

BOARD MEETING

29 SEPTEMBER 2016

Paper Title:	Minutes of the Trust Board Meeting held on 28 July 2016
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 28 July 2016.

RECOMMENDATION:

- The Board is asked **to approve** the minutes.

BRADFORD DISTRICT CARE TRUST

Minutes of a Meeting of the Trust Board held at Mind the Gap, The Silk Warehouse, Bradford at 10.00 am on Thursday 28 July 2016

Present:	Michael Smith	Chair
	Simon Large	Chief Executive
	David Banks	Non-Executive Director
	Sue Butler	Non-Executive Director
	Nadira Mirza	Non-Executive Director
	Rob Vincent	Non-Executive Director (for agenda items 1-8 and 13-22)
	Zulfi Hussain	Non-Executive Director
	Nicola Lees	Deputy Chief Executive/Director of Nursing
	David Sims	Deputy Medical Director (on behalf of Dr McElligott)
	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
	Debra Gilderdale	Deputy Director, Mental Health, Acute and Community Services
	Sandra McIntosh	Public Governor, Bradford South
	Michelle Eggett	Public Governor, Bradford South
	Colin Perry	Public Governor, Bradford West
	Ann West	Public Governor, Shipley
	Noel Waterhouse	Clinical Staff Governor
	Kathryn Bond	Highly Specialist Speech and Language Therapist in Dysfluency (for agenda item 4)
	Louise McChrystal	Consultant Speech and Language Therapist – Multilingual Communities (for agenda item 4)
	Fiona Bray	Head of Communications and Marketing (for agenda item 11)

One member of the Trust

2977 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting including Dr David Sims who was deputising for Dr McElligott and Ms Gilderdale who had been appointed as the Interim Director of Operations and Nursing with effect from 1 September 2016. Apologies were received from Dr McElligott.

2978 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

2979 **ISSUES RECEIVED FROM THE PUBLIC**

There were no issues received from the public.

2980 **PATIENT AND CARER EXPERIENCES**

This month's patient story from Mrs A was told by Kathryn Bond and was about Mrs A's experiences of using the Speech and Language Therapy Dysfluency service.

Mrs A was experiencing low self-esteem, a lack of confidence and self-belief due to the effects the stammer was having on her life. Mrs A believed that the therapy she received had changed her way of thinking about stammering and the way in which she perceived herself. Prior to being discharged from the service, the speech and language therapist compared Mrs A's final assessment with her first one. This revealed how much positive progress had been made during the therapy sessions.

During ensuing discussion, the following key points were made:

- Stammering is primarily a neurological cause as a result of timing differences in messaging between different parts of the brain that are needed to make speech. Mr Large queried whether any neurological studies were being undertaken which the Trust could participate in. **Action: Deputy Chief Executive/Director of Nursing to pursue;**
- A key aim of the therapy was to reduce the negative impact that stammering has on people's lives by challenging their negative thoughts and unhelpful behaviours (usually avoidance of talking). For some people, this therapy had an indirect positive impact on their stammer. The Therapist had received psychological training to enable her to do this effectively;
- The service worked alongside interpreters to support those people who did not speak English. It had also established a parent group which aimed to reassure anxious parents and to help them understand and accept their child's stammer and to provide helpful advice; and
- The Speech and Language team also worked with people of all ages who had difficulty with swallowing.

Trust Board thanked Mrs A for sharing her story.

2981 **MINUTES OF THE MEETING HELD ON 30 JUNE 2016**

The minutes of the meeting held on 30 June 2016 were agreed as a true and accurate record.

2982 MATTERS ARISING

Actions

- 30/6/16-2: Integrated Performance Report (IPR) – May Data – The Trust Secretary reported the labour turnover slide now incorporated numbers as well as percentages.

2983 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- He had attended the 'You're A Star Awards' event held at the Cedar Court Hotel in Bradford on 15 July. There had been 60 award entries in total. Of these, 15 reached the shortlisting stage and five had received an award. Mr Smith thanked the Communications team for developing and managing an excellent event; and
- Due to his impending retirement, this would be Mr Large's last Board meeting as Chief Executive of the Trust. The Chair expressed the gratitude of the Board to Mr Large for his excellent leadership. The Chair then reported that Ms Lees had been appointed as the Interim Chief Executive and Ms Gilderdale as the Interim Director of Nursing and Operations, with effect from 1 September 2016.

Trust Board noted the Chair's report.

2984 CHIEF EXECUTIVE'S REPORT

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

- **Freedom to Speak Up Guardian (FTSU)** – The CQC had announced that Dr Henrietta Hughes (currently the Medical Director for NHS England's North Central and East London region and practising GP) had been appointed as the new National Guardian for speaking up freely and safely within the NHS. The Trust would be appointing its own local Guardian by the end of the year and a proposal would be considered by Trust Board in September;
- **Engaging Leaders** – The Trust had won a national Health Personnel Management Award for its Engaging Leaders programme. Over 330 staff had participated in the programme and a further programme would run in October. Staff from the local authority and neighbouring trusts would be invited to take part;

- **NHS Improvement Consultation on the Single Oversight Framework** – NHS Improvement had published its new Single Oversight Framework (SOF) for consultation. This covered the level of financial, governance and performance information that foundation trusts had to report to the Regulator. If implemented, the SOF would replace Monitor’s Risk Assessment Framework and the Trust Development Authority’s Accountability Framework; and
- **NHS England Report: Implementing the Five Year Forward View for Mental Health** – The implementation plan, published by NHS England, contained a roadmap for delivering on the commitment of the Five Year Forward View for Mental Health. The report outlined how new funding, pledged in response to the Five Year Forward View for Mental Health, would be made available for CCGs year on year. However, the report lacked specific details about the funding available and the Trust would seek clarity when Claire Murdoch (NHS England National Mental Health Director) visited the Trust on 10 August.

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

2985 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

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

- Mr Vincent reported he had visited the Podiatry service at Horton Park with Mr Hogg. Mr Vincent and Mr Hogg had observed a podiatry assessment of a patient with complex care needs. Mr Vincent had been impressed at the way in which the Podiatrist had paid attention to the different care needs when undertaking the assessment. No issues had been raised;
- Mr Vincent and Mr Hogg had also visited the Carer’s hub where an art class had been running. Mr Hogg added the lead artist had agreed to be the ‘artist in residence’ at the Trust’s Mental Health Art Exhibition taking place in October; and
- Ms Mirza reported she had met with a Governor who had advised her about useful contacts within the community. Ms Mirza had passed the information to the Chair and Trust Secretary.

Trust Board noted the information received.

2986 **ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

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

Mental Health Legislation Committee meeting, 20 July 2016

Ms Mirza reported the following key items had been discussed at the meeting:

- The positive CQC visit;
- The role of the Second Opinion Appointed Doctor.

Ms Mirza also reported she would be attending the Council of Governors' meeting on 11 August to deliver a bite-size training session about the role of the Mental Health Legislation Committee.

Finance, Business and Investment Committee Meeting, 27 July 2016

Mr Vincent highlighted the following key points:

- The principal discussion at the meeting had focussed on the financial challenges faced by the Trust, mitigating actions in place to ensure delivery of the planned year-end financial position and the Financial Sustainability Risk Rating;
- The Committee had also received a report about bids and tendering opportunities and had discussed the potential impact of the Specialist Dental Services tender; and
- The Committee had asked for further information about telephony and the savings to be achieved through the consolidation of the patient records.

Mrs Romaniak added that the Committee had approved the disposal of land at the Ashfield House site.

Trust Board noted the points highlighted from Committee meetings.

2987 **INTEGRATED PERFORMANCE REPORT (IPR) – JUNE 2016 DATA:
EXCEPTION REPORTING**

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

- The Financial Sustainability Risk Rating (FSRR) remained at a 3 but the financial position continued to be very challenging. The Trust was reporting a deficit of around £300k at month three and further work was being undertaken with senior managers to bring budgets back in line with end of year forecasts;
- The Trust had historically reported very low figures against CQUIN 2a 'Cardio Metabolic Assessment and Treatment of Patients with Psychoses' (slide 10). However, it was recognised the Trust's performance in this area was not always consistent. **Action: Deputy Chief Executive/Director of Nursing and Dr Butler to discuss the timetabling of a deep dive into this area;**
- Due to national reporting requirements in relation to 'Mental Health Delayed Transfers of Care' (slide 4), the IPR slide highlighted that none of the Trust's mental

health patients had experienced a delayed transfer of care. However, national reporting requirements did not take account of people detained under Section 3 of the Mental Health Act. It was anticipated the indicator would be reviewed by NHS Improvement as part of a wider review of national indicators; and

- The percentage of staff receiving an appraisal had fallen from 83.14% at the 2015/16 year end to 81.92% (slide 13). Service Managers continued to be reminded of the need to undertake timely appraisals.

The Board also discussed the current labour turnover figure (11.74% against a 2016/17 target of 10%), sickness level hotspots (Specialist Inpatients, Acute Inpatients and Estates and Facilities), safe staffing levels and Friends and Family Test (FFT) feedback relating to service user experience. The Board recognised the increased complexity of those admitted onto inpatient wards and a number of specific pieces of work were underway to address these issues including:

- An external review of staffing within the Dementia Assessment Unit which would be undertaken in August/September.
- A review by Meridian of inpatient staffing levels, skills mix and good practice staffing approaches elsewhere within the country;
- Resilience training to new starters; and
- Further analysis of exit interviews to obtain a better understanding of the reasons for staff leaving the Trust. The Finance, Business and Investment Committee had requested a 'deep dive' into workforce planning and it was anticipated themes arising from the exit interviews would form part of the deep dive. **Action: Director of Human Resources and OD to pursue.**

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

2988 COMMUNICATIONS STRATEGY REVIEW

Dr Hussain provided the following reflections about the paper:

- There had been a general policy shift in the NHS which focussed on care closer to home and delivery of services in a more effective and efficient way. Communications needed to reflect this shift in emphasis; and
- It was important to utilise effective communication tools when communicating with staff and consideration should be given to utilising case studies to showcase the Trust's work.

During ensuing debate, the following key points were raised:

- The Strategy needed to emphasise the importance of listening to messages coming up through the organisation and to the Trust working in partnership with patients, service users and carers; and

- The overarching corporate messaging was supported but this should be used alongside service-specific messaging.

Trust Board agreed the Communications Strategy.

2989 IAPT AND TERTIARY PSYCHOLOGICAL THERAPY SERVICES

Dr Butler provided the following initial key reflections:

- The issues identified linked to Strategic Risk 1.1 within the Board Assurance Framework; and
- The paper provided assurance in relation to: the monitoring and management of patients on waiting lists; the threshold between IAPT and Psychological therapy and the move to NICE guidance.

Ms Lees added much work had been undertaken within IAPT to ensure achievement of targets (for steps 1-3). Tertiary Psychological Therapies (for steps 4-5) was experiencing significant challenges in waiting times and an outcome from an analysis of capacity/demand issues would be reported to the Quality and Safety Committee (QSC) in November. **Action: Trust Secretary/Deputy Director of Quality Governance to timetable into the QSC work programme.** This would enable the Trust to determine whether a more effective system-wide approach could be adopted (covering steps 1-5). Mr Large reminded Board members that one of the 'Star Awards' was for Primary Care Psychological Interventions. He considered it appropriate that this work be borne in mind when considering the system-wide approach.

Dr Butler queried whether the Trust has sufficient information about the different communities currently on the Trust's waiting lists. Mr Vincent believed this should be factored into the report being submitted to the Committee. **Action: Trust Secretary to inform the lead Deputy Director.**

Trust Board noted:

- **The current challenges around access to Psychological Therapy services;**
- **The current mitigations in place to support management of these challenges; and**
- **The expected outputs of the ongoing deep dive into capacity and demand analysis work that would be submitted in November.**

2990 PROGRESS ON SMOKE-FREE ENVIRONMENT

Ms Mirza reminded Board members they had requested an update about the impact of introducing a smoke-free policy across the Trust. She then highlighted the following key points:

- This was an emotive issue which was being highlighted during Trust Board quality and safety visits;
- Bradford Teaching Hospitals FT and Airedale NHS FT did not have a 'No-Smoking' policy in place and at Airedale Centre for Mental Health Services in particular, this was causing issues as the service users were utilising smoking facilities at Airedale NHS FT; and
- The Trust needed to be mindful that some mental health service users believed smoking aided their recovery. In response, Ms Lees reported the Trust was undertaking a review of the impact of the policy from a service user perspective and anticipated the review would be completed during quarter three.

Ms Lees added the Trust was currently working with North London Trust on areas that affected both trusts. Additionally, the Trust was reviewing the consistency of reporting in relation to smoking-related incidents.

Trust Board:

- **Considered the information given provided assurance on the approaches taken regarding key quality and safety issues in relation to the smoke-free policy;**
- **Supported the further development of the smoke-free initiative;**
- **Approved the issuance of new and updated guidance for the relaunch of smoke-free in October 2016;**
- **Approved new signage, for Lynfield Mount Hospital and Airedale Centre for Mental Health, clearly indicating the Trust's smoke-free status;**
- **Continued to support partnership working with other Trusts; and**
- **Continued to support improved and structured smoking cessation on clinical wards.**

2991 MONITOR QUARTERLY RETURN AND DECLARATIONS

Mr Vincent (Chair of the Finance, Business and Investment Committee) reported the FBIC had considered the quarterly return and Financial Sustainability Risk Rating (FSRR) at its meeting on 27 July 2016. FBIC agreed a quarter 1 score of 3 and discussed mitigations in place to achieve the projected year-end out-turn.

Trust Board:

- **Approved the current and project FSRR; and**
- **Approved the FSRR, Quarterly Template and Governance score of Green for submission to Monitor.**

2992 CORPORATE RISK REGISTER (CRR) AND BOARD ASSURANCE FRAMEWORK (BAF)

Mr Banks provided the following initial reflections:

- The formats of both the CRR and BAF had been refreshed. Whilst these were an improvement, it was considered the format and length of the mitigations and actions within the CRR required review. **Action: Trust Secretary to discuss with Dr McElligott;**
- It was important that both the CRR and BAF continued to be discussed at Board level on a quarterly basis, with committees overseeing deeper dives into areas of concern;
- The Audit Committee should be asked to review the systems and processes in place in relation to the BAF;
- There appeared to be some overlap between Strategic Risks 3.1 and 3.2. **Action: Trust Secretary to review;** and
- IM&T risks required close scrutiny.

Ms Lees outlined the importance of the Board reviewing the risk scores and determining whether or not these were an accurate reflection of the level of each risk. Dr Butler suggested these should be considered in detail at a future Board Development session and Mr Hogg believed the gaps in control and assurances in place could also be considered at the same time. **Action: Chair/Trust Secretary to timetable into the work programme.**

Trust Board:

- **Agreed that the risks which were previously on the CRR had been appropriately incorporated into the new risk register arrangements, subject to risk 3.1 and 3.2 being reviewed;**
- **Noted the outputs from the Forward to Excellence workshop, as detailed at Appendix 1 of the BAF;**
- **Noted the content of the refreshed BAF including Executive Director allocation of risks and initial risk scores as detailed within Appendix 2 of the BAF;**
- **Agreed to determine the allocation of risks to committees at the Board Development meeting; and**
- **Agreed that the BAF should be submitted to the Audit Committee on a regular basis.**

2993 CONSTITUTION REVIEW

The Trust Secretary reported the changes to the constitution reflected concerns/suggestions raised by Governors relating to the elected Governors' term of office and boundary areas. Other proposed changes related to general housekeeping/

formatting matters, the criteria relating to the Non-Clinical Staff Constituency, written resolutions and the establishment of working groups of the Council of Governors.

Trust Board:

- **Approved the proposed amendments to the constitution;**
- **Noted that the Council of Governors would also be asked to approve the proposed amendments at its meeting on 11 August 2016;**
- **Noted that once the amendments had been finally approved, the draft Council of Governors' Governance Manual would be updated accordingly; and**
- **Noted that the approved copy of the constitution would be sent to NHS Improvement for their website.**

2994 BOARD BUSINESS CYCLE

The Trust Secretary submitted the Board Business Cycle which outlined those items scheduled for future meetings.

The following additional items/amendments had been agreed at the Board meeting:

- Freedom to Speak Up Guardian Appointment (September);
- Commercial Strategy (to be considered at the October meeting rather than the September meeting)
- Annual Plan Half Year Review (October)

It was also noted the Board Development programme/business cycle would be updated to reflect discussions at a recent Board Away-Day and that the 2017/18 Annual Plan required timetabling into the work programme. **Action: Chair/Trust Secretary**

Trust Board noted the items contained within the Board work programme and noted the Board Development and Forward to Excellence programmes would be reviewed.

2995 ANNUAL MEMBERS' MEETING

The Trust Secretary introduced the paper which contained details about the Annual Members' Meeting taking place on 27 September.

Trust Board noted the arrangements for the 2016 Annual Members Meeting.

2996 COMMITTEE APPROVED MINUTES

A paper was presented containing approved minutes from the Mental Health Legislation Committee held on 20 April 2016.

Trust Board noted the contents of the Committee approved minutes.

2997 ANY OTHER BUSINESS

There were no items of other business.

2998 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 10.00 am on Thursday, 29 September 2016 at New Mill, Victoria Road, Saltaire, Shipley.

The meeting concluded at 12.30 pm.

**TRUST BOARD MEETING (PUBLIC)
28 JULY 2016**

ACTIONS

Ref No	Actions requested	Timescale	Progress
31/3/16-4	<u>Staff Survey Results</u> Director of HR/OD to include an update on progress within the Annual Plan 6-monthly review.	October 2016	
30/6/16-1	<u>Patient and Carer Experiences</u> Deputy Chief Executive/Director of Nursing to review the effectiveness of actions in place following Patricia's complaint.	January 2017	Audit to be undertaken by the Complaints team in January 2017
30/6/16-2	<u>Integrated Performance Report (IPR) – May 2016 Data</u> Director of Human Resources and OD to ensure the labour turnover slide incorporates numbers as well as percentages.	July 2016	Reported as completed at Trust Board 28/7/2016
28/7/16-1	<u>Patient and Carer Experiences</u> Deputy Chief Executive/Director of Nursing to determine whether any neurological studies into stammering are being undertaken and, if so, to investigate the Trust's possible involvement.	September 2016	
28/7/16-2	<u>Integrated Performance Report – June 2016 Data</u> Deputy Chief Executive/Director of Nursing and Dr Butler to discuss the timetabling of a deep dive into the consistency of reporting in relation to the measurement of cardio metabolic assessment and treatment of patients with psychosis. Director of Human Resources and OD to ensure themes arising from exit interviews are incorporated into the workforce planning deep dive.	August 2016 August 2016	 Paper submitted to FBIC
28/7/16-3	<u>IAPT and Tertiary Psychological Therapy Services</u> Trust Secretary/Deputy Director of Quality Governance to ensure the outcome of the Psychological Therapy Service review is timetabled into the QSC programme.	Two weeks	Committee lead informed for work programme

	Trust Secretary to inform lead Deputy Director that waiting list data should be included in Committee report.	Two weeks	Completed
28/7/16-4	<u>Corporate Risk Register and Board Assurance Framework</u> Trust Secretary to i) discuss the format of the mitigations and actions within the CRR; and ii) to review the overlap between strategic risks 3.1 and 3.2 within the BAF. Chair/Trust Secretary to timetable a review into the Board Development programme about the CRR/BAF risk scores and gaps in controls and assurances.	Two weeks Two weeks	Discussion held at EMT – revised CRR/BAF papers to October Board meeting On BDD agenda
28/7/16-5	<u>Board Business Cycle</u> Trust Secretary/Chair to i) ensure the business cycle reflects discussions at the 25 July Board Away-Day; and ii) to timetable the 2017/18 Annual Plan into the cycle.	Two weeks	On BDD agenda