

## Trust Board

**Date:** 25 January 2018

**Time:** 10.00 am

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

## PUBLIC MINUTES

<b>Present:</b>	<p>Michael Smith Nicola Lees David Banks Rob Vincent Gerry Armitage Sue Butler Paul Hogg Liz Romaniak</p> <p>Sandra Knight Andy McElligott Debra Gilderdale</p>	<p>Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of Corporate Affairs Director of Finance, Contracting &amp; Facilities (until item 14) Director of HR &amp; OD Medical Director Director of Nursing and Operations</p>
<b>In Attendance:</b>	<p>Stella Jackson Colin Perry Suzanne Heywood-Everett Mrs A</p> <p>One Member of the Trust &amp; One member of the public</p>	<p>Deputy Trust Secretary Public Governor, Bradford West Clinical Psychologist Consultant (item 4) Service user (item 4)</p>

Item	
<b>3265</b>	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting. Apologies had been received from Dr Hussain.</p>
<b>3266</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>

Chair: Michael Smith  
Chief Executive: Nicola Lees

3267	<p><b>Issues Received from the Public</b></p> <p>There were no issues from the public.</p>
3268	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was about Mrs A, a service user of the Integrated and Physical Health Primary Care Wellbeing service and a staff member at the Trust. The service was targeted at those people with co-morbidity, medically unexplained symptoms and complex long term conditions. Dr Heywood-Everett gave a short presentation about the service before introducing Mrs A, who then told her story.</p> <p>Mrs A had Crohn's Disease but had initially been given an incorrect diagnosis, resulting in her receiving unnecessary surgery. This had impacted on her mental wellbeing and had also resulted in her receiving care for a number of inter-related conditions. Each condition was treated independently by relevant health professionals. Mrs A was eventually referred to the Trust's Integrated and Physical Health Primary Care Wellbeing service where she was now receiving joined-up care. This was having a positive impact on her quality of life and emotional wellbeing.</p> <p>During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> <li>• It was important that staff members who were experiencing mental health problems felt able to talk to other staff members about those problems and were given flexibility during their return to work period;</li> <li>• The service currently worked with four GP practices across Bradford and Airedale and was proving very successful. Mrs Heywood-Everett believed consideration could be given to developing a 'networked' advisory service model which would result in more people experiencing joined-up care;</li> <li>• The Care Navigator (a key role within the service) facilitated access for service users to a range of community and voluntary services. They also supported a service user's self-management plans;</li> <li>• The story highlighted the importance of all practitioners being trained in both physical and mental health care provision; and</li> <li>• Evidence had been gathered highlighting the significant savings this integrated care model approach was achieving.</li> </ul> <p><b>Trust Board thanked Mrs A for sharing her story and Dr Heywood-Everett for giving the presentation.</b></p>
3269	<p><b>Minutes of the Public Board Meeting held on 30 November 2017</b></p> <p>The minutes of the Public Board meeting held on 30 November 2017 were agreed as a true and accurate record of the meeting.</p>

3270	<p><b>Matters Arising from the Public Board Meeting held on 30 November 2017</b></p> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• 30/11/17-1: Integrated Performance Report: October 2017 – Exception Reporting - the Director of Human Resources and OD reported that Dr Butler had provided her with the name of the person who had informed her of community perceptions regarding safe spaces for their teenage children. Consequently, this action could be recorded as complete.</li> </ul>
3271	<p><b>Chair’s Report</b></p> <p>The Chair highlighted the following key points from the Chair’s report:</p> <ul style="list-style-type: none"> <li>• A meeting would be taking place on 5 February to discuss the work of the West Yorkshire and Harrogate Mental Health collaborative. Non-Executive Directors and Governors from mental health trusts within the locality had been invited to attend;</li> <li>• The Trust would be providing a response to the local authority budget proposal consultation;</li> <li>• NHS England had notified the Trust that the recommissioning of the Community Dental Health service had been suspended. Consequently, the Trust continued to provide this service under existing arrangements;</li> <li>• The Trust was working with local acute trust colleagues to alleviate some of the pressures currently being experienced by their Accident and Emergency departments;</li> <li>• The Trust would be moving its mental health clinical records to a new clinical information system in May. This was a significant development for the Trust; and</li> <li>• The Chief Executive of the Trust would be retiring in April.</li> </ul> <p><b>Trust Board noted the Chair’s report.</b></p>
3272	<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>• Local people and staff were being encouraged to nominate themselves to become Governors of the Trust. Additionally, recorded interviews with a Staff Governor and a Public Governor had been produced and were being used to support the Governor Awareness campaign;</li> <li>• The Influenza uptake by staff members was 79.9% and the Trust had met its CQUIN target. <b>Action: Chair to write to the Infection Prevention and Vaccination team to thank them for their efforts in achieving this target;</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Healthwatch had produced a report, following a consultation with local people about the future of health and social care. Over 900 responses had been received and comments made regarding: access to GP surgeries; emergency care; voluntary sector services; children and young people services; social services and the ability of services to meet the future demands of an ageing population;</li> <li>• Accident and Emergency services were under sustained pressure to meet the continuing winter pressures. Consequently, the National Emergency Panel had taken the decision to suspend non-urgent, non-elective care within Inpatient wards during January;</li> <li>• The Chief Executive of Airedale NHS Foundation Trust would be retiring in May 2018; and</li> <li>• NHS England had boosted the number of regionally based clinical pharmacists that could offer expert medication and treatment. Five such schemes were successfully operating across Airedale, Wharfedale and Craven and a further two were being rolled out within Bradford.</li> </ul> <p>The Director of Corporate Affairs then reported the Governor nomination period would commence on 26 January 2018 and voting would close on 22 March 2018. Mr Hogg was hopeful the efforts made in promoting the roles would result in contested elections. Mr Hogg then referred to the membership report (contained within the Chief Executive’s report) and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Approximately 40% of the Trust’s members were from BAME communities;</li> <li>• Around 100 young people had signed up as members of the Trust at the district-wide Young People’s event;</li> <li>• The joint BDCFT/Airedale NHS FT Dementia event had been well attended, as had the Stressbuster event which had taken place in January; and</li> <li>• The Trust had invited Bradford University students to undertake a piece of research relating to the engagement of members.</li> </ul> <p>Mr Hogg informed Board members the Trust had secured a significant amount of positive media coverage during November and December.</p> <p><b>Trust Board noted the Chief Executive’s report.</b></p>
3273	<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 and Mrs Knight had visited the Practical Training Unit. An issue had been highlighted regarding the limited space available to undertake training and this had been dealt with by Mrs Knight. A frustration had also been expressed about staff members not attending training courses. Board members believed this was probably as a consequence of capacity issues on</li> </ul>

	<p>the wards;</p> <ul style="list-style-type: none"> <li>• Mr Vincent and Dr McElligott had visited the Oral Health Promotion team. The team had highlighted concerns about proposed local authority budget cuts and the work they were doing to tackle poor oral health within Bradford;</li> <li>• Professor Armitage and Ms Lees had visited the Highfield Health Visiting team. The team had expressed concerns about the potential impact of local authority budget cuts on service provision and about the cluster model of working. The latter was resulting in increased travel time, thereby decreasing the amount of time the staff could spend with children and their families. The team raised an issue about IT connectivity and this had been shared with the IT department. An additional concern had been highlighted about the raise in thresholds imposed by the local authority for young people and the resultant impact on the service offering. There was a recognition that should the budget restrictions continue, then services would no longer be able to offer preventative interventions. Board members considered it appropriate that the Health Visiting team be invited to attend a future Board meeting to present a patient story. <b>Action: Director of Operations and Nursing to organise;</b> and</li> <li>• Dr Hussain and Mr Hogg had visited the Shipley Fire Service to hear about the collaborative work being undertaken between the Fire Service and the Trust on falls prevention. The Falls Prevention team had also embraced agile working and was working with Leeds Beckett University on the development of a virtual falls house.</li> </ul> <p><b>Trust Board noted the information received and that issues highlighted would be addressed through the walkabout process.</b></p>
3274	<p><b>Equality, Diversity and Inclusion Workforce Strategy</b></p> <p>Mr Vincent provided the following initial reflections:</p> <ul style="list-style-type: none"> <li>• The Equality, Diversity and Inclusion Strategy superseded the former BAME in Employment Workforce Strategy. The outstanding actions from the previous strategy have been incorporated into this Strategy;</li> <li>• The nature of the challenges within the Strategy were likely to lead to slow progress being made; and</li> <li>• The staff networks would require effective support in order to make a valuable contribution to the Strategy implementation.</li> </ul> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Case studies highlighting the success stories of existing BAME role models should be developed and utilised. <b>Action: Director of Corporate Affairs to pursue through the Communications team;</b></li> <li>• The Strategy consisted of a number of statements which required quantification in order to make these meaningful;</li> </ul>

	<ul style="list-style-type: none"> <li>• It was important to recognise the Strategy's diverse and inclusive focus;</li> <li>• A number of objectives within the Strategy were designed to meet regulatory requirements. However, it was important that the Strategy was deliverable; and</li> <li>• It was also important that the Strategy addressed the generic national workforce issues highlighted through a recent CQC report.</li> </ul> <p><b>Trust Board approved the Strategy, subject to the comments made at the meeting.</b></p>
3275	<p><b>Six Monthly BME Diversity Update</b></p> <p>The Director of Human Resources and OD informed Board members the report provided a final update on the delivery and impact of the BAME Diversity in Employment Strategy. The report set out the key achievements for the six months of the Strategy as well as information regarding the impact of the Strategy since its launch in 2014.</p> <p>Mr Vincent noted an external consultant, Hari Sewell, was working with the City IAPT team to develop a community engagement model that would increase access to the service by the BAME community. He considered service user involvement to be important and believed the Quality and Safety Committee (QSC) should monitor the effectiveness of the Hari Sewell work. The Chair also believed this work should feature in the Board Development 'taking quality forward' discussions. <b>Action: Director of Corporate Affairs/Medical Director to incorporate into the QSC work programme.</b> Dr Butler considered it appropriate that the Strategy requirements be incorporated into the 'You and Your Care' Strategy. <b>Action: Director of Corporate Affairs to determine the feasibility of this.</b></p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the progress that had been made against the Strategy; and</b></li> <li>• <b>Supported the proposal to incorporate the outstanding actions detailed in section 3 into the new Equality, Diversity and Inclusion Workforce Strategy.</b></li> </ul>
3276	<p><b>Board Assurance Framework (BAF)</b></p> <p>Dr Butler believed the RAG ratings for the 'workforce' related risks required review in view of increasing workforce pressures faced by the Trust. Mr Vincent added the Finance, Business and Investment Committee (FBIC) had been monitoring workforce pressures and had considered, at its meeting on 22 January 2018, the results of a recent deep dive into this area. The Committee had acknowledged the work being undertaken by the Trust to tackle the problem but was not assured the actions would result in significant change; this reflected the scale of challenge at a national level. The Committee believed high staff turnover levels within some areas</p>

	<p>of the Trust required attention. Dr Gilderdale added a strategic executive review of each ward area would be completed by 28 February 2018. The Committee had also heard about work being undertaken at national and regional level to address workforce challenges. <b>Action: Director of HR/OD to review the workforce related risk scores with other relevant Directors.</b></p> <p>Dr McElligott then outlined national issues regarding the recruitment of Psychiatrists and informed Board members about the work being undertaken by the Trust to attract post-foundation doctors into Psychiatry roles.</p> <p><b>Trust Board noted the report.</b></p>
3277	<p><b>Corporate Risk Register (CRR)</b></p> <p>The Chair noted cyber security had a current risk rating of 16 and a residual rating of 12. Dr McElligott reported that whilst steps had been taken to address weaknesses leading to the cyber security attack in May 2017, the results of a resultant external review of the Trust's cyber security arrangements had revealed a further level of cyber security vulnerability. The issues identified were common to most large organisations and the development of a Cloud strategy would mitigate some of the risks.</p> <p>Mrs Gilderdale reported the risk relating to the 'inability to transfer calls received at SPA through to First Response in a timely manner' had reduced following action taken to remedy the situation. At a recent Business Unit Performance Meeting, it had been reported average call times had halved but the position was still being closely managed. A revised risk score would feature in the next CRR report.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed the level of assurance was adequate for the CRR; and.</b></li> <li>• <b>Noted the two new risks which had been added to the CRR.</b></li> </ul>
3278	<p><b>Integrated Performance Report – December Data</b></p> <p>The report assessed progress against the Trust's key targets and performance indicators as at December 2017 and provided exception reports on areas that were currently off trajectory. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Whilst the Trust was a high-performer in relation to Commissioning for Quality and Innovation (CQUIN) attainment, there had been a change to the anticipated forecast as a result of a deterioration in performance in relation to CQUIN 1a 'Improvement of Health and Wellbeing of NHS Staff' and CQUIN 3b 'Improving Physical healthcare to reduce premature mortality for people with serious mental illness - Collaboration with primary care clinicians'. The report provided further details about the reasons for the deterioration and the</li> </ul>

actions in place to improve performance;

- There had been one duty of candour incident in December relating to an assault on a service user by another service user;
- The final NHS Digital data for quarter 2 showed the Improving Access to Psychological Therapies (IAPT) recovery rate to be 49.6% against a target of 50%. This would be reviewed at the Business Unit Performance Meeting (BUPM);
- The service specific data on slide 16 did not reflect the subsequent outstanding performance being achieved by some services. In particular, in relation to mandatory training uptake and appraisal completion rates; and
- The Trust's cash balances were £3.8 million above plan and were forecast to be £3 million more than expected at the end of the year. This reflected receipt of unplanned 2016/17 Sustainability and Transformation Funding, a capital disposal and the consequences of revenue slippage on likely working capital requirements. A strong cash position was helpful for future capital financing purposes.

The Chair then invited Committee Chairs to highlight any key points from Committee reports:

#### **Quality and Safety Committee (QSC)**

Dr Butler pointed out the areas identified as exceptions were not exceptions but were areas the Committee wished to draw to the Board's attention. Board members considered it appropriate that a brief presentation about the Clinical Senate be given at a Public Board meeting. **Action: Deputy Trust Secretary/Medical Director to timetable into the Board work programme.**

Dr McElligott reported issues relating to the 7 day working of the Bradford Teaching Hospital NHS Foundation Trust (BTHFT) Medicines Management team had been highlighted to BTHFT and the outcome of the consultation regarding this was awaited.

Dr Butler also reported the Committee had commissioned Informatics to undertake a survey relating to the perceived purpose and impact of Board service visits.

#### **Finance, Business and Investment Committee (FBIC)**

An update from the FBIC meeting held on 22 January had been circulated to Board members ahead of the meeting. Mr Vincent reported the FBIC had focussed much of its attention on the Workforce deep dive results, the financial position for 2017/18 and the draft financial plan for 2018/19. The Committee had concluded it would be a challenge for the Trust to meet the Control Total for 2018/19 without compromising quality or safety of the service offer.

The Committee also noted that NHS England had now formally stopped processes

	<p>to re-procure Community Dental Services.</p> <p>The Committee recommended the quarter three Use of Resources Rating, financial position and report to NHS Improvement.</p> <p><b>Mental Health Legislation Committee (MHLC)</b></p> <p>Dr McElligott highlighted the following key points from the meeting held on 18 January 2018:</p> <ul style="list-style-type: none"> <li>• The Committee had received an update following the CQCs recent Mental Health Act inspections. The CQC inspector had commented they had not identified a single concern relating to the Bracken ward and that this was highly unusual. <b>Action: Chair to congratulate the team (on behalf of the Board) via the Ward Manager;</b></li> <li>• Mental Capacity Act training performance currently equated to approximately 80%;</li> <li>• The Trust would be responding to a consultation regarding the Mental Capacity Act;</li> <li>• The Committee had been assured that legal changes around Section 135/136, which came into effect in December 2017, relating to route of entry; detention; and places of safety, were likely to have minimal impact for the Trust as good practice had already been implemented;</li> <li>• The Committee had been informed about the Wessely Review of the Mental Health Act; and</li> <li>• The Committee had been informed that Advocacy service provision would move from Bradford and Airedale Mental Health Advocacy Group (BAMHAG) to Voiceability. The Committee had requested further information about the impact on service users during the transition period.</li> </ul> <p><b>Trust Board noted the content of the dashboard and the issues highlighted by Board members.</b></p>
3279	<p><b>NHS Improvement Quarterly Submission</b></p> <p>On the recommendation of FBIC, the Board <b>approved</b> the UoR Risk Rating and quarterly submission to NHS Improvement.</p>
3280	<p><b>Learning from Deaths</b></p> <p>Professor Armitage highlighted a number of observations regarding the progress update and, in response to comments made by him, the following key points were made:</p> <ul style="list-style-type: none"> <li>• The Northern Alliance was currently considering whether to extend its membership to service users or carers;</li> </ul>

	<ul style="list-style-type: none"> <li>• The Northern Alliance would be considering learning from deaths themes in future and the first theme would focus on choking;</li> <li>• The Mortality Review group membership was small but multi-disciplinary in nature. Consideration was currently being given to widening the group to incorporate staff from additional disciplines;</li> <li>• Excluding the Serious Incidents, only one potentially avoidable death had been identified (relating to clozapine monitoring) and this death was subject to a detailed level 2 investigation. Learning from this death had been captured and shared and the family members had been written to;</li> <li>• Nationally, it was envisaged the Learning from Deaths policies and procedures would lead to earlier settlement of legal proceedings.</li> </ul> <p>Professor Armitage considered it important that consideration be given to incorporating mortality review data into the Integrated Performance Report.</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 processes;</b></li> <li>• <b>Noted the numerical data presented; and</b></li> <li>• <b>Confirmed that assurance was provided of important learning and actions taken in response.</b></li> </ul>
3281	<p><b>Board Business Cycle</b></p> <p>The Director of Corporate Affairs introduced the Board Business Cycle which outlined those items scheduled for future meetings. He reported the Clinical Information System paper would be considered at the Public Board meeting in February.</p> <p>Mrs Knight reported the BME in Employment report had been superseded by the Equality, Diversity and Inclusion Workforce Strategy and could, therefore, be removed from the work programme. The Board would receive a six monthly update about the latter Strategy in July rather than May 2018.</p> <p><b>Trust Board noted the items contained within the Board work programme.</b></p>
3282	<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>• Audit Committee meeting held on 4 September 2017;</li> <li>• Quality and Safety Committee meetings held on 15 September 2017 and 17 November 2017;</li> <li>• Mental Health Legislation Committee meeting held on 19 October 2017;</li> </ul>

	<ul style="list-style-type: none"> <li>• Finance, Business and Investment Committee meeting held on 25 October 2017;</li> <li>• Council of Governors meeting held on 20 July 2017; and</li> <li>• Annual Members Meeting held on 26 September 2017</li> </ul> <p><b>Trust Board noted the content of the Committee and Council of Governors approved minutes.</b></p>
3283	<p><b>Any Other Business</b></p> <p>There were no other items of business and the meeting concluded at 4.25 pm.</p>

**Trust Board (Public)**  
**25 January 2018**

**ACTIONS**

<b>Ref No</b>	<b>Actions requested</b>	<b>Timescale</b>	<b>Progress</b>
30/11/17-1	<u>Integrated Performance Report: October 2017 – Exception Reporting</u> <b>Dr Butler</b> to provide Mrs Knight with the contact details of the person who informed her of local community perceptions regarding safe spaces for their teenage	One month	Reported as completed at Trust Board on 25/1/2018
25/1/18-1	<u>Chief Executive's Report</u> <b>Chair</b> to write a thank you letter (on behalf of the Board) to the Infection Prevention and Vaccination team for their efforts in helping the Trust to achieve its influenza vaccination target.	Two weeks	Completed
25//18-2	<u>Quality and Safety Feedback from Board Members</u> <b>Director of Operations and Nursing</b> to arrange for a Health Visiting patient story to be told at a Trust Board meeting.	One month	
25/1/18-3	<u>Equality, Diversity and Inclusion Workforce Strategy</u> <b>Director of Corporate Affairs</b> to arrange for a BAME role model case study to be developed.	Two months	
25/1/18-4	<u>Six Monthly BME Diversity Update</u> <b>Director of Corporate Affairs/Medical Director</b> to timetable a discussion about the Hari Sewell work into the QSC work programme.  <b>Director of Corporate Affairs</b> to determine how the Strategy might feature within the You and Your Care Strategy.	One month  One month	
25/1/18-5	<u>Board Assurance Framework (BAF)</u> <b>Director of HR/OD</b> to review the workforce related risks with the relevant Directors.	One month	
25/1/18-6	<u>Integrated Performance Report – December Data</u> <b>Deputy Trust Secretary/Medical Director</b> to timetable a presentation about the Clinical Senate into the Board work programme. <b>Chair</b> to congratulate the Bracken Ward	One month  One month	Completed  Completed

	team (on behalf of the Board) for the recent Mental Health Act inspection result.		
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