themes such as demand, access, flow, and waiting lists, while also noting areas of progress.</p> <p>Deep dives had provided a higher level of assurance on several issues, and the committee had benefited from streamlined reporting mechanisms. The AAAD reports from subcommittees were now effectively feeding into the Quality and Safety Committee, allowing for more focused discussions.</p> <p>It was also noted that regular reporting on closed culture visits and oversight through the Trust's governance framework, including links to the Mental Health Legislation Committee, had strengthened assurance. No immediate concerns were raised regarding upcoming CQC inspections.</p> <p>The Board noted the update on the AAAD.</p>	

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13	<p>Suicide Prevention update (agenda item 13)</p> <p>P Hubbard introduced the annual suicide prevention report, noting that while Bradford continued to have one of the lowest suicide rates in the Yorkshire and Humber region, a slight increase had been observed. This included a rise in incidents involving mothers shortly after childbirth and an overall increase among women.</p> <p>The Board was informed that the Trust remained an active partner in the West Yorkshire and Humber Suicide Prevention Network and continued to work closely with local agencies, including public health, emergency services, and voluntary organisations. Locally, the Bradford Suicide Prevention Group had focused on co-production with service users and families, aiming to reduce stigma and improve support pathways.</p> <p>Key initiatives included the development of peer-led support groups such as Andy's Man Club, and enhancements to crisis services like First Response and IHTT. The Trust had also embedded suicide prevention into its Patient Safety Incident Response Framework, using a human factors approach to understand root causes.</p> <p>The report outlined objectives for 2024/25, including the introduction of real-time suicide data monitoring and a move toward adopting a "Zero Suicide" approach. The Board supported this ambition and agreed that a clear plan would be needed to define the changes required to achieve it.</p> <p>In response to a question about ligature incidents, it was clarified that while fixed-point ligature risks had been addressed through estate improvements, non-fixed-point incidents were increasing. This was attributed to the increasing complexity of patients admitted to inpatient settings. The Board acknowledged the importance of continued vigilance and staff training in managing these risks.</p> <p>The Board of Directors: Acknowledged the work and supported the plan.</p>	
14	<p>Medical Appraisal and Revalidation report (agenda item 14)</p> <p>D Simms presented to the Board the annual medical appraisal and revalidation report. He confirmed that this would be the final year the report was presented in its current format, as the Trust had successfully implemented a new online appraisal system, which would be reflected in future reports.</p> <p>The report confirmed that the Trust, as a designated body under the GMC framework, maintained oversight of all medical appraisals for doctors within the organisation. There were no significant delays or impairments affecting doctors' ability to complete their revalidation.</p> <p>The Board was informed that the new online system had significantly improved the appraisal process, reducing the need for support and increasing ease of use. Only one doctor had required additional assistance. The system also provided</p>	

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	<p>comprehensive information to support fitness-to-practice assessments, though the team planned to refine the volume of data provided in future.</p> <p>It was confirmed that no doctors required deferral or had been reported to the GMC for non-engagement. The Board commended the team for their work.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received assurance of ongoing compliance with national framework for revalidation • Agreed to the request Chief Executive to sign the document for the NHS England submission. 	
15	<p>Alert, Advise, Assure and Decision Report: People and Culture Committee held May 2024 (item 15)</p> <p>M Rawcliffe presented the AAAD report from the People and Culture Committee. He reported that the committee had reviewed four strategic risk areas and provided significant assurance in three: staff wellbeing, belonging, and future workforce development. Moderate assurance was given for “new ways of working,” which remained a key focus.</p> <p>The committee identified three main risks: capacity and efficiency (linked to the model roster), leadership capability, and the need to safeguard organisational culture during periods of pressure. A deep dive into rostering and shift utilisation had taken place, with positive engagement and clear ownership from the executive team.</p> <p>The committee also reviewed the Belonging and Inclusion Plan, noting progress since 2021 and committing to a refreshed version. Assurance was further strengthened by triangulation across committees, particularly between Finance, Performance, and People and Culture.</p> <p>A powerful staff story was shared regarding overseas workers and sponsorship, highlighting the Trust’s openness to learning and improvement. The committee also noted improved access to workforce data, enabling more effective challenge and oversight.</p> <p>C Malish raised concerns about trends in people metrics, including early leavers, sickness absence, and appraisal rates. M Rawcliffe confirmed these issues had been discussed and that actions were in place, including efforts to support long-term absentees and improve appraisal completion, which had recently exceeded 70%.</p> <p>The Board acknowledged the committee’s work and noted that these themes were also being addressed in senior manager discussions across the organisation.</p> <p>The Board noted the update on the AAAD.</p>	
16	<p>Finance Report (agenda item 16)</p>	

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	<p>M Woodhead presented the Finance Report and quarterly financial update. It was reported that while the Trust continued to forecast a break-even position for the year, it was already £250,000 off track at the end of Q1. The variance was primarily due to pressures in mental health inpatient staffing, out-of-area placements, and slippage in savings targets. A year-end risk of at least £3 million was highlighted, with the potential for this to increase if mitigating actions were not effective.</p> <p>To address this, a series of management controls had been introduced, including:</p> <ul style="list-style-type: none"> • A daily executive panel to review all recruitment and non-clinical agency spend. • Pre-approval requirements for training costs over £500 and venue bookings. • A freeze on overtime (to be covered via bank staffing) and a review of medical locum use. • A review of rostering, annual leave, and long-standing vacancies. <p>The Board was reminded that these risks had been anticipated in the original financial plan. The Trust remained committed to its targets, including reducing out-of-area placements, but acknowledged the need for short-term decisions to maintain financial control.</p> <p>It was noted that several ICSs across the country were under regulatory intervention. West Yorkshire had narrowly avoided this status, and the Board was advised that maintaining local autonomy would require visible and proactive financial management.</p> <p>The Board discussed the importance of balancing short-term controls with long-term sustainability. It was agreed that further executive discussions would be held to anticipate emerging pressures and define red lines, particularly around patient safety.</p> <p>The quarterly financial submission was approved by the Board. Members acknowledged the challenging environment and commended the executive team for their proactive response.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the challenging financial position, and the actions being taken to deliver the agreed breakeven plan; • Noted the additional management controls that will be introduced with immediate effect; • Noted that the capital position is largely in line with plan, and the contribution to ICB capital; and • Highlighted any further assurances required. 	
17	<p>NHS Improvement Quarterly Submission Q1 (agenda item 16.1)</p> <p>The Board of Directors: Approved the quarterly submission made to NHSI on 15th July 2024.</p>	

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18	<p>Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on May 2024 (item 17)</p> <p>M Rawcliffe provided an update on behalf of M Ahmed. He noted that one of the key points raised by M Ahmed during the meeting was the need to understand the personal implications of regulatory intervention. M Rawcliffe acknowledged that, particularly in his role, such implications were significant. He stated that this had been taken as an action point to be explored further in the future.</p> <p>M Rawcliffe concluded by stating that the meeting had been a productive and challenging discussion, reflecting the organisation's maturity in addressing such topics.</p> <p>The Board noted the update on the AAAD.</p>	
19	<p>Health, Safety and Security Annual Report 2023/24 (agenda item 17.1)</p> <p>The Board received the Health, Safety and Security Annual Report, which had also been reviewed by the Finance and Performance Committee. M Woodhead highlighted several positive developments, including the Trust's reaccreditation for ISO certification, receipt of another RoSPA Gold Award for occupational safety and health, and the expanded deployment of personal safety devices.</p> <p>The report noted five RIDDOR-reportable incidents, which were not considered unusually high. However, there had been a 26% increase in reported physical assaults, particularly within the Dementia Assessment Unit. This was attributed to the increasing complexity and acuity of patients being admitted, a trend also reflected in suicide prevention data.</p> <p>The Board discussed the importance of ensuring frontline staff were adequately trained and supported to manage these challenges. It was noted that the Trust's practical training unit continued to provide on-site support, including the use of safety pods and trauma-informed approaches. The Trust also maintained a zero-tolerance stance on abuse, working closely with police partners.</p> <p>In response to a question about slips, trips, and falls, it was confirmed that physical health checks and preventative training were in place across all mental health units.</p> <p>The Board of Directors: Reviewed and approved the Health, Safety and Security Annual Report for 2023-24.</p>	
20	<p>Alert, Advise, Assure and Decision Report: Charitable Funds Committee held on May 2024 (agenda item 18)</p> <p>M Rawcliffe presented the AAAD report from the Charitable Funds Committee. He noted that the main risks being managed included competition with other providers in a crowded space and the committee's reliance on a small, passionate team. Recent personnel changes had required a period of adjustment, but C Jowitt,</p>	

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	<p>Head of Chairty and Volunteering was providing strong leadership and support to the team.</p> <p>The committee reflected on the charity's progress over the past 18 months. Whereas viability had previously been a concern, the year had ended with a balance of £178,000—exceeding expectations. Activity had increased significantly, and the charity was now planning a range of initiatives for the year ahead.</p> <p>A recent presentation from the palliative care team was highlighted as an example of impactful work, demonstrating how charitable funds had supported meaningful improvements. The committee encouraged wider engagement across the organisation and asked both executive and non-executive members to promote awareness of the charity during site visits.</p> <p>Alyson McGregor suggested including prompts about the charity in the GoSee visit template to ensure it remained visible in staff engagement. The Board welcomed the update and acknowledged the positive momentum and renewed energy within the charity.</p> <p>The Board noted the update on the AAAD.</p>	
21	<p>Alert, Advise, Assure and Decision Report: Audit Committee held on May 2024 and June 2024 (agenda item 19)</p> <p>C Malish reported on two recent Audit Committee meetings, including a meeting held specifically to review the accounts. Assurance levels remained significant across committees, with improved confidence in strategic risks, particularly around consultant job plans, which moved from low to limited assurance.</p> <p>The appraisal audit showed limited assurance, but performance had improved, with completion rates rising. Internal audit progress was strong (94% complete), and strategic leads were now expected to attend meetings where limited assurance was reported.</p> <p>Counter fraud activity was proactive and value-adding. The Annual Governance Report was approved and recommended for board ratification.</p> <p>In June, the committee reviewed the annual accounts and Trust annual report. Internal and external audit opinions were positive, with no issues flagged. The accounts were compliant with national guidance and scheduled for board approval on 26 June.</p> <p>Overall, all committees received significant assurance, and strong progress was noted in audit action completion and governance maturity.</p> <p>The Board noted the update on the AAAD and acknowledged the positive developments.</p>	
22	<p>Senior Information Risk Owner (SIRO) Annual Report (agenda item 19.1)</p>	

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	<p>T Rycroft, Chief Information Officer presented the Senior Information Risk Owner (SIRO) Annual Report. He highlighted that the Trust had met the Data Security and Protection Toolkit (DSPT) standards for the year and had also signed off compliance for the current year.</p> <p>There had been a continued increase in subject access requests, with current compliance at 77%. Delays were attributed to the complexity and volume of requests, but all requesters were kept informed. A recent audit confirmed high levels of awareness and compliance with data security protocols, particularly for remote working.</p> <p>Only one incident had been reported to the Information Commissioner's Office (ICO), which was resolved with appropriate mitigations and required no further action.</p> <p>The Board was informed of several improvements in information governance, including the development of a PowerApps-based tool for managing information assets. This innovation had been recognised regionally. The records management team had also made progress in reducing paper records and ensuring compliance with retention standards.</p> <p>Additional achievements included the rollout of multifactor authentication across the organisation and recognition for being one of the first NHS organisations to achieve email security compliance.</p> <p>Looking ahead, the SIRO team planned to provide more hands-on support for data protection impact assessments and to explore automation opportunities to enhance efficiency.</p> <p>In response to questions, T Rycroft clarified that the rise in subject access requests was due to increased public awareness and the broad scope of data involved. He also confirmed that while the number of reported incidents appeared high, they were generally minor and reflected a positive culture of transparency and reporting.</p> <p>The Board acknowledged the report and commended the team for their progress.</p>	
23	<p>Any other business (agenda item 20)</p> <p>No other business was raised.</p>	
24	<p>Comments from public observers (agenda item 21)</p> <p>The Chair invited comments from public observers.</p> <p>M Lodge, Governor commended the Board for a productive and transparent meeting. He highlighted the Hollingwood Lane initiative and the Zero Suicide ambition as particularly impactful, noting the importance of maintaining momentum and partnership working. He also praised the openness of the discussion, remarking that such transparency was not common in other systems.</p>	

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	<p>The Chair thanked M Lodge for his feedback and noted that related topics would be discussed further at the upcoming governors' meeting.</p> <p>No additional comments were received.</p>	
25	<p>Meeting Evaluation (agenda item 22)</p> <p>The 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.</p> <p>The Chair concluded the meeting by commending the quality of the papers and the level of preparation by members, which enabled focused and efficient discussions. It was noted that the AAA D reports had been well received, with assurance clearly demonstrated through committee work, reducing the need for further scrutiny during the meeting.</p> <p>The Chair also acknowledged the recent change in government and suggested that future discussions should consider the implications for mental health policy, particularly the shift toward community-based services. It was proposed that this be revisited at the next Board meeting when more detail would be available.</p> <p>A McGregor added that the newly elected MP for Shipley, Anna Dixon, had a strong understanding of the Trust's priorities and welcomed the opportunity for future engagement. The Board agreed that this represented a positive development.</p> <p>The meeting was closed at 12.30</p>	