

## Trust Board

**Date:** 29 June 2017

**Time:** 1.30 pm

**Venue:** Rooms 1 and 2, level 1, New Mill

## MINUTES

<b>Present:</b>	Michael Smith Nicola Lees Rob Vincent Sue Butler Nadira Mirza Liz Romaniak Sandra Knight Andy McElligott Debra Gilderdale	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Director of Finance, Contracting & Facilities Director of HR & OD Medical Director Director of Nursing and Operations
<b>In Attendance:</b>	Paul Hogg Stella Jackson Dawn Lee Sandra Colin Perry Hazel Chatwin Chris Storton Kate Gorse-Brightmore	Trust Secretary Deputy Trust Secretary Operational Service Manager (item 4) Carer (item 4) Public Governor, Bradford West Public Governor, Craven Care Quality Commission Care Quality Commission
	One member of the trust	(from agenda item 10)

Item	
<b>3169</b>	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting. Apologies were received from Dr Hussain.</p>
<b>3170</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>

Chair: Michael Smith  
Chief Executive: Nicola Lees

3171	<p><b>Issues Received from the Public</b></p> <p>There were no issues from the public.</p>
3172	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was told by Sandra who (along with her husband) was a long term foster carer for two young children. The children had each been allocated a separate named Looked After Children's (LAC) nurse and Sandra spoke of her experience of being a foster carer and of using the Trust's LAC service. Sandra highlighted that one child had been placed with her four years ago and, at the time, had disliked school and could not read. She was now enjoying school and reading. The other child had severe specialist needs and required 24 hour care, resulting in Sandra receiving very little sleep. The LAC nurses ensured statutory health assessments and subsequent reviews were undertaken for the children and that they received the health interventions they required. The nurses had provided Sandra with advice and help which had made a positive difference to the lives of both Sandra, her husband and the two young children.</p> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Foster caring was very different to being a parent and required the setting and rigid application of boundaries in order to be effective;</li> <li>• Whilst the LAC service was commissioned to undertake one visit per year, additional visits were undertaken if required;</li> <li>• The LAC nurses were part of the 'team around the child' which meant they worked closely with social workers and Independent Reviewing officers;</li> <li>• The 0-19 year old pathway was being reviewed to identify how duplication of effort (in terms of the number of professionals involved in a child's care) could be reduced;</li> <li>• Dawn believed the service provided by the LAC team could be extended in view of the vast amount of knowledge, experience and qualifications held by the team; and</li> <li>• The Board believed it would be beneficial to receive data about the number and ethnicity of looked after children in Bradford. <b>Action: Director of Nursing and Operations to circulate this to Board members.</b></li> </ul> <p><b>Trust Board thanked Sandra for sharing her story and the Looked After Children's team for the work they undertook.</b></p>

3173	<p><b>Minutes of the Meeting held on 25 May 2017</b></p> <p>The minutes of the meeting held on 25 May 2017 were agreed as a true and accurate record, subject to the following amendment:</p> <ul style="list-style-type: none"> <li>• The final paragraph of item 3153: Quality and Safety Feedback from Board Members being amended to read ‘<i>Mr Banks</i> and Mrs Gilderdale had visited the District Nursing Out of Hours team.....’</li> <li>•</li> </ul>
3174	<p><b>Matters Arising from the Meeting held on 25 May 2017</b></p> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• 23/2/17-1: Chief Executive’s Report – the Chair reported he now had the name of the Volunteering lead at Bradford University and would be pursuing the potential of Bradford university students supporting the Trust with a piece of work relating to the development of relationships with the voluntary and community sector across West Yorkshire. Consequently, it was considered that this action could be marked as complete.</li> </ul>
3175	<p><b>Chair’s Announcements</b></p> <p>The Chair reported:</p> <ul style="list-style-type: none"> <li>• The Council of Governors Nomination’s Committee had shortlisted three candidates for the Non-Executive Director vacancy and interviews would be held on 17 July;</li> <li>• He had recently attended the following events: <ul style="list-style-type: none"> <li>○ The NHS Confederation Conference where discussion had taken place about: the recent Cyber attack; the Grenfell Tower fire tragedy; financial balance; Sustainability and Transformation Partnerships and accountable care; A&amp;E performance; mortality reviews; workforce; safer staffing; and Brexit;</li> <li>○ The Mental Health Network Annual General Meeting;</li> <li>○ An NHS Improvement event on Mental Health;</li> <li>○ The Trust’s Lynfest event where service users, staff and carers had taken part in a range of fun activities. Ms Lees added the rock band had played free of charge as a thank you to the Trust for the care and support provided to the son of one of the band members. The event had also been attended by a carer who had experienced the Trust’s services. She had informed Ms Lees that she was due to qualify as a nurse in September and had secured a job on the Maplebeck ward; and</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Both he and Dr McElligott had been members of the consultant recruitment interview panel. Members of the Trust's Young Dynamo's group had also been involved.</li> </ul> <p><b>Trust Board noted the Chair's report.</b></p>
3176	<p><b>Chief Executive's Report</b></p> <p>The Director of Finance, Contracting and Facilities provided an update about the actions taken by the Trust following the Grenfell Tower fire tragedy in London. Mrs Romaniak highlighted that nationally, the NHS had prioritised checking of inpatient facilities followed by community facilities. The Trust's review of its inpatient facilities revealed these did not contain cladding panels of the type used in the Grenfell Tower incident and the inpatient facilities were all low rise (under the three-storey recommended maximum height limit). The Trust did have some wooden composite cladding on its low rise inpatient facility at Airedale and this had been confirmed nationally as being low risk. Consequently, the Trust had not yet been allocated a date for this to be externally assessed. The fire service had limited capacity to support detailed inspection work and had prioritised the inspection of nine premises which were considered to be high risk (these were not within the West Yorkshire footprint). NHS Property Services confirmed they would be checking premises leased from them by the Trust and the Trust had also undertaken its own precautionary checks on these premises. The Trust's internal fire risk assessments and evacuation procedures were all up to date. The tender for works to the glazed corridor at Daisy Hill House had been put on hold as the specification did include some cladding. Trust Board considered it appropriate that service users and carers be informed of the assessments undertaken by the Trust. <b>Action: Director of Nursing and Operations to oversee.</b></p> <p>The Chief Executive then presented a report which summarised key issues taking place across the health economy and contained links to more detailed information. Ms Lees highlighted the following:</p> <ul style="list-style-type: none"> <li>• A <b>learning and innovation event</b>, organised by Bradford and Craven health and care partners, had taken place on 19 May. One session at the event had focussed on virtual diagnostics which had proven thought-provoking. During the afternoon, Ms Lees had joined a discussion where young people had been invited to outline how their health needs could be better met. They believed organisations should focus their attention on making their services more accessible via the website;</li> <li>• The <b>Latest quarterly monitoring report</b> by the Kings Fund revealed half of NHS areas were planning to cancel or delay spending in the first half of the year because of financial pressures; and</li> <li>• A <b>'From healthcare to homecare'</b> report by Ericsson highlighted how technology could help to meet evolving healthcare needs (the report was based on the findings of a survey conducted with 4500 people). Ms Lees</li> </ul>

	<p>encouraged Board members to read the report.</p> <p>Ms Lees also reported she had attended the opening of the new wing at Bradford Teaching Hospital. This was an impressive facility and contained a new Paediatric unit consisting of 50 beds. Ms Lees also took the opportunity to view the A&amp;E liaison rooms at the hospital which had been modernised following comments made by the Care Quality Commission (CQC). Ms Lees was informed by the Teaching Hospital that their Accident and Emergency department was attended by over 430 people each day and a significant number of these were young people. Ms Mirza reported that Leeds Beckett University would be opening a research centre focussing on the mental health of young people in schools in the district. <b>Action: Ms Mirza to provide further details to Mrs Gilderdale.</b></p> <p><b>Trust Board noted the Chief Executive’s report.</b></p>
3177	<p><b>Quality and Safety Feedback from Board Members</b></p> <p>The Chair invited Board members to highlight any insights gleaned during visits to services:</p> <ul style="list-style-type: none"> <li>• Mr Banks and Ms Lees had visited the Continence team. The staff had been very positive about agile working and the health and wellbeing facilities for staff. Product audits were being undertaken to ensure the right products were prescribed for patients. The team was experiencing some capacity issues but it was envisaged these would be resolved in July when new recruits commenced in post. The team also reported issues relating to IT connectivity and tethering and Ms Lees had arranged for them to discuss their concerns with IT. Team members also highlighted the need for a consistent approach to dealing with abusive patients and Mrs Gilderdale would be following this up. Ms Lees would also be writing to a patient who had, following complaints, been offered continence pads which were not clinically audited;</li> <li>• Mr Banks had also attended a Health and Safety Group meeting and a number of smoking related issues had been highlighted. These would be picked up during consideration of the Integrated Performance report;</li> <li>• The Chair and Dr McElligott had visited the Forensic Transition team. The team’s role was to work with services users of the Forensic unit to effect their smooth transition into the community. Average stay levels within the service had reduced to two years and only a small number of service users required re-admission to the Trust’s wards. Staff turnover was an issue and the team leader would be retiring prior to a successor being appointed. This highlighted a need for succession planning for specialist roles to be prioritised;</li> <li>• The Chair and Mr Hogg had visited the Baildon ward. There was one nursing vacancy within the team and the rotation of staff between wards to minimise staffing level issues was proving effective. A significant proportion of staff were from Black, Asian and Minority ethnic backgrounds and the ethnic mix of</li> </ul>

	<p>staff members was proportionate to the service user mix. The team experienced low sickness levels and the average length of stay of service users had reduced to two years. The team had discussed the findings from a recent CQC inspection relating to blanket restrictions on the ward. Ms Lees added blanket restrictions had been considered at a Regional Chief Executives meeting and it had been concluded that these needed to be recorded in care plans; and</p> <ul style="list-style-type: none"> <li>• Mr Vincent had met with the Airedale, Wharfedale and Craven (AWC) Older People's team and they had expressed concern about the lack of a carer's hub facility within Craven. Mrs Gilderdale reported this matter had been prioritised at a recent Carer's Hub awayday and it was envisaged such a facility would be available by the end of the calendar year.</li> </ul> <p><b>Trust Board noted the information received</b></p>
3178	<p><b>Assurance Reports from Committee Chairs</b></p> <p>A paper was presented containing key points discussed at the Quality and Safety Committee meeting held on 16 June 2017 and the Finance, Business and Investment Committee held on 19 June 2017.</p> <p><b>Trust Board noted the points highlighted from the Committee meetings.</b></p>
3179	<p><b>Five Year Forward View Mental Health Progress Update</b></p> <p>The following key points were considered:</p> <ul style="list-style-type: none"> <li>• Much progress had been made by the Trust in relation to the recommendations proposed by the Five Year Forward View for Mental Health. However, the integration of physical and mental health required emphasis;</li> <li>• The Trust was working with Commissioners to increase Improving Access to Psychological Therapies (IAPT) targets to 16.8% by April 2018 (the Five Year Forward View contained a requirement that access targets increase to 25% by 2020/21). However, during 2017/18, the Trust had been commissioned to provide access to 15% of the population (equating to approximately 10,500 people);</li> <li>• The Trust had recruited to all posts within the Perinatal Mental health team. It was anticipated the team would provide care to approximately 400 people each year;</li> <li>• The Individual Placement and Support (IPS) service had received 300 referrals and supported 78 Community Mental Health Team service users into work. It was suggested that a similar model might prove effective in supporting people with non-mental health related long-term conditions into work. <b>Action: Dr McElligott/Mrs Knight to highlight this to the commissioners;</b></li> </ul>

	<ul style="list-style-type: none"> <li>• It was important that work undertaken by the Trust supported national and regional expectations;</li> <li>• There was an ongoing risk relating to Accident and Emergency liaison. The Trust was working with Acute partners to agree funding arrangements for its A&amp;E interventions. Whilst the Trust was able to evidence the success of these, A&amp;E attendance figures were still similar to previous levels.</li> </ul> <p><b>Trust Board noted progress on the delivery of good quality care in line with the Five Year Forward View.</b></p>
<p><b>3180</b></p>	<p><b>BAME Diversity in Employment Strategy Update</b></p> <p>A paper was presented which provided an update on the delivery of the BAME Diversity in Employment Strategy. This highlighted the impact the Strategy had had to date and proposed a shift in emphasis and approach in the way the Strategy would be delivered from 2017 onwards.</p> <p>The following points were made:</p> <ul style="list-style-type: none"> <li>• Board members had previously agreed the actions within the Strategy should be streamlined into a small number of impactful initiatives. It was important that such initiatives focussed on the Trust’s aspirations relating to recruitment and retention. Of key importance, however, was the need to ensure the services were accessible to and met the needs of the local population;</li> <li>• The report outlined the work being undertaken by HR colleagues to deliver the Strategy and it was considered appropriate that the emphasis shift to the contribution being made at organisation-wide level;</li> <li>• Some lessons had been learnt in relation to the recruitment and retention of BAME staff. A review of BAME staff working for the Staff Bank revealed those staff preferred to work for the Staff Bank as this offered flexible working arrangements which met their needs. A review of other trusts revealed the role of their staff networks differed to the role of the Trust’s staff networks (with the networks at other Trusts being more proactive). Staff Network leads would be meeting with the Executive Management Team in the near future to review and prioritise their work. It was also recognised that the Trust’s Baildon ward had achieved success in recruiting and retaining BAME staff and it was considered appropriate that the reasons for this be investigated to determine whether any learning could be gleaned;</li> <li>• The diversity of the population was constantly evolving and the Trust needed to be flexible enough to maintain pace. Additionally, consideration should be given to whether the Strategy timelines were realistic and achievable;</li> <li>• Consideration should also be given to ways in which to more effectively target the different communities, potentially through the Black Health Forum, about the opportunities at the Trust; and</li> <li>• It was nationally recognised that BAME staff within the NHS were more likely to experience discrimination than other staff. It was important, therefore, that</li> </ul>

	<p>the Trust highlighted how it was tackling this, as well as how it was supporting BAME staff to progress their careers.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the progress made in delivering the Strategy;</b></li> <li>• <b>Agreed that the Executive Management Team should timetable a discussion about the themes emerging from the discussion; and</b></li> <li>• <b>Supported the priorities and approach outlined in the paper for 2017/18 and beyond.</b></li> </ul>
3181	<p><b>Medical Appraisal and Revalidation – Annual Report of the Responsible Officer</b></p> <p>During discussion about the paper, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The appraisal discussion was utilised to discuss and reflect on any significant events, complaints, compliments, statements on: health; probity; and personal development; and 360 degree feedback received during the year;</li> <li>• The Medical Director reviewed each appraisal individually and correlated the content with other information received to determine whether: i) the appraisal met expected standards; and ii) there were any performance issues which required review;</li> <li>• The Trust’s Medical appraisers had received formal appraisal training and the Medical Director was satisfied with the quality of the appraisals undertaken;</li> <li>• Whilst the Locum agencies undertook appraisals for their locums, the Trust did undertake appraisals for locums contracted on a long-term basis. Should any concerns arise about a locum’s performance, then this would be reported to the Locum Responsible Officer and the Trust would take appropriate action; and</li> <li>• An annual audit of appraisals was submitted to NHS England (NHSE) each year and NHSE reserved the right to independently verify the information supplied to them.</li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed the report was an accurate record of the Trust’s medical appraisal and revalidation systems during 2016/17; and</b></li> <li>• <b>Approved the `statement of compliance’ confirming that the Trust, as a Designated Body, complied with the Medical Profession (Responsible Officer) regulations.</b></li> </ul>

3182

### **Integrated Performance Report: May 2017 – Exception Reporting**

The report assessed progress against the Trust's key targets and performance indicators as at May 2017 and provided exception reports on areas that were currently off trajectory. The following key areas were discussed or noted during the meeting:

- The format of the report had been reviewed, in line with discussions at the Board Task and Finish groups. Slides 7-12 focussed on strategy and enablers and new slides had been incorporated for Informatics and Estates and Facilities. The informatics slide was still work in progress and contained some blank boxes which would be populated for the next quarterly report. Data relating to the resilience of the system would also be captured. A new service dashboard was also incorporated to support the Board's holistic understanding of performance, with increased visibility of performance at service level and to support scheduling in-year of Board quality and safety visits. This slide would also be reported quarterly. Board members were invited to contact Mrs Romaniak directly should they have any comments about the report's revised format;
- The tallying system for reporting smoking related incidents had been re-introduced and accounted for an increase in health and safety incidents with smoking as a causal factor. However, the tally pilot required further refinement as feedback suggested there were some anomalies in how wards completed tallies. At the Health and Safety Group meeting, it was evident that previously, smoking related incidents had been under-reported due to the high number of these and the resultant impact on workloads. Consequently, it was envisaged the tally system would ultimately prove more effective in capturing the number of incidents;
- Mandatory fire training performance levels were not currently available by service area. Following the Grenfell Tower incident, it was considered appropriate that the Executive Management Team consider the merits of obtaining service level data;
- IAPT data for quarter four (not available within the slide) highlighted that waiting times had reduced and recovery rates had improved. IAPT targets were monitored at STP level and the West Yorkshire STP had not yet fully achieved its targets; and
- The Trust's year to date financial performance showed a surplus of £22k compared to a plan deficit of £655k. However, a number of Commissioning for Quality and Innovation (CQIN) requirements and Cost Improvement Plans (CIPs) were profiled to deliver in the latter part of the financial year with some implementation plans still being finalised. CQUIN and CIP delivery, therefore, remained high risk.

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

3183

### **Safer Staffing Levels**

The following key points were highlighted:

- The Trust had developed an acuity tool for use within mental health inpatient wards and this was being trialled by the Dementia Assessment Unit team;
- The report complied with national requirements relating to the reporting of safer staffing levels. There was no requirement at national level to identify which of those staff were from agency backgrounds;
- In order to address concerns about shortages of nursing staff, the Trust had introduced a buddying system for students in an attempt to encourage them to work for the Trust on the successful completion of their studies. The Trust had also accepted an invitation from NHS Improvement to take part in a 90 day programme focussing on staff retention;
- The `workforce' and `safer staffing' reports should be considered at the same Board meeting. **Action: Deputy Trust Secretary to timetable into the Board Business Cycle;**
- The Trust would be required to report on care hours from 1 April 2018; and
- The paper contained a recommendation that the Board support the pilot of the Safer Care module. It was considered more appropriate that the Executive Management Team be asked to do so. **Action: Director of Human Resources and Organisational Development and Chief Executive to timetable a discussion into the EMT business cycle.**

#### **Trust Board:**

- **Was assured that the analysis demonstrated current staffing levels were providing the cover needed to deliver safe patient care and noted this required constant attention;**
- **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;**
- **Was assured that work through Meridian ensured staffing resource was used efficiently;**
- **Acknowledged the significant reduction in agency spend; and**
- **Agreed that the Executive Management Team should support the pilot of the safer care module.**

3184	<p><b>Bradford Provider Alliance Memorandum of Understanding</b></p> <p>The Board considered the final draft of the Bradford Provider Alliance Memorandum of Understanding and was informed that the local authority had not yet agreed to sign the document.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Formally approved the Bradford Provider Alliance Memorandum of Understanding (MOU) and, in so doing, agreed that the Trust would become a signatory to said MOU.</b></li> </ul>
3185	<p><b>Annual Plan Statements</b></p> <p>A paper was presented containing the second of two Annual Plan self-certification statements required by NHS Improvement. The statements required confirmation that the Trust was compliant with the required governance arrangements within the provider licence and that appropriate training had been provided to Governors, in accordance with section 151(2) of the Health and Social Care Act.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Considered the evidence provided in the paper at Appendix 1; and</b></li> <li>• <b>Approved the statements at Appendix 2 for submission to NHS Improvement.</b></li> </ul>
3186	<p><b>Board Business Cycle</b></p> <p>The Trust Secretary introduced the Board Business Cycle which outlined those items scheduled for future meetings. The following additions were agreed during the Private meeting:</p> <ul style="list-style-type: none"> <li>• An in-month review of serious incidents to become a private meeting standing item; and</li> <li>• Learning from Deaths Policy Approval – September.</li> </ul> <p>The Trust Secretary informed Board members that the Executive Management Team would consider whether or not the Communications Strategy required review by the Board in July.</p> <p><b>Trust Board noted the items contained within the Board work programme.</b></p>

3187	<p><b>Governance Manual</b></p> <p>A refresh of the Governance Manual was considered by Board members.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Governance manual; and</b></li> <li>• <b>Noted the manual also required approval by the Council of Governors.</b></li> </ul>
3188	<p><b>Committee and Council of Governor Approved Minutes</b></p> <p>A paper was presented containing approved minutes from the following meetings:</p> <ul style="list-style-type: none"> <li>• Quality and Safety Committee meeting, 5 May 2017;</li> <li>• Extraordinary Quality and Safety Committee meeting, 11 May 2017; and</li> <li>• Finance, Business and Investment Committee meeting, 26 April 2017.</li> </ul> <p><b>Trust Board noted the content of the Council of Governors and Committee approved minutes.</b></p>
3189	<p><b>Any Other Business</b></p> <p><u>CQC Preparation</u></p> <p>Board members were informed that Executive and Non-Executive Directors had buddied up in preparation for the impending CQC inspection. Additionally, the Trust had been undertaking the following activities in order to move to an 'outstanding' CQC rated organisation:</p> <ul style="list-style-type: none"> <li>• An 'outstanding' steering group had been formed in December 2016;</li> <li>• The Trust had held a number of events relating to its 'outstanding' aspirations;</li> <li>• The Trust had been engaging with and learning from other trusts rated 'outstanding';</li> <li>• Staff members had developed a 'delivering outstanding care together' strapline in support of the aspiration; and</li> <li>• Individual team peer assessments had been introduced.</li> </ul> <p>It was also considered appropriate that the Board receive a presentation (in between the Private and Public Board meetings in July) about the practicalities of the forthcoming CQC inspection process. <b>Action: Dr McElligott to develop and deliver the presentation.</b></p> <p>There were no other items of business.</p>

<b>3190</b>	<b>Date and Time of the next Meeting</b>  The next meeting will be held at 1.30 pm on Thursday, 27 July 2017 in The Administration Meeting room at Lynfield Mount Hospital, Heights Lane, Bradford, BD9 6DP.  The meeting concluded at 4.30 pm.
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**Trust Board (Public)**  
**29 June 2017**

**ACTIONS**

Ref No	Actions requested	Timescale	Progress
23/2/17-1	<u>Chief Executive's Report</u> <b>Chair</b> to explore the potential of Bradford University students supporting the Trust with a piece of work relating to the development of relationships with the Voluntary and Community Services across West Yorkshire.	One month	Volunteering lead contacted. Further meeting to be arranged to explore further.
25/5/17-3	<u>Integrated Performance Report: April 2017 – Exception Reporting</u> <b>Chair/Trust Secretary</b> to programme consideration of the changing demand on services into the Board Development programme.	One month	
29/6/17-1	<u>Patient and Carer Experiences</u> <b>Director of Nursing and Operations</b> to circulate to Board members data about the number and ethnicity of looked after children in Bradford.	One month	Circulated via email on 19/7/17
29/6/17-2	<u>Chief Executive's report</u> <b>Director of Nursing and Operations</b> to ensure that service users and carers are informed of the fire safety assessments undertaken by the Trust following the Grenfell Tower incident.  <b>Ms Mirza</b> to provide information to Mrs Gilderdale about the Leeds Beckett University research centre which would be focussing on the mental health of young people in schools in the district.	Two weeks  One week	

29/6/17-3	<p><b>Five Year Forward View Mental Health Progress Update</b></p> <p><b>Medical Director/Director of HR &amp; OD</b> to suggest to commisioners that a similar model to the IPS might prove effective for supporting people with long-term non-mental health related conditions into work.</p>	One month	
29/6/17-4	<p><b>Safer Staffing Levels</b></p> <p><b>Deputy Trust Secretary</b> to ensure the 'workforce' and 'safer staffing' reports are timetabled for discussion at the same Board meeting.</p> <p><b>Director of Human Resources and Organisational Development and Chief Executive</b> to timetable a discussion about the Safer Care module into the EMT business cycle.</p>	<p>One week</p> <p>One month</p>	Completed
29/6/17-5	<p><u>Any Other Business</u></p> <p><b>Dr McElligott</b> to present information about the practicalities of the forthcoming CQC inspection process.</p>	After Private Board in July	