

**BOARD MEETING**

**23 FEBRUARY 2017**

Paper Title:	Minutes of the Trust Board Meeting held on 26 January 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 26 January 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 26 January 2017**

Present:	Michael Smith	Chair
	Nicola Lees	Chief Executive
	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
	Louise Parker	District Nurse (for agenda item 4)
	John	Patient (for agenda item 4)

Two members of the Trust

#### **3071 WELCOME AND APOLOGIES**

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

#### **3072 DECLARATIONS OF INTEREST**

There were no declarations of interests.

### 3073 ISSUES RECEIVED FROM THE PUBLIC

There were no issues from the public.

### 3074 PATIENT AND CARER EXPERIENCES

This month's patient story was about John who had been receiving treatment from the District Nursing team for his leg ulcers which had developed following a quadruple heart bypass. John had also suffered from leg ulcers over twenty years ago and had, at the time, received treatment from the Practice Nurse at his local GP. The leg ulcers had taken one year to heal due to the symptoms being dealt with rather than the cause. Based on this earlier experience, John was sceptical about the effectiveness and level of care he would receive from the District Nursing team. The District nurses visited John at his home and he was immediately put at ease. The nurses took time to explain the team structure, the nature of their work, the team's relationship with the leg ulcer clinic and the treatment needed for the ulcers. John found the nurses not only treated him with dignity but they were also very professional, experienced, caring and compassionate. Due to the flexibility of care received, John was able to schedule his appointments around his work commitments.

During ensuing discussion, the following key points were highlighted:

- John's story conformed with key requirements of the Five Year Forward View and Compassion in Care;
- John was pleased with the integrated way in which his care was delivered; and
- The story highlighted the importance of professionals gaining an understanding of the patient's concerns and of having regular conversations with them about their care.

**Trust Board thanked John for sharing his story.**

### 3075 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.

### 3076 MATTERS ARISING

#### Actions

- 30/6/16-1: Patient and Carer Experiences – A review of the actions put in place following Patricia's complaint had been undertaken. This confirmed Patricia had: received a carer's assessment; had been fully involved in her daughter's

- CPA arrangements and Single Point of Access workshops; and was accessing the Carer's Hub. Patricia's story was also used in training sessions with staff. Consequently, Patricia now believed she was fully involved;
- 27/10/16-4: Quality and Safety Feedback from Board Members – the Assertive Outreach Team Leader was content with progress around a separate cost centre;
  - 22/12/16-1: Chief Executive's Report – The King's Fund report relating to the impact of Brexit on health and social care had been circulated to Board members. A number of employers within the district had also been informed about the Wellbeing College service. There was potential for the service to be promoted through a membership talk;
  - 22/12/16-2: Quality and Safety Feedback from Board Members – the concern about North Yorkshire Police not escorting people to an appropriate place of safety would be pursued through North Yorkshire Police. Capacity issues within the Ilkley District Nursing team had been resolved following the return to work of a member of staff who had been on long term sickness absence. Additionally, a system had been introduced to identify and respond to high levels of sickness absence within teams;
  - 22/12/16-3: Assurance Reports from Committee Chairs – an email had been circulated to Board members on 11 January 2017 outlining mitigations in place to address sickness absence levels within the Medicines Management team. This highlighted that temporary staffing was being sought. However, Board members did not believe this provided an adequate level of assurance that the issue would be resolved due to there being a general lack of mental health pharmacists. They suggested community pharmacists be approached to support service provision and that the possibility of sharing resource with another mental health trust be pursued. **Action: i) Medical Director and Director of Nursing and Operations to consider whether any further mitigations can be put in place;**
  - 22/12/16-4: BME Diversity in Employment Strategy – Dr Hussain had not yet provided details to Mrs Knight relating to the Regional Diversity Forum due to a number of changes currently taking place. Information would be shared once the changes had been finalised;
  - 22/12/16-5: Integrated Performance Report: November 2016 Data – a review of sickness absence revealed that of all the stress related absences, 123 related to work pressures, 111 related to personal problems and 43 were a combination of work and personal pressures. Occupational Health reported staffing levels, the resultant impact on workload and levels of support provision in those situations were an issue. Additionally the level of transformation within the District Nursing and Health Visiting teams was having an impact. The Trust was reducing its use of agency staff and increasing its use of bank staff in order to address some of the staffing pressures. The Director of Nursing and Operations was also ensuring appropriate supervision and support arrangements were in place for those staff experiencing stress.

The Quality and Safety Committee had been paying attention to staffing issues and quality. It had not yet undertaken a deep dive into the reasons behind particular business units experiencing higher levels of complaints, turnovers and incidents.

### 3077 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- Following a robust recruitment and selection process, Ms Gilderdale had been appointed as the Director of Nursing and Operations;
- He had recently attended the Mental Health Network Board and had spoken to the two local acute trust chairs. Two issues had been highlighted: Accident and Emergency performance had deteriorated due to winter pressures; and financial pressures continued to be a key concern for NHS trusts.

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

### 3078 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report which summarised key issues taking place across the health economy and contained links to more detailed information. Ms Lees highlighted the following:

- The 'My Wellbeing College' was launched on Blue Monday (16 January) and was being promoted to local organisations. Initial feedback about the service was positive;
- The Bradford South and West Adult Community Mental Health team had become one of the first teams in the country to be accredited by ACOMHS – a Royal College of Psychiatrists award;
- Winter pressures had been a major issue for trusts across the country and the BBC had reported on a leaked document which highlighted long Accident and Emergency waiting times. At a local level, the Trust continued to provide community support to the two local acute trusts to address the impact of winter pressures;
- The Trust had received a higher than average level of publicity during December. Mr Hogg encouraged Board members to watch the case study video clips on the Wellbeing College webpage. He also reported a Social Media workshop had been held at the Trust and had been attended by around 50 people; and
- Public Health England had published a 'support after suicide' guide. This quantified the cost of suicide which equated to £1.67 million per case. On this basis, the cost of suicides within West Yorkshire equated to £250 million. The West Yorkshire Steering Group would be considering whether the principles contained within the guide could be utilised to produce a West Yorkshire model.

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

**3079 QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

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

- Dr Butler and Ms Gilderdale had visited the Older People's Mental Health team for Craven. The team reported an issue relating to the scarcity of services within Craven. Whilst internet connectivity within Craven was an issue, the team supported one another to work around this problem. **Action: Director of Nursing and Operations to arrange for a case study about how the team manages connectivity issues to be developed and shared with other teams.** The Occupational Therapist was very flexible in his approach to care provision at local level and had provided support to the Bracken Ward; and
- Mrs Knight reported she had observed a patient visit within a Continence Service clinic; the patient had been very positive about her care. The Continence team was also very positive about taking over the provision of continence assessments from the District Nursing team and about extending their service provision into Craven.

**Trust Board noted the information received.**

**3080 ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

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

*Finance, Business and Investment Committee (FBIC), 25 January 2017*

Mr Vincent tabled a paper highlighting key issues requiring Board attention. He referred to the following:

- Two transformation projects were red rated. One related to the delivery of the planned staff savings for the Agile programme in 2017/18 and 2018/19. This would be given further scrutiny at the next meeting of FBIC. The other related to telephony costs. An in-depth investigation would be required to determine the reasons for this;
- The Committee had received the results of a deep dive into the Trust's workforce modelling and strategies. The deep dive highlighted significant difficulties in filling medical and band 5 nursing vacancies and that the age profile of the workforce implied further increases in turnover. The Committee was assured by the list of actions in place but could not be assured that the issues would not be significant for the Trust; and

- The Committee had also discussed two property disposals (these were not highlighted within the paper). The Committee was assured that the services located at Stoney Ridge could be accommodated within other community settings.

*Mental Health Legislation Committee (MHLC), 19 January 2017*

Dr Butler highlighted the following key points:

- The Deputy Director of Quality, Governance and Informatics would be progressing a piece of work in order to make recommendations on collecting, interpreting and analysing data regarding protected characteristics. The latest MHLC dashboard demonstrated that local rates of detention, under the Mental Health Act, were proportionate to local BME demography;
- Quarterly relationship meetings with the Care Quality Commission would commence in February 2017. These meetings would be supported by a new quarterly reporting template which would be completed by the Trust. One section of the template related to the 'use of restraint, seclusion and segregation (mental health only)'. The integrated performance report received by the MHLC would be utilised to populate this information within the template; and
- There had been seven lapsed and one cancelled section in the quarter. The Committee was assured that this issue had been addressed by the Medical Director.

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

### 3081 **NHS IMPROVEMENT QUARTERLY SUBMISSION**

Mr Vincent reported FBIC had discussed the quarter 3 Use of Resources (UoR) ratings and reforecast that had been submitted to NHSI following discussions at the additional meeting of the FBIC on 16 January (incorrectly referred to as 16 February on page 4 of the report). It was envisaged that whilst the Trust would be able to achieve a surplus at the end of the current financial year, it would still be £494k adrift of its 2016/17 control total. The resultant loss of Sustainability and Transforming funding would increase the gap to approximately £1,284k. Mrs Romaniak added the revised reporting framework allowed Trusts to change their forecasts at quarters two and three and, following scrutiny at FBIC, the recommendation had been made to submit a revised forecast position as at quarter three.

NHSI had been appraised of the situation and informed that despite the forecast position, the Trust would continue to pursue achievement of control total requirements. The Trust was required to submit a recovery plan to NHSI during week commencing 30 January 2017 and would be subject to a higher level of scrutiny by NHSI. The Executive Management Team was reviewing the financial position and resultant actions on a weekly basis. The Trust had already implemented NHSI recommended actions and would continue to determine whether additional actions could be taken.

## **Trust Board:**

- **Approved the current and project UoR Risk Rating;**
- **Approved the UoR and Quarterly Template for submission to NHS Improvement; and**
- **Noted the Finance, Business and Investment Committee would continue to scrutinise the Trust's financial performance and position.**

## **3082 INTEGRATED PERFORMANCE REPORT (IPR) – DECEMBER 2016 DATA: EXCEPTION REPORTING**

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

- Capital expenditure was £884k below plan resulting in a UoR metric of 2 compared to plan of 1. A year end rating of 1 was envisaged, subject to delivery of all targeted actions to achieve the revised forecast. The Chair, Chief Executive and Director of Finance, Contracting and Estates had been required to provide assurance during the week to NHSI relating to i) mitigations in place to realign the capital forecast; and ii) the adequacy of cash levels to meet the Trust's ambitions. NHSI had also been informed about capital slippage, emerging pressures, enabling costs and slippage on the New Mill scheme. The majority of mitigations related to non-clinical activities;
- FBIC continued to monitor and scrutinise the two Change Programme projects rated as red (Agile Resource Reductions and Telephony); and
- Whilst the ratio of clients to staffing indicators suggested some teams could accommodate additional clients, it was envisaged this capacity would be fully exploited once the reduction in the Public Health grant took effect. It was also envisaged that a willingness at local level to deliver care in a more joined up way would place greater demand on the Trust.

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

## **3083 BOARD ASSURANCE FRAMEWORK (BAF)**

The Trust Secretary suggested the Board give consideration to the following key risks:

- Strategic Risk 1.1: 'if demand for services exceeds capacity, then service quality, safety and performance could deteriorate';

- Strategic Risk 3.1 `if we do not secure contracts for new or expanded services then there may be insufficient income to cover our fixed overhead costs'; and
- Strategic Risk 3.2 `if we do not provide innovative, responsive and commercial services then we may be unsuccessful in securing necessary contract growth' and Strategic Risk 3.3 - `if we cannot develop a compelling vision, then we may fail to secure investment to redesign community and inpatient services and to improve parity of esteem'. Mr Hogg queried whether these two risks could be consolidated into one.

### ***Strategic Risk 1.1***

Two additional gaps in control were highlighted. These related to: i) the Trust's ability to understand capacity and demand issues on an ongoing basis; and ii) the impact of long waiting times on the Trust's reputation. It was considered that information about how these matters were factored into discussions with commissioners, at Board and Committee level and into Accountable Care discussions should be reflected within the BAF. It was also considered that the BAF should contain information about the Trust being able to demonstrate to commissioners the complexity of care provision. Board members believed the current risk score of 12 reflected the current position and agreed to review this again after the Community Services Board Development discussion in February 2017.

### ***Strategic Risk 3.1***

The Trust had recently been awarded a number of tenders and was waiting to hear the outcome of other bids it had submitted. It was believed the risk score should remain at 16 until the results of the recent bid submissions were known. Board members were also mindful that the Public Health grant cuts would impact on future contract awards.

### ***Strategic Risk 3.2 and 3.3***

The Trust Secretary asked Board members to give consideration to whether the two risks were similar enough in nature to be combined into one risk. It was considered that Strategic Risk 3.2 related to whether the Trust had an innovative commercial offer and that Strategic Risk 3.3 related to the Trust working with commissioners to develop a joint vision in relation to more services being undertaken in the community. Consequently, it was considered appropriate that the two risks remain separate to one another.

### **Trust Board:**

- **Noted the updates received in relation to the risks identified;**
- **Noted the new format; and**
- **Agreed the risk scores**

## 3084 CORPORATE RISK REGISTER (CRR)

Dr McElligott reported there were no new risks on the CRR since its last review by the Board and that none of the risk ratings had changed. Actions taken over the past three months had been included for every risk and the CRR would be further updated to reflect actions taken during the week in relation to the Trust's financial performance.

**Action: Director of Finance, Contracting and Estates to incorporate.** Dr Butler believed that assurances received during the meeting should be reflected within the CRR narrative. Dr McElligott emphasised the need for Executive Directors to consider updating the risk rating at the same time as updating the narrative. **Action: EMT to consider.**

**Trust Board noted the Board Assurance Framework.**

## 3085 REVIEW OF SERVICE USER/VISITOR INPATIENT SITE CAR PARKING FACILITIES

The Director of Finance, Contracting and Estates introduced a paper which outlined progress made in relation to issues highlighted (during a PLACE visit) about service user visitor parking arrangements at the Trust's two inpatient sites.

Board members pointed out that car parking was a critical part of the service user care pathway. Consequently, attention should focus on parking facilities for them.

**Trust Board:**

- **Was assured that an inclusive approach using relevant guidance and evidence was being used to develop an appropriate response with physical measures to support policy implementation and improve access; and**
- **Noted a final option was expected to be recommended during quarter four and that a Car Parking Policy was being developed to support effective management of parking at Trust sites.**

## 3086 BOARD BUSINESS CYCLE

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

- Wakefield Children Services Contract Update – February and March Private Board meetings; and
- Moving Community Services from Good to Outstanding - February Board Development.

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

**3087 COMMITTEE APROVED MINUTES**

A paper was presented containing approved minutes from the Council of Governor Nomination Committee meetings held on 27 July 2016 and 21 November 2016, the Mental Health Legislation Committee meeting held on 19 October 2016 and the Quality and Safety Committee held on 18 November 2016.

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

**3088 ANY OTHER BUSINESS**

There were no items of other business.

**3089 DATE AND TIME OF NEXT MEETING**

The next meeting will be held at 10.00 am on Thursday, 23 February 2017 at New Mill, Victoria Road, Saltaire, Shipley, Bradford.

The meeting concluded at 12.35 pm.



22/12/16-2	<u>Quality and Safety Feedback from Board Members</u> <b>Chair</b> to raise with the Chair and Crime Commissioner of West Yorkshire a concern about North Yorkshire Police not escorting those members of the public experiencing a mental health problem to an appropriate place of safety.  <b>Director of HR and OD and Interim Director of Nursing and Operations</b> to discuss action needed to address current capacity issues within the Ilkley District Nursing team.	January 2017  January 2017	To be pursued with North Yorkshire Police  Reported as completed at Trust Board on 26/1/2017
22/12/16-3	<u>Assurance Reports from Committee Chairs</u> <b>Medical Director</b> to circulate to Board members information about mitigations in place to address sickness absence levels within the Medicines Management team.	January 2017	Reported as completed at Trust Board on 26/1/2017
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	
22/12/16-5	<u>Integrated Performance Report: November 2016 Data</u> <b>Director of Human Resources and OD</b> to investigate whether staffing pressures are impacting on sickness absence levels.  <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.	One month  January 2017	Update provided at Trust Board on 26/1/2017
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	
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	

26/1/17-3	<p><u>Corporate Risk Register (CRR)</u></p> <p><b>Director of Finance, Contracting and Estates</b> to update the CRR to reflect recent actions taken relating to the Trust's financial performance.</p> <p><b>Executive Management Team</b> to consider updating the risk rating at the same time as updating the narrative.</p>	<p>Two weeks</p> <p>One month</p>	
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