

BOARD MEETING

29 OCTOBER 2015

Paper Title:	Minutes of the Trust Board Meeting held on 24 September 2015
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 24 September 2015.

RECOMMENDATION:

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

BRADFORD DISTRICT CARE TRUST

Minutes of a Meeting of the Trust Board held at Carlisle Business Centre, 60 Carlisle Road, Bradford, BD8 8BD at 10.00 am on Thursday 24 September 2015

Present:	Michael Smith	Chair
	Simon Large	Chief Executive
	David Banks	Non-Executive Director
	Ralph Coyle	Non-Executive Director
	Sue Butler	Non-Executive Director
	Nadira Mirza	Non-Executive Director
	Derrick Palmer	Non-Executive Director
	Rob Vincent	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
	Edwina Lintin	Family Nurse Supervisor (for the patient story)
	Alice	Service User (for the patient story)
	Noel Wilkinson	Clinical Staff Governor
	Colin Perry	Public Governor, Bradford West
	David Spencer	Public Governor, Bradford West
	Barry Eccles	Public Governor, Keighley
	Michelle Eggett	Public Governor, Bradford South

1 member of the Trust, 2 members of staff and 4 member of the public

2781 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and wished everyone Eid Mubarak. There were no apologies.

2782 DECLARATIONS OF INTEREST

There were no declarations of interests.

2783 ISSUES RECEIVED FROM THE PUBLIC

There were no items from the public.

2784 PATIENT AND CARER EXPERIENCES

This month's patient and carer experience story was told by Alice, a service user of the Family Nurse Partnership (FNP). The story began with a DVD about the service and was followed by Alice's storyboards which highlighted important milestones in her life as a young mother. Alice was also a member of the FNP Advisory Board and had conducted research into the views and needs of young single mothers in relation to their healthcare, a copy of the research findings was circulated to Board members.

The Chair invited questions about the story from the Board and the following comments were made:

- The FNP model originated in America and, following its success there, had been introduced into England. The FNP was an evidence based family intervention programme offered to first time young mothers aged 19 years and under;
- The service was offered to approximately 35% of people eligible to join and the majority of those that did join successfully completed the course. Data showed that the number of people leaving the Trust's service before completion of the programme was low when compared to other service providers; and
- On occasions, cultural differences impacted on access to the service and strategies were being pursued to overcome these challenges including the use of an interpreter.

2785 MINUTES OF THE MEETING HELD ON 30 JULY 2015

The minutes of the meeting held on 30 July 2015 were agreed as a true and accurate record.

2786 MATTERS ARISING

Item 2770: Board Assurance Framework – The Chair reported a meeting had yet to be arranged with the Clinical Commissioning Groups (CCGs). **Action: Chief Executive**

Actions

- 28/5/15-4 – The Chief Executive informed Board members that discussion had taken place in the Executive Management Team and Performance meetings about ways to embed clustering within service activity. An action plan had been produced to progress ideas generated;
- 28/5/15-7 – The Medical Director reported a review of the Quality Account process had been undertaken;
- 25/6/15-1 – The Chief Executive reported he had raised the recent report on Integrated Commissioning at the Health and Wellbeing Board away day;

- 25/6/15-4 – Dr Butler reported the Quality and Safety Committee had considered a paper relating to medical appraisal and revalidation. A further report would be considered by the Committee in April 2016;
- 30/7/15-4 – The Deputy Chief Executive/Director of Nursing informed the Board that the physical presentation of the CAMHS Hillbrook building had been reviewed and that new signage would be provided. This would form part of a wider signage roll-out programme. Ms Lees also referred to the additional action recorded in the action list and reported work had begun relating to the ways in which non-tangible outcome data was captured and reviewed. This work would be broadened to incorporate a range of services provided by the Trust;
- 30/7/15-5 – The Chief Executive confirmed his report to the Private Board meeting included information about the Health and Wellbeing Board ‘learning’ away day. The Trust Secretary reported a paper about the Board Assurance Framework would be considered at the October Board meeting;
- 30/7/15-6 – The Deputy Chief Executive/Director of Nursing confirmed the Quality and Safety Committee had considered information relating to concerns about podiatry appointments;
- 30/7/15-7 – The Chief Executive reported information about the BME Diversity in Employment Strategy had been incorporated into both the Annual Report and his presentation at the Annual Members’ Meeting on 22 September; and
- 30/7/15-8 – The Medical Director reported the Tees Esk and Wear Valley NHS Foundation Trust would be undertaking the peer review into the effectiveness of the Quality and Safety Committee. This would incorporate a review of the assurance seeking practices of the Committee and its relationship with Trust Board.

2787 CHAIR’S ANNOUNCEMENTS

The Chair reported:

- The Council of Governors had met twice since the Governors were elected. Three Council of Governor Committees had also been established and two of these had met. Additionally, the Lead Governor had been appointed;
- The Annual Members’ Meeting had taken place on 22 September 2015 and had been attended by approximately 85 people. Positive feedback had been received about the event;
- He had met with Lord Patel, Chair of Bradford Teaching Hospitals NHS Foundation Trust, and Mr Luger, Chair of Airedale NHS Foundation Trust, and discussed how the three Trusts would work together;
- The Trust had initiated and would be taking part in the first ever district-wide young people’s healthcare event on 15 October. This would consist of a range of interactive stalls about careers, healthcare and participation opportunities and a question and answer session with senior leaders from the NHS. The event had been developed by a range of partners, including the three local foundation trusts; and

- The Trust had been shortlisted in two categories of the HSJ awards: Provider of the Year and Board of the Year.

Trust Board noted the Chair's report.

2788 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 three items:

- **West Yorkshire Urgent and Emergency Care Vanguard** – Work had begun to prepare the detail of this programme and a launch event had taken place. The Vanguard would be driving forward the delivery of the main Keogh review outcomes and a delivery team had been established to oversee the development of the programme. Mr Large was leading the mental health element of the programme;
- **Leeds City Region Devolution** – Proposals had been submitted to the Treasury to secure a transformational devolution deal covering the shared geography of the Leeds City Region. The proposals were built around a set of 27 fiscal, transport, housing, business, skills and public service devolution requests, which would transform the ability to deliver the Strategic Economic Plan for economic growth to all parts of the City Region. Health and Social Care leaders across the district had been consulted on the readiness of the system and concluded the current strengths of the proposals were in the areas of transport and economic generation; and
- **Letter from Monitor: Agency Spend** – Monitor and the NHS Trust Development Authority had launched joint guidelines relating to nursing agency spend. The rules applied to agency spend on nursing, midwifery and support staff only and rules on other agency staff were expected to follow shortly. Mr Banks added that agency spend within the Trust had been considered at the Finance, Business and Investment Committee meeting and confirmed that currently, the Trust complied with the guidelines.

Mr Hogg drew the Board's attention to the media report and highlighted the First Response Service was the fifth most visited page on the website in August, with 168 people accessing the page out of hours. Data revealed awareness levels of the service were growing with over 400 people searching for it via Google.

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

2789 QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS

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

- Ms Mirza reported she had visited the Intensive Therapy Centre with Mrs Knight. Ms Mirza had been made aware of issues relating to: i) a lack of awareness about the service offer; ii) pressures on staffing levels as a result of ligature concerns; and iii) heating. Ms Mirza also believed it important that the service provision be flexible enough to meet the needs of diverse communities. Ms Lees reported the ligature issue was being addressed and the Chair highlighted that the Research and Development Conference in April would consider the latter concern; and
- Mr Coyle reported both he and Dr McElligott had visited the District Nursing team based at Westbourne Green. Concerns had been raised about supplies of equipment and about signage. Both these concerns were being addressed.

Trust Board noted the information received from Board members.

2790 ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The paper provided a short update on issues raised at the following meetings:

- Nominations Committee meeting held on 7 August 2015;
- Quality and Safety Committee meeting held on 7 August 2015;
- Audit Committee meeting held on 3 September 2015;
- Charitable Funds Committee meeting held on 3 September 2015;
- Finance, Business and Investment Committee meeting held on 17 September 2015; and
- Non-Clinical Policy Ratification Group meeting held on 17 September 2015.

Dr Butler then gave a verbal update about items discussed at the Quality and Safety Committee meeting held on 18 September 2015 and reported that the Committee had:

- Considered a paper outlining the findings of a deeper dive into the complaints received by the Trust. The number of complaints was reducing and complaints relating to the Admin hub had significantly reduced;
- Received the annual report of the Professional Council;
- Discussed the requirement for a deeper dive into psychological therapies. **Action: Deputy Chief Executive/Director of Nursing to circulate the Professional Council Annual Report to Board members;** and
- Considered an update about the Equality Delivery System.

Ms Mirza added the reconstituted membership of the Committee and revised meeting cycle were proving effective.

Trust Board noted the points highlighted from the various meetings.

2791 INTEGRATED PERFORMANCE REPORT (IPR) – AUGUST 2015 DATA

The paper assessed progress against the Trust's key targets and performance indicators as at August 2015 and provided narrative reports on areas that were currently off trajectory. The Chair invited comments and during the ensuing discussion the following issues were raised:

- Mrs Romaniak reported the Monitor summary (slide 1) reflected revised Risk Assessment reporting requirements. Consequently, an additional metric had been added to the slide relating to 'Monitor Financial Sustainability Risk Rating'. There were no evident concerns relating to the Monitor ratings. Since the last Board meeting, Monitor had also confirmed the Trust's quarter one submission and formally approved the quarter one Continuity of Service Risk Rating score of 4 and the Governance rating of Green;
- Mr Palmer noted the number of pressure ulcers was reducing and asked whether the introduction of pressure ulcers training was the reason for the reduction. In response, Ms Lees reported the reduction was due in part to the way in which grade 3 and 4 pressure ulcers were reported;
- Mrs Knight referred to slide 18, which showed an increase in sickness absence levels, and reported an analysis had been undertaken and action plan produced to address areas of concern. The analysis revealed the increase related to long-term sickness absence levels;
- The Chair noted new slides had been added to the IPR relating to the BME Diversity in Employment Strategy (slides 31 and 32). Dr Butler asked how the Trust segmented its data relating to BME staff. In response, Mrs Knight reported the Trust was undertaking a detailed breakdown of ethnicity at locality level to determine whether the ethnicity of the workforce matched the ethnicity of the local population. The Trust was also able to segment the workforce across a range of ethnic groups;
- Mr Vincent referred to slide 35 and noted completion of the Friends and Family Test by service users within the Child and Adolescent Mental Health Service (CAMHS) was low. In response, Ms Lees informed the Board that staff from the Patient Experience and Involvement Team would be meeting with CAMHS to determine how performance might be improved. Ms Lees added an update would be provided within a future IPR. **Action: Deputy Chief Executive/Director of Nursing to ensure this occurs;**
- Mrs Romaniak referred to slide 37 and reported there were issues relating to the IAPT recording on SystemOne, leading to HSCIC national data extracts appearing to show under performance on access targets. The Trust was deploying additional staffing resources to address the issue which required that 39 separate steps were separately captured correctly on SystemOne. There were also risks in relation to achieving recovery targets; however these were not believed to be recording issues. The Trust was developing a detailed action plan

to address performance for both targets. Ms Lees informed the Board the Trust had introduced additional clinics in the previous year in order to meet the new IAPT access target in quarter four of 2014/15. This had resulted in significantly more people accessing the service and this had had a heightened impact on performance in the first couple of months. Mr Vincent believed non-achievement of target levels could have a reputational impact on the Trust. In response, Ms Lees reported latest data revealed only one Trust was currently meeting the national target;

- Mr Coyle referred to slide 42 and noted performance in relation to the occupancy of beds within the Intensive Therapy Centre was below trajectory. In response, Ms Lees reported that 38 people had been assessed for the service and that four people were currently accessing it. As the therapy offered at the Centre was not offered elsewhere in the UK, it was likely the Trust would be required to evidence success rates prior to all beds being commissioned. Mrs Romaniak added that the Trust had anticipated financial risks when planning to open the unit and had discussed mitigation plans as part of the overall business case and subsequent downside planning. It was important to allow the agreed period to elapse before re-assessment occurred;
- Mrs Romaniak reported a number of items were impacting on cash flow performance (slide 57) and that this should more appropriately be shown as 'amber'. These impacts included Microsoft licences, the exit from NHS Professionals and phasing of provisions payments; and
- The Chair referred to slide 58 relating to nursing agency spend expenditure and reported this area had been discussed at the recent Finance, Business and Investment Committee meeting. Ms Lees added a paper relating to alternative solutions to agency staffing would be produced and considered at the Quality and Safety Committee meeting.

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

2792 REVIEW OF BDCFT'S LEADERSHIP PROGRAMME (ENGAGING LEADERS)

Ms Mirza provided her initial reflections on the paper and highlighted the following key points:

- The second iteration of the Engaging Leaders programme was aimed at team leaders in Agenda for Change pay bands 6 and above. Mrs Knight added that future programmes would be aimed at staff in pay bands 4 and above. Staff from partner organisations had been invited to take part in the programme due to start in October;
- Cohort two would commence with a launch event on 7 October 2015 and Ms Mirza believed consideration should be given to Board members and Governors being encouraged to engage with participants through mentoring and

coaching opportunities. In response to this comment, Mrs Knight reported everyone on the programme had access to a mentor and coach; and

- There was an opportunity for service users to be involved in the evaluation processes. Mr Palmer also believed it important that the evaluation focus on short-term and longer-term staff achievements. Mrs Knight responded by reporting the programme would be used as part of succession planning strategies and that staff would be encouraged to continue to develop their skills and knowledge through internal and external opportunities. The Trust would also track the success of staff (in relation to career development) that had attended the programme. The evaluation report would be finalised in December and considered by the Executive Management Team.

The following additional points were then raised by other members of the Board:

- Mr Vincent considered it appropriate that the programme refresh take account of the fact that one cohort could differ significantly from another; and
- Mr Palmer reported KPMG had published a document relating to culture (which was a key focus of one of the Engaging Leader programme modules) and suggested the Trust might find it useful to review the report findings.

Trust Board:

- **Supported the significant work which had been undertaken and continued to progress to develop the Engaging Leaders programme and extend its reach;**
- **Noted the benefits to date that the programme had delivered from the initial evaluation;**
- **Supported the work underway for cohort two; and**
- **Supported the plans to undertake a full formal evaluation of the programme.**

2793 MENTAL HEALTH STRATEGIES – REVIEW OF FIRST RESPONSE

Dr Butler provided the following initial observations:

- Overall, the evaluation findings relating to the First Response Service were positive. The report highlighted the complexity of the project and the positive achievements made. A number of recommendations were proposed including a need to improve the reach of the service to diverse populations;
- The report highlighted a key risk relating to the service potentially not being able to meet the increasing demand on it. In response to this comment, Ms Lees reported the service accepted self-referrals which was the reason for the high number of calls being received;
- Concerns had been raised about waiting times for a face-to-face crisis response. Ms Lees reported the team had set itself a target of a face-to-face

response within one hour of referral (the national target was six hours and most people accessing the First Response service were seen within two and half hours of the referral). Mental Health Strategies considered the one hour target to be too stretching;

- It was important to utilise the learning from the evaluation to best effect. Ms Lees highlighted the initial evaluation report (which covered the first six months of operation) had been commissioned by the CCGs to determine whether they would continue to fund the service. The Trust had also recently commissioned an independent service user evaluation by Bradford and Airedale Mental Health Advocacy Group (BAMHAG) in order to gain a wider view of experiences;
- The triage staff should be appropriately qualified and experienced. Ms Lees responded by informing the Board that whilst the triage staff did not have the level of experience of some staff, they were appropriately qualified and trained; and
- The shift patterns were long (12.5 hour days). Ms Lees reported an action plan had been produced in response to the concern raised about shift patterns.

Trust Board:

- **Supported the commissioning of an independent service user evaluation, to gain a wider view of experiences; and**
- **Agreed to continue to monitor and develop the service and the action plan through the FRS Steering Group.**

2794 BOARD BUSINESS CYCLE

The Trust Secretary submitted the Board Business Cycle, outlining those items scheduled for future meetings. The following actions and amendments to the programme were noted:

- The Chair and Chief Executive to discuss timetabling of the Digital Strategy (originally due to be discussed at the October Board);
- The Chair, Chief Executive and Medical Director to discuss timetabling of the Quality Strategy Refresh paper (originally due to be discussed at October Board);
- A paper about the IM&T priorities to be added to the programme for October; and
- The paper about the Quality and Safety Effectiveness Review to be scheduled for December rather than November.

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

2795 COMMITTEE APPROVED MINUTES

A paper was presented containing approved minutes from the following committees:

- Charitable Fund Committee meeting held on 20 March 2015;
- Audit Committee meeting held on 4 June 2015;
- Quality and Safety Committee meeting held on 26 June 2015; and
- Finance, Business and Investment Committee meeting held on 29 July 2015.

Trust Board noted the contents of the Committee approved minutes.

2796 ANY OTHER BUSINESS

Measuring and Monitoring Safety

Dr Butler reported the Trust was undertaking a joint piece of work with Bradford Teaching Hospitals Foundation Trust into measuring and monitoring safety. Two meetings were scheduled in October to discuss this initiative further. **Action: Dr Butler to circulate meeting dates to directors.**

No other issues were raised.

2797 DATE AND TIME OF NEXT MEETING

The next meeting would be held at 10.00 am on Thursday, 29 October 2015. The meeting concluded at 12.20 pm.

**TRUST BOARD MEETING (PUBLIC)
24 SEPTEMBER 2015**

ACTIONS

Ref No	Actions requested	Timescale	Progress
28/5/15-4	EMT to discuss new ways to embed clustering approach within service activity.	One month	Initial discussion held
28/5/15-7	<u>Quality Accounts</u> Medical Director to ensure: iii) a review of the Quality Accounts process be undertaken in preparation of the Monitor requirements for the 2015/16 report.	iii) Three months	Completed
25/6/15-1	<u>Chief Executive's Report</u> Chief Executive to provide further analysis once the final report by Lord Carter on operational productivity had been published. Chief Executive to raise the recent report on Integrated Commissioning at the Health and Wellbeing Board away day on 7 July.	Autumn 2015 7 July	Completed
25/6/15-4	<u>Medical Appraisal and Revalidation</u> Dr McElligott to present further information to the Quality and Safety Committee at a future meeting	Timing to be agreed with the Committee Chair.	Completed. Further report to be considered by the Committee at its April 2016 meeting
30/7/15-4	<u>Quality and Safety Feedback from Board Members</u> Deputy Chief Executive/Director of Nursing to: i) Ask the Estates team to review the physical presentation of the CAMHS Hillbrook building; and ii) Review ways in which non-tangible outcome data is captured and reviewed. Medical Director to ensure that the Research conference in April includes a focus on culturally adapted approaches to care provision.	One month April 2016	Completed

30/7/15-5	<u>Board Assurance Framework</u> Chief Executive to: i) provide to September Board, through the Chief Executive report, information about the Health and Wellbeing Board 'learning' away day; and ii) Arrange a meeting between the Board and the Clinical Commissioning Groups. Commercial Director to ensure the next BAF deep dive focusses on strategic risk 1.1	September 2015 Board Two months November 2015 Board	Considered at the Private Board meeting Deferred
30/7/15-6	<u>Integrated Performance Report – June 2015 Data</u> Deputy Chief Executive/Director of Nursing to ensure information relating to concerns about podiatry appointments is reported to the Quality and Safety Committee.	Two months	Completed
30/7/15-7	<u>BME Diversity in Employment Strategy – Six Month Review</u> Chief Executive to incorporate information about the Strategy into his review of performance presentation at the Annual Members' Meeting.	Annual Members' Meeting, September 2015	Included in the Annual Report and the Chief Executive's Report
30/7/15-8	<u>Quality and Safety Committee Effectiveness Review</u> Medical Director to ensure that the assurance seeking practices of the Quality and Safety Committee and its relationship with Trust Board are incorporated into the peer review process.	Two months	To be incorporated into the briefing provided to Tees Esk and Wear Valley NHSFT
24/9/15-1	<u>Actions</u> Trust Secretary to develop the Board Assurance Framework report for Trust Board.	October Board meeting	On agenda
24/9/15-2	<u>Assurance Reports from Committee Chairs</u> Deputy Chief Executive/Director of Nursing to circulate the Professional Council Annual Report to Board members.	Two weeks	
24/9/15-3	<u>Integrated Performance Report – August Data</u> Deputy Chief Executive/Director of Nursing to ensure a future IPR contains an update about action being taken to increase Friends and Family Test response levels within CAMHS.	October Board	

24/9/15-4	<u>Any Other Business</u> Dr Butler to circulate to directors details about the Measuring and Monitor Safety meetings scheduled for October.	One week	
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