

## Trust Board

**Date:** 28 September 2017

**Time:** 1.30 pm

**Venue:** New Mill, Victoria Road, Saltaire, Bradford, BD18 3LD

## MINUTES

<b>Present:</b>	Michael Smith	Trust Chair
	Nicola Lees	Chief Executive
	Rob Vincent	Non-Executive Director
	Sue Butler	Non-Executive Director
	Nadira Mirza	Non-Executive Director (until item 12)
	David Banks	Non-Executive Director
	Zulfi Hussain	Non-Executive Director (until item 9)
	Liz Romaniak	Director of Finance, Contracting & Facilities
	Sandra Knight	Director of HR & OD
	Andy McElligott	Medical Director
	Debra Gilderdale	Director of Nursing and Operations

<b>In Attendance:</b>	Paul Hogg	Trust Secretary
	Stella Jackson	Deputy Trust Secretary
	Abid Ali	Eden Futures (item 4)
	Phil Lautman	Eden Futures (item 4)
	Vicky Donnelly	Strategic Health Facilitator (item 4)
	Sally Ramsden	Intensive Support Worker (item 4)
	Rachel Archer	Specialist Occupational Therapist (item 4)
	Gayle Porter	Clinical Manager (item 9)
	Richard Carroll	Service Manager (item 9)
	Michael Wall	Peer Support Worker (item 9)
	Paul	Former Service User (item 9)
	Colin Perry	Public Governor, Bradford West
	Sandra McIntosh	Public Governor, Bradford South

One member of the public

Item	
3210	<b>Welcome and Apologies for Absence</b>
	The Chair welcomed everyone to the meeting. There were no apologies.

Chair: Michael Smith  
Chief Executive: Nicola Lees

3211	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>
3212	<p><b>Issues Received from the Public</b></p> <p>There were no issues from the public.</p>
3213	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was about A, a young man with autism and a learning disability. A was admitted to the Trust's Assessment and Treatment Unit (ATU) and, due to his complex care needs, remained there for 17 months. During this period, A found it difficult to mix with people and spent much of the time on his own. The Health Specialist Support team (a multi-disciplinary team) worked together to support A to leave hospital and live in the community. Through this support, A was also taking part in activities in the community.</p> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• A's story had been shared with the Transforming Care Board and demonstrated the level of support required for a person with complex care needs;</li> <li>• A's mum had been involved in the care package discussions and his family visited him on a weekly basis;</li> <li>• There was now a national requirement for people admitted to ATU services to be discharged within one year; and</li> <li>• There was a lack of specialist support within the community and this was impacting on other services.</li> </ul> <p><b>Trust Board thanked A for sharing his story and the Health Support team for the support they provided.</b></p>

3214	<p><b>Minutes of the Meeting held on 27 July 2017</b></p> <p>The minutes of the meeting held on 27 July 2017 were agreed as a true and accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Item 3195: the word `model` in the second bullet point being replaced with `module`; and</li> <li>• Item 3196: the second bullet point being amended to read `The Director of Operations and Nursing had requested service leads to inform service users on in-patient wards of the action taken by the Trust as a consequence of the Grenfell Fire tragedy`.</li> </ul>
3215	<p><b>Matters Arising from the Meeting held on 27 July 2017</b></p> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• 27/7/17-1: FT Membership Strategy Progress Update – A meeting would take place on 5 October 2017 between the Trust Secretary, Deputy Trust Secretary and the Research lead at Bradford University.</li> </ul>
3216	<p><b>Chair’s Announcements</b></p> <p>The Chair highlighted the following key points from the Chair’s report:</p> <ul style="list-style-type: none"> <li>• Ms Mirza’s term of office as a Non-Executive Director would come to an end on 30 September 2017. Mr Gerry Armitage had been appointed to take her place on the Board as a Non-Executive Director with effect from 1 October 2017; and</li> <li>• The Annual Members Meeting had been well attended and an event evaluation would be pulled together. The Chair thanked the Deputy Trust Secretary for organising the event and Mr Perry for delivering the Lead Governor presentation.</li> </ul> <p><b>Trust Board noted the Chair’s report.</b></p>
3217	<p><b>Chief Executive’s Report</b></p> <p>The Chief Executive presented a report which summarised key issues taking place across the health economy and contained links to more detailed information. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• In support of World Suicide Prevention Day, the Clinical Commissioning Groups (CCGs) had developed a campaign which encouraged local people to talk about their anxieties and worries. The First Response service featured as part of the campaign. The West Yorkshire Suicide Strategy would also be</li> </ul>

	<p>launched at the end of the month;</p> <ul style="list-style-type: none"> <li>• The report contained a link to information regarding the West Yorkshire and Harrogate Sustainability Plan. Ms Lees encouraged Board members to review the information;</li> <li>• The report also contained a link to the September 2017 edition of the Backing Bradford District news bulletin. This incorporated a number of statistics about people living in Bradford and Ms Lees highlighted several of these. Ms Lees believed the newsletter told an interesting story and reported the Community Services team would be developing a similar newsletter which would highlight the demographics of those people accessing the Trust’s services. <b>Action: Chief Executive to email a copy of the newsletter to Board members once finalised and to share a copy at the Demand and Capacity Forward to Excellence meeting;</b></li> <li>• A consultation paper had been launched regarding changes to the Accountable Care Models contract. This primarily focussed on GP services. The paper highlighted that joint venture holders of ACO contracts would be subject to the equivalent level of oversight as provider organisations;</li> <li>• A district-wide young people’s event (called `Your Future, Your Health) would take place on 18 October. More than 40 stalls and services would be represented at the event. All local commissioners, providers and some third sector organisations would be taking part;</li> <li>• The MyWellbeing College would be holding an event on World Mental Health Day; and</li> <li>• The Trust had obtained media coverage in national press during July and August.</li> </ul> <p><b>Trust Board noted the Chief Executive’s report.</b></p>
<p><b>3218</b></p>	<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 Vincent, Mrs Romaniak and Noel Waterhouse (Staff Governor) had visited the Complex Care team based at Westbourne Green. The team highlighted some of the implications of lone working; these were being addressed through the Health and Safety sub-group. The Complex Care team also discussed issues relating to referrals, by non-Community Matron staff, to Bradford Teaching Hospital NHS Foundation Trust’s Virtual Ward. These issues were being addressed. The team based at Bevan House was also supporting the homeless and new arrivals due to a Nurse Prescriber not being commissioned;</li> <li>• The Chair and Dr McElligott had visited the Rockwell District Nurses. The team had informed Dr McElligott that an effective policy regarding zero tolerance had been developed by Leeds Community NHS Trust. Dr McElligott had requested a copy. They also made a positive suggestion</li> </ul>

	<p>regarding referrals into the Virtual Ward and this had been shared with the Interim Deputy Director of Adult Physical Health. The team were in the process of adjusting to a more agile way of working;</p> <ul style="list-style-type: none"> <li>• Mr Banks had attended the Health and Safety Group meeting earlier in the month. Concerns had been discussed relating to: i) the effectiveness of the Trust’s Smoke Free policy; ii) a lack of Hepatitis B vaccines for staff (this was being dealt with by the Director of Operations and Nursing); iii) waste being disposed of in the wrong containers by trainee doctors (Dr McElligott was managing this issue); and iv) an increase in the number of trips, slips and falls (Service Managers had been asked to investigate increases within their service areas and an updated draft procedural document had been developed for consideration);</li> <li>• Dr Hussain and Mr Hogg had visited the Informatics team based at New Mill. The visit highlighted that there were still some challenges around capacity and demand following the cyber incident and at peak times on the Service Desk (Level One). The team was prioritising demands against clinical need and producing some ‘how to’ guides for regular IT queries experiences by staff; and</li> <li>• Dr Hussain had also visited the Mental Health Act team, spent some time with a Hospital Manager and had observed a Mental Health Act hearing. Mr Vincent added he had also attended a Hospital Managers meeting and an issue had been raised regarding a lack of advocacy support at hearings. The team believed this was due to a cut in advocacy support services.</li> </ul> <p><b>Trust Board noted the information received</b></p>
3219	<p><b>Partnership Discussion on Wellbeing College/IAPT Services</b></p> <p>Board members were shown a short video about Paul who had been suffering from anxiety due to changes at work and had been informed about the MyWellbeing College by his GP. On the video, Paul spoke about how the service had supported him to recover.</p> <p>Board members then received a presentation about the work of the MyWellbeing College. This highlighted that Key Performance Indicators (KPIs) relating to access, waiting times and recovery had been achieved. It also incorporated details about a Stress Buster workshop which had been delivered in schools.</p> <p>During ensuing discussion, the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The registration process involved people self-referring through the completion of an online form. The level of risk faced by an individual, as well as their care needs, were assessed during the follow up telephone conversation;</li> <li>• The Primary Mental Health team had recently implemented a Step 3+ service which resulted in more people being treated through the team;</li> <li>• Statistics relating to use of the MyWellbeing College website were monitored</li> </ul>

	<p>by the team;</p> <ul style="list-style-type: none"> <li>• The MyWellbeing College was designed for people aged 16 and over. It had been suggested at the Annual Members Meeting that a similar College be designed for people younger than 16 and this possibility was currently being investigated; and</li> <li>• A membership talk was planned for early 2018 relating to the MyWellbeing College.</li> </ul> <p><b>Trust Board noted the update and the Chair thanked members of the MyWellbeing College team for the work they were doing.</b></p>
3220	<p><b>Involvement in NHS Improvement 90 Day Collaborative Programmes</b></p> <p>Ms Mirza provided her initial reflections and reported the three 90 day improvement projects were anticipated to achieve £1.66 million in efficiency savings. Mrs Gilderdale reported the teams involved in delivery of the projects were enthusiastic about the initiatives and were thinking differently about how to achieve the target. Dr McElligott outlined the importance of medical staff embracing the revised approach to early discharge planning and Mr Hogg believed the Trust had been invited to take part in the three projects by NHS Improvement due to the positive relationship they shared. Board members considered it appropriate that progress be reviewed at Board Committee level and shared with the Board. <b>Action: Trust Secretary to timetable into the relevant work programmes.</b></p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the project scope and ambition; and</b></li> <li>• <b>Endorsed the approach.</b></li> </ul>
3221	<p><b>Learning from Deaths Policy</b></p> <p>The Chair believed it appropriate to discuss the Learning from Deaths Policy and Single Oversight Framework/CQC Consultation papers prior to the Integrated Performance Report.</p> <p>Dr Butler considered the policy (which had been produced by members of the Northern Alliance) to be robust. She outlined the importance of the Trust being clear about what was expected from the learning and highlighted the need for the last paragraph of the policy to be tailored to the Trust. <b>Action: Dr McElligott.</b> Dr McElligott reported learning from deaths would be reported quarterly to the Board and Mr Vincent outlined the importance of the Trust acquiring a 'holistic' view of each death.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the continuing progress made in respect of mortality review</b></li> </ul>

	<p><b>processes; and</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the new BDCFT Learning from Deaths policy.</b></li> </ul> <p>The Chair then paused the meeting to present a leaving gift to Ms Mirza. He thanked Ms Mirza for her contribution to the Board during her time as a Non-Executive Director.</p>
3222	<p><b>Single Oversight Framework/CQC Consultation</b></p> <p>Mr Banks referred to the acute trust metrics identified in the table at paragraph 2.2 of the paper and queried whether the Trust ought to progress these as a number were likely to pertain to non-acute providers. In response, Mrs Romaniak reported the Trust was already assessing corporate and estates benchmarks (reported to committee) and had recently attended an NHS Improvement Productivity workshop where providers were working with the regulator and trying to shape the measures that would be identified for community and mental health providers.</p> <p><b>Trust Board noted:</b></p> <ul style="list-style-type: none"> <li>• <b>The proposed changes to the Single Oversight Framework; and</b></li> <li>• <b>That mental health and community services would be developed and included in the Use of Resources framework (to support overall CQC ratings) after April 2019.</b></li> </ul>
3223	<p><b>Integrated Performance Report: July and August 2017 – Exception Reporting</b></p> <p>The report assessed progress against the Trust’s key targets and performance indicators as at August 2017 and provided exception reports on areas that were currently off trajectory. The report containing data as at July 2017 had previously been circulated to Board members. The following key areas were discussed or noted during the meeting:</p> <ul style="list-style-type: none"> <li>• The Finance, Business and Investment Committee had been monitoring labour turnover and attendant actions;</li> <li>• As requested at the July Board, the Executive Management Team (EMT) had reviewed the fire safety, other mandatory training and appraisal workforce targets. Slide 10 proposed an increase in appraisal completion levels to 90% and a standardised target of 95% for mandatory training. Mr Vincent believed labour turnover would impact on target attainment levels and considered it appropriate that consideration be given to the feasibility of meeting the proposed targets. Board members considered it appropriate that the fire training target become effective from 1 April 2018 with a staged trajectory (which would be subject to review) for the other proposed changes to ensure delivery by 31 March 2019;</li> <li>• The Governors had established a BME in Employment Task and Finish Group and had discussed ways in which Governors could support the Trust</li> </ul>

	<p>to more effectively promote working for the Trust to BME communities;</p> <ul style="list-style-type: none"> <li>• Mandatory training levels within the Wakefield Children’s Services team had improved significantly since the dashboard had been produced and it was anticipated the team would be fully compliant by the end of October;</li> <li>• Mr Banks queried why the achievement of contractual indicators for Older People’s Community Mental Health was rated red. Mrs Romaniak clarified that the Trust was not meeting its memory assessment targets;</li> <li>• The Trust was approximately £1.5 million ahead of plan at month 5 which was expected to mitigate risks in the latter half of the year. The Trust would now focus its attention on the 2018/19 control total and Cost Improvement Programme; and</li> <li>• The Chair referred to the exceptions and areas requiring Board attention as detailed in the Quality and Safety Committee assurance slide. It was noted that: the exceptions would be addressed through a review of the Quality and Safety dashboard; Professor Armitage would be working closely with the Research team and would review issues such as availability of funding streams; and the Director of Operations and Nursing had introduced an annual team review of safer staffing levels and the results would be presented to the Quality and Safety Committee.</li> </ul> <p><b>Trust Board noted the content of the dashboard and the issues highlighted by Board members.</b></p>
3224	<p><b>Board Business Cycle</b></p> <p>The Trust Secretary introduced the Board Business Cycle which outlined those items scheduled for future meetings. He reported this would be updated to incorporate items identified at the meeting and extended into 2018.</p> <p><b>Trust Board noted the items contained within the Board work programme.</b></p>
3225	<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>• Charitable Funds Committee held on 20 February 2017;</li> <li>• Council of Governors meeting held on 11 May 2017;</li> <li>• Audit Committee held on 24 May 2017;</li> <li>• Finance, Business and Investment Committee held on 26 July 2017; and</li> <li>• Quality and Safety Committee held on 16 June 2017 and 14 August 2017.</li> </ul> <p><b>Trust Board noted the content of the Council of Governors and Committee approved minutes.</b></p>
3226	<p><b>Any Other Business</b></p>

	<p><b><i>Finance, Business and Investment Committee Terms of Reference</i></b></p> <p>The revisions within the paper had been agreed by the Finance, Business and Investment Committee.</p> <p><b>Trust Board ratified the revisions.</b></p> <p>There were no other items of business.</p>
3227	<p><b>Date and Time of the next Meeting</b></p> <p>The next meeting will be held at 1.30 pm on Thursday, 26 October 2017 at the Woodroyd Medical Practice, Woodroyd Road, Bradford, BD5 8EL. [NB: this was subsequently changed to New Mill, Saltaire].</p> <p>The meeting concluded at 4.45 pm.</p>

**Trust Board (Public)**  
**28 September 2017**

**ACTIONS**

<b>Ref No</b>	<b>Actions requested</b>	<b>Timescale</b>	<b>Progress</b>
27/7/17-1	<u>FT Membership Strategy Progress Update</u> <b>Ms Mirza/Trust Secretary/Deputy Trust Secretary</b> to discuss the potential of MBA students being commissioned to undertake research with the Trust's members about how they might help to shape the Trust's services in the future.	Two weeks	Meeting with Research lead arranged
28/9/17-1	<u>Chief Executive's Report</u> <b>Chief Executive</b> to i) email a copy of the finalised Community Services newsletter to Board members; and ii) ensure a copy of the newsletter is available at the Demand and Capacity Forward to Excellence meeting.	One month Date tbc	
28/9/17-2	<u>Involvement in NHS Improvement 90 Day Collaborative Programmes</u> <b>Trust Secretary</b> to timetable a progress update about the impact of the initiative into the Committee and Board work programme.	One month	
28/9/17-3	<u>Learning from Deaths Policy</u> <b>Medical Director</b> to tailor the final paragraph of the policy to the Trust.	One month	Complete