

BOARD MEETING

22 DECEMBER 2016

Paper Title:	Minutes of the Trust Board Meeting held on 24 November 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 24 November 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 City Training Services, 39/41 Chapel Street, Bradford at 10.00 am on Thursday 24 November 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
	Debra Gilderdale	Interim Director of Nursing and Operations
	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
	Emma Robinson	Health Visitor (for agenda item 4)
	Rugare Musekiwa	Team Leader, Health Visiting (for agenda item 4)
	Colin Perry	Public Governor, Bradford West
	David Spencer	Public Governor, Bradford West
	Sandra McIntosh	Public Governor, Bradford South
	Kim Jones	Chief Executive, Cellar Trust (for agenda item 12)
	Michelle Boon	Chief Executive, Mind in Bradford (for agenda item 12)

One member of staff, four members of the Trust and two members of the public

3037 **WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies had been received from Ms Mirza.

3038 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

3039 ISSUES RECEIVED FROM THE PUBLIC

The Trust Secretary reported a member of the public had raised an issue about the Bradford and Airedale Neurological Development Services (BANDS). This matter would be investigated and responded to by Ms Gilderdale.

3040 PATIENT AND CARER EXPERIENCES

This month's patient story was told by Emma Robinson and was about Laura's experience of using the Trust's Health Visiting services. Laura had concerns about the health of her six week old daughter and had reported these concerns to her midwife and doctor. Both believed the symptoms to be normal and Laura did not feel she was being listened to. She subsequently reported her concerns to her Health Visitor who, with the permission of Laura, contacted other health professionals to discuss Laura's concerns. Laura's daughter was seen by a hospital doctor who diagnosed a bowel problem. An emergency operation was undertaken the next day. Whilst in hospital, Laura's daughter was also diagnosed with a heart problem and this too was operated on. The actions of the Health Visitor had resulted in a successful outcome for Laura and her daughter.

During ensuing discussion, the following key points were made:

- The Health Service offered an evening service for those people unable to get to appointments during the day. This also enabled fathers to attend the appointments;
- Multi-agency meetings had been established to reduce the risk of a similar situation occurring in future; and
- Laura had suggested social media be utilised to highlight support available to those people concerned about the wellbeing of their young child. **Action: Mr Hogg and Ms Robinson to meet to discuss potential solutions.**

Trust Board thanked Laura for sharing her story.

3041 MINUTES OF THE MEETING HELD ON 27 OCTOBER 2016

The minutes of the meeting held on 27 October 2016 were agreed as a true and accurate record.

3042 MATTERS ARISING

- Items 3030: Board Assurance Framework (BAF) and 3031: Corporate Risk Register (CRR) – The Trust Secretary reported these items had been discussed

during the Board Development meeting on 27 October. The following had been agreed:

- Strategic Risk 1.6 would increase from 12 to 20 to reflect the uncertainty around local authority funding in 2017/18;
- Strategic Risk 2.3 would reduce from 20 to 16 to reflect the progress made between the three West Yorkshire mental health providers under the Urgent and Emergency Care Vanguard, albeit the risk of delivery still remained high; and
- Corporate risks would no longer be allocated to committees but would be addressed through quarterly reports to Board, twice-yearly deeper dives and one-to-one meetings between the Chief Executive and Executive Directors.

Actions

There were no outstanding actions.

3043 CHAIR'S ANNOUNCEMENTS

The Chair reported:

- Following a rigorous recruitment process, Ms Lees had been appointed as the Chief Executive of the Trust;
- Sustainability and Transformation Plans (STPs) were launched on 8 November 2016; and
- There would be a presentation, following the Board meeting, about Dementia.

Trust Board noted the Chair's report.

3044 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:

- **Safe Space for Children and Young People** – This service had opened on 26 October 2016 and aimed to improve the experience and outcomes of children and young people in a mental health crisis. Ms Lees encouraged Board members to view the videos, the links to which were contained in the paper;
- **West Yorkshire and Harrogate Sustainability and Transformation Plan** – The plan had been published. Ms Lees invited Board members to view the video about the STP, the link to which was contained in the paper;

- **Common Vocabulary for Patient Records** – NHS Digital was developing a single vocabulary for patient records. This would result in items such as diagnoses, symptoms and drugs to be captured on records in an unambiguous and consistent way;
- **Royal College of Psychiatrists** – The Bradford Acute Services team had won the Royal College of Psychiatrists ‘Team of the Year’ award. The Chair added the Trust had been shortlisted for the prestigious Health Service Journal award of ‘Health Service Provider of the Year’. East London Mental Health Trust had won the award;
- **Director of Operations and Nursing Recruitment** – The vacancy had been advertised and a robust recruitment process had been established. This would be similar to the process used to recruit the Chief Executive. The closing date for applications was 9 December 2016 and the assessment centre would take place during the early part of the New Year. Twenty-five members of staff would be invited to take part in the recruitment process;
- **Stay Safe this Winter** – Sixty-two percent of staff had been immunised to date against the latest flu virus. It was anticipated the target of 75% would be achieved; and
- **NHS England Integrated Dashboard for Mental Health** – The number of admissions to CAMHS had increased. This presented a challenge to plans to reduce the number of young people in crisis. Ms Lees also reported access to Improving Access to Psychological Services (IAPT) and to physical health services was a national challenge.

The Trust Secretary referred to the External Media Report and informed Board members the Trust was increasing its use of social media and case studies.

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

3045 **QUALITY AND SAFETY FEEDBACK FROM BOARD MEMBERS**

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

- Dr Butler and Mrs Romaniak had visited the Hospice at Home team in Bradford. The team reported concerns relating to: increased complexity and volume in their own case-loads; and capacity issues in other teams (in particular the District Nursing teams which had experienced an increase in case-loads) which were having a knock-on effect on their team. The Clinical Lead for Palliative Care was working with Community Nursing Managers to raise awareness, provide direct training to District Nursing teams and to support them to signpost service users appropriately e.g. to benefit advice resources.

The Hospice at Home team had used Charitable Funds to organise a ‘Compassion Fatigue’ coaching programme to support staff dealing with extremely difficult situations to maintain empathy and personal approaches. The

team worked as part of a clinical network, across the acute hospital and hospice sectors, and this was proving effective. The network had shared systems and policies. Whilst some connectivity issues were being experienced, staff were strong advocates of the benefits of agile working. The team was also investigating the use of charitable funds to develop innovative technology which could potentially link to the tele-hub; and

- Mr Vincent and Ms Lees had visited the Early Intervention in Psychosis service based in Bradford. The team had established approaches which enabled it to effectively deliver its services to patients from South Asian communities. It would need to consider how it might effectively deliver its services to patients from other communities. Some staff members had recently joined the team, having been redeployed from the Intensive Therapy Centre. Those staff members were very positive about their new roles. The team had raised a concern about RiO.

Following feedback, it was considered a future Board Development meeting should focus on the changing health needs of the local population and demand pressures. It was agreed that Public Health should be invited to join the meeting. **Action: Chair/Chief Executive/Trust Secretary** to timetable into the work programme.

Trust Board noted the information received.

3046 **ASSURANCE REPORTS FROM COMMITTEE CHAIRS**

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

Quality and Safety Committee meeting, 18 November 2016

Dr Butler gave a verbal update about the recent Quality and Safety Committee meeting where the following key items had been discussed:

- Deeper dives into In-Patient wards;
- The results of a deep dive into Physical health – this had identified some gaps in knowledge and skills which would need to be addressed;
- General demand and capacity issues;
- An increase in serious incidents relating to suicides. A review of each incident would be undertaken to determine whether any common themes were evident and/or whether any lessons could be learnt. The Executive Management Team (EMT) had identified that an increase in self-referral service provision could be the reason behind the increase. This would be pursued through detailed analysis;
- Pressure ulcers – the dashboard revealed a small proportion of reported pressure ulcers were classed as serious incidents; and

- The Lightening Review into Child and Adolescent Mental Health Services (CAMHS).

Trust Board noted the points highlighted from the Committee meeting.

3047 WEST YORKSHIRE AND HARROGATE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Ms Lees introduced the paper and highlighted the following:

- The West Yorkshire and Harrogate STP had been published on 8 November. This aimed to address population health needs. In support of the plan, local STPs had been developed covering Bradford, Airedale, Wharfedale and Craven. The Health and Wellbeing Boards from across West Yorkshire would be reviewing the West Yorkshire and Harrogate STP;
- The West Yorkshire and Harrogate STP covered nine priority areas. Two of these related to Mental Health and Primary and Community Services. Ms Lees had been appointed as the Chair of the Mental Health workstream;
- Information about the STPs had been shared with Governors; and
- Governance arrangements in support of the STPs had been established. A Harrogate and West Yorkshire Programme Office would also be established.

During ensuing discussion, the following points were made:

- The STP submission predated health and local authority annual plans. The content therefore reflected plan assumptions as at September 2016. There was a national expectation that two year plans should be broadly consistent with STPs. Consequently, STP plans would need to be realigned to two-year plans;
- Individual NHS organisations had their own control totals, with STP control totals being the aggregate of these for that footprint; and
- STP governance arrangements had been highlighted as challenging at two recent events. The Yorkshire Audit Service would be focussing on this issue at an event in March 2017.

Trust Board endorsed the West Yorkshire and Harrogate Sustainability and Transformation Plan.

3048 INTEGRATED PERFORMANCE REPORT (IPR) – OCTOBER 2016 DATA: EXCEPTION REPORTING

The presentation slides assessed progress against the Trust's key targets and performance indicators as at October 2016 and provided narrative reports on areas that were currently off trajectory. The Chair reported that as the Board had focussed its attention on NHS Improvement reporting and financial and change programme

matters in recent meetings and as detailed finance discussions were to be held at the Finance, Business and Investment Committee meetings, consideration would be given to the Quality and Business Performance slides contained in the IPR. The following key areas were discussed or noted during the meeting:

- As highlighted on slide 7, there had been three admissions of service users under 16 into adult facilities (the service users were admitted to the Annex and not to the main wards) during the last six months and the CQC had been advised accordingly. Concerns about a lack of Tier 4 Child and Adolescent Mental Health Services (CAMHS) had been highlighted to NHS England;
- Labour Turnover (slides 12 and 13) and Sickness Absence (slide 14) were behind target with turnover at 12.40% compared to a target of 10% and sickness absence at 5.40% against a target of 4% (as a result of long-term sickness absence levels). Mrs Knight reported the Trust was not an outlier, when compared to other trusts, in terms of performance in these two areas. The Trust was working with the local university to address recruitment concerns and a health and wellbeing programme had been implemented for staff. The Staff Survey results revealed staff morale remained positive, despite current levels of turnover and sickness. The Finance, Business and Investment Committee had also undertaken a deep dive into the effectiveness of the Workforce strategy. It was noted that 52 whole time equivalent staff had left the Trust to relocate to another area. The local authority had confirmed that it was also experiencing staff leaving for relocation purposes. Consequently, the Integration and Change Board (ICB) had agreed to undertake a piece of work to identify opportunities connected with living in the Bradford district;
- Safer staffing targets continued to be met (slides 16-19). However, it was recognised that safer staffing levels did not guarantee a quality service, especially where there was a reliance on agency staff to achieve required staffing levels. Consequently, the Quality and Safety Committee would be undertaking a deep dive into this area;
- The Service User Experience slide (20) revealed a dip below a score of 4 for involvement for the months of June and August. **Action: Interim Director of Nursing and Operations to investigate the reasons for this and to provide an update via the November IPR; and**
- The financial position remained challenging due to CQUINs and Sustainability and Transformation Funding being phased for the final quarter of the year. This phasing made financial forecasting and management difficult.

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

3049 **DISCUSSION ON CRISIS CARE PATHWAY/PARTNERSHIPS WITH THE VOLUNTARY SECTOR**

The Chair welcomed Kim Jones and Michelle Boon to the meeting. Ms Gilderdale reported Kim and Michelle had been invited to the meeting to discuss the crisis care pathway. This consisted of services which had been developed in partnership,

including the Sanctuary and Safe Haven. Both services aimed to support people in crisis out of hours, thus reducing attendance at Accident and Emergency.

The Sanctuary was delivered by Mind in Bradford and had opened in 2014. In the last year, 1000 people had accessed the service. A piece of work was currently being undertaken to understand the reasons behind a person's crisis in order to produce preventative solutions. The results would feed into the new Mental Health strategy work streams.

The Safe Haven service had been developed in partnership with the Cellar Trust and was delivered by Cellar Trust staff. It had been established in August 2016. A member of staff from the Trust's Intensive Home Treatment team and a social worker shared an office with the Cellar Trust staff. This had resulted in joined up care solutions being delivered. The key challenge faced by the service related to the discharge of service users/referrals into other services.

During the discussion that followed, the following key points were highlighted:

- Both services had utilised local expertise in order to deliver services which met the needs of the different communities;
- The Safe Haven was currently collecting data relating to the effectiveness of the service and would utilise this in future discussions with commissioners;
- Mind in Bradford had subsidised funding received from the commissioners and had attracted grants in order to deliver an effective Sanctuary service. The Sanctuary offer was being reviewed in order to make it more sustainable; and
- The Sanctuary had received a Partnership Working award from the Clinical Commissioning Groups.

The Chair thanked Kim and Michelle for attending the meeting.

3050 **AGENCY SELF-CERTIFICATION**

Mrs Knight reported the Board was required to review the self-certification checklist prior to its submission to NHS Improvement. The paper contained an update on further actions that all NHS trusts were expected to implement as part of the work led by NHS Improvement to drive down agency costs. Within the Trust, a Medical Staffing Steering Group had been established to review medical locum costs and alternative approaches. The Executive Management Team (EMT) was reviewing all price and wage cap breaches and agency reduction planning on a weekly basis and all these now needed formal Chief Executive approval.

NHS Improvement would be producing a quarterly agency benchmark report. This would assist the Trust to identify which trusts had a lower reliance on agency staff and to learn from their best practice solutions. It was noted that since last year, the Trust's agency cost had reduced by more than the 36% expenditure cap requirement. In addition, those services which exceeded agency price caps had been identified and

Deputy Directors had developed plans to either terminate contracts or re-negotiate to within price caps. Internal reporting was being amended to reflect the new NHS Improvement reporting items e.g. contracts over six months.

Trust Board:

- **Approved the checklist for submission to NHS Improvement by 30 November; and**
- **Noted additional work was underway to drive down agency expenditure and price/wage cap breaches.**

3051 GOVERNANCE MANUAL

The Governance Manual required annual approval by the Council of Governors and Trust Board.

Trust Board:

- **Approved the Governance Manual; and**
- **Noted the Manual had also been approved by the Council of Governors at its meeting on 10 November 2016.**

3052 BOARD BUSINESS CYCLE

The Trust Secretary introduced the Board Business Cycle which outlined those items scheduled for future meetings. The document omitted information about items scheduled until December 2017 and the Trust Secretary reported the full version would be circulated following the meeting. **Action: Deputy Trust Secretary**

The following addition was agreed:

- Local population health needs and dynamics to be added to the Board Development programme.

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

3053 COMMITTEE APPROVED MINUTES

A paper was presented containing approved minutes from the Quality and Safety Committee meeting held on 16 September 2016.

Trust Board noted the contents of the Committee approved minutes.

3054 ANY OTHER BUSINESS

There were no items of other business.

3055 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 10.00 am on Thursday, 22 December 2016 at New Mill, Victoria Road, Saltaire, Shipley, Bradford.

The meeting concluded at 12.25 pm.

**TRUST BOARD MEETING (PUBLIC)
24 NOVEMBER 2016**

ACTIONS

Ref No	Actions requested	Timescale	Progress
30/6/16-1	<u>Patient and Carer Experiences</u> Deputy Chief Executive/Director of Nursing to review the effectiveness of actions in place following Patricia's complaint.	January 2017	Audit to be undertaken by the Complaints team in January 2017
29/9/16-1	<u>Integrated Performance Report – August 2016 Data</u> Director of Finance, Contracting and Estates to arrange a review of general car parking arrangements.	January 2017	
27/10/16-4	<u>Quality and Safety Feedback from Board Members</u> Director of Nursing and Operations 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.	Two months	
24/11/16-1	<u>Patient and Carer Experiences</u> Trust Secretary to meet with Emma Robinson to explore potential social media opportunities for the Health Visiting service.	One month	Meeting arranged in January
24/11/16-2	<u>Quality and Safety Feedback from Board Members</u> Chair/Chief Executive/Trust Secretary to timetable a discussion into the Board Development programme relating to the changing health needs of the local population and demand pressures.	One month	Part of BDD discussion in December
24/11/16-3	<u>Integrated Performance Report – October 2016 Data</u> Interim Director of Nursing and Operations 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.	December Board via IPR Report	

24/11/16-4	<u>Board Business Cycle</u> Deputy Trust Secretary to circulate the full Business Cycle to Board members.	25/11/16	Completed
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