

BOARD MEETING

27 APRIL 2017

Paper Title:	Minutes of the Trust Board Meeting held on 30 March 2017
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 30 March 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 30 March 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
	Joanne Frankland	Senior Occupational Therapist (for agenda item 4)
	Glen	(for agenda item 4)
	Noel	(for agenda item 4)
	Colin Perry	Public Governor, Bradford West
	Wafaa Nawaz	Public Governor, Bradford East
	Sandra McIntosh	Public Governor, Bradford South
	Nicky Green	Public Governor, Keighley
	Ann West	Public Governor, Shipley

Two members of the Trust

3106 WELCOME AND APOLOGIES

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

3107 DECLARATIONS OF INTEREST

There were no declarations of interests.

3108 ISSUES RECEIVED FROM THE PUBLIC

There were no issues from the public.

3109 PATIENT AND CARER EXPERIENCES

This month's patient story was about Glen who had been a service user at the Helios Centre for three and a half years prior to him being discharged in December 2016. Glen had complex, chronic emotional and psychological difficulties which resulted in anger management and social interaction issues, as well as low confidence/self-esteem. Following therapy and consistent support from his friend Noel, Glen made significant progress and learnt how to manage his emotions and interact with other people. More recently, he had volunteered with a local group where he utilised his newly learnt social skills to effectively work alongside group members.

During ensuing discussion, the following key points were highlighted:

- Glen began to effectively engage in the programme once he started to experience the benefits of it;
- The waiting time from referral was 16 weeks and, during this period, Ben accessed Crisis Support. He believed this support service could be improved. **Action: Director of Nursing and Operations to meet with Glen to discuss his Crisis Support experiences;**
- Glen was finding it difficult to find paid employment due to his mental health problems (which he declared in job applications). Ms Lees informed Glen the Trust provided a service which helped people with mental health problems to find employment. **Action: Director of Nursing and Operations to signpost Glen to relevant support;**
- Noel had played a significant part in Glen's recovery; and
- The Trust had a role to play in continually educating employers about local mental health support services.

Trust Board thanked Glen and Noel for sharing their story.

3110 MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2017

The minutes of the meeting held on 23 February 2017 were agreed as a true and accurate record.

3111 MATTERS ARISING

Actions

- 22/12/16-5: Integrated Performance Report, November 2016 – Dr Butler reported that she had met with Mrs Gilderdale to review the labour turnover figures. Consideration would now be given as to whether a deep dive would add anything further to their review. The Quality and Safety Committee had also considered the impact of the labour turnover on quality; and
- 23/2/17-4: Integrated Performance Report, January 2017 – Dr Butler reported an update about the deep dive into serious incidents would be provided via the May Committee report to Board. **Action: Dr Butler.** Dr McElligott reported he had reviewed the clarity of information within the Serious Incident slide and considered this to be effective. A narrative would, however, be incorporated into future slides.

3112 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- He had attended the following:
 - Outstanding Care event, 27 February 2017 – this had focused on community services and had also been attended by some Staff Governors;
 - Cultural Humility Forward to Excellence session, 9 March 2017 – the session had focused on diversity and inclusion. Discussion had also taken place about transformational diversity;
 - Mental Health Network Annual Conference, 17 March 2017 – London School of Economics had given an interesting presentation on health economics. This included a cost/benefit analysis of early interventions which would prove useful in terms of influencing the local health economy and driving local initiatives. Dr Butler pointed out that whilst the benefits of early interventions were known, it was difficult to quantify how and which parts of the system were delivering the benefits. The Conference had also focused on the importance of holding Clinical Commissioning Groups (CCGs) to account and had also highlighted a number of initiatives within schools. Dr Butler considered it important that the Trust's Child and Adolescent Mental Health Services (CAMHS) develop more effective relationships with schools. Additionally, a number of points had been made at the conference in relation to the implications of Brexit, particularly on employment and research; and
 - Moving Forward Graduation, 23 March 2017 – the Moving Forward programme was a personal development initiative for BME staff. Those staff graduating from the event spoke about their achievements since embarking on the programme. A number of participants were from

Bradford Teaching Hospitals NHS Foundation Trust and other local trusts would be taking part in the next programme;

- The search for a Non-Executive-Director to replace Ms Mirza had commenced. Board members were invited to promote the role to suitable candidates;
- The first monthly 'open-house' meeting with Governors had taken place on 20 March. Mrs Gilderdale and Mr Hogg had also attended the meeting. All those at the meeting had been given an opportunity to contribute and share ideas;
- David Spencer, Public Governor for Bradford West and Lead Governor had moved out of the area and had, therefore, resigned as a Governor. The Board acknowledged David's commitment and effort whilst a Governor of the Trust. Colin Spencer had been appointed as Lead Governor on an interim basis and the appointment would require ratification at the May Council of Governors meeting.

Trust Board noted the Chair's report.

3113 CHIEF EXECUTIVE'S REPORT

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:

- Heather Ward at the Airedale Centre for Mental Health was the first inpatient ward across the region to receive national accreditation by the Yorkshire and Humber ANSN Improvement Academy for its safety huddles;
- The Trust's Safety, Risk and Resilience team had been shortlisted as a finalist in the Clinical Governance and Risk Management category of the Patient Safety Awards 2017;
- It was two years since the Trust first launched the First Response Service and redesigned its acute care pathway. Since 6 March 2015, there had been no out of area placements. Trust Board expressed its appreciation to the team for enabling patients to be treated closer to home;
- The Kings Fund had published information about the Spring budget. This highlighted that an additional £2 billion had been allocated for social care over the next three years. The Bradford economy would receive £10.5 million in 2017/18, £6.6 million in 2018/19 and £3.2 million in 2019/20 and guidance was due to be published on 31 March regarding access to the funding. The Health and Wellbeing Board had discussed how the monies could be utilised to reduce care home blockages;
- A short film clip was embedded within the report regarding the AWCCCG Complex Care service which had received an Airedale NHS Foundation Trust award (equivalent to the 'You're a Star awards'). Ms Lees encouraged Board members to watch this; and

- A report had been published which highlighted the progress made in the first year of the Five Year Forward View for Mental Health programme. It also highlighted the achievements that needed to be built upon during coming years. Following a recommendation by Ms Lees, the Board agreed to receive a paper highlighting the Trust's progress during the first year. **Action: Director of Nursing and Operations and Trust Secretary to timetable into the Board work programme.**

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

3114 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

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

- Ms Mirza and Mr Hogg had visited the Community Mental Health team based at the Craven Centre. The team had extensive health and social care experience and worked well with Social Services. The team had embraced agile working but experienced connectivity issues in some parts of North Yorkshire. Issues discussed included sickness absence levels, the workforce profile (with a significant number eligible for retirement in the near future), vacancy levels (the team was having to share an Occupational Therapist with the Older People's Mental Health service) and a low response rate from the team to the staff survey;
- The Chair and Mr Hogg had visited the Hotel Service team based at Lynfield Mount. The team joined the 'safety huddles' and contributed to the identification of risks. Whilst the team supported the 'No Smoking' policy, they expressed concern about the resultant levels of vandalism. Sickness absence levels within the team were being proactively managed and issues relating to equipment were being addressed;
- Mr Hussain and Mr Hogg had visited the Mental Health Act office. Concerns were raised relating to an increase in the complexity, and therefore volume, of work. The risks associated with this had been recorded on the local Risk Register. Some temporary cover concerns were also discussed. A small number of actions had been highlighted and these were being addressed; and
- The Executive Management Team (EMT) had visited a number of different sites to deliver the Annual Plan presentation. At the same time, feedback had been sought from staff about the staff survey results and key issues they were experiencing. The Chair outlined the importance of the Board being kept informed about key issues raised. **Action: Executive Management Team.**

Mr Banks, Dr Butler and Mrs Romaniak had attended an Audit seminar recently where they had received presentations about Sustainability and Transformation Plans (STPs) and whistleblowing. The latter presentation had highlighted important governance issues. **Action: Mrs Romaniak and Mr Hogg to meet to discuss these.**

Mr Banks had also attended a Health and Safety Group meeting where a small number of actions had been highlighted in relation to Corporate Manslaughter practice. The meeting heard about guidance which had been published relating to e-cigarettes and was informed about 14 fire incidents that had occurred during the three months prior to the meeting (13 of these had been successfully dealt with by staff and the Fire Service had responded to one incident which had resulted in the brief closure of a ward). Whilst the majority of fires had not been smoking related, a resultant search of ward areas revealed lighters were being hidden by service users. Consequently, this matter was being monitored by the Group.

Dr Butler and Dr McElligott had attended a 'learning from deaths' event which revealed a significant number of deaths (linked to the Southern Health review) were linked to Community services.

Trust Board noted the information received.

3115 **ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

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

Finance, Business and Investment Committee (FBIC), 29 March 2017

Mr Vincent referred to the recently circulated (and tabled) assurance report and highlighted the following:

- Works on asset issues and some income strands offered some possibility of the Trust meeting its control total for 2016/17 (this matter would be discussed in more detail at agenda item 11);
- Benchmarking results revealed the Trust's spend on a number of central services areas was higher than the lower quartile average. EMT was considering where additional efficiencies might be achieved;
- The Committee highlighted the importance of more effective engagement between the Board and the Trust's consultants and junior doctors. Dr McElligott and Ms Lees had discussed this matter and Ms Lees had also discussed it with some Trust consultants who reported a higher level of engagement would be welcomed. Views would, therefore, be sought about how to improve engagement practice, including further clinical buddying;
- A review of telephony costs had revealed issues relating to historic SIM card tracking. Revised processes had been introduced to overcome these issues;
- The Committee was assured by the grip now being applied to the leadership and management of the Informatics service. Dr McElligott added that Internal Audit had provided a significant assurance opinion in relation to Informatics. Trust Board commended the team for the hard work and commitment shown during a period of significant uncertainty/change; and

- The Community Dental Contract had been extended for 18 months whilst NHS England addressed a number of procurement issues (which had been identified by the Trust during the initial tender stages).

Quality and Safety Committee (QSC), 17 March 2017

Dr Butler highlighted the following:

- Locum pharmacy support was now in place in the Medicines Management team;
- Significant progress had been made during the last year in relation to the Equality Delivery System, despite capacity challenges;
- An external review of all deaths from suicide, identified amongst users of BDCFT services in the period January 2014 - July 2016, had been completed. Themes drawn from this work mirrored those identified through the SUI, incident and complaints processes. Over half of the suicides were committed by people living in the Airedale, Wharfedale and Craven area; and
- No avoidable deaths had been identified following a mortality review and the Committee agreed the recommendation to stop collecting information regarding this.

Trust Board noted the points highlighted from the Committee meeting.

3116 **STAFF SURVEY RESULTS 2016**

During discussion about the paper, the following key points were raised:

- Whilst staff engagement and motivation had deteriorated, Board visits to services revealed there were still high levels of motivation and energy within many areas of the Trust. Staff members were being given an opportunity to highlight areas of concern at discussions following Annual Plan presentations. These issues, as well as feedback received via Staff Governors, outlined potential reasons for the deterioration in scores;
- The communication plan highlighted how the results would be shared and discussed with staff. However, it was important to highlight the need to listen to staff and for the results to be corporately and/or locally owned as appropriate. It was also important that communications were timely. Mrs Gilderdale and Ms Lees believed a flatter structure would aid timely and effective communications and Mrs Gilderdale would be attending meetings with Team Leaders to share the results; and
- The results revealed an increase in the percentage of staff reporting a recent experience of violence (violence, harassment and bullying). Ms Lees informed Board members that members of the Administrative team had reported concerns following aggressive calls received from people who wished to make a complaint. As the Trust operated a zero tolerance violence policy, it was

believed consideration should be given to how to respond to such calls. **Action: Executive Management Team.**

Trust Board:

- **Agreed and supported the areas for focus and action; and**
- **Noted the process for communicating the results and reviewing progress.**

3117 FINANCIAL RECOVERY PLAN

Mrs Romaniak reminded Board members that at quarter three, the Trust had advised NHS Improvement (NHSI) it would not be able to achieve the control total and a resultant recovery plan was developed and submitted to NHSI. The Trust's position had improved at months 10 and 11 (broadly in line with expectations) and actions taken to reduce expenditure had resulted in optimism about achievement of the control total. The recovery plan was largely dependent upon the asset live review. Initial feedback received on 29 March 2017 revealed the Trust should achieve £400,000 from the depreciation restatement valuation, effective from 1 April 2017. The Trust was in the process of settling a number of disputes with NHS Property Services and the final outcome would determine whether expenditure was in line with forecast. A discussion with KPMG on 29 March 2017 provided assurance that the approach taken by consultants in relation to the recovery of VAT would be an auditable process. The bottom line position would be reviewed following the financial year end and key data would be submitted to NHSI on 19 April 2017. Should NHSI accept the assessment and the Trust achieve its agreed control total, then the Trust would be able to access Sustainability and Transformation Funding (STF). Achievement of the control total would also have a positive impact on the relationship between the Trust and NHSI.

The Trust would be resubmitting its plan to NHSI at the month end. The public narrative would also be refreshed and published (subject to the existing embargo being lifted).

Trust Board:

- **Noted the update; and**
- **Thanked all staff for their efforts in trying to achieve the control total.**

3118 INTEGRATED PERFORMANCE REPORT (IPR) – FEBRUARY 2017 DATA: EXCEPTION REPORTING

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

- The Improving Access to Psychological Therapies (IAPT) service recovery rates continued to show sustained improvement. Provisional data for January 2017 showed the recovery rate was above the 50% target at overall Trust level and, for the first time, across all three local Clinical Commissioning Groups (CCGs). However, recovery rates within black and minority ethnic (BME) communities were lower due to the national training programme not meeting cultural needs. Consideration was being given to commissioning a piece of work relating to cultural sensitivity and it was possible the IAPT service would be invited to take part;
- The medical Director reported the Trust had met all IG toolkit requirements at level 2 or above for 2016/17;
- Accident and Emergency waiting times were below trajectory, which was of concern as the West Yorkshire system had been designated as an Urgent and Emergency Care Acceleration Zone. The key requirement was to deliver transformation and interventions which would support deliver of the A&E 4 hour target across West Yorkshire by March 2017. The Trust continued to try to identify additional measures it could take to support both Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust to improve their performance. Mr Vincent reported a trust in Greater Manchester had put significant effort into improving its A&E performance target with little success. Dr Butler informed Board members she had read an article which highlighted improvements being made to the 111 service in order to reduce A&E attendance levels. Mrs Gilderdale added a system had recently been introduced to transfer appropriate calls from the 111 service to the First Response service. Data was being captured to determine how many calls were being received;
- There had been a reduction in the number of pressure ulcer related serious incidents due to the Trust no longer being required to report on pressure ulcer clusters. However, data relating to this was still being monitored by the Quality and Safety Committee;
- The Service User Experience slide showed a downturn in performance in the Inpatient, Dental and Administration services. This was as a result of two comments made about the quality of the food. Board members were assured this was not a significant concern and considered it appropriate that future reports quantify the numbers on the graphs. **Action: Director of Nursing and Operations;**
- The Trust anticipated achieving both its cash and capital targets by the year end; and
- There had been a reduction in agency spend as a result of actions put in place to contain expenditure within price cap levels. Agency spend continued to be scrutinised weekly by EMT.

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

3119 **BOARD BUSINESS CYCLE**

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

- Five Year Forward View Progress Update (date to be confirmed)

The Trust Secretary also pointed out that annual reports of the Audit Committee and the Mental Health Legislation Committee would be forwarded to the April Trust Board meeting. The annual reports of the Quality and Safety Committee and the Financial, Business and Investment Committee would be forwarded to the May Trust Board meeting.

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

3120 **COMMITTEE APPROVED MINUTES**

A paper was presented containing approved minutes from the Quality and Safety Committee meeting held on 3 February 2017.

Trust Board noted the contents of the Committee approved minutes.

3121 **REVISION TO THE BOARD TIMINGS**

The Trust Secretary introduced a paper regarding the timing and format of future Board meetings. This proposed that Private Trust Board meetings take place between 10.00 am and 12.00 noon, the Public Board meetings take place between 1.30 pm and 3.30 pm and the Board Development meetings take place on the same day as Council of Governor meetings.

Trust Board approved the new format and timings for Board meetings in 2017/18, effective from 1 April 2017.

3122 **ANY OTHER BUSINESS**

There were no items of other business.

3105 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held at 1.30 pm on Thursday, 27 April 2017 at New Mill, Victoria Road, Saltaire, Shipley, Bradford.

The meeting concluded at 12.30 pm.

**TRUST BOARD MEETING (PUBLIC)
30 MARCH 2017**

ACTIONS

Ref No	Actions requested	Timescale	Progress
22/12/16-5	<u>Integrated Performance Report: November 2016 Data</u> Trust Secretary/Dr Butler 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
26/1/17-2	<u>Quality and Safety Feedback from Board Members</u> Director of Nursing and Operations 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
23/2/17-1	<u>Chief Executive's Report</u> Chair 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	
23/2/17-4	<u>Integrated Performance Report – January 2017 Data</u> Dr Butler to arrange for the deep dive into serious incidents to also focus on reporting timescales. Medical Director to review the clarity of information contained in the Serious Incident slide.	Two weeks Three weeks	Update to be provided via the May Committee report Reported as completed on 30/3/2017
30/3/17-1	<u>Patient and Carer Experience</u> Director of Nursing and Operations to i) determine from Glen how the Crisis Support service could be improved and ii) to signpost Glen to the Trust's mental health employment service.	April 2017	

30/3/17-2	<u>Matters Arising</u> Dr Butler to ensure the May Quality and Safety Committee report incorporates an update about the deep dive into serious incidents.	May Trust Board	
30/3/17-3	<u>Chief Executive's Report</u> Director of Nursing and Operations/Trust Secretary to timetable into the Board work programme a Five Year Forward View for Mental Health Programme progress update.	One month	
30/3/17-4	<u>Quality and Safety Feedback</u> Executive Management Team to keep the Board apprised of key issues raised by staff at Annual Plan/Staff Survey discussions Mrs Romaniak and Mr Hogg to discuss whistleblowing governance implications.	April 2017 April 2017	Through Chief Executive report Discussion held and FTSUG paper added to Audit Committee programme
30/3/17-5	<u>Staff Survey Results</u> Executive Management Team to consider how the Administrative staff should respond to aggressive telephone calls (in view of the Trust's zero tolerance policy).	April 2017	Complete
30/3/17-6	<u>Integrated Performance Report – February 2017 Data</u> Director of Nursing and Operations to ensure that the Service User Experience graphs quantify numbers.	April 2017	Actioned – in IPR