

## Trust Board

Date: 27 July 2017

Time: 1.30 pm

Venue: Admin Meeting Room, Lynfield Mount Hospital, Heights Lane, Bradford

## MINUTES

<b>Present:</b>	Michael Smith	Trust Chair
	Nicola Lees	Chief Executive
	Rob Vincent	Non-Executive Director
	Sue Butler	Non-Executive Director
	Nadira Mirza	Non-Executive Director
	David Banks	Non-Executive Director
	Zulfi Hussain	Non-Executive Director
	Liz Romaniak	Director of Finance, Contracting & Facilities
	Sandra Knight	Director of HR & OD
	Andy McElligott	Medical Director
	Debra Gilderdale	Director of Nursing and Operations

<b>In Attendance:</b>	Paul Hogg	Trust Secretary
	Stella Jackson	Deputy Trust Secretary
	Steve Gascoyne	Head of Services, Adult Physical Health Services (item 4)
	Helen Cowley	Manager, Complex Care Team (item 4)
	Angela Moore	Personal Support Navigator, Complex Care Team (item 4)
	Colin Perry	Public Governor, Bradford West
	Sandra McIntosh	Public Governor, Bradford South
	Ann West	Public Governor, Shipley
	Chris Storton	Care Quality Commission

One member of the public (until item 9)

Item	
3191	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>There were no apologies.</p>

Chair: Michael Smith  
Chief Executive: Nicola Lees

3192	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>
3193	<p><b>Issues Received from the Public</b></p> <p>There were no issues from the public.</p>
3194	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was about J and was told through a recorded video interview.</p> <p>J had multiple complex health issues stemming from a spinal injury which she incurred when she was 13 years old. The Complex Care team had encouraged J to identify (and ultimately achieve) a number of goals: support for her daughter outside of her caring role; a referral to Occupational Therapy to provide support with aids/adaptations and a stair lift; to deal with the Post Traumatic Stress Disorder resulting from induced comas when in anaphylactic shock; and to visit and ride her horse. J believed the Complex Care team to be outstanding and was very complimentary about the Personal Support Navigator who had made a significant difference to J's life.</p> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Complex Care team had been established in Airedale, Wharfedale and Craven (AWC) as part of the `new models of care' initiative. Prior to launch, a considerable amount of time had been spent developing the service model to ensure it was effective when launched;</li> <li>• The development of a new service with new funds was easier to implement than a reconfigured service utilising existing funds;</li> <li>• The service was delivered in partnership by professionals from a number of different organisations and had been commissioned for a two year period. This integrated way of working was proving to be very effective;</li> <li>• Those service users that were determined to manage their complex illnesses benefitted most from the service;</li> <li>• The team followed a person-centred approach and skill mix and attitudes within the team were key to success; and</li> <li>• Achievement of Key Performance Indicators (KPIs), feedback from service users (95% reported they would recommend the service to family and friends) and a reduction in Accident and Emergency attendance/hospital admissions highlighted the effectiveness of the service;</li> </ul> <p><b>Trust Board thanked J for sharing her story and the Complex Care team for the support they provided.</b></p>

3195	<p><b>Minutes of the Meeting held on 29 June 2017</b></p> <p>The minutes of the meeting held on 29 June 2017 were agreed as a true and accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Mr David Banks' attendance being noted in the minutes;</li> <li>• Item 3183: Safer Staffing Levels – the first bullet point being amended to read 'The Trust was piloting the Allocate e-rostering safer care model on the Dementia Assessment Unit'.</li> </ul>
3196	<p><b>Matters Arising from the Meeting held on 29 June 2017</b></p> <p><i>Item 3180 BAME Diversity in Employment Strategy Update</i></p> <p>The Trust Secretary reported the Council of Governors had agreed to the establishment of a Task and Finish Group to review the Trust's BAME in Employment Strategy. The first meeting would be taking place mid-September.</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• 25/5/17-3: Integrated Performance Report April 2017 – A Forward to Excellence meeting would be arranged during early 2018 to consider the changing demand on services;</li> <li>• 29/6/17-2: Chief Executive's Report – The Director of Operations and Nursing had requested service leads to display a notice outlining the fire safety assessments undertaken by the Trust following the Grenfell Tower incident;</li> <li>• 29/6/17-2: Chief Executive's Report – Ms Mirza had provided Mrs Gilderdale with information about the Leeds Beckett University research centre. Mrs Gilderdale reported she would be contacting the University in September;</li> <li>• 29/6/17-3: Five Year Forward View Mental Health Progress Update – The Medical Director had suggested to commissioners that a similar model to the IPS might prove effective for supporting people with long-term non-mental health related conditions into work. A national review of the IPS initiative was also planned;</li> <li>• 29/6/17-4: Safer Staffing Levels – A discussion about the Safer Care module had taken place and the module would be rolled-out to other areas; and</li> <li>• 29/6/17-5: Any Other Business – A presentation about the CQC inspection process would take place after the Public Board meeting.</li> </ul>

3197	<p><b>Chair's Announcements</b></p> <p>The Chair highlighted the following key points from the Chair's report:</p> <ul style="list-style-type: none"> <li>• The results of the Council of Governors performance evaluation had influenced the content of the Council of Governors/Board Away-day which had taken place on 19 July. The event had focussed on: developing relationships and holding to account; and strengthening membership/community engagement;</li> <li>• At its meeting on 19 July 2017, the Council of Governors had approved the appointment of Professor Gerry Armitage to replace Ms Mirza as a Non-Executive Director following the expiry of her extended term of office. Professor Armitage had been a nurse within the NHS prior to pursuing an academic career. He was renowned nationally for his work around patient safety and had a strong research record. The Council of Governors had also expressed concern about the potential introduction of e-cigarettes on wards (due to issues around vapes). The Chair confirmed that there were no plans to allow e-cigarettes within Trust premises; and</li> <li>• The Chair had attended and spoken at an Inspired Neighbourhoods event to launch new services for Asian women suffering from mental health problems. This had been organised by Public Governor, Wafaa Nawaz and staff from the Trust had taken part.</li> </ul> <p><b>Trust Board noted the Chair's report.</b></p>
3198	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented a report which summarised key issues taking place across the health economy and contained links to more detailed information. Ms Lees highlighted the following:</p> <ul style="list-style-type: none"> <li>• iCare – twenty five ideas had been generated by front line staff including the development of a therapeutic café at the Airedale Centre for Mental Health and an initiative to support emotional and physical resilience in Primary School children undertaking SATs;</li> <li>• The future of health and social care #oursaycounts – conversations had been taking place across the district about the health and wellbeing plan (formerly known as the Sustainability and Transformation Plan);</li> <li>• 'Backing Bradford District' – this was a new e-bulletin from the Chief Executive of Bradford Council. It was designed to keep key stakeholders abreast of the district's positioning and activity on local, regional and national agendas and to celebrate some of the ground breaking work taking place in the district. It highlighted that school nursing tools did not prompt them to ask about domestic abuse. The Trust was, therefore, in the process of redesigning the SystemOne template to ensure this occurred;</li> </ul>

	<ul style="list-style-type: none"> <li>• The National Audit Office had announced plans to investigate the recent cyber-attack that left NHS organisations, including GP practices, struggling to maintain patient care. The Trust’s Governors had also asked questions about the impact of the cyber-attack on the Trust and the next Chief Executive’s blog would seek to answer the questions raised;</li> <li>• Local Government Association – this report contained the findings of a survey of councillors regarding Sustainability and Transformation Partnerships. It highlighted that 90% of councillors did not feel they had been engaged in helping to develop the plans. Less than 25% were confident that STPs would deliver intended outcomes and there was a belief that STPs should be accountable to Health and Social Care Boards;</li> <li>• You’re A Star Awards – Ms Lees encouraged Board members to watch the ‘You’re a Star Award’ videos – links to these were contained within the report; and</li> <li>• There had been a focus by the media on recruitment issues within the NHS. Recruitment had also been a key focus of the Board and initiatives had been developed to overcome the problem. One such initiative had taken place the previous weekend where the Trust had held a recruitment event at which interviews had taken place and jobs offers made. This had resulted in eight new nurses being offered jobs. Other initiatives were also proving successful and it was hoped that by October, all vacant posts would be filled.</li> </ul> <p><b>Trust Board noted the Chief Executive’s report.</b></p>
3199	<p><b>Quality and Safety Feedback from Board Members</b></p> <p>The Chair invited Board members to highlight any insights gleaned during visits to services:</p> <ul style="list-style-type: none"> <li>• Dr Butler had met with the Senior Manager of the Improving Access to Psychological Therapies (IAPT) service. During the meeting, it was highlighted there had been a focussed discussion with staff about the staff survey results and the reasons for the responses given. The team had identified how to overcome the issues faced and were working together to do so; and</li> <li>• Mr Vincent and Mrs Knight had visited the BANDs service. The team had reduced the waiting list for assessments but raised issues relating to: the availability of premises for meeting with patients; a lack of administrative support; and a lack of time and premises from which to undertake awareness raising sessions with fellow professionals – this was important given the service was established for diagnosis, assessment and signposting rather than therapeutic interventions. Additionally, a very experienced member of the team was nearing retirement age and this led Mr Vincent and Mrs Knight to reflect about the impact of such a potential retirement on the service/team. Ms Lees added that when the service had been set up, the Trust had been commissioned to undertake 50 assessments per year. However, demand</li> </ul>

	<p>exceeded expectations and 300 people required assessment. The Trust had highlighted this issue to the Clinical Commissioning Groups and to the West Yorkshire and Harrogate STP Mental Health Steering Group. The latter had undertaken a scoping exercise which revealed service provision for Autism and ADHD was poor. Consequently, a workstream had been established to consider this in more detail.</p> <p><b>Trust Board noted the information received</b></p>
3200	<p><b>Update on the Marketing/Communications Strategy</b></p> <p>Dr Hussain provided his initial reflections about the paper, highlighting the need for activity to be consolidated and for the use of social media to be increased. During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> <li>• It was important that communication messages were tailored to meet the diverse needs of the locality (including younger members of the population and the growing Eastern European community);</li> <li>• Consideration should be given to determining the most effective ways in which to educate local councillors about the work of the Trust through communication tools;</li> <li>• The six monthly update (provided through the Chief Executive’s report) should highlight the impact of the Strategy as well as the activity undertaken; and</li> <li>• The Strategy should also reflect the forward visioning of the Trust.</li> </ul> <p><b>Trust Board agreed the Marketing Communications (marcomms) Strategy as set out in the paper and the recommended approach for 2018/19.</b></p>
3201	<p><b>FT Membership Strategy Progress Update</b></p> <p>Ms Mirza provided her initial reflections and considered the graphs appended to the Strategy revealed the membership to be broadly representative, reflecting the effectiveness of membership recruitment efforts. However, Ms Mirza believed there was a need to enhance membership engagement and suggested that MBA students be commissioned to undertake research with the Trust’s members about how they might help to shape the Trust’s services in the future. <b>Action: Ms Mirza/Trust Secretary/Deputy Trust Secretary to discuss outside the meeting.</b></p> <p>During ensuing discussion, the following key points were raised:</p> <ul style="list-style-type: none"> <li>• Whilst representation from BAME communities as a whole was good, further activities would be incorporated into the 2018-2020 Strategy to increase membership from Eastern European communities. In keeping with the Strategy, such activities would seek to attract new members that had an interest in health/the work of the Trust;</li> </ul>

	<ul style="list-style-type: none"> <li>• Future updates should highlight how many people have ceased their membership; and</li> <li>• The Board had committed to consulting local people about the Trust's vision and Strategy. It was important that members were involved in that consultation process.</li> </ul> <p><b>Trust Board noted:</b></p> <ul style="list-style-type: none"> <li>• <b>Progress made in delivering the Membership Strategy;</b></li> <li>• <b>The Board would receive a six monthly update in January 2018 (via the Chief Executive's Report) and the refreshed Strategy/annual update would be provided via a separate paper to Board around June/July 2018; and</b></li> <li>• <b>The proposal that the 2018-20 Strategy contain fewer and more impactful actions.</b></li> </ul>
<p><b>3202</b></p>	<p><b>Integrated Performance Report: June 2017 – Exception Reporting</b></p> <p>The report assessed progress against the Trust's key targets and performance indicators as at June 2017 and provided exception reports on areas that were currently off trajectory. The following key areas were discussed or noted during the meeting:</p> <ul style="list-style-type: none"> <li>• The Assurance Reports from Committee Chairs now formed part of the Integrated Performance Report (IPR). The Mental Health Legislation (MHLC) and Finance, Business and Investment (FBIC) Committee reports had, however, been circulated separately due to the timing of these meetings. The Board was asked to ratify the revised MHLC terms of reference;</li> <li>• The 2017/18 control total performance was £1,044k ahead of plan during the first quarter, resulting in a reduced deficit of £1,375k. However, a number of Commissioning for Quality and Innovation (CQUINs) and Cost Improvement Plans (CIPs) were profiled to deliver in the latter part of the financial year and some implementation plans were still being finalised. It was envisaged that three of the 13 CQUIN indicators would not be fully met. Business Unit Performance meetings would continue to be utilised to focus on actions needed to deliver targets. The control total for 2018/19 was challenging and would continue to be reviewed by FBIC;</li> <li>• NHS Improvement (NHSI) had published its latest segmentation of the provider sector confirming that the Trust was segment 1 (resulting in the lowest level of oversight by NHSI);</li> <li>• The Trust had experienced its first clostridium difficile (c.diff) positive case in six years. The patient was a service user of the Dementia Assessment Unit and the consultant had requested a stool sample. The results had not been acted upon until a couple of days after receipt. A post infection review had</li> </ul>

	<p>been undertaken and feedback had been given to the consultant and junior doctor. The infection had been contained and the review had revealed the infection was unavoidable;</p> <ul style="list-style-type: none"> <li>• One of the Trust’s Business units had developed a new service dashboard which brought together a number of different KPIs. This would be rolled out to other Business units;</li> <li>• Some targets set by the Executive Management Team (EMT) had not changed for a number of years (for instance, the target relating to the number of staff with an in-date appraisal). Consequently, these would be reviewed to ensure they were suitably stretching and any adjustments would be incorporated into the IPR due to be considered at the September Board meeting. <b>Action: EMT;</b></li> <li>• The quality of appraisals undertaken required improvement in some areas – this issue was being addressed through training;</li> <li>• Whilst the Information Governance mandatory training covered cyber security, it was believed this may need to be enhanced. <b>Action: Trust Secretary to highlight to the Information Governance team and to NHS Digital.</b></li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the amendments to the Mental Health Legislation Committee terms of reference; and</b></li> <li>• <b>Noted the content of the dashboard and the issues highlighted by Board members.</b></li> </ul>
3203	<p><b>Board Assurance Framework (BAF)</b></p> <p>The Chair believed it appropriate to consider the BAF and Corporate Risk Register (CRR) prior to the NHS Improvement Quarterly Return.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Board had reviewed the Trust’s strategic objectives at the Board Away-day and the revised objectives were detailed in the paper. It was considered the wording of strategic objective 2 required further review to i) reflect the desire of the Board to be influential in the development <i>and delivery</i> of new models of care; and ii) to further emphasise the importance of partnership working and leadership;</li> <li>• The revised objectives and risks associated with delivery would be shared with senior managers. <b>Action: Trust Secretary;</b></li> <li>• The objectives within the Strategy would require further review following more detailed consideration by the Board of the Trust’s future Strategy/vision; and</li> <li>• The format of the BAF had been reviewed to take account of comments made by Internal Audit. This contained a number of existing risks, some refreshed</li> </ul>

	<p>risks and a number of new risks. Scores allocated for new risks had been derived following discussion with individual Executive Directors.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the proposed amendments to the strategic objectives and agreed to forward any further reflections to the Trust Secretary; and</b></li> <li>• <b>Supported the processes to review the BAF quarterly through the use of Safeguard.</b></li> </ul>
3204	<p><b>Corporate Risk Register (CRR)</b></p> <p>Dr Butler provided her initial reflections and highlighted the need for consideration to be given to introducing KPIs in relation to waiting times. Dr Butler believed intelligence received by the Board from other sources in relation to risks/issues was captured within the CRR.</p> <p>During ensuing discussion, Board members were informed that individual committees continued to scrutinise risks identified as requiring further review. In particular, the risk relating to 'the inability to transfer crisis calls received at Single Point of Access (SPA) to First Response' would be scrutinised by the Quality and Safety Committee following a serious incident attached to this.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed the level of assurance was adequate for the CRR; and</b></li> <li>• <b>Confirmed that new versions of the risk should be created once the risk scores were changed in order to maintain a consistent audit trail.</b></li> </ul>
3205	<p><b>NHS Improvement Quarterly Return</b></p> <p>The Director of Finance, Contracting and Facilities informed Board members that the FBIC had scrutinised the NHSI quarterly return at its meeting the previous day. The revenue position showed a deficit of £331k at quarter one which was £1,044k ahead of plan. CIPs would remain a key area of focus during the year and these would be quality assessed prior to implementation (with substitutions being sought if appropriate). The Trust was on track to achieve its 2017/18 control total and was shifting its attention to the 2018/19 control total which was more challenging. FBIC would continue to monitor in year performance, as well as the 2018/19 position. The cash position at quarter one was £14,235k which was £3,554 ahead of plan.</p> <p><b>Trust Board approved the Use of Resources risk rating and quarterly submission to NHS improvement, noting the recommendation of the FBIC.</b></p>

3206	<p><b>Board Business Cycle</b></p> <p>The Trust Secretary introduced the Board Business Cycle which outlined those items scheduled for future meetings. He reported the September Forward to Excellence session would focus on organisational resilience and that the Annual Members Meeting would take place on 26 September. As a Board meeting was not scheduled for August, an abridged version of the July IPR would be circulated to Board members. No further additions to the Board work programme were identified during the Private meeting:</p> <p><b>Trust Board noted the items contained within the Board work programme.</b></p>
3207	<p><b>Committee and Council of Governor Approved Minutes</b></p> <p>A paper was presented containing approved minutes from the following meetings:</p> <ul style="list-style-type: none"> <li>• Mental Health Legislation Committee held on 20 April 2017; and</li> <li>• Council of Governors meeting held on 11 May 2017.</li> </ul> <p><b>Trust Board noted the content of the Council of Governors and Committee approved minutes.</b></p>
3208	<p><b>Any Other Business</b></p> <p>There were no other items of business.</p>
3209	<p><b>Date and Time of the next Meeting</b></p> <p>The next meeting will be held at 1.30 pm on Thursday, 28 September 2017 in meeting rooms 1&amp;2, New Mill, Saltaire, Shipley, BD18 3LD.</p> <p>The meeting concluded at 4.00 pm.</p>

**Trust Board (Public)  
27 July 2017**

**ACTIONS**

<b>Ref No</b>	<b>Actions requested</b>	<b>Timescale</b>	<b>Progress</b>
25/5/17-3	<p><u>Integrated Performance Report: April 2017 – Exception Reporting</u></p> <p><b>Chair/Trust Secretary</b> to programme consideration of the changing demand on services into the Board Development programme.</p>	One month	To be programmed for the early part of 2018
29/6/17-2	<p><u>Chief Executive's report</u></p> <p><b>Director of Nursing and Operations</b> to ensure that service users and carers are informed of the fire safety assessments undertaken by the Trust following the Grenfell Tower incident.</p> <p><b>Ms Mirza</b> to provide information to Mrs Gilderdale about the Leeds Beckett University research centre which would be focussing on the mental health of young people in schools in the district.</p>	<p>Two weeks</p> <p>One week</p>	<p>Reported as completed on 27/7/17</p> <p>Reported as completed on 27/7/17</p>
29/6/17-3	<p><b>Five Year Forward View Mental Health Progress Update</b></p> <p><b>Medical Director/Director of HR &amp; OD</b> to suggest to commissioners that a similar model to the IPS might prove effective for supporting people with long-term non-mental health related conditions into work.</p>	One month	Reported as completed on 27/7/17
29/6/17-4	<p><b>Safer Staffing Levels</b></p> <p><b>Director of Human Resources and Organisational Development and Chief Executive</b> to timetable a discussion about the Safer Care module into the EMT business cycle.</p>	One month	Reported as completed on 27/7/17
29/6/17-5	<p><u>Any Other Business</u></p> <p><b>Dr McElligott</b> to present information about</p>	After Private	Completed

	the practicalities of the forthcoming CQC inspection process.	Board in July	following the Public Board meeting on 27/7/17
27/7/17-1	<u>FT Membership Strategy Progress Update</u> <b>Ms Mirza/Trust Secretary/Deputy Trust Secretary</b> to discuss the potential of MBA students being commissioned to undertake research with the Trust's members about how they might help to shape the Trust's services in the future.	Two weeks	Meeting with Research lead at the University being arranged
27/7/17-2	<u>Integrated Performance Report: June 2017 Exception Reporting</u> i) <b>EMT</b> to review targets set by them to determine whether these remain stretching and to report any refreshed targets through the IPR being considered by the Board in September; ii) <b>Trust Secretary</b> to determine how cyber security training might be enhanced through Information Governance processes.	One month  Two weeks	To be discussed at September Board  Addressed through Information Governance Group meeting
27/7/17-3	<u>Board Assurance Framework</u> <b>Trust Secretary</b> to ensure the revised objectives and risks associated with delivery are shared with senior managers.	Two weeks	Actioned through SMB