

BOARD MEETING

25 February 2016

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

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 Trust, New Mill, Saltaire, Shipley at 10.00 am on Thursday 28 January 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
	Ralph Coyle	Non-Executive Director
	Nicola Lees	Deputy Chief Executive/Director of Nursing
	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
	Colin Perry	Public Governor, Bradford West
	David Spencer	Public Governor, Bradford West
	Michelle Eggett	Public Governor, Bradford South
	Hazel Chatwin	Public Governor, Craven

5 members of the Trust

2850 WELCOME AND APOLOGIES

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

2851 DECLARATIONS OF INTEREST

There were no declarations of interests.

2852 ISSUES RECEIVED FROM THE PUBLIC

There were no items from the public.

2853 PATIENT AND CARER EXPERIENCES

The Deputy Chief Executive/Director of Nursing introduced a DVD which contained recorded interviews with a number of service users and carers. During the interviews, the service users and carers spoke of their experiences of the Trust's mental health services. The Comments Campervan had been utilised to record the interviews which highlighted areas of good practice as well as areas that required improvement.

Ms Lees reported the feedback would inform the refresh of the Children's Strategy and would be taken into consideration when developing communication material for carers; it was likely this information would be available at the Carer's Hub opening in March. The feedback had also informed the Quality Account content.

During discussion, the following key points were highlighted:

- The key improvement themes arising from the DVD related to: staff attitudes, poor communication and a lack of information for carers. Board members considered it important that the feedback be utilised to inform the development of staff induction and training programmes and that the Quality and Safety Committee review the key themes. **Action: Deputy Chief Executive/Director of Nursing to forward a paper to the Committee;**
- The Comments Campervan could be used to obtain feedback from staff about their perceptions of the Trust; and
- Whilst the video contained feedback from Asian girls that used the Child and Adolescent Mental Health Services (CAMHS), there was a lack of feedback from Asian boys and it was important that feedback collected was representatives of all those service users that used a particular service.

2854 MINUTES OF THE MEETING HELD ON 17 DECEMBER 2015

The minutes of the meeting held on 17 December 2015 were agreed as a true and accurate record.

2855 MATTERS ARISING

Item 2839: Chief Executive's Report – In response to a question from Mr Vincent, Mr Large reported the CQC had not yet responded to the Trust's feedback about the CQC's proposals to increase its fees.

Actions

- 26/11/15-2: Chief Executive's Report: The Director of Human Resources and OD reported an update about the new national Whistleblowing policy would be incorporated into the February Chief Executive's Report;

- 17/12/15-1: Patient and Carer Experiences – The Medical Director reported he had extended an invitation to Lisa to promote Perinatal therapy at the Research Conference in April. The benefits of Perinatal therapy had also been highlighted to commissioners at the joint Board-to-Board meeting in January; and
- 17/12/15-3: BME Diversity in Employment Strategy Update: The Director of Human Resources and OD informed Board members this action had been completed and a programme of development had been produced for those Board members wishing to mentor BME inspiring leaders.

2856 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- The basement of New Mill had suffered flood damage during the Christmas storms and a number of staff had cut short their Christmas break in order to assist with the clear up;
- There had been recent media coverage about the financial difficulties facing the NHS and the challenges were likely to impact on planning for the forthcoming year. The challenges would be discussed in more detail with Governors at the joint Annual Planning meeting taking place later in the day;
- The CQC had undertaken a follow-up inspection; the purpose of which was to review progress since the full inspection in June 2014. Initial feedback received from the CQC was positive.
- The Non-Executive Director (NED) shortlisted had been produced and interviews would take place on 1 February 2016; and
- The lunch time presentation would focus on Membership Engagement.

Trust Board noted the Chair's report.

2857 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 items:

- **Sustainability and Transformation Plan** – NHS Planning guidance for 2016/17 'Delivering the Forward View' incorporated a requirement for local health and care economies to develop an integrated 5 year Sustainability and Transformation Plan (STP) by the end of June 2016. Local health economies needed to consider and confirm a number of related parameters by 29 January;
- **Delivering the Forward View: NHS Shared Planned Guidance for 2016/17 to 2020/21** – National health and care bodies in England had come together to publish shared planning guidance for the NHS, setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances. As part of the planning process, all

NHS organisations were asked to produce two separate but interconnected plans:

- A local health and care system STP covering the period October 2016 to March 2021; and
- A plan by organisation for 2016/17 – this would need to reflect the emerging STP.
- **CQV Visit** - the CQC had undertaken a focussed inspection of the Trust's services. The purpose of the visit was to follow up on progress made by the Trust since the full inspection in June 2014 with a particular focus on the two 'must do' (compliance) actions identified. These related to improvements to the Health Based Place of Safety suites and embedding the Continuous Care medical model. Initial feedback received from the CQC was positive and the formal report was expected in April;
- **Information Commissioner Office Report** – The Information Commissioner's Office (ICO) had undertaken a consensual audit of the Trust in October 2015. The audit focussed on two areas:
 - Data protection governance; and
 - Data sharing systems and processesThe ICO had given an overall conclusion of reasonable assurance. This was an excellent outcome for the Trust which was one of the first health organisations to be audited by the ICO. A detailed report had been produced by the ICO and this was supported by an action plan. Delivery of the action plan would be coordinated by the Information Governance team, submitted to the Audit Committee and overseen by the Information Governance Group; and
- **External Media Focus** – The Trust Secretary reported the Annual Plan preparations, the Zero Suicide conference, the Carer's Hub launch and the Time to Talk/Mindfulness launch would be a key focus of external media efforts during quarter 4.

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

2858 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

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

- Mr Coyle reported that both he and Mr Hogg had visited the Keighley School Nursing team. The team had highlighted issues relating to: the amount of time spent attending Safeguarding meetings with the local authority (this had subsequently been raised with the Deputy Director of the Children Directorate and Nursing and Specialist Services), delays in the acceptance of referrals into CAMHS (this had been referred to the Deputy Director, Mental Health and Acute Services) and a lack of funds to support young people related events. Mr Coyle informed Board members that the use of Charitable Funds to pay for such events was being investigated. Mr Coyle also reported there were no issues to report following his attendance at a recent Health and Safety meeting. However, discussion had taken place about 'corporate manslaughter' and

Mr Coyle believed it important that the Board have a discussion about this. **Action: Chair/Trust Secretary to timetable into the Board Development programme;** and

- Ms Mirza reported she had attended a Wellness Recovery Action Planning session facilitated by Nicholas Smith (Public Governor, Keighley). Ms Mirza had found the session to be very inspirational and she encouraged other NEDs to attend one of these sessions. Dr Butler suggested the focus of a future Board story should be about the WRAP. **Action: Deputy Chief Executive/Director of Nursing to consider.**

Trust Board noted the information received from Board members.

2859 ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The paper provided a short update on matters raised at the Quality and Safety Committee (QSC) meeting held on 18 December 2015. Dr Butler highlighted the following items:

- The Committee had had a detailed discussion about the smoke-free environment and had received assurances that effective approaches were being taken to implement the policy. Mr Vincent asked whether an evaluation had been undertaken by any other trusts into the impact of this policy on recovery rates. **Action: Deputy Chief Executive/Director of Nursing to pursue via the Directors of Nursing meeting;** and
- The Committee had also received assurance that an action plan was being implemented in response to the Community Mental Health survey. However, additional work was needed on actions to engage service users in decision making around prescription of medicines in order to assure the Committee that all areas for improvement were being addressed. An update would be provided to the Committee via the You and Your Care report.

Mr Coyle highlighted the following key items from the Mental Health Legislation Committee (MHLC) meeting held on 20 January 2016:

- The Committee had received assurance about the use of section 117 leave and would receive a further update in March 2017;
- A paper about the use of restraint had also been considered and, as this focussed on one six month period, the Committee had considered it appropriate that a further report be considered covering a further six month period. It was noted there had been a rise in the use of restraint in the Psychiatric Intensive Care Unit (PICU) and this was mainly due to three service users;
- The Committee had received assurance about the use of section 136; and
- Whilst the Board was being asked to ratify the terms of reference for the Committee, these were due to be reviewed again in the near future and would require further ratification.

Mr Vincent highlighted the following key items from the Finance, Business and Investment Committee (FBIC) meeting held on 27 January 2016:

- The FBIC had received positive assurance about the admin hub and would receive a further update in March 2016;
- Good progress had been made in relation to agile working, despite the challenging expectations set. The Committee had considered it appropriate that further consideration be given to how agile working could be developed further. **Action: Chair/Trust Secretary to arrange for the March Forward to Excellence session to focus on agile working;**
- The quarter 3 report to Monitor had been scrutinised;
- The Committee had discussed financial planning for the year ahead and the impact of the 'control totals';
- The e-rostering tender had received Committee sign off; and
- The Committee had agreed the focus of the next two deep dives: central support costs; and business intelligence.

Trust Board noted the points highlighted from the meetings and ratified the Mental Health Legislation Committee Terms of Reference.

2860 INTEGRATED PERFORMANCE REPORT (IPR) – DECEMBER 2015 DATA: EXCEPTION REPORTING

The report assessed progress against the Trust's key targets and performance indicators as at December 2015 and provided narrative reports on areas that were currently off trajectory. The following key areas were discussed or noted during the meeting:

- All Monitor performance requirements were being met (slide 1);
- The referral to treatment dental performance (slide 4), whilst RAG rated green, was slipping. **Action: Deputy Chief Executive/Director of Nursing to investigate the reasons for this;**
- Labour turnover was higher than trajectory at 11.84% against a target of 10% (slide 15). The position was being carefully monitored and the reasons for leaving continued to be analysed. Mr Coyle noted the labour turnover figure within PICU was high and asked whether the complexity of the patients being cared for was impacting on staff morale. In response, Mrs Knight reported recent analysis suggested staff morale within that unit was good. Dr Butler noted retirement figures were impacting on the turnover figure and queried whether the Trust had considered how it might encourage those older and experienced members of the workforce to continue to use their skills and expertise within the Trust. In response, Mrs Knight reported the Trust offered retirement planning sessions to those people reaching retirement age and highlighted options around flexible retirement and reduced hours working. and also held focus groups to gather intelligence about initiatives which would encourage someone to work longer;

- Sickness absence performance during December was recorded as 5.36% against at 14/15 target of 4% (slide 17). Short term absences had increased during this period whilst the number of long term absences had remained the same;
- The Community Matrons ratio of clients to staff was reported as 91 against a trajectory of 70 (slide 21). Ms Lees reported an investigation into the reasons for this had revealed the case load per staff member was determined by the number of people being cared for within a nursing home. However, not all those patients were receiving care from a Community Matron. Consequently, consideration was being given to how to cleanse the reporting data to ensure only active case load numbers were captured;
- The You and Your Care Strategic Reference Group had been considering how the Friends and Family Test (FFT) data could be more meaningful (slide 23). A refreshed FFT dashboard would be presented to the QSC March;
- Improving Access to Psychological Therapies (IAPT) indicators showed improved performance for access and recovery targets during October and November (slides 25 and 26);
- Two change programmes were RAG rated red in terms of occupancy rates: Intensive Therapy Centre; and Learning Disability Assessment Treatment Unit (slide 30). Marketing expertise was being deployed to analyse local competition and to develop promotional material which would be targeted at providers and commissioners;
- The Trust was still forecasting attainment of key financial targets and the cash flow position had improved (slide 31). Mr Vincent considered it important that the FBIC be kept informed about the national NHS financial position as this was likely to impact on the Trust's position.

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

2861 **MONITOR QUARTERLY REPORTING AND DECLARATION**

Mr Banks reported that the quarterly return had been discussed in detail during the Private Board meeting. Additionally, the Finance, Business and Investment Committee (FBIC) had considered, at its meeting on 27 January 2016, the Finance Sustainability Risk Rating (FSRR). FBIC had concluded that the assessments within the paper were accurate and recommended to Board the return and FSRR rating of 4 for quarter three for submission to Monitor.

Trust Board approved:

- **The current and projected Finance Sustainability Risk Rating (FSRR);**
- **The FSRR and Quarterly Template for submission to Monitor including the Board Governance Statements as appended to the Board paper; and**
- **Noted the next deep dive would focus on central support costs.**

2862 QUALITY AND SAFETY EFFECTIVENESS REVIEW – REPORT TO MONITOR

Dr Butler gave her initial reflections about the paper and highlighted the following key points:

- Overall, the evaluation report, produced by Tees, Esk and Wear Valley Foundation Trust, was positive and contained detailed recommendations which would inform the population of the resultant action plan;
- One recommendation related to the monitoring of issues/actions identified by Board members during their Quality and Safety visits. In particular it was recommended that the QSC receive written reports following those visits. Mrs Knight and Mr Large queried whether the Board would also continue to receive these reports and, if so, what added value would be gained from doing so. Mr Vincent and Mr Banks both believed the Board should continue to receive feedback from the visits as this intelligence proved helpful when considering other Board business;
- It would be important to evaluate the effectiveness of the actions in achieving the intended outcomes; and
- NEDs should consider whether any of the recommendations within the paper applied to the other committees. **Action: Chair to arrange a meeting with the NEDs to consider this.**

Trust Board:

- **Formally accepted the report, as presented, and approved the associated action plan;**
- **Approved the submission of the full report and action plan to Monitor;**
- **Approved the replication of the recommendations across all Board Committees; and**
- **Agreed that the QSC should monitor implementation of the action plan with any delays or other concerns escalated to the Board.**

2863 BOARD ASSURANCE FRAMEWORK

The Chair invited the NEDs to provide their initial reflections about the assurances in place to mitigate the key strategic risks identified in the Board Assurance Framework (BAF). Mr Banks highlighted the following key points:

- Strategic Risk 1.1 `Gap between demand for services and capacity, adversely affecting quality, safety, financial position relationships and reputation'. Mr Banks believed the score of 12 reflected the current position;
- Strategic Risk 1.2 `Failure to deliver service transformation and organisational change, resulting in non-delivery of quality and financial benefits in full and on schedule'. Mr Banks reported the Finance, Business and Investment Committee had scrutinised performance in relation to the Intensive Treatment

Centre and the Learning Disability Assessment and Treatment Unit. The score of 15 reflected the current position; and

- Strategic Risk 1.4 'Failure to respond fully to quality challenge: inability to meet the expectations of staff, patients and the public, losing the opportunity to understand and improve quality and adversely affecting relationships and reputation'. There were two additional assurances noted in the documentation relating to the CQC follow-up inspection and the peer review of the QSC. However, the rating of 10 continued to apply.

Mr Vincent highlighted the following:

- Strategic risk 2.1 'Failure to secure benefits from leadership of health and social care economy integration and change agenda' – Mr Vincent believed the score of 15 reflected the current position; and
- Strategic risk 2.2 'Failure to organise and deliver services around commissioners' requirements – Mr Vincent believed the financial challenges facing the health economy would result in the risk score increasing.

Mr Coyle highlighted the following:

- Strategic risk 3.1 'Failure to secure new business revenues' – a review of Commercial service provision was due to be undertaken and it was anticipated this would strengthen the existing commercial offering. This would add an additional assurance to the BAF; and
- Strategic risk 3.3 'Failure to respond successfully to competition' – it was envisaged the worsening economic situation would have a knock-on effect on the risk score of 16.

Mr Large believed the focus of the risks contained within the BAF would require a refresh once the planning requirements for next year had been clarified. Mr Smith added the Forward to Excellence meeting in May would be utilised to review the BAF.

Trust Board noted:

- **The content of the BAF;**
- **A refresh of the BAF would be undertaken to align with the 2016/17 Annual Planning process; and**
- **The Forward to Excellence session in May would focus on the BAF.**

2864 CORPORATE RISK REGISTER

Ms Mirza highlighted the following initial observations:

- **Band 5 nurse shortages** – the Trust would be launching an Apprenticeship strategy to help the Trust grow its own workforce and widen participation. Additionally, the skill mix within critical services such as district nursing and

school nursing was being reviewed with a view to introducing more support worker roles that would free up professionally registered staff;

- **Commissioning re-procurement activity and potential for decommissioning with contracts lost to competitors** – a Head of Business and Service Development post had been advertised in December 2015. The post holder would lead the development of new business opportunities, as well as leading the development of business cases or tender submissions for Trust core business. Ms Mirza outlined the importance of the Board gaining an understanding about the different tendering opportunities available. Mr Vincent informed Board members a regular report produced for the Finance, Business and Investment Committee contained valuable information about tendering opportunities. **Action: Director of Finance, Contracting and Estates to arrange for the report to be circulated to Board members;** and
- **Health and Safety** – Dr Butler asked what progress the Trust was making to mitigate the risk of service users at Lynfield Mount Hospital and the Airedale Centre for Mental Health accessing the roof areas. In response, Ms Lees reported a significant amount of work had taken place to reduce the risks of this happening.

Trust Board:

- **Noted the content of and changes to the Corporate Risk Register;**
- **Noted the content of and changes to the red risks; and**
- **Agreed the level of assurance was adequate relating to the Corporate Risk Register and red risks.**

2865 BOARD BUSINESS CYCLE

The Trust Secretary submitted the Board Business Cycle which outlined those items scheduled for future meetings. The format of the business cycle had changed to reflect the format used for the Committees. Mr Hogg pointed out that the business agenda for February contained few key papers and suggested that as March's business agenda contained a high number of papers, then consideration should be given to bringing some items forward to February where possible. **Action: Chair/Trust Secretary/Chief Executive to review outside the meeting.**

The following additions and amendment to the Board programme had been identified during the Private and Public meetings:

- The Equality Delivery System Review paper to be removed from the February agenda as this will be reported through the Quality and Safety Committee Chair's feedback in February;
- Operational Plan 2016/17-2017/18 to be removed from the business agenda for March as this duplicates another paper on the agenda for that month.

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

2866 COMMITTEE APROVED MINUTES

A paper was presented containing approved minutes from the Mental Health Legislation Committee meeting held on 14 October 2015.

Trust Board noted the contents of the Committee approved minutes.

2867 ANY OTHER BUSINESS

No other issues were raised. The meeting concluded at 12.30 pm.

2868 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 10.00 am on Thursday, 25 February 2016 at Bradford District Care Foundation Trust headquarters, New Mill, Victoria Road, Saltaire, Shipley, BD18 3LD.

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

ACTIONS

Ref No	Actions requested	Timescale	Progress
26/11/15-2	<u>Chief Executive's Report</u> Director of HR/OD to brief the Board on the new national whistleblowing policy via the CEO report.	February 2016	
17/12/15-1	<u>Patient and Carer Experiences</u> Medical Director to extend an invitation to Lisa to promote Perinatal therapy at the Research Conference being held in April; and Trust Board to highlight the benefits of Perinatal therapy to commissioners at the joint Board-to-Board meeting in January.	Two weeks January 2016	Reported as completed at the January Board meeting
17/12/15-3	<u>BME Diversity into Employment Strategy Update</u> Director of Human Resources and OD to arrange for i) NEDs to receive mentoring training; and ii) the effectiveness of this approach to be subsequently evaluated.	January 2016	Reported as completed at the January Board meeting
28/1/16-1	<u>Patient and Carer Experiences</u> Deputy Chief Executive/Director of Nursing to arrange for the Quality and Safety Committee to consider a paper about the key themes raised by service users and carers about mental health services.	Planned for March 2016	
28/1/16-2	<u>Quality and Safety Feedback from Board Members</u> i) Chair/Trust Secretary to timetable a discussion about corporate manslaughter into the Board Development programme; and ii) Deputy Chief Executive/Director of Nursing to arrange for the Wellness Recovery Action Planning (WRAP) initiative to be the focus of a future Patient and Carer story.	2 weeks February 2016	Incorporated into the programme of future Patient/Carer stories

28/1/16-3	<u>Assurance Reports from Committee Chairs</u> i) Deputy Chief Executive/Director of Nursing to determine whether any trusts have undertaken an evaluation into the impact of the no smoking policy on recovery rates; and ii) Chair/Trust Secretary to arrange for the March Forward to Excellence session to focus on Agile Working.	February 2016 March 2016	
28/1/16-4	<u>Integrated Performance Report (IPR) – December 2015 Data: Exception Reporting</u> Deputy Chief Executive/Director of Nursing to determine the reason for the referral to treatment dental performance slippage.	February 2016	
28/1/16-5	<u>Quality and Safety Effectiveness Review – Report to Monitor</u> Chair to arrange a meeting with NEDs to consider whether any recommendations contained within the evaluation report apply to other Board Committees.	Two weeks	
28/1/16-6	<u>Corporate Risk Register</u> Director of Finance, Contracting and Estates to arrange for the tendering report to be forwarded to Board members.	Two weeks	
28/1/16-7	<u>Board Business Cycle</u> Chair/Chief Executive/Trust Secretary to consider whether any business items scheduled for March can be transferred to February’s Board agenda.	One week	