

**BOARD MEETING**

**30 MARCH 2017**

Paper Title:	Minutes of the Trust Board Meeting held on 23 February 2017
Section:	Public – Standing Items
Lead Director:	Michael Smith, Chair
Paper Author:	Stella Jackson, Deputy Trust Secretary
Agenda Item:	<b>5</b>

**EXECUTIVE SUMMARY:**

Attached are the minutes of the Trust Board meeting held on 23 February 2017.

**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 Foundation Trust, New Mill, Victoria Road, Bradford at 10.00 am on Thursday 23 February 2017**

Present: Michael Smith Chair  
David Banks Non-Executive Director  
Sue Butler Non-Executive Director  
Rob Vincent Non-Executive Director  
Zulfi Hussain Non-Executive Director  
Nadira Mirza Non-Executive Director  
Debra Gilderdale Director of Nursing and Operations  
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  
Mandy Stephenson Psychological Wellbeing Practitioner  
(for agenda item 4)  
Sue Patient (for agenda item 4)  
Colin Perry Public Governor, Bradford West  
Wafaa Nawaz Public Governor, Bradford East

Two members of the Trust

#### **3090 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies had been received from Ms Lees.

#### **3091 DECLARATIONS OF INTEREST**

There were no declarations of interests.

#### **3092 ISSUES RECEIVED FROM THE PUBLIC**

There were no issues from the public.

### 3093 **PATIENT AND CARER EXPERIENCES**

This month's patient story was about Sue who had been receiving Cognitive Behavioural Therapy (CBT) from the 'My Wellbeing College' service (formerly called Improving Access to Psychological Services [IAPT]) for low mood and anxiety. Sue's father and sister had died in close succession and her son had had a brain tumour which had been successfully operated upon. These experiences had led Sue to worry about her own health and that of her elderly mother who lived in the South of the country.

Sue had been very receptive to the CBT programme, has spoken to someone within a week of referral and had made a quick recovery. After only three sessions, she had been discharged from the service back to her GP. A six month follow up by telephone (between Sue and her clinician) had been organised and Sue now felt more confident to apply techniques she had learned to better manage her own wellbeing. This included a number of small practical but impactful steps including reducing caffeine intake and reprioritising hobbies.

In view of the positive impact that the service had had on Sue's wellbeing, she had agreed to make a short video about her experiences and this was shown to Board members. It was also available to view on the 'My Wellbeing College' website.

During ensuing discussion, the following key points were highlighted:

- The number of sessions required by a patient was dependent upon their receptiveness to the programme and the intensity of their mental ill health;
- The clinicians were able to provide treatment in a number of different locations and via a number of methods including face-to-face, telephone and online;
- Members of the public were able to self-refer into the programme;
- The service had been promoted in different ways including radio, advertising, engagement with employers, schools and different community groups;
- Whilst the service had a waiting list, patients did not have to wait long for an appointment; and
- Consideration should be given to the provision of peer support programmes and how the service could be promoted to local communities via the Council of Governors.

**Trust Board thanked Sue for sharing her story.**

### 3094 **MINUTES OF THE MEETING HELD ON 26 JANUARY 2017**

The minutes of the meeting held on 26 January 2017 were agreed as a true and accurate record.

## 3095 MATTERS ARISING

### Actions

- 22/12/16-4: BME Diversity in Employment Strategy – The Regional Diversity Forum had not yet restructured/reformed. Consequently, Dr Hussain agreed to provide contact details to Mrs Knight should it do so;
- 22/12/16-5: Integrated Performance Report: The Board requested that Dr Butler and Ms Gilderdale discuss the scope of the deep dive into turnover within the Specialist Inpatient area;
- 26/1/17-1: Matters Arising – The Trust’s Lynfield Mount Pharmacy Service had successfully sourced two band 7 locums in order to alleviate some staffing pressures within the Pharmacist team. The Trust Chair and Director of Finance would report, later in the agenda, on a Quality and Safety visit they had made to the team; and
- 26/1/17-3: Corporate Risk Register – The Corporate Risk Register, due to be presented to the April 2017 Board meeting, would be updated to: i) reflect recent actions taken relating to the Trust’s financial performance; and ii) incorporate EMT agreed risk ratings.

## 3096 CHAIR’S ANNOUNCEMENTS

The Chair reported:

- At its meeting on 9 February 2017, the Council of Governors had:
  - Agreed to re-appoint Mr Vincent for a further three year team;
  - Agreed to extend Ms Mirza’s appointment for a further six months following her completion of two terms in office. Ms Mirza would support the Trust in promoting and recruiting the replacement Non-Executive Director;
  - Noted that Mr David Spencer, Public Governor, Bradford West and Lead Governor would be moving out of the area. Governors had been invited to express an interest in undertaking the Lead Governor role;
  - Been informed about the appointment of Mr Nigel Green as a Non-Clinical Staff Governor to replace Mrs Woffendin who had stood down due to competing work pressures;
  - Received bite-size training about holding the Non-Executive Directors to account for the performance of the Board; and
  - Heard about some of the significant challenges facing the Trust.
- Sean Duggan, Chief Executive of the Mental Health Network of NHS Confederation, had recently visited the Trust and those mental health services delivered in partnership with the voluntary sector. Mr Duggan had been informed about and impressed with the effectiveness of the joint working arrangements; and

- The local authority would, during the day, be discussing budget proposals for the new financial year.

### **Trust Board noted the Chair's report.**

## **3097 CHIEF EXECUTIVE'S REPORT**

The Trust Secretary presented the Chief Executive's report which summarised key issues taking place across the health economy and contained links to more detailed information. Mr Hogg highlighted the following:

- The National Health Executive had reported a 23% drop in the number of university nursing students applying for health and social care courses. Appointed Governor, Ms Congdon, had confirmed at the Council of Governors that this impact was reflected in applications to the University of Bradford;
- The Learning Disability service had been shortlisted in the Specialist Services category of the Health Service Journal, the Trust had been announced as a finalist in the National Service User Award 'Breaking Down Barriers Tackling Stigma' category for its festival of music and arts hosted at Lynfield Mount Hospital and the Human Resources team had been highly commended for Distinction in Inclusion and Diversity in the 2017 NHS Distinction Awards; and
- The 'My Wellbeing College' had been running free stress buster sessions for staff across the Trust. A therapist from the Trust had also delivered stress buster sessions within a number of local schools and colleges and the service was being offered to local employers.

Mr Hogg then referred Board members to two items in the report where Board members were asked to:

- Review the Trust's access for Lesbian, Gay, Bisexual and Transgender (LGBT) people to its services, focussing on key areas from the work of the London Assembly Health Committee. During ensuing discussion, the following key points were made:
  - The Trust had conducted a survey of staff with the Equity Partnership and was developing new training resources including e-learning for staff to support their understanding of LGBT issues; and
  - The Forward to Excellence session in March would focus on Cultural Humility and would cover modalities, unconscious bias and how to effectively focus on individuals.
- Consider how the Trust might extend its relationship with the Voluntary and Community Services (VCS) across West Yorkshire given the focus of the specialist mental health service development on a West Yorkshire basis and the expansion of the Trust's Children's Services to include Wakefield. The following key points were made:

- The Council of Governors had a key role to play in identifying relevant VCS organisations where there could be mutual advantage in promoting health and care;
- The Trust should explore the potential of Bradford University students supporting this work. **Action: Chair to investigate;**
- The Bradford Assembly (the VCS representative on the Council of Governors) was in the process of merging with other VCS organisations. This restructuring could impact on their Appointed Governor role; and
- It was important that staff based in Wakefield were encouraged to: i) identify and recruit new members; and ii) to identify and develop relationships with key stakeholders within the area.

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

### 3098 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

The Chair invited Board members to highlight any insights gleaned during visits:

- The Chair and Mrs Romaniak had visited the Pharmacy service based at Lynfield Mount following concerns raised at the January Board meeting about reduced staffing impacted by sickness absence. The team reported the staff shortages had impacted on the number of ward visits they were able to undertake. However, the service remained safe and secure and it was anticipated the staffing issues would be resolved once the two recently recruited band 7 locums had joined the team. Following discussions with the team, both the Chair and Mrs Romaniak had been assured about the quality assurance checks in place and about the robustness of procedures to identify and mitigate risks. The team provided a service to BDCFT and, because they were commissioned by Bradford Teaching Hospitals NHS Foundation Trust, also had duties in the Community hospitals and Bradford Royal Infirmary. The Teaching Hospital arrangements had caused some issues relating to the ordering of office equipment/materials and the provision of mobile phones and an approach to address these issues was progressing. The Team had been very positive about the level of support being received from Teaching Hospital colleagues and BDCFT clinicians;
- Ms Mirza and Mrs Romaniak had visited the District Nursing teams at Windhill and Baildon. The teams were piloting a new way of managing wound care products; learning and outcomes from which would address the storage issues they were experiencing. Each member of the team had specialist expertise in a particular area which they shared with other team members as required. The teams reported they adhered to the Lone Working policy and procedures and were proactively involved in the SystmOne optimisation work. An issue had been raised by one nurse about a lack of training provision for nurses following the bursary changes; and
- Mr Vincent and Ms Lees had visited the Human Resources team. The team provided a very diverse set of services and were positive about their roles.

Mr Vincent had spoken to a new member of the team who had been positive about the team culture. She believed an area the Trust could develop was in the clarity and frequency of key corporate messages.

**Trust Board noted the information received.**

### 3099 **ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

The Chair invited the Committee Chairs to highlight key points from Committee meetings.

*Quality and Safety Committee (QSC), 3 February 2017*

Dr Butler highlighted the following:

- The Committee had been assured that issues arising from Patricia's complaint had been addressed (these had been highlighted through a patient story at the June Board meeting);
- The Committee had also been assured about the progress made in relation to Medicines Management and the Dementia Assessment Unit;
- Work around implementation of the Triangle of Care had been delayed due to staffing shortages within the Involvement team;
- The relaunch of the Smoke-Free Strategy had resulted in a number of improvements; and
- The Committee received a presentation about the outstanding care work being undertaken by the Adult Physical Health team. **Action: Trust Secretary to circulate the presentation and paper.**

*Audit Committee, 20 February 2017*

Mr Banks reported the Internal Audit plan for the next three years had been confirmed, subject to Deputy Directors reviewing proposed phasings of 2017/18 audits. A modest reduction in audit services had been identified for the outer years which would reduce the fee paid.

*Charitable Funds Committee, 20 February 2017*

Ms Mirza highlighted the following:

- The Terms of Reference had been reviewed;
- A new Chair would need to be identified following the completion of Ms Mirza's extended term in office;
- The Committee had agreed that in keeping with the principles of the fund and the need to make it accessible for use, the £150,000 funding for longer-term

- projects would be placed in a savings account. Dr Hussain considered this a sensible resolution given the volatility and uncertainty in the environment; and
- Governors could assist the Trust to promote the fund to staff and service users. In response, Mr Hogg reported he would be meeting with the Senior Service User Development Worker to discuss this further.

**Trust Board noted the points highlighted from the Committee meeting.**

### 3100 **FINANCIAL RECOVERY PLAN**

Mrs Romaniak highlighted the following key points:

- After submitting an adverse re-forecast below plan at Quarter 3, the Board was required to develop a Financial Recovery Plan to identify actions that would mitigate the projected variance. A first draft was shared with NHS Improvement (NHSI) on 31 January 2017, as detailed in the paper;
- At the end of quarter 3, the Trust had reported a £843,000 deficit, however, as broadly planned, the month 10 position had improved to achieve a surplus of £231,000. The Trust had forecast a risk of £494,000 in relation to its control total. Additional measures were being implemented and scoped to mitigate the forecast risks and/or any further adverse movements (and to optimise existing vacancy, agency and discretionary expenditure controls). Whilst the Trust continued to strive to achieve its control total, the position remained very challenging; and
- The Trust's financial performance, position and mitigations had received detailed scrutiny through the Finance, Business and Investment Committee (FBIC) and the Executive Management Team (EMT) continued to give detailed consideration to these matters at its weekly meetings.

Board members outlined the importance of staff being kept informed about the financial position (current and future year), the challenges faced and mitigations in place to reduce the risk of not meeting the control total. They also considered it essential that staff continued to be encouraged to identify further savings. **Action: Executive Management Team (including Annual Plan briefing sessions).**

**Trust Board:**

- **Approved the Financial Recovery Plan actions and the adequacy of supporting systems and actions; and**
- **Agreed to receive a monthly update at Board meetings and to detailed scrutiny being undertaken at the Finance, Business and Investment Committee.**

## 3101 INTEGRATED PERFORMANCE REPORT (IPR) – JANUARY 2017 DATA: EXCEPTION REPORTING

The report assessed progress against the Trust's key targets and performance indicators as at January 2017 and provided exception reports on areas that were currently off trajectory. The following key areas were discussed or noted during the meeting:

- The Trust continued to support the two local acute trusts to achieve their A&E four hour waiting time targets. The West Yorkshire system had been designated an urgent and emergency care 'Acceleration Zone'. The key requirement of this was to deliver transformation and interventions which would support delivery of the A&E 95% four hour target by 31 March 2017. The Trust's support included 24/7 mental health liaison and referral to community based services as appropriate. A Memorandum of Understanding was being developed detailing how the Trust would (continue to) support the local acute trusts. The Chair asked how the impact of the agreed interventions was being evaluated. In response, Dr McElligott reported that all interventions were evidence based and the evaluation would focus solely on whether the Trusts had achieved their 95% target. Ms Gilderdale added the local Clinical Commissioning Groups (CCGs) were considering how to capture evidence about the intervention impacts;
- The performance report highlighted there had not been any serious incidents in January 2017 relating to pressure ulcers and the Chair questioned the reason for this. In response, Dr McElligott said reporting requirements had changed and the Trust was only required to report on cluster events; of which there had been none in January. Ms Gilderdale added the two local CCGs had recently advised the Trust it was no longer required to report on clusters;
- The percentage of serious incident reports completed within the target timescale had not been met from September 2016 onwards. This was largely due to an increase in the number of suicides. The Quality and Safety Committee had asked for a deep dive into serious incidents and Dr Butler considered it appropriate that the deep dive also focus on reporting timescales. **Action: Dr Butler to pursue.** Mr Vincent also requested that the clarity of information presented in the slide be reviewed. **Action: Dr McElligott to review;**
- The labour turnover performance was 12.74% against a target of 10%. The top three reasons given by staff for leaving the Trust were relocation, retirement and promotion. Dr Butler considered it appropriate that: i) service users be asked whether labour turnover was impacting on the quality of service provision, ii) labour turnover be triangulated with other key performance indicators in service areas; and iii) members of the workforce be asked for their views about reasons for labour turnover. Mrs Knight considered it appropriate that the Trust focus its efforts on retention programmes. Mr Vincent added that a deep dive into labour turnover at a Finance, Business and Investment Committee meeting had provided assurance that the Trust was taking steps to reduce turnover. However, the Committee was not assured that the issues that these actions were aiming to mitigate would not remain a challenge given the nature of the pressures both nationally and locally.

Mrs Gilderdale reported staffing levels in the Low Secure area were of concern and a strategy was in place to address this. However, there was no evidence of turnover significantly impacting on quality. Mr Banks believed external environmental conditions (i.e. a shortage of staff in some disciplines) were also likely to continue to adversely impact staff turnover;

- Short-term sickness absence was 6.23% against a target of 4%. This was not unusual at this time of the year. A Graduate Trainee at the Trust was undertaking a piece of work to determine which similar trusts were performing better than BDCFT and the reasons for this. Consideration (including by Staff-side) was being given to whether Bradford scores should incorporate long-term sickness absence. Mrs Knight believed it appropriate that a review be undertaken to determine whether managers were consistently following the sickness-absence policy and reported efforts would be continued to support and improve staff health and wellbeing and the development of leaders who were confident in managing sickness absence;
- Delivery of the two year operational plan was reliant in part on Change Programme project outcomes being achieved. The Board was due to give this consideration at the 30 March 2017 meeting. Board members agreed with feedback from the Directors' meeting that the Agile Resource Reductions objective should be RAG rated red; and
- The Trust's cash flow position was below plan due to a lower than planned surplus which meant the Trust had to forfeit the Sustainability and Transformation Funding. The rate of Capital Expenditure slippage had slowed as expected and IM&T commitments had been reviewed to fund anticipated Wakefield Children's Services IT requirements.

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

### 3102 **BOARD BUSINESS CYCLE**

The Trust Secretary introduced the Board Business Cycle which outlined those items scheduled for future meetings. The following addition was agreed:

- Financial Recovery Plan Update – March Board.

**Trust Board noted the items contained within the Board work programme.**

### 3103 **COMMITTEE APPROVED MINUTES**

A paper was presented containing approved minutes from the Council of Governors' Nominations Committee meeting held on 28 November 2016 and the Finance, Business and Investment Committee meetings held on 15 December 2016 and 16 January 2017.

**Trust Board noted the contents of the Committee approved minutes.**

**3104 ANY OTHER BUSINESS**

There were no items of other business.

**3105 DATE AND TIME OF NEXT MEETING**

The next meeting will be held at 10.00 am on Thursday, 30 March 2017 at New Mill, Victoria Road, Saltaire, Shipley, Bradford.

The meeting concluded at 12.25 pm.

**TRUST BOARD MEETING (PUBLIC)  
23 FEBRUARY 2017**

ACTIONS

Ref No	Actions requested	Timescale	Progress
22/12/16-4	<u>BME Diversity in Employment Strategy</u> <b>Dr Hussain</b> to provide details about the Regional Diversity Forum to Mrs Knight.	January 2017	Update to be provided should the forum be re-established
22/12/16-5	<u>Integrated Performance Report: November 2016 Data</u> <b>Trust Secretary/Dr Butler</b> to timetable into the Quality and Safety Committee work programme a deep dive into labour turnover within the Specialist Inpatients area.	January 2017	Mrs Gilderdale and Dr Butler met on 17 March 2017 and agreed to triangulate the activity at this stage
26/1/17-1	<u>Matters Arising</u> <b>Medical Director and Director of Nursing and Operations</b> to consider whether any further action can be taken to address staffing concerns within the Pharmacist team.	One month	Update provided at February Board
26/1/17-2	<u>Quality and Safety Feedback from Board Members</u> <b>Director of Nursing and Operations</b> to arrange for a case study to be produced and shared with staff highlighting how the Older People's Mental Health team for Craven effectively manages connectivity issues.	March 2017	Case study completed
26/1/17-3	<u>Corporate Risk Register (CRR)</u> <b>Director of Finance, Contracting and Estates</b> to update the CRR to reflect recent actions taken relating to the Trust's financial performance.  <b>Executive Management Team</b> to consider updating the risk rating at the same time as updating the narrative.	Two weeks  One month	To be reflected in the April CRR  To be reflected in the April CRR

23/2/17-1	<u>Chief Executive's Report</u> <b>Chair</b> to explore the potential of Bradford University students supporting the Trust with a piece of work relating to the development of relationships with the Voluntary and Community Services across West Yorkshire.	One month	
23/2/17-2	<u>Assurance Reports from Committee Chairs</u> <b>Trust Secretary</b> to circulate to Board members the presentation and paper regarding the outstanding care work being undertaken by the Adult Physical Health team.	Two weeks	Circulated on 1/3/17
23/2/17-3	<u>Financial Recovery Plan</u> <b>Executive Management Team</b> to continue to i) appraise staff of the financial position, the challenges faced and mitigations in place to reduce the risk of not meeting the control total; and ii) encourage staff to identify further savings.	Until end of March 2017	Through Operational Plan briefings
23/2/17-4	<u>Integrated Performance Report – January 2017 Data</u> <b>Dr Butler</b> to arrange for the deep dive into serious incidents to also focus on reporting timescales.  <b>Medical Director</b> to review the clarity of information contained in the Serious Incident slide.	Two weeks  Three weeks	To be considered for the next report