BOARD MEETING

26 JANUARY 2017

<table>
<thead>
<tr>
<th>Paper Title:</th>
<th>Minutes of the Trust Board Meeting held on 22 December 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section:</td>
<td>Public – Standing Items</td>
</tr>
<tr>
<td>Lead Director:</td>
<td>Michael Smith, Chair</td>
</tr>
<tr>
<td>Paper Author:</td>
<td>Stella Jackson, Deputy Trust Secretary</td>
</tr>
<tr>
<td>Agenda Item:</td>
<td>5</td>
</tr>
</tbody>
</table>

EXECUTIVE SUMMARY:

Attached are the minutes of the Trust Board meeting held on 22 December 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 Foundation Trust, New Mill, Victoria Road, Bradford
at 10.00 am on Thursday 22 December 2016

Present:

Michael Smith  Chair
Nicola Lees  Chief Executive
David Banks  Non-Executive Director
Sue Butler  Non-Executive Director
Rob Vincent  Non-Executive Director
Zulfi Hussain  Non-Executive Director
Nadira Mirza  Non-Executive Director
Debra Gilderdale  Interim Director of Nursing and Operations
David Sims  Deputy 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

Two members of the Trust

3056  WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting including Dr Sims who was attending the meeting on behalf of Dr McElligott. Apologies had been received from Dr McElligott.

3057  DECLARATIONS OF INTEREST

There were no declarations of interests.
3058 **ISSUES RECEIVED FROM THE PUBLIC**

There were no issues from the public.

3059 **PATIENT AND CARER EXPERIENCES**

The Board noted the next patient and carer story would be told at the Board meeting in January 2017.

3060 **MINUTES OF THE MEETING HELD ON 24 NOVEMBER 2016**

The minutes of the meeting held on 24 November 2016 were agreed as a true and accurate record.

3061 **MATTERS ARISING**

There were no matters arising.

3062 **CHAIR’S ANNOUNCEMENTS**

The Chair reported:

- The Board had agreed, at the Private Board meeting, to submit the two year plan to NHS Improvement (NHSI). The Chair thanked all those involved in helping to develop the plan and in particular the Finance team; and
- He had attended two celebration events since the last Board meeting. One was held by Champions Show the Way and the other was held by the Patient and Carer Involvement Group.

Trust Board noted the Chair’s report.

3063 **CHIEF EXECUTIVE’S REPORT**

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

- **Supporting Staff in Police Training** – Six members of staff had graduated from the Special Police Officers programme;
- **Alzheimer’s Society Award for Dementia Friendly Organisation 2016** – The Trust’s Community Dental Service had been awarded the Alzheimer’s Society
Award for Dementia Friendly Organisation of the Year in the Health/Social Care category;

- **Trust’s to Collect Patient Death Figures from 2017 as Hunt Accepts Full CQC Findings** – From 31 March 2017, all trusts will be required to collect data in relation to deaths. Dr McElligott was working with colleagues from local trusts to identify a consistent approach to data capture/reporting;

- **Stay Safe this Winter** – As at 21 December 2016, 75.75% of staff had been vaccinated against flu. Consequently, this CQUIN had been achieved; and

- **Perinatal Mental Health Service** – The Trust had received £267,296 from NHS England to develop a Perinatal Mental Health service.

During ensuing discussion, the following key points were made:

- The Trust had been awarded the Wakefield Children’s Service contract, subject to due diligence, mobilisation and the Trust negotiating and signing the contract. Information and assurance in relation to the proposed contract would be provided to the Board at the next Private Board meeting;

- A new survey of hospital managers and senior doctors had revealed NHS pressures were undermining relations between doctors and senior managers. However, there were no significant concerns within the Trust;

- The Kings Fund had published a report relating to the impact of Brexit on health and social care. **Action: Chief Executive to circulate a copy of the report to Board members**;

- Nationally, a significant number of trusts (including the two local acute trusts: Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust) were not meeting their Accident and Emergency targets due to ongoing pressures. Additional measures had been requested of the whole system and the Trust was supporting the two local acute trusts to reduce admissions and bed occupancy levels through more effective liaison with and utilisation of community based services;

- The Trust’s external winter media campaign had consistently generated coverage in November. Future media briefings would focus on the Wellbeing College and Governors would be encouraged to promote the service. The service would also be promoted to larger employers within the district. **Action: Trust Secretary.** Additionally, the link to the Wellbeing College web page would be circulated to Board members. **Action: Trust Secretary.**

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

3064 QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS

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

- Mr Banks and Ms Gilderdale had visited the Outpatients department at Lynfield Mount Hospital. They were assured about the effectiveness of the operational...
controls in place, in particular in relation to the follow up of missed appointments. The team had reported two issues: one related to the effectiveness of the panic alarm system and the other related to piped hot water. As a result of the former issue, none of the members of staff would be accompanying service users to bathroom facilities unaccompanied until the problem had been resolved. The latter concern was also being addressed;

- Mr Vincent reported he had attended a You and Your Care Strategic Reference Group meeting which had considered the focus of future work programmes. A further meeting would be held in January to sign off the new programmes;
- The Chair and Mrs Knight had visited the District Nursing team based at the Springs Medical Centre in Ilkley. The team was experiencing capacity issues due to two members of staff being on long-term sickness absence. Short-term sickness absence levels were also high. The potential impact of capacity issues on quality had been reported through the risk register. The team continued to support one another to deal with day-to-day concerns. The Board asked Mrs Knight and Mrs Gilderdale to discuss, outside the Board meeting, what appropriate action was needed with the team to address the current capacity issues;
- Ms Mirza had attended the Mental Health Legislation Forum. An issue had been discussed relating to a number of service users who were resistant to the Trust’s Smoke-Free policy. A separate concern had been raised about North Yorkshire Police not escorting those members of the public experiencing a mental health problem to an appropriate place of safety. Ms Gilderdale would be discussing the latter concern with the Police and the Chair reported he would also raise this at a meeting with the Chair and Crime Commissioner of West Yorkshire in January. **Action: Chair**; and
- Mr Banks reported that smoking-related issues had also been discussed at the Health and Safety Group meeting. A number of actions were in train, including a simulation exercise.

**Trust Board noted the information received.**

**3065 ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

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

**Quality and Safety Committee meeting, 16 December 2016**

Dr Butler highlighted three significant issues relating to quality which the Committee had discussed. These related to:

- Managing long waiting times for Psychological Therapies. Ms Lees added a number of factors were impacting on waiting times including the length of time service users remained on case-loads, under-investment in the service and
some members of staff carrying smaller case-loads. Mrs Romaniak reported the commissioners were aware of the issue, which had been noted in the contractual Service Development Improvement Plan (SDIP), but were unlikely to have additional funds to invest as contracts had just been finalised. Consequently, a discussion would take place in the New Year to agree priorities. Ms Gilderdale also reported that with effect from 1 February 2017, the Psychological Therapies team would form part of the Improving Access to Psychological Therapies structure. It was agreed that the presentation slides from the Committee meeting should be shared with Board members. **Action: Dr Butler to circulate;**

- Achieving an appropriate balance of capacity and staffing on the Dementia Assessment Unit. This linked to successful contractual negotiations for additional funding; and
- Considerable staffing pressures in the Medicines Management team due to high levels of sickness absence. It was agreed that information about mitigations in place to address this concern should be shared with Board members. **Action: Medical Director to circulate details.**

*Finance, Business and Investment Committee, 15 December 2016*

Mr Vincent highlighted the following:

- The Committee had discussed the financial position at month seven and had received an update on the outcome of commissioning negotiations at that time. Since the Committee meeting, the financial position for month eight had deteriorated and further mitigations were being developed. However, the Committee agreed that the level of risk of failing to achieve the planned position was substantially elevated. The quarter three position and forecast would be crucial and additional Committee and Board discussion prior to submission could be necessary; and
- The Committee had also received an update regarding the Trust’s Marketing Strategy and had endorsed the updated Estates Strategy.

*Audit Committee Meeting, 28 November 2016*

Mr Banks reported the Committee had received four ‘significant assurance’ reports from Internal Audit and one ‘full assurance’ report.

**Trust Board noted the points highlighted from the Committee meeting.**

*3066 BME DIVERSITY IN EMPLOYMENT STRATEGY*

The Chair reported he had attended the Aspiring Cultures Annual General Meeting and believed members of the group should be involved in progressing the Strategy. Dr Hussain then gave his initial reflections about the paper. He believed it would prove
beneficial to segment the BME workforce target across grades rather than having one overall aspirational target. He also considered it appropriate to invite BME employees to shadow other employees in order to gain a greater understanding about the different roles within the Trust.

During ensuing discussion, the following key points were raised:

- It was important to understand what other organisations were doing to encourage job applications from BME candidates and to retain the BME workforce. Dr Hussain believed it important that consideration be given to the Trust joining the Regional Diversity Forum. **Action: Dr Hussain to provide details about the Forum to Mrs Knight.**
- The Leadership Academy would be working within the Trust to explore how diverse teams could work together more effectively; and
- Future reports should highlight progress/outcomes in relation to a small number of key priorities and should detail the benefits arising from the actions undertaken.

**Trust Board:**

- Noted the challenges and progress made in delivering the Strategy;
- Supported the priorities outlined for 2017;
- Agreed that future reports should focus on a small number of key actions;
- Agreed the target of 35% of staff being from a BME background by 2020 should remain; and
- Agreed to continue to receive six monthly reports.

**3067 INTEGRATED PERFORMANCE REPORT (IPR) – NOVEMBER 2016 DATA: EXCEPTION REPORTING**

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

- The sickness absence rate for November 2016 had increased to 6.37% and was the highest level of sickness for over three years. It was considered important to understand whether staffing pressures were impacting on sickness absence levels. **Action: Director of Human Resources and OD to investigate;**
- Three service users had scored 1 out of 5 for the question `were you involved as much as you wished’ in the Friends and Family test. This had impacted on the score for June. Reasons for the low score had not been given;
- The Trust continued to contribute to the delivery of the Accident and Emergency targets through a range of services and interventions. Airedale NHS Foundation Trust had met the national target during quarter four (2015/16) but both Airedale
and Bradford Teaching Hospitals foundation trusts had been and remained behind trajectory during 2016/17. Performance in Bradford remained lower against the 95% performance target;

- Labour turnover equated to 12.28% against a target of 10%. Those areas experiencing the highest levels of turnover were Specialist Inpatients, Adult Physical Health and Mental Health Acute and Community. Seventy-five percent of staff from Specialist Inpatients had transferred to other roles within the Trust. Board members believed it would prove beneficial to understand what proportion of those staff had transferred sideways and what proportion had moved into a higher graded job. It was also considered important to understand from staff what the Trust could do to improve staff retention. It was noted there seemed to be a correlation between high sickness levels, labour turnover and patient satisfaction within this service area. Consequently, it was considered important that a deeper dive into these issues be undertaken through the Quality and Safety Committee.

**Action:** Trust Secretary/Dr Butler to timetable into the work programme.

‘What Matters to You’ discussions with staff within these areas revealed the use of Agency staff was the only issue impacting on morale; this was being addressed through actions to reduce agency staff;

- Fifty-eight percent of the 2017/18 Agile resource reductions, planned in the post-Deloitte (2nd) Agile Working Business Case remained unidentified. This matter would be considered by the Finance, Business and Investment Committee (FBIC) in February/March 2017;

- Deterioration to the financial position at month 8 had been highlighted to NHS Improvement (NHSI) through a telephone conversation. Additional mitigations to strengthen the position had been identified by the Executive Management Team and these correlated with a generic list of actions which had been shared by NHSI. The key financial uncertainty at month 8 related to telephony spend and this was being investigated. The Trust would be submitting its quarter 3 return to NHSI mid-January 2017 and would, therefore, need to consider further actions and the level of risk to delivery via the Executive and FBIC before this point.

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

### 3068 SAFER STAFFING LEVELS

Board members raised the following points:

- During the six months being reported on, only two shifts had not achieved minimum staffing level requirements due to unusually high staff short term sickness absence. It was considered that sickness and vacancy levels within the Trust would impact on the Trust’s ability to maintain safe staffing levels in the future. Whilst national reporting requirements required trusts to identify whether required staffing numbers were being met, the targets were imprecise with limited assurance that achieving safe staffing levels resulted in quality service provision;
Further information was required about the acuity tool being developed for Mental Health services; The Board awaited further details about the outcome of the Meridian work; and The Trust should benchmark its staffing levels with that in other similar trusts.

Trust Board:

- Requested that future Safer Staffing reports also focus on any quality or safety impact/assessment for consideration by the Board;
- Noted the increasing levels of acuity within Inpatient areas and the need to adjust the baseline staffing ratio in response on a case-by-case basis;
- Acknowledged the progress of e-rostering and the improvement in accuracy of staffing data;
- Was assured that the work through Meridian ensured staffing resource was being planned more efficiently;
- Noted the changes to bank overtime; and
- Acknowledged the reduction in agency spend.

3067 BOARD BUSINESS CYCLE

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

- Wakefield Children Services Contract Approval – January Private Board meeting;
- Diabetes Service Memorandum of Understanding – January Private Board meeting; and
- Review of General Car Parking Arrangements – January Public Board meeting.

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

3068 COMMITTEE APROVED MINUTES

A paper was presented containing approved minutes from the Audit Committee meeting held on 5 September 2016 and the Finance, Business and Investment Committee meeting held on 26 October 2016.

Trust Board noted the contents of the Committee approved minutes.
ANY OTHER BUSINESS

Deputy Director of Operations and Nursing

Ms Lees reported shortlisted candidates would be invited to take part in an assessment on 23 and 24 January 2017. Service users, staff and Governors would be involved in the process and the interview panel would consist of the Chair, Deputy Chair, Chief Executive and two Directors of Nursing from other trusts.

The Chair concluded the meeting by highlighting key successes during 2016 and thanking all staff for their continued hard work and commitment.

There were no items of other business.

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 10.00 am on Thursday, 26 January 2017 at New Mill, Victoria Road, Saltaire, Shipley, Bradford.

The meeting concluded at 12.30 pm.
### ACTIONS

<table>
<thead>
<tr>
<th>Ref No</th>
<th>Actions requested</th>
<th>Timescale</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/6/16-1</td>
<td>Patient and Carer Experiences&lt;br&gt;&lt;br&gt;&lt;strong&gt;Deputy Chief Executive/Director of Nursing&lt;/strong&gt; to review the effectiveness of actions in place following Patricia’s complaint.</td>
<td>January 2017</td>
<td>Audit to be undertaken by the Complaints team in January 2017</td>
</tr>
<tr>
<td>27/10/16-4</td>
<td>Quality and Safety Feedback from Board Members&lt;br&gt;&lt;br&gt;&lt;strong&gt;Director of Nursing and Operations&lt;/strong&gt; to take account of feedback from the Assertive Outreach Team (during the review of the Community Mental Health team) regarding the separate classification of the team within service line reporting.</td>
<td>Two months</td>
<td></td>
</tr>
<tr>
<td>24/11/16-3</td>
<td>Integrated Performance Report – October 2016&lt;br&gt;&lt;br&gt;Data&lt;br&gt;&lt;br&gt;&lt;strong&gt;Interim Director of Nursing and Operations&lt;/strong&gt; to determine why Service User Experience has experienced a dip in Involvement performance to below a score of 4 for the months of June and August.</td>
<td>December Board via IPR Report</td>
<td>Completed</td>
</tr>
<tr>
<td>22/12/16-1</td>
<td>Chief Executive’s Report&lt;br&gt;&lt;br&gt;&lt;strong&gt;Chief Executive&lt;/strong&gt; to circulate to Board members a copy of the Kings Fund report relating to the impact of Brexit on health and social care.</td>
<td>Two weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Trust Secretary</strong> to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Arranged for the Wellbeing College service to be promoted to larger employers within the district; and</td>
<td>One month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) Circulate to Board members a link to the Wellbeing College web page.</td>
<td>Two weeks</td>
<td>Circulated on 22/12/16</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Description</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>22/12/16-2</td>
<td>Quality and Safety Feedback from Board Members</td>
<td>Chair to raise with the Chair and Crime Commissioner of West Yorkshire a concern about North Yorkshire Police not escorting those members of the public experiencing a mental health problem to an appropriate place of safety.</td>
<td>January 2017</td>
</tr>
<tr>
<td></td>
<td>Director of HR and OD and Interim Director of Nursing and Operations</td>
<td>to discuss action needed to address current capacity issues within the Ilkley District Nursing team.</td>
<td>January 2017</td>
</tr>
<tr>
<td>22/12/16-3</td>
<td>Assurance Reports from Committee Chairs</td>
<td>Dr Butler to circulate the Psychological Therapies presentation to Board members. Medical Director to circulate to Board members information about mitigations in place to address sickness absence levels within the Medicines Management team.</td>
<td>January 2017; Circulated on 9/1/17</td>
</tr>
<tr>
<td>22/12/16-4</td>
<td>BME Diversity in Employment Strategy</td>
<td>Dr Hussain to provide details about the Regional Diversity Forum to Mrs Knight.</td>
<td>January 2017</td>
</tr>
<tr>
<td>22/12/16-5</td>
<td>Integrated Performance Report: November 2016 Data</td>
<td>Director of Human Resources and OD to investigate whether staffing pressures are impacting on sickness absence levels. Trust Secretary/Dr Butler to timetable into the Quality and Safety Committee work programme a deep dive into labour turnover within the Specialist Inpatients area.</td>
<td>One month; January 2017</td>
</tr>
</tbody>
</table>