BOARD MEETING

30 JUNE 2016

Paper Title: Minutes of the Trust Board Meeting held on 26 May 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 26 May 2016.

RECOMMENDATION:

- The Board is asked to approve the minutes.
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting including Rugare Musekiwa and Maria Moore who were both shadowing The Deputy Chief Executive/Director of Nursing as part of the Professional Change Month initiative. There were no apologies.

The Chair reported the Board was required to consider an additional paper at the meeting about the Annual Plan Statements. This would be considered following discussion about the Annual Report and Accounts.
DECLARATIONS OF INTEREST

There were no declarations of interests.

ISSUES RECEIVED FROM THE PUBLIC

The Trust Secretary reported the Board had received a letter about the closure of the Intensive Therapy Centre. This had been responded to by the Chair.

PATIENT AND CARER EXPERIENCES

This month’s patient story from Janine was told by Richard Carroll and was about the Improving Access to Psychological Therapies (IAPT) service. The IAPT service is an NHS programme of talking therapy treatments which supports people experiencing a range of mental health disorders through a stepped care model approach. Whilst the service had supported Janine to full recovery, there were aspects of the service provision she believed could be improved. As a result of Janine’s comments, the service was now working more closely with the voluntary sector in order to reach seldom heard groups and would be sub-contracting some of its work to those voluntary sector organisations offering psychological interventions. Additionally, the service was looking at ways to increase the percentage of self-referrals (currently, 90% of its referrals were made via GPs) and would be making it more flexible by offering group therapy in different locations and at various times including weekends and evenings.

During ensuing discussion, the following key points were made:

- The talking therapy was delivered through group work where service users were taught skills and techniques to manage their mental wellbeing;
- Between 60 - 70% of the people referred to the service were treated at step 3 of the care model approach. This delivered high intensity therapy for people with moderate anxiety and depression. It was envisaged that the self-referral offer would result in people accessing the service prior to them requiring high intensity therapy. This would result in more people being treated at step 2 of the care model programme which delivered low intensity therapy;
- All referrals were made via a single point of access and were then triaged into the most appropriate service;
- Those people not wanting to have a clinical mental health record were referred to other mental health services; and
- The Board would be receiving a further paper in July about Psychological Therapies.

MINUTES OF THE MEETING HELD ON 28 APRIL 2016

The minutes of the meeting held on 28 April 2016 were agreed as a true and accurate record, subject to the following amendment:
2916: Corporate Risk Register – Wording to be amended to read `Risk 1606: National Shortage of Band 5 Qualified Nurses – Dr Butler believed that this risk had now materialised as both a local and national issue. Whilst a number of additional actions were being taken around workforce planning to manage this, she suggested that this risk had become an issue which now needed to be managed and the risks arising from that issue assessed. Consequently, the risk description required rewording to more accurately reflect the current position. **Action: Director of Human Resources and Organisational Development.**

**MATTERS ARISING**

- Item 2907: Matters Arising – Dr McElligott reported NHS Employers and the British Medical Association had reached an agreement on the new junior doctors contract. The proposal would be put to a referendum in early July.

**Actions**

- 31/3/16-2: Integrated Performance Report (IPR) – Mrs Knight reported labour turnover against length of service had been incorporated into April’s IPR;
- 31/3/16-3 – Ms Lees informed Board members a report about IAPT and tertiary psychological therapy services would be forwarded to the July Board meeting;
- 31/3/16-5: Board Business Cycle – Mr Large reported he would circulate information about the DevoManc discussions following the Board meeting;
- 28/4/16-1: Patient and Carer Experiences – Ms Lees reported Peter Scotcher would be meeting other colleagues within the Trust to determine how the Wellbeing service might support wider service provision including the Wellbeing College model. Ms Lees also informed the Board that the Quality and Safety Committee would monitor progress;
- 28/4/16-2: Matters Arising – Ms Lees reported information about the no-smoking evaluation results would be shared with Board members at the July Board meeting;
- 28/4/16-3: Chief Executive’s Report – Mr Large informed Board members Tim Kendall had been invited to the National Mental Health Conference being organised by the Trust. The Trust Secretary reported a review of media coverage levels would be incorporated into the Media Strategy which was due to be considered at the July Board meeting;
- 28/4/16-4: Review of Patient and Carer Stories – Mr Hogg informed Board members the Annual Members’ Meeting (AMM) Planning group would consider how patient and carer stories could be incorporated into the AMM; and
- 28/4/16-5: Corporate Risk Register – the Chair reported the shortage of band 5 nurses had formed part of the Board-to-Board discussion with Bradford University.
ANNUAL REPORT AND ACCOUNTS

The Chair informed Board members that this item had been brought forward as it was important it received full discussion and consideration prior to approval. Mr Banks provided his initial reflections about the document and highlighted the following:

- Two sets of Accounts had been audited. The first covered the one month period prior to authorisation as a Foundation Trust (FT) and the second covered the eleven month period as an FT;
- The Head of Internal Audit opinion provided significant assurance to the Audit Committee and Board;
- The External Auditors (KPMG) had confirmed an unqualified audit opinion in respect of the audit and any issues identified had been presentational in nature;
- The Annual Report and Annual Governance Statements had been reviewed and no issues identified;
- The External Auditor had reviewed and provided a ‘clean’ opinion; identifying no issues relating to the Trust’s Use of Resources and Quality Report (content); and
- The Audit Committee had recommended that the Board approve both sets of Accounts.

Trust Board:

- Approved the Annual Report for 2015/16 (including the Annual Governance Statement, Annual Accounts and Quality Report); and
- Extended its thanks to the Finance department for delivering the accounting information in a tight timescale.

QUALITY REPORT

Board members considered it appropriate to consider this paper at the same time as the Annual Report and Accounts. Ms Mirza then gave her initial considerations about the paper and made the following key points:

- The report had been scrutinised by both the Quality and Safety Committee and the Audit Committee;
- The report would be presented at the Annual Members’ Meeting; and
- Governors had influenced the content of the report through a Quality Account Task and Finish Group and selection of a locally selected indicator. The Chair pointed out that the local Carers’ Assessment Key Performance Indicator (KPI) had been selected by the Council of Governors. He added the report contained information about the CQC follow up visit to review two must-do actions. These had been effectively implemented and all services had subsequently been awarded a rating of Good; and
Mrs Romaniak reported that a clean Limited Assurance opinion (the best possible given the limited scope of work) had been provided by KPMG in respect of their audit of the Quality Report Indicators (two mandated plus one locally selected KPI).

Trust Board:

- Confirmed that the Quality Report presented an accurate reflection of quality across the Trust; and
- Ratified the Quality Report content (pending any minor additions/amendments) in readiness for publication by 30 June 2015.

2932 ANNUAL PLAN STATEMENTS

The Trust Secretary reported the Board was required to consider and approve the Annual Plan Statements. These were required by NHS Improvement as part of the Annual Planning process. The paper addressed the first declaration relating to ‘systems for compliance with licence conditions’ and contained five separate sections. Each of these contained statements and evidence of compliance with the statements. Board members were asked to consider each statement in turn.

Board members were also informed they would receive a paper in June containing three further declarations relating to corporate governance issues.

Trust Board considered and certified each statement.

2933 CHAIR’S ANNOUNCEMENTS

The Chair reported:

- Mr Coyle had recently retired from the Trust Board and requested that his appreciation be passed on to Board members for their kind words and gift;
- He had attended the funeral of Cllr Lynn Smith, a former Board member and Hospital Manager;
- The Annual Volunteering Celebration event had taken place at the Bradford Hotel on 24 May. There were currently 280 Champions supporting the Trust and 40 volunteers were providing support within different services. A number of other people had expressed an interest in volunteering opportunities;
- He had attended the Annual Research conference which had been attended by people from a range of organisations and had proven to be a very successful event. Further information about the event was contained in the Chief Executive’s report; and
- The Board had met earlier in the day with the senior leadership team from Bradford University to consider joint working opportunities. Following the
meeting, consideration would be given to potential opportunities relating to the provision of mental wellbeing services for students, digital healthcare and workforce planning arrangements.

Trust Board noted the Chair’s report.

2934 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:

- **Follow-up CQC Inspection** (verbal update) – The Trust had received a final letter from the CQC based on a follow up inspection of two must-do actions which had been identified during their initial inspection in 2014. The CQC had confirmed the Trust was fully compliant within those areas. Consequently, the Trust was now rated as ‘Good’ in all CQC inspection domains. The Executive Management Team was considering how to improve the scores for the next inspection. Ms Mirza asked what percentage of mental health trusts had been scored as good. Whilst Mr Large did not have this information, he reported approximately one-third of Acute trusts had been rated as good;

- **Trust Joins the IPS Centre of Excellence Network** – The Trust’s Individual Placement and Support (IPS) Employment service had recently been reviewed by the East Midlands/University of Nottingham IPS lead and had achieved a ‘Good Fidelity’ across the range of IPS indicators. As a result, the Trust had been invited to join the IPS Centres of Excellence network. The team had achieved 60 placements since its formation;

- **The Chief Executive’s Tale: Views from the Front Line of the NHS** – This King’s Fund report, produced in partnership with NHS Providers, outlined the experiences of 12 retired NHS Chief Executives and highlighted the realities of leadership in the NHS today.

The Chair referred to the ‘Moving Forward Programme Launch’ which aimed to support BME band 5 and 6 staff with leadership aspirations and potential. The event had been well attended and included 10 potential applicants from Bradford Teaching Hospitals Foundation Trust. Mrs Knight added the programme had been shortlisted for a National Health Management award.

The Trust Secretary reported the media report contained data for the start of the new financial year and this was reflected in the trend analysis graph. Mr Hogg further reported digital engagement continued to grow and would be a key focus of the Communications team during the next 12 months.

Trust Board noted the content of the Chief Executive’s report.
QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS

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

- The Chair reported that both he and Mrs Romaniak had visited the Administration hub which had relocated from New Mill to Hillside Bridge due to the damage caused by the Boxing Day floods. The staff had found it beneficial to experience more cellular office accommodation and had requested whether this could be considered in the New Mill refurbishment programme. Mrs Romaniak confirmed that these comments had been highlighted during service redesign discussions and Jenny Moran-Whitehead was representing the service on the re-design project led by Estates. Some issues had been highlighted in relation to printing and building key fobs and these were now being progressed by the relevant Deputy Directors (IM&T and Estates). Further work around call volumes was being undertaken by the hubs with the telephony provider and assurance had been given that intelligence from this would inform any service re-design going forward.

Trust Board noted the information received.

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

Dr Butler reported:

- The Quality and Safety Committee dashboard was very positive;
- A further deep dive would be undertaken into pressure ulcers. Ms Lees added there had been a minor increase in the number of pressure ulcers. This was as a result of a reduction in funding for the service and an increased level of pressure ulcers being allocated to the Trust following de-registration of a number of nursing homes. **Action: Deputy Chief Executive/Director of Nursing to ensure the deep dive incorporates information about the number of pressure ulcers transferred to the Trust; and**
- The Committee had considered reports from two of the new Business Units and the Adult Physical Health Community Services would be undertaking a deep dive into one of the teams.

Mr Banks provided a verbal update from the Audit Committee meeting held on 24 May 2016 which had:

- Received assurance about Information Governance compliance; and
- Received an update about the Performance Management Framework which had been refreshed as planned after 2 years.

Trust Board noted the points highlighted from Committee meetings.
INTEGRATED PERFORMANCE REPORT (IPR) – APRIL 2016 DATA: EXCEPTION REPORTING

The report assessed progress against the Trust’s key targets and performance indicators as at April 2016 and provided narrative reports on areas that were currently off trajectory. The Chair noted a number of exceptions were highlighted relating to financial performance and considered it important that the Board focus discussion on this area. The following key areas were discussed or noted during the meeting:

- The report contained an error on the first page which showed a Financial Sustainability Risk Rating (FSRR) of 4 and a RAG rating of green. Performance for quarter one resulted in an FSRR of 3 and risk colour of amber;
- Cost Improvement Programmes (CIPs) had underachieved by £102k compared to plan. This was as a result of timing differences and a number of CIPs that had been RED rated at the point the Plan was approved by the Board. Details of the underperforming CIPs were highlighted. The Trust still anticipated full delivery of the CIPs. However, the CIPs were challenging and would require close monitoring;
- The cash position at month one was £2.7 million below plan. This was as a consequence of slippage in contracting deadlines with financial agreement not being reached until late April. This would continue to impact in part into May;
- Capital expenditure was rated amber due to an underspend on two items. The Trust was awaiting confirmation of the Capital control total. Mrs Romaniak added that the Trust had received a letter from NHS Improvement about the control totals and had received a revised control total target and access to Sustainability and Transformation Funding subject to accepting the revised increased total;
- A new slide had been added to the IPR (slide 28) to support improved escalation and management of risk issues including those highlighted through new Business Unit performance meetings; and
- Expenditure on agency staffing had reduced at month one although medical locum agency prices continued to exceed Monitor price caps. The in-house staff bank service had had a positive impact on expenditure levels and Ward Managers were generally supportive of the service.

Other aspects of performance were then considered:

- Service User Experiences (Friends and Families Test slide 21) had fallen below the Board’s target of 4 out of 5. This was as a consequence of 5 reviewers (out of 62) who offered a score of 1 out of 5 and an investigation would be undertaken into those areas not rated as good; and
- Sickness absence levels overall had continued to fall for the third successive month although remained above the Trust’s 4% target. Whilst long term absence was falling there had been an in-month increase in the number of cases being managed.
Trust Board noted the content of the dashboard and the issues highlighted by Board members.

2938 **NURSING STRATEGY**

The following key points were made:

- The Nursing Council would oversee delivery of the strategy actions;
- The strategy reflected the 10 key messages contained in the ‘Leading Change, Adding Value’ national strategy for nursing. The national strategy contained a number of case studies and the Trust was featured as case study number 10;
- The strategy would be formally launched at the Nursing Celebration event; and
- The ‘how will we achieve this’ section of the strategy would be updated to incorporate a reference to the Workforce Strategy. **Action: Deputy Chief Executive to ensure this is incorporated.**

**Trust Board:**

- Endorsed the priorities within the Strategy;
- Agreed that the priorities aligned with the Trust’s values and wider ambitions; and
- Supported the launch of the Nursing Strategy at the Nursing Celebration event in June.

2939 **ANNUAL REPORTS FROM COMMITTEES**

Board members received a paper containing the approved Annual Reports of the Finance, Business and Investment Committee and the Quality and Safety Committee.

**Trust Board noted the two Annual Reports.**

2940 **BOARD BUSINESS CYCLE**

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

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

- IAPT and Psychological Therapies (July);
- Non-Smoking Environment Evaluation Report (July);
- West Yorkshire and Local STP (June); and
- Governance Annual Plan Statements (June).
Trust Board noted the items contained within the Board work programme and approved the Board Development and Forward to Excellence programmes.

2941 REPORTING ON USE OF THE TRUST SEAL

Mr Hogg reported the Trust had used the Trust’s Seal on one occasion during 2015-16. This related to the lease of part of the second floor at No 16 Piccadilly in Bradford.

Trust Board noted:

- The register of sealings; and
- That a Procurement and Facilities use of seal review would take place during quarter one of 2016-17 to ensure that contracts of value greater than £100k (other than those relating to a National Procurement Framework) were presented for use of the seal in future.

2942 COMMITTEE APPROVED MINUTES

A paper was presented containing approved minutes from the Quality and Safety Committee meeting held on 18 March 2016.

Trust Board noted the contents of the Committee approved minutes.

2943 ANY OTHER BUSINESS

There were no items of other business.

2944 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 10.00 am on Thursday, 30 June 2016 at Bradford College, David Hockney Building, Great Horton Road, BD7 1AY.

The meeting concluded at 2.45 pm.
<table>
<thead>
<tr>
<th>Ref No</th>
<th>Actions requested</th>
<th>Timescale</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 31/3/16-2| Integrated Performance Report
Director of HR/OD to review labour turnover against length of service of staff. | 2 months.  | Information incorporated into April's IPR                                 |
| 31/3/16-3| **Deputy Chief Executive** to produce a report about IAPT and tertiary psychological therapy services. | 3 months.  | Paper to be forwarded to July Board                                        |
| 31/3/16-4| Staff Survey Results
Director of HR/OD to include an update on progress within the Annual Plan 6-monthly review. | October 2016. |                                                                              |
| 31/3/16-5| **Board Business Cycle**
**Chief Executive** to include DevoManc discussions in STP Board discussion. | May 2016.  | Information about DevoManc discussions circulated to Board members       |
| 28/4/16-1| **Patient and Carer Experiences**
**Deputy Chief Executive/Director of Nursing** to investigate the possibility of incorporating the Wellbeing Service within the Wellbeing College model. | 2 months.  | Investigation being undertaken. QSC to monitor progress                   |
| 28/4/16-2| **Matters Arising**
**Deputy Chief Executive/Director of Nursing** to share the evaluation of the no-smoking initiative with Board members | 3 months  | Paper to be forwarded to July Board                                        |
| 28/4/16-3| **Chief Executive’s Report**
**Chief Executive** to invite Claire Murdoch and Tim Kendall to the Mental Health Taskforce event.
**Trust Secretary** to review media coverage levels with the Ilkley Gazette | 1 month  | Tim Kendall invited to the National Mental Health Event.                   |
<table>
<thead>
<tr>
<th>Date</th>
<th>Task Description</th>
<th>Timeframe</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/4/16-4</td>
<td><strong>Review of Patient and Carer Stories</strong>&lt;br&gt;Trust Secretary/Deputy Trust Secretary to determine how the patient stories might be used at the Annual Members’ Meeting</td>
<td>3 months</td>
<td>Annual Members’ Meeting Planning Group considering</td>
</tr>
<tr>
<td>28/4/16-5</td>
<td><strong>Corporate Risk Register</strong>&lt;br&gt;Chair to include an item on the Board-to-Board meeting agenda with Bradford University about the shortage of band 5 nurses.</td>
<td>2 weeks</td>
<td>Completed</td>
</tr>
<tr>
<td>26/5/16-1</td>
<td><strong>Minutes of the Meeting Held on 28 April 2016</strong>&lt;br&gt;Director of Human Resources and OD to reword the CRR risk description relating to the national shortage of band 5 qualified nurses.</td>
<td>One month</td>
<td></td>
</tr>
<tr>
<td>26/5/16-2</td>
<td><strong>Assurance Reports from Committee Chairs</strong>&lt;br&gt;Deputy Chief Executive/Director of Nursing to ensure that the pressure ulcers deep dive incorporates information about the number of pressure ulcers transferred to the Trust following the deregistration of a number of nursing homes.</td>
<td>One month</td>
<td></td>
</tr>
<tr>
<td>26/5/16-3</td>
<td><strong>Nursing Strategy</strong>&lt;br&gt;Deputy Chief Executive/Director of Nursing to ensure reference to the Workforce Strategy is incorporated into the Nursing Strategy.</td>
<td>One month</td>
<td></td>
</tr>
</tbody>
</table>