

Trust Board

Date: 26 October 2017

Time: 1.30 pm

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

MINUTES

Present:	Michael Smith	Trust Chair
	Nicola Lees	Chief Executive
	Rob Vincent	Non-Executive Director
	Gerry Armitage	Non-Executive Director
	David Banks	Non-Executive Director
	Liz Romaniak	Director of Finance, Contracting & Facilities
	Paul Hogg	Director of Corporate Affairs
	Sandra Knight	Director of HR & OD
	Andy McElligott	Medical Director
	Debra Gilderdale	Director of Nursing and Operations
In attendance:	Stella Jackson	Deputy Trust Secretary
	Helen Ioannou	Creative Support (item 4)
	Mick Charlton	Youth Service (item 4)
	Karol Thornton	Yorkshire Mentoring (item 4)
	Calais Lawrence	Youth Worker (item 4)
	Samina Tariq	Barnardo's (item 4)
	Nicola Swales	Making Your Mind Up (item 4)
	Kelly Barker	Child & Adolescent Mental Health Services (item 4)
	2 Young People	Youth in Mind Service Users (item 4)
	Colin Perry	Public Governor, Bradford West
	Ann West	Public Governor, Shipley (until item 14)
	Wafaa Nawaz	Public Governor, Bradford East (until item 9)
	Chris Storton	Care Quality Commission
	Jenny Wilkes	Care Quality Commission
	Kate Gorse-Brightmore	Care Quality Commission
	One member of the public	
	One member of the Trust	

Chair: Michael Smith
Chief Executive: Nicola Lees

Item	
3228	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting including Non-Executive Director Professor Armitage who was attending the Board meeting for the first time. Apologies were received from Dr Hussain and Dr Butler.</p>
3229	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
3230	<p>Issues Received from the Public</p> <p>There were no issues from the public.</p>
3231	<p>Patient and Carer Experiences</p> <p>This month's patient story was told (through the use of a DVD) by two young people who had been referred by the Trust's Child and Adolescent Mental Health Services (CAMHS) to the Youth in Mind service. Following referral, the young people had been assigned a buddy who supported their holistic wellbeing for 12 weeks and helped them to complete a self-care/early intervention digital wellbeing application. The young people spoke about how the buddy had helped them to develop their confidence, overcome low mood problems, manage their emotions and meet new people.</p> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> • The Youth in Mind service design had been informed by young people and developed by partners; • The digital tool was a pilot which had been commissioned for one year. Young people were able to access this at any time of the day or week; • The Youth in Mind initiative offered early intervention to young people, helping with the transition into the CAMHS, if needed; • The service had the capacity to support up to 125 young people at any one time; • A small number of young people that had completed the programme were also offering buddying support to those newly referred to the programme; and • The success of the service should be shared with the West Yorkshire Tier 4 CAMHS partners. Action: Chief Executive. <p>Trust Board thanked the young people for sharing their story and the partner organisations for the support they provided.</p>

3232	<p>Minutes of the Meeting held on 28 September 2017</p> <p>The minutes of the meeting held on 28 September 2017 were agreed as a true and accurate record.</p>
3233	<p>Matters Arising from the Meeting held on 28 September 2017</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> • 27/7/17-1: FT Membership Strategy Progress Update – the Trust would be inviting undergraduate students to undertake a research project regarding the meaningful engagement of members; • 28/9/17-1: Chief Executive’s Report – a number of documents containing facts and figures about the Trust’s work had been shared with Board members. The Chief Executive considered it appropriate that the statistics be shared with staff, stakeholders and Governors. Action: Director of Corporate Affairs; and • 28/9/17-2: Involvement in NHS Improvement 90 Day Collaborative Programmes – a progress update would be considered by the Finance, Business and Investment Committee (FBIC) in December.
3234	<p>Chair’s Announcements</p> <p>The Chair highlighted the following key points from the Chair’s report:</p> <ul style="list-style-type: none"> • He had attended the opening of the Carer’s Hub and had opened the afternoon session of the district wide `Your Future, Your Health, young people’s conference. The latter had been attended by approximately 450 people, 100 of whom had signed up as members of the Trust. The Chair thanked Mr Jolly for the work he did in supporting events such as this; and • He had also chaired a joint Airedale NHS Foundation Trust/BDCFT Dementia membership event which had been attended by approximately 85 people, including Governors from the respective trusts. <p>The Chair then drew Board members’ attention to the recommendations contained within his paper relating to the Private Paper Protocol.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the Chair’s report; • Agreed that the Board paper template should be modified to align with the Private Paper Protocol (from November 2017); • Agreed the accountability for deciding whether or not a Board paper should be private rested with the Trust Chair, advised by the Chief Executive and Director of Corporate Affairs;

	<ul style="list-style-type: none"> • Agreed that for starred items, the accountability should also rest with the Chair, advised by the Chief Executive, but on the existing provision that any Board member could request the Chair to `unstar' the item for discussion by the Board with a supporting rationale and 24 hours' notice; and • Noted that assurance and escalation reports from Board Committees should not be starred.
3235	<p>Chief Executive's Report</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"> • Dawn McCann, Children's Services Clinical System's Specialist, was a finalist in the Innovation Award at the national TPP Annual Conference for SystmOne users; • The Primary Care Wellbeing service had won their category at the Mental Health Awards; • Helen Roberts, Therapy Support Worker, had won the Yorkshire and Humber award for her work and outstanding care on the Dementia Assessment Unit. Helen would now be entered into the national awards final; • The West Yorkshire and Harrogate Sustainability and Transformation Partnership had launched its website which contained a number of useful updates and Ms Lees highlighted some of the Partnership's achievements. Additionally, agreement had been reached to produce a West Yorkshire Communications Strategy and NHS England was considering how to engage the members of individual trusts in the work being undertaken at regional level; • The King's Fund had published a 'Making the Case for Quality Improvement: Lessons for Boards and Leaders' report. This highlighted the importance of sharing quality improvement processes at all levels. Ms Lees added that the Board had agreed to participate in an NHS Improvement (NHSI) pilot regarding quality improvement; and • The Care Quality Commission (CQC) had published a 'State of Care' report which contained warnings relating to demand and capacity and outlined a requirement for long-term sustainable solutions for health and social care. Ms Lees urged Board members to read the report. <p>Ms Lees also reported the Trust would be developing a bid on behalf of the region for Individual Placement Support funds. Mr Hogg added the Trust was featuring more in national media and had received local coverage regarding the young people's event. He also suggested that the Mental Health Legislation Committee should consider the forthcoming review into the MHA 1983 being chaired by Professor Simon Wessley. Action: Deputy Trust Secretary to include in Committee work programme.</p>

	<p>Trust Board noted the Chief Executive's report.</p>
3236	<p>Quality and Safety Feedback from Board Members</p> <p>The Chair invited Board members to highlight any insights gleaned during visits to services:</p> <ul style="list-style-type: none"> • Mr Banks and the Chair had visited the Immunisation team. The team had dealt with a significant increase in volumes since it was established three years ago and had expressed concerns about the size of their working space. This was being reviewed. The team outlined the complexities of their immunisation work and reported the staff rigorously recorded details regarding consent; • Mr Hogg, Dr Butler and Mr Waterhouse (Staff Governor) had visited the Nurse Development team at Hillside Bridge. They reported an issue relating to student placement log-in details and this had been referred to IT. Two members of the team were members of the Clinical Senate and Dr Butler was keen to receive an update about the impact this Senate had at regional level at the Quality and Safety Committee; and • Professor Armitage reported he had visited a number of teams as part of his application process. He had been impressed with the transparency of the teams and was complimentary about the Board engendering the conditions required for this level of candour. <p>Trust Board noted the information received</p>
3237	<p>Workforce Race Equality Standards (WRES) Report</p> <p>Mrs Knight reported all NHS organisations were required to share the results of the WRES report with their respective boards. Mrs Knight then provided a brief summary of the data and highlighted the actions the Trust had prioritised.</p> <p>Board members recognised the report contained a manageable number of impactful actions and believed this to be a positive approach. Mr Banks noted that a small number of 'Moving Forward Programme' graduates had left the Trust to pursue other opportunities and whilst it would be preferable to retain such staff this did highlight the effectiveness of the programme. Mr Vincent had attended a recent Aspiring Cultures Network meeting which had had good attendance but limited representation from staff of an Asian background; this was worth reflecting upon in how the network was promoting with staff.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Approved the report for publishing and submission to commissioners to meet the WRES requirement;

	<ul style="list-style-type: none"> • Noted that the findings had been discussed at the Quality and Safety Committee meeting as part of the Equality Delivery System 2 (EDS2) update in September 2017 and a set of priorities agreed; • Noted that a revised Strategy would be forwarded to Trust Board in January 2018 for approval – this would be a broader Equalities in Employment (Diverse and Inclusive Workforce) Strategy; • Noted that the report and subsequent Board discussion would inform the Equalities in Employment (Diverse and Inclusive Workforce) Strategy development process; • Agreed that updates about this work would be received at the Quality and Safety Committee every six months as part of the EDS2 update, with an annual report being forwarded to Trust Board in October 2018 following the WRES data submission; and • Agreed to take note of the data and use it when making decisions, receiving reports from services or meeting with staff across the Trust.
3238	<p>Medical Leadership</p> <p>Professor Armitage provided his initial reflections and noted the positive actions to engage and recruit good medical staff. He considered it appropriate that the Trust explore the medical staff attitudes, behaviours and norms around leadership (through the completion of a Patient Safety Culture survey). Action: Dr McElligott and Professor Armitage to explore this further outside the meeting. Professor Armitage also believed the Trust should: i) increase research opportunities for its medical staff; ii) consider involving them in the Quality Improvement initiatives; and iii) develop an understanding of what other trusts were doing around medical leadership and engagement. Mr Smith believed that medical staff engagement could be enhanced further through the re-introduction of the clinical buddying initiative. Ms Lees added that both she and the Director of Operations and Nursing had been considering how medical leadership engagement could be enhanced around the transformation agenda. Ms Lees had also invited suggestions from a number of consultants. Subsequent feedback received echoed the majority of points contained within the paper. Ms Lees considered it appropriate that the paper be shared with medical staff. Action: Dr McElligott.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the content of the report; • Confirmed the report provided assurance in terms of the actions being taken to maintain high levels of medical engagement across the Trust; and • Endorsed the suggested next steps to further improve medical leadership and medical recruitment, with the addition of clinical buddying.

<p>3239</p>	<p>Operational Plan Six Monthly Review</p> <p>Mr Vincent noted the introduction of a 2-shift system had not been progressed (and was therefore RAG rated red) due to issues experienced by other trusts operating such a system and resultant national work being progressed in this area. Mr Vincent also noted workforce issues were impacting on the Trust's ability to enhance its dementia care provision. Mr Vincent believed the 'celebrating success' document (attached to the paper at Appendix 2) highlighted the importance of partnership working.</p> <p>Mrs Romaniak then reminded Board members that four key themes had emerged out of round-table discussions at the 2016 Annual Members Meeting and these had been incorporated into the Operational Plan. Ms Lees believed the RAG rating definitions were somewhat misleading and required review. Action: Director of Finance, Contracting and Facilities.</p> <p>Trust Board noted the progress in implementing the 2017/18 and 2018/19 Operational Plan.</p>
<p>3240</p>	<p>Board Assurance Framework</p> <p>Mr Banks reported the Trust had revised the Board Assurance Framework at a meeting in July 2017. He believed public sector finances and public health contracts posed the biggest risk to the Trust achieving its strategic objectives.</p> <p>Mrs Romaniak added the Integration Change Board (ICB) had agreed to review the impact of local authority budget cuts on organisations. In the meantime, the Trust was working closely with Public Health commissioners to determine when services would be likely to face procurement/re-procurement. It was anticipated there would be significant cuts to Children's services and further information would be available on Monday, 30 October, following the local authority Executive meeting. Action: Director of Finance, Contracting and Facilities to provide an update to Board members. Mr Banks informed Board members the Finance, Business and Investment Committee would continue to monitor the situation.</p> <p>Professor Armitage reported risk 1974 (Quality and Workforce) highlighted an over-reliance on the Friends and Family Test (FFT) as a feedback mechanism and believed the Policy briefing about its use should be reviewed. Action: Professor Armitage to forward details to Mrs Gilderdale. Professor Armitage also believed that the co-design of services would help to mitigate risk 1976 (Quality and Workforce).</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the risk scores; and • Confirmed that the additional safeguard reporting helped to maintain a

	consistent audit trail.
3241	<p>Corporate Risk Register</p> <p>Mr Banks reported that the FBIC was monitoring risk 1955 (circulated at the meeting) relating to fire safety provisions at the Airedale Centre for Mental Health. He believed that a number of workstreams underpinning the West Yorkshire Mental Health collaboration would address some of the issues identified throughout the Corporate Risk Register (CRR).</p> <p>Trust Board agreed that the level of assurance was adequate for the Corporate Risk Register.</p>
3242	<p>Integrated Performance Report: September 2017 – Exception Reporting</p> <p>The report assessed progress against the Trust’s key targets and performance indicators as at September 2017 and provided exception reports on areas that were currently off trajectory:</p> <ul style="list-style-type: none"> • CQC and NHS Improvement indicators had been met, for those indicators where final data was available, and the Trust’s performance continued to be higher than the national benchmark; • The target of 20% reduction in A&E attendances was challenging and the Trust was working closely with Bradford Teaching Hospitals Foundation Trust and Airedale NHS Foundation Trust to develop a joined up winter plan; • The Trust had experienced a higher than average number of serious incidents during September and one Duty of Candour breach. Dr McElligott briefly outlined the details of each; and • The overall transformation programme was RAG rated red due to concerns over recurrent savings and a £284k forecasted shortfall. It was anticipated that 85% of the programme projects would be achieved and mitigations had been identified to address the shortfall. Mrs Gilderdale reported she had been discussing, with the National Nursing Lead for Dementia, the development of a bespoke observation policy for the Dementia Assessment Unit. Mrs Romaniak then informed Board members a procurement tool had been developed which was likely to lead to efficiency savings. <p><u>Mental Health Legislation Committee Assurance Report</u></p> <p>In the absence of Dr Hussain, Professor Armitage reported the Mental Health Legislation Committee (MHLC) had discussed the results of a Care Programme Approach (CPA) audit. This showed a deterioration in performance which was partly due to RiO recording limitations. These would be addressed once the patient records had been migrated to SystemOne. Mrs Gilderdale added a number of actions had been identified to address the issue including the delivery of a CPA Summit in the New Year for the Community Mental Health and Inpatient teams.</p>

	<p>Dr McElligott informed Board members the MHLC had agreed to monitor Mental Health Act, Mental Capacity Act and CPA training rates. Mr Banks queried whether the deterioration in CPA compliance levels was impacting on service user care and safety. In response, Dr McElligott reported that whilst there was no evidence of this, he was not able to provide definitive assurance there were no such consequences.</p> <p><u>Finance, Business and Investment Committee</u></p> <p>Mr Vincent referred to the paper tabled at the meeting and reported the Trust was slightly ahead of plan at month 6. FBIC had been assured that 2018/19 planning was advancing and that a fully formed discussion would be possible at the November and December meetings. Mrs Romaniak added clarity over control totals was not expected until after the Chancellor's Autumn Statement.</p> <p>Trust Board noted the content of the dashboard and the issues highlighted by Board members.</p>
3243	<p>NHS Improvement Quarterly Submission</p> <p>Board members considered the content of the report and noted the Use of Resources Risk Rating had been scrutinised by FBIC.</p> <p>Trust Board approved the Use of Resources (UoR) rating and quarterly submission to NHS Improvement, noting the recommendations of the Finance, Business and Investment Committee.</p>
3244	<p>Board Business Cycle</p> <p>The Director of Corporate Affairs introduced the Board Business Cycle which outlined those items scheduled for future meetings. The following additional items were noted during the meeting:</p> <ul style="list-style-type: none"> • Mental Health Clinical Information System Update – December (private) and monthly thereafter; • Stakeholder Engagement Strategy Update – January/February; • LA Budget Cut Implications – November (private); • Equalities and Employment Strategy – January 2018 instead of November 2017. <p>Trust Board noted the items contained within the Board work programme.</p>
3245	<p>Committee and Council of Governor Approved Minutes</p> <p>A paper was presented containing approved minutes from the Mental Health Legislation Committee held on 20 July 2017.</p>

	Trust Board noted the content of the Committee approved minutes.
3246	<p>Any Other Business</p> <p>There were no other items of business.</p>
3247	<p>Date and Time of the next Meeting</p> <p>The next meeting will be held at 1.30 pm on Thursday, 30 November 2017 in Room 1, The Craven Centre for Mental Health, Skipton Hospital, Keighley Road, Skipton, BD23 2NB. [Note this was subsequently changed to be held at New Mill, Saltaire].</p> <p>The meeting concluded at 3.55 pm</p>

Trust Board (Public)
26 October 2017

ACTIONS

Ref No	Actions requested	Timescale	Progress
28/9/17-1	<p><u>Chief Executive's Report</u> Chief Executive to:</p> <ul style="list-style-type: none"> • email a copy of the finalised Community Services newsletter to Board members; and • ensure a copy of the newsletter is available at the Demand and Capacity Forward to Excellence meeting. 	<p>One month</p> <p>Date tbc</p>	<p>Statistics circulated on 24/10/17</p>
28/9/17-2	<p><u>Involvement in NHS Improvement 90 Day Collaborative Programmes</u> Trust Secretary to timetable a progress update about the impact of the initiative into the Committee and Board work programme.</p>	<p>One month</p>	<p>Scheduled for discussed at FBIC in December</p>
26/10/17-1	<p><u>Patient and Carer Experiences</u> Chief Executive to share details about the Youth in Mind initiative with West Yorkshire Tier 4 CAMHS partners</p>	<p>Two months</p>	<p>Scheduled for discussion at the December meeting of the WY Mental Health STP</p>
26/10/17-2	<p><u>Matters Arising from the Meeting held on 28 September 2017</u> Director of Corporate Affairs to ensure the facts and figures about the work of the Trust is shared with staff, stakeholders and Governors.</p>	<p>Two weeks</p>	
26/10/17-3	<p><u>Chief Executive's Report</u> Deputy Trust Secretary to include the Wessley Review in the MHLC work programme</p>	<p>Next meeting</p>	
26/10/17-4	<p><u>Medical Leadership</u> Medical Director to i) discuss the merits of the Patient Safety Culture survey with Professor Armitage; and ii) circulate the Medical Leadership report to medical staff.</p>	<p>One month</p>	
26/10/17-5	<p><u>Operational Plan Six Monthly Review</u> Director of Finance, Contracting and</p>	<p>Two months</p>	

	Facilities to review the RAG rating definitions.		
26/19/17-6	<u>Board Assurance Framework</u> Director of Finance, Contracting and Facilities to inform Board members, via email, of the outcome of the local authority Executive meeting discussions about the 2018/19 budget. Professor Armitage to forward to Mrs Gilderdale the FFT policy briefing.	One week Two weeks	