

BOARD MEETING

26 MAY 2016

Paper Title:	Minutes of the Trust Board Meeting held on 28 April 2016
Section:	Public – Standing Items
Lead Director:	Michael Smith, Chair
Paper Author:	Stella Jackson, Deputy Trust Secretary
Agenda Item:	5

EXECUTIVE SUMMARY:

Attached are the minutes of the Trust Board meeting held on 28 April 2016.

RECOMMENDATION:

- The Board is asked **to approve** the minutes.

BRADFORD DISTRICT CARE TRUST

Minutes of a Meeting of the Trust Board held at Bradford District Care Trust, New Mill, Saltaire, Shipley at 10.30 am on Thursday 28 April 2016

Present:	Michael Smith	Chair
	Simon Large	Chief Executive
	Ralph Coyle	Non-Executive Director
	David Banks	Non-Executive Director
	Sue Butler	Non-Executive Director
	Nadira Mirza	Non-Executive Director
	Rob Vincent	Non-Executive Director
	Zulfi Hussain	Non-Executive Director
	Nicola Lees	Deputy Chief Executive/Director of Nursing
	Andy McElligott	Medical Director
	Liz Romaniak	Director of Finance, Contracting and Estates
	Sandra Knight	Director of Human Resources and Organisational Development
In attendance:	Paul Hogg	Trust Secretary
	Stella Jackson	Deputy Trust Secretary
	Michelle Eggett	Public Governor, Bradford South
	Colin Perry	Public Governor, Bradford West
	David Spencer	Public Governor, Bradford West
	Sam Jones	Greater Preston & Chorley NHS, South Ribble CCG
	Pete Scotcher	Champions Show The Way Facilitator (for agenda item 4)

2902 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. There were no apologies.

2903 DECLARATIONS OF INTEREST

There were no declarations of interests.

2904 ISSUES RECEIVED FROM THE PUBLIC

There were no items from the public.

2905 PATIENT AND CARER EXPERIENCES

This month's patient story was told by Pete Scotcher and was about John's experience of being a member of the Champions Show the Way Wellbeing Group. The Wellbeing Group was a self-referral service which had evolved out of the Wellness Recovery Action Plan (WRAP) initiative and attendance at the group was voluntary. Those referred to the group were able to access the service almost immediately and John believed this impacted positively on a person's mental wellbeing. John also believed the caring and informal environment had positive benefits.

During ensuing discussion, the following key points were made:

- The Wellbeing sessions had been running weekly since November 2015 and an average of eight people attended each session;
- Those attending the service were mainly aged between 40 and 50;
- The group's existence was promoted via local services and networks and referrals into the service were made by these stakeholders. The use of social media, as a promotional tool, was also being explored;
- The Wellbeing Service should feature within the Wellbeing College model being developed by the Trust. **Action: Deputy Chief Executive/Director of Nursing to investigate the possibility of incorporating within the Wellbeing College model.**

2906 MINUTES OF THE MEETING HELD ON 31 MARCH 2016

The minutes of the meeting held on 31 March 2016 were agreed as a true and accurate record.

2907 MATTERS ARISING

- Item 2889: Matters Arising – Ms Lees informed Board members that whilst the AHSN had declined the offer to evaluate the impact of the non-smoking areas in mental health trusts, a more local evaluation would still be undertaken. It was likely the results would be shared with Board members in three months' time. **Action: Deputy Chief Executive/Director of Nursing to circulate the evaluation;** and
- Item 2891: Chief Executive's Report – Dr McElligott reported a significant number of the Trust's junior doctors had reported into work on the day of strike action and the Trust had only had to cancel two appointments during the strike.

2908 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- He had attended the Engaging Leaders Celebration event on 13 April and had heard some positive stories about good team working;
- He, Mrs Knight and Mr Large had attended the launch of the second cohort of the Moving Forward programme on 27 April. Some members of staff from Bradford Teaching Hospitals Foundation Trust had also attended the event; and
- The Trust Board had recently met with the Bradford CCGs Board and had discussed the impact of the Mental Health Taskforce report and the challenges faced by both organisations.

Trust Board noted the Chair's report.

2909 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented his report which summarised key issues taking place across the health economy and contained links to more detailed information. Mr Large highlighted the following items:

- NHS Providers had issued a briefing note on control totals. These would be finalised late April/early May;
- The Chief Executive of Central and North West London NHS FT (Claire Murdoch) had been appointed by Simon Stevens as the new NHS National Mental Health Director. Tim Kendall had been appointed as National Clinical Director for Mental Health, replacing Geraldine Strathdee. Both Claire and Tim would be invited to the Mental Health Taskforce event taking place on 14 July 2016. **Action: Chief Executive;**
- The National Audit Office review of mental health access and waiting standards had been issued. This highlighted that full information did not exist to measure how far the NHS was from meeting the access and waiting time standards;
- A single national integrated Whistleblowing Policy had been published by NHS Improvement and NHS England. The Executive Management Team (EMT) was considering how to implement the policy within the Trust and an update about its implementation would be given to Trust Board later in the year. **Action: Director of Human Resources and OD.**

Ms Lees praised the new format of the media report and noted the extended coverage being achieved by the Trust. Dr Butler queried why the Trust had not secured much media coverage within the Ilkley Gazette. **Action: Trust Secretary to investigate.**

Trust Board noted the content of the Chief Executive's report.

2910 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

The Chair invited Board members to highlight any insights or observations raised during visits:

- Ms Mirza reported she had visited the Heather Ward with Mrs Romaniak. The environment had been caring, well organised and peaceful. The main issues related to: understanding how to access monetary resource in order to provide therapeutic activities (staff were made aware of the Charitable Funds); the impact of the no-smoking policy on staff resource (with staff having to accompany service users to the smoking facility on the Airedale Hospital site located within the same grounds); and the ability to control/lower the temperature of the underfloor heating system (this had subsequently been referred to CPIG for further action);
- Dr Butler reported that she had visited the Hillbrook Child and Adolescent Mental Health Service (CAMHS) with Mr Large. Issues highlighted related to: the availability of local tier four beds; referral times for ADHD and Autism services; and concerns about IT. Ms Lees reported the CAMHS service design required improvement and arrangements were in hand for this to happen during the current financial year; and
- Mr Vincent informed Board members that both he and Ms Lees had visited the IM&T and Risk teams who had relocated to the 5th floor of New Mill following the Boxing Day floods. The teams reported feeling less valued since their relocation and raised concerns about the heating levels on the 5th floor. Mrs Knight reported members of OD staff were currently reviewing how best to support the IM&T team and Mrs Romaniak informed the Board a number of steps were being taken to address the heating concerns. Ms Lees added she had been informed about issues surrounding the migration of substance misuse data from RiO onto SystmOne and felt the lessons from that exercise should be taken into account when planning future data migration initiatives.

Trust Board noted the information received from Board members.

2911 **ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

Mr Banks considered the update contained within the paper relating to the meeting of the Audit Committee meeting highlighted all key points made at the meeting.

Mr Coyle provided a verbal update from the Mental Health Legislation Committee meeting held on 20 April which had:

- Discussed the CQC Mental Health report for 2014/15;
- Received a further update about the use of restraints; and
- Received a report about the CPA audit. This revealed a lack of service user and carer involvement in care planning. Ms Lees added the audit had followed a very different approach to that used previously with a peer approach being

adopted. Consequently, it was difficult to determine whether a consistent approach had been applied. As a result of the findings, further work would be undertaken relating to service user and carer involvement.

Mr Vincent circulated a document contacting key points from the Finance, Business and Investment Committee which had met on 27 April. He highlighted the following:

- The Trust would, in future, pursue bids and tenders which met agreed criteria, so as to allow greater effort to be made in assessing contexts and building key relationships; and
- Clustering performance levels had dipped recently and the Committee would continue to monitor this.

Trust Board noted the issues highlighted from Committee meetings.

2912 **INTEGRATED PERFORMANCE REPORT (IPR) – MARCH 2016 DATA: EXCEPTION REPORTING**

The report assessed progress against the Trust's key targets and performance indicators as at March 2016 and provided narrative reports on areas that were currently off trajectory. The following key areas were discussed or noted during the meeting:

- All Monitor performance requirements for quarter four had been met, with the financial performance subject to annual audit processes;
- The percentage of CPA patients receiving follow up contact within seven days of discharge had fallen below target during March (at 93.4% against a target of 95%). An action plan had been put in place to address the deterioration in performance. The overall performance at quarter four was, however, above target at 95.7%;
- The percentage of serious incident reports completed relating to pressure ulcers stood at 33.3% against a trajectory of 100%. Loss of non-recurrent funding from CCGs presented a risk to meeting this target in the future and work was underway to mitigate this;
- A revised format had been produced to record responses to the Friends and Family Test (FFT) questionnaire (slide 11). Dr McElligott believed the quantitative report format had its limitations and considered it appropriate that further narrative be provided within the slide to help the Board draw conclusions;
- The requirement for tertiary staff to complete Information Governance training had been incorporated as a target within the Workforce slide (slide 15). The same slide showed a reduction in the level of sickness absence;
- The percentage of staff recommending the Trust to Family and Friends as a place to be treated or to work had reduced (slide 21). Dr Hussain considered it important that the Trust determine from its workforce what action it would need to take to ensure they would recommend the Trust as a place to be treated or to work;

- The ratio of clients to staff within CAMHS was 48:1 against a recommended ratio of 40:1. However, this issue would be addressed when a new member of staff joined the team later in the month;
- The Trust had achieved key financial targets even though the financial position was still very tight; and
- A number of initiatives were being progressed to reduce the number of Agency staff employed by the Trust.

Trust Board noted the content of the dashboard and the issues highlighted by Board members.

2913 RISK MANAGEMENT STRATEGY

Mr Banks believed the Strategy accurately reflected the Board's attitude to risk. He considered it important that the Board be highly involved in the actions to take the Strategy forward. He pointed out that the Board would not always be in control of the levels of risks faced and considered it important that the Strategy be developed into a real living tool. Dr McElligott reported that the development of the Strategy into a living tool would enable the Trust to determine how to respond to all risks.

Dr Butler referred to the 'risk appetite' descriptions within the paper and believed the Board should create a culture whereby the Trust could move from an attitude of 'Moderate' to an attitude of 'Open'. In response to a comment from Dr Butler about the recording of rare catastrophic risks, Dr McElligott reported the heat map would be used to illustrate such risks. Dr McElligott also informed Board members that Executive Director objectives for the year would link to the strategic objectives and risks contained in the Board Assurance Framework (BAF).

Trust Board ratified the Risk Management Strategy on the basis that it was work in progress and would be further refined.

2914 REVIEW OF PATIENT AND CARER STORIES

Ms Mirza provided her initial reflections about the paper and highlighted the following:

- The paper proposed the stories would in future be organised using the newly formed Business Unit structures to ensure that all Business Units were represented and that a coordinated approach was identified; and
- There was a need to increase the usage of patient stories.

Ms Lees added the proposed approach to the development of Board stories would more effectively set the emotional tone for the Board discussion and would link to national events and Board-on-the-Road presentations. Ms Lees also considered it important that actions arising from the Board stories be shared through a 'you said, we did' approach. The Chair suggested this be called 'you said, we heard'.

Ms Mirza believed the patient stories should feature as part of the Annual Members Meeting. **Action: Trust Secretary/Deputy Trust Secretary to pursue this suggestion.**

Trust Board agreed to:

- **Continue with patient stories at Trust Board using the refreshed approach;**
- **Introduce a `you said, we heard' concept to demonstrate service improvement; and**
- **Publish stories on the Trust website together with actions taken.**

2915 **2016/17 BOARD ASSURANCE FRAMEWORK (BAF)**

Mr Hogg introduced the BAF which:

- Contained revised risks to achieving the principle objectives set out in the Annual Plan for 2016/17;
- Proposed the allocation of risks to Trust Board Committees; and
- Proposed a new format for the BAF.

Following discussion about risk allocations to Committees, Board members proposed that these be considered further at the May Forward to Excellence meeting.

Trust Board noted:

- **The revised strategic risks within the BAF; and**
- **The allocation of risks to Committees would be considered further at the May Forward to Excellence meeting.**

2916 **CORPORATE RISK REGISTER (CRR)**

During discussion about the risks contained within the CRR, the following was highlighted:

- Risk 1291: Clustering - this had been considered by the Finance, Business and Investment Committee on 27 April and a number of additional next steps had been considered. These would be reflected within the next CRR report to Board;
- Risk 1386: Agile Working – this risk was being monitored through the Agile Working Change Board and the Finance, Business and Investment Committee;
- Risk 1606: National Shortage of Band 5 Qualified Nurses – a number of additional actions were being taken around workforce planning to manage this risk. It was also proposed that the concerns be highlighted during the Board-

to-Board meeting at Bradford University in May. **Action: Chair to incorporate onto the agenda.**

Dr McElligott informed Board members a review of the CRR would be undertaken to determine whether the corporate risk descriptions required revision.

Trust Board agreed the level of assurance was adequate for the CRR.

2917 REGISTER OF BOARD MEMBER INTERESTS

The Trust Secretary reported some Board members had declared a number of additional interests and these would be incorporated into the Annual Report.

Trust Board noted the Register of Members' Interests.

2918 ANNUAL REPORTS FROM COMMITTEES

Board members received a paper containing the approved Annual Reports of the Audit and Mental Health Legislation Committees.

Trust Board noted the two remaining Annual Reports would be submitted to Trust Board in May.

2919 MONITOR QUARTERLY RETURN

Mrs Romaniak informed Board members the Financial Sustainability Risk Rating (FSRR) had been scrutinised by the Finance, Business and Investment Committee (FBIC) on 27 April. The FBIC approved the current FSRR of 4 and projected score of at least 3 during the current financial year. The return had also been considered by Trust Board during its Private Board meeting earlier in the day. During the latter meeting, discussion had taken place about risks affecting the delivery of the Trust's Annual Plan and the FSRR score.

Trust Board:

- **Approved the current and projected FSRR; and**
- **Approved the FSRR and Quarterly template for submission to Monitor including the Board Governance statement.**

2920 BOARD BUSINESS CYCLE

The Trust Secretary submitted the Board Business Cycle which outlined those items scheduled for future meetings.

The following additional items had been agreed at the Board meeting:

- May 2016 – Quality and Safety Committee and Finance, Business and Investment Committee Annual Reports;
- Whistleblowing Policy update (date to be confirmed); and
- Risk Management Strategy and Framework (Board Development meeting – date to be confirmed).

Trust Board noted the items contained within the Board work programme and approved the Board Development and Forward to Excellence programmes.

2921 **COMMITTEE APPROVED MINUTES**

A paper was presented containing approved minutes from the Audit Committee meeting held on 8 February 2016 and the Mental Health Legislation Committee held on 20 January 2016.

Trust Board noted the contents of the Committee approved minutes.

2922 **ANY OTHER BUSINESS**

Ralph Coyle

The Chair informed Board members that Mr Coyle would be leaving the Trust on the expiry of his term of office (2 May 2016). The Chair reported Mr Coyle had made a positive contribution to the Board and thanked him for his input, commitment and wise counsel.

No other issues were raised.

2923 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held at 10.00am on Thursday, 26 May 2016 at Bradford University, Richmond Road, BD7 1DP.

The meeting concluded at 1.35 pm.

TRUST BOARD MEETING (PUBLIC)
28 APRIL 2016

ACTIONS

Ref No	Actions requested	Timescale	Progress
31/3/16-1	<u>Chief Executive's Report</u> Deputy Trust Secretary to circulate primary care master class dates to Governors through Friday Folder.	One month.	Circulated on 6 May 2016
31/3/16-2	<u>Integrated Performance Report</u> Director of HR/OD to review labour turnover against length of service of staff.	2 months.	
31/3/16-3	Deputy Chief Executive to produce a report about IAPT and tertiary psychological therapy services.	3 months.	
31/3/16-4	<u>Staff Survey Results</u> Director of HR/OD to include an update on progress within the Annual Plan 6-monthly review.	October 2016.	
31/3/16-5	<u>Board Business Cycle</u> Chief Executive to include DevoManc discussions in STP Board discussion.	May 2016.	
28/4/16-1	<u>Patient and Carer Experiences</u> Deputy Chief Executive/Director of Nursing to investigate the possibility of incorporating the Wellbeing Service within the Wellbeing College model.	2 months.	
28/4/16-2	<u>Matters Arising</u> Deputy Chief Executive/Director of Nursing to share the evaluation of the no-smoking initiative with Board members	3 months	
28/4/16-3	<u>Chief Executive's Report</u> Chief Executive to invite Claire Murdoch and Tim Kendall to the Mental Health Taskforce event. Trust Secretary to review media coverage levels with the Ilkley Gazette	1 month 2 weeks	
28/4/16-4	<u>Review of Patient and Carer Stories</u> Trust Secretary/Deputy Trust Secretary to determine how the patient stories might be used at the Annual Members' Meeting	3 months	
28/4/16-5	<u>Corporate Risk Register</u> Chair to include an item on the Board-to-Board	2 weeks	

	meeting agenda with Bradford University about the shortage of band 5 nurses.		
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