

BOARD MEETING

28 January 2016

Paper Title:	Minutes of the Trust Board Meeting held on 17 December 2015
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 17 December 2015.

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 10.00 am on Thursday 17 December 2015

Present:	Michael Smith	Chair
	Simon Large	Chief Executive
	David Banks	Non-Executive Director
	Sue Butler	Non-Executive Director
	Nadira Mirza	Non-Executive Director
	Rob Vincent	Non-Executive Director
	Ralph Coyle	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
	Lisa Milne	Perinatal Mental Health Lead (for the patient story)
	Colin Perry	Public Governor, Bradford West
	David Spencer	Public Governor, Bradford West
	Michelle Eggett	Public Governor, Bradford South
	Sarah Jones	Public Governor, Shipley (from agenda item 6)
	Liz Howes	Clinical Staff Governor (until agenda item 13)
	Barney O'Connor	IT Officer
	Alexander Hamilton	Gatenby Sanderson

2832 WELCOME AND APOLOGIES

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

2833 DECLARATIONS OF INTEREST

There were no declarations of interests.

2834 ISSUES RECEIVED FROM THE PUBLIC

There were no items from the public.

2835 PATIENT AND CARER EXPERIENCES

This month's patient and carer experience story was about Jennifer and was told via a DVD. Jennifer suffered from chronic pain, depression and anxiety. She had been prescribed strong painkillers, including morphine, to control the pain and needed to take the medication whilst pregnant. When born, her baby experienced distressing levels of withdrawals and this had a considerable impact on Jennifer's mental and physical wellbeing. Jennifer also experienced high levels of stress concerning her ability to bond with her baby and subsequently entered into therapy with the Trust's Perinatal Mental Health lead. During her therapy sessions, Jennifer was able to work on issues associated with her experience of motherhood, her relationship with her child and the impact of these factors on her mental health.

During discussion, the following key points were highlighted:

- The Perinatal therapy is currently not a commissioned service but is used by a small number of qualified healthcare practitioners to provide appropriate interventions;
- People from a diverse range of backgrounds were referred into the service (primarily through IAPT) and work was underway to extend the service's reach into Eastern European communities;
- Research showed that Perinatal therapy resulted in significant savings to the health economy; and
- Lisa should be invited to promote the therapy at the Research Conference in April. **Action: Dr McElligott to pursue.**

Trust Board agreed to highlight the importance and benefits of the therapy to commissioners during the meeting about Mental Health commissioning

2836 MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2015

The minutes of the meeting held on 26 November 2015 were agreed as a true and accurate record.

2837 MATTERS ARISING

Actions

- 29/10/15-1 – Quality and Safety Feedback from Board Members: the Chair and Dr Butler had considered how to integrate into the Board Development programme the insights highlighted at the Patient Safety Safeguarding event; and
- 26/11/15-1 – Patient and Carer Experiences: Bradford Teaching Hospitals Foundation Trust had agreed to undertake a joint lessons learnt process in relation to the November patient and carer story.

2838 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- The Non-Executive Director (NED) recruitment campaign had commenced;
- He had attended the Champion's Christmas Network on 15 December where there had been a review of the service's activities over the year; and
- All those staff that had either been shortlisted or won an award during the year would be joining the Board over lunch in recognition of their achievements.

Trust Board noted the Chair's report.

2839 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:

- the Trust had been informed that the CQC would be undertaking a focussed inspection on 11 January 2016 which would take up to three days and would be conducted by a team of three or four people. Although further detail regarding the inspection process was awaited, the main purpose of the inspection was to review progress against the two 'must do' actions that the Trust had in place following the CQC inspection in June 2014. The actions related to improvements to the Trust's Health Based Places of Safety and embedding the Continuous Care Model. It was likely the CQC would also review some of the 'should do' actions from the previous inspection, the use of Section 17 leave in Low Secure Services and the admission of people under 18 to Adult Mental Health wards. Mr Vincent referred to a recent serious incident within Mental Health services and asked whether any issues had come to light from that incident. In response, Mr Large reported the findings would be available next month; and
- the CQC was consulting about proposals to increase the annual fee that providers paid for the services. The CQC proposed to increase the fee paid by a Trust the size of BDCFT by 270% over the next few years. The Northern Mental Health Trusts would be submitting a joint response to the proposals and the Trust would also respond separately. **Action: Chief Executive to circulate to Board members a copy of the Trust's response to the consultation.**

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

2840 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

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

- Dr Butler reported she had visited the Health Visiting team at Ashcroft Surgery where issues had been raised relating to changes to geographical allocations, a lack of consistency relating to the interpretation of agile working, and the risks posed as a result of local authority spending cuts; and
- Ms Mirza reported she had attended a Children's Trust meeting on 14 December where the safety of children in the district had been discussed as well as the need for the Children's Trust Board to link better with local organisations.

Trust Board noted the information received from Board members.

2841 **ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

The paper provided a short update on matters raised at the Audit Committee meeting held on 30 November 2015 and the Finance, Business and Investment Committee (FBIC) meeting held on 7 December 2015. Mr Vincent highlighted the following items from the FBIC meeting:

- the Committee had considered it appropriate that the Quality and Safety Committee be asked to consider low levels of referrals from City GP practices into the IAPT service and the evidence that the model of provision was not proving to be well-adjusted to the needs of some BME communities; and
- the Committee noted that the EMT would undertake a review in March 2016 of admittance levels into the Intensive Therapy Centre and the Assessment and Treatment Unit.

Trust Board noted the points highlighted from the meetings.

2842 **BME DIVERSITY IN EMPLOYMENT STRATEGY UPDATE**

Mr Coyle provided the following initial key reflections about the paper:

- The Trust and project lead had been awarded the 'Leader of Inclusivity of the Year Award' in recognition of the work being undertaken to address issues relating to under-representation of local BME groups in the workforce;
- The target of 35% BME representation within the workforce at all levels was an aspirational target and it would take some time to demonstrate progress. In response, Mrs Knight reported the Board had agreed this long-term target as it was reflective of the local working population. Ms Mirza believed the target was inherent on other organisations setting themselves a similar target. Mr Vincent

considered it important that the Trust understood the barriers to attainment of the target. In response, Mrs Knight reported the Trust had undertaken research on barriers to progression and an action plan was in place to address those barriers; and

- The work being undertaken to analyse an over-representation of BME staff entering into disciplinary procedures was important as was the potential to generate income from supplying the Moving Forward Programme to other NHS organisations.

During the discussion, Mrs Knight informed Board members that NHS England had expressed an interest in learning about the work being undertaken by the Trust to develop BME staff. Ms Mirza referred to the proposal within the paper to expand the sponsorship programme and noted the opportunity for Board members to mentor or coach a Moving Forward participant. Ms Mirza reported she had been mentoring the Chair of the Aspiring Cultures Staff Network and believed it important that an evaluation of the effectiveness of the NED mentoring approach be undertaken and shared with Board member colleagues. **Action: Director of HR and OD to pursue.**

Trust Board:

- **Endorsed the strategic direction and specific progress outlined on pages 4 and 5 of the main body of the paper and in the appendices with a view to receiving a further report in June 2015;**
- **Agreed to expand the Board sponsorship programme to other senior BME staff; and**
- **Noted the opportunity for Board members who were qualified coaches or mentors to offer opportunities for coaching or mentoring to Moving Forward participants, with the opportunity for other Board members to obtain these skills to enable future participation.**

2843 SAFER STAFFING LEVELS SIX MONTHLY UPDATE

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

- there was an ongoing requirement that all NHS organisations take a six-monthly report to their Board regarding their nursing and midwifery staffing and the Trust had complied with this requirement;
- the Safer Staffing Steering Group continued to ensure that a full staffing analysis was achieved, reporting requirements were met and updates from the workforce planning meetings were provided; and
- issues highlighted within the paper included: non-standard shifts, labour turnover, sickness absence levels and identification of care packages. Ms Lees reported the Trust was undertaking a number of actions to address staffing concerns including the conversion of some band 5 posts to band 6 (in order to retain staff) and the development of the in-house Staff Bank (which would reduce the need for the Trust to utilise external agency staffing).

Trust Board:

- noted that the analysis demonstrated current staffing levels were providing the cover needed to deliver safe and good quality patient care;
- noted the increasing levels of acuity within inpatient areas and the need to adjust the baseline staffing ratio in response on a case-by-case basis; and
- agreed that an effective e-rostering system was needed to ensure the accuracy of data.

2844 INTEGRATED PERFORMANCE REPORT (IPR) – NOVEMBER 2015 DATA: EXCEPTION REPORTING

The Chair reported that due to the timing of the Board meeting, the IPR was an abridged paper. The report assessed progress against the Trust's key targets and performance indicators as at November 2015 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 were being met;
- The Trust was currently the highest performing mental health trust in relation to flu vaccinations; and
- The Trust was still forecasting attainment of key financial targets. However, the cash position remained challenging.

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

2845 WINTER PLANNING

Dr Butler believed the paper provided assurance that there had been a district-wide approach to advance planning and that lessons had been learnt from previous years. She expressed concern about potential resource implications should there be a surge in winter health related conditions and asked what was being done to avoid unnecessary admissions to Accident and Emergency (A&E) services during the winter period. In response, Dr McElligott reported a district-wide surge and escalation plan had been developed with a view to meeting any unexpected demands on services and that the Trust had done work through its CQUINS to avoid admissions to A&E. This included falls prevention work, community nursing provision within residential nursing homes and the piloting of Primary Care in a small number of practices. Ms Lees added a 'virtual ward' had been developed for Bradford which aimed to prevent admissions to A&E and Dr McElligott informed Board members there had been additional investment in the provision of Community Pharmacy services.

Trust Board noted the actions being taken within the Trust and across the district to mitigate winter pressures.

2846 BOARD BUSINESS CYCLE

The Trust Secretary submitted the Board Business Cycle which outlined those items scheduled for future meetings. The following additions and amendment to the Board programme had been identified during the Private and Public meetings:

- E-Rostering System Award of Contract (January, Private Board);
- Clinical Information System Contract Award (February, Private Board)
- Lynfield Mount Hospital Energy Centre Tender Approval (April, Private Meeting)
- BME Diversity in Employment Strategy Update (June)
- The Membership Strategy, timetabled for February, would now be forwarded to the March meeting of the Board as the Strategy was due to be considered by the Council of Governors at its February meeting.

Mr Hogg also reported the Board and Committee business cycles for 2016 were under review and would be forwarded to the January Board meeting for consideration. The January meeting of the Board would be held in the community and the lunchtime presentation would focus on membership and engagement.

Trust Board noted the papers contained within the Board work programme.

2847 COMMITTEE APPROVED MINUTES

A paper was presented containing approved minutes from the following Committees:

- Audit Committee meeting held on 3 September 2015; and
- Finance, Business and Investment Committee meeting held on 28 October 2015.

Trust Board noted the contents of the Committee approved minutes.

2848 ANY OTHER BUSINESS

No other issues were raised. The meeting concluded at 12.15 pm.

2849 DATE AND TIME OF NEXT MEETING

The next meeting would be held at 10.00 am on Thursday, 28 January 2016, at Kala Sangum Arts Centre in Bradford.

**TRUST BOARD MEETING (PUBLIC)
17 DECEMBER 2015**

ACTIONS

Ref No	Actions requested	Timescale	Progress
29/10/15-1	<u>Quality and Safety Feedback from Board Members</u> Chair and Dr Butler to consider how to integrate into the Board Development programme the insights highlighted at the Patient Safety Safeguarding event.	Two months	Completed
26/11/15-1	<u>Patient and Carer experiences</u> Deputy Chief Executive to discuss patient story case with BTHFT.	One month	Completed
26/11/15-2	<u>Chief Executive's Report</u> Director of HR/OD to brief the Board on the new national whistleblowing policy via the CEO report.	February 2016	
17/12/15-1	<u>Patient and Carer Experiences</u> Medical Director to extend an invitation to Lisa to promote Perinatal therapy at the Research Conference being held in April; and Trust Board to highlight the benefits of Perinatal therapy to commissioners at the joint Board-to-Board meeting in January.	Two weeks January 2016	
17/12/15-2	<u>Chief Executive's Report</u> Chief Executive to circulate to Board members a copy of the Trust's response to the CQC consultation into revised fees.	January 2016	Actioned
17/12/15-3	<u>BME Diversity into Employment Strategy Update</u> Director of Human Resources and OD arrange for an evaluation to be undertaken into the effectiveness of the NED mentoring approach.	January 2016	