

Trust Board

Date: 22 February 2018

Time: 1.30 pm

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

PUBLIC MINUTES

Present:	<p>Michael Smith Nicola Lees David Banks Rob Vincent Gerry Armitage Sue Butler Zulfi Hussain Liz Romaniak Sandra Knight Andy McElligott Debra Gilderdale</p>	<p>Trust Chair Chief Executive Non-Executive Director Non-Executive Director 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</p>
In Attendance:	<p>Stella Jackson Colin Perry Lisa Stead Nigel Green Phil Hubbard Julia Elliot</p> <p>One Member of the Trust & One member of the public</p>	<p>Deputy Trust Secretary Public Governor, Bradford West Clinical Manager, Child and Adolescent Mental Health Services (item 4) Business Support & Improvement Manager (item 10) Interim Deputy Director of Adult Physical Health Services and Childrens Services (item 10) Interim Head of Children's Services (item 10)</p>

Item	
3284	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting. Apologies had been received from Mr Hogg.</p>

Chair: Michael Smith
Chief Executive: Nicola Lees

3285	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
3286	<p>Issues Received from the Public</p> <p>There were no issues from the public.</p>
3287	<p>Patient and Carer Experiences</p> <p>This month's patient story was about Miss A, a service user of the Safer Space service. Miss A suffered from emotional dis-regulation and experienced anxiety, low mood, suicidal thoughts and self-harm. Miss A had spent some time in hospital following an overdose and, on discharge, was referred to the service. Miss A recognised her mental health problems were triggered the day before college and began to utilise the service on a Sunday evening. Miss A found it useful being able to use the space as and when needed and enjoyed the range of activities on offer. She felt welcomed, listened to, safe and able to make choices. Miss A was also receiving support from the Trust's Child and Adolescent Mental Health Service (CAMHS), was a member of Young Carers and was taking part in a four week community programme.</p> <p>During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> • Young people up to the age of 18 were able to access Safer Space; • The service was funded for a 12 hour period each day and opened from 10.00 pm to 10.00 am. Additional funding would enable the service to open earlier and would result in the delivery of more therapeutic interventions; • The local authority and First Response were able to refer people to the service; • Creative Support funded two permanent members of staff and two temporary members of staff to run the service; • The Safer Space had been rated as 'outstanding' during the recent CQC inspection; • An evaluation of Safer Spaces was currently being undertaken by an organisation based in Manchester. Board members believed the evaluation results could prove beneficial if the evaluation also considered: i) the positive impact the service had on reducing referrals to other services; ii) the opening times; and iii) the importance of educating family members about the value of the space. Ms Lees added Safer Spaces would also be reviewed in line with the development of the West Yorkshire and Harrogate CAMHS tier four initiative; and • Consideration was being given to additional ways in which the Safer Space facility could be utilised. <p>Trust Board thanked Lisa for sharing Miss A's story and the Safer Space team for the excellent work being undertaken.</p>

3288	<p>Minutes of the Public Board Meeting held on 25 January 2018</p> <p>The minutes of the Public Board meeting held on 25 January 2018 were agreed as a true and accurate record of the meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> • Item 3276: Board Assurance Framework – the reference to ‘Dr Gilderdale’ to be replaced with ‘Mrs Gilderdale’; and • Item 3278: Integrated Performance Report: December Data - the final paragraph under the Quality and Safety feedback section being amended to read: ‘Dr Butler also reported the Committee had commissioned Informatics to undertake a small survey of the visited teams relating to the perceived purpose and impact of Board service visits’.
3289	<p>Matters Arising from the Public Board Meeting held on 25 January 2018</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> • 25/1/18-2: Quality and Safety Feedback – the Director of Nursing and Operations reported a Health Visiting patient story had been timetabled into the patient story programme; • 25/1/18-5: Board Assurance Framework (BAF) – the Director of Human Resources and OD reported a review of the workforce related risks and scores had taken place. Mrs Knight would be discussing proposed changes to the scores with the Director of Corporate Affairs and these would be highlighted to Board members during consideration of the BAF at its meeting in April 2018.
3290	<p>Chair’s Report</p> <p>The Chair highlighted the following key point from the Chair’s report:</p> <ul style="list-style-type: none"> • A meeting had taken place on 5 February regarding the work of the West Yorkshire and Harrogate Mental Health collaborative. A number of Non-Executive Directors and Governors from mental health trusts within the locality had attended. Professor Armitage added there was a strong sense of commitment to the collaborative from everyone at the meeting and Mr Vincent reported those attending the meeting had similar views to one another. <p>Trust Board noted the Chair’s report.</p>
3291	<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"> • West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) had published information regarding the next steps for Better Health and Care for Everyone. This described the progress made since the publication of the initial plan in November 2016. It also set out how the partnership would further improve health and care for local people. Ms Lees encouraged Board members to read the document; • NHS England had launched a consultation regarding the contracting arrangements for Accountable Care Organisations (ACOs). The establishment of additional ACOs would not be possible until the consultation exercise was complete; and • The Government had published its response to Sir Robert Naylor’s review of NHS property and estates. Government had agreed to invest £200 million in supporting and developing associated efficiency programmes. <p>Trust Board noted the Chief Executive’s report.</p>
3292	<p>Children’s Strategy</p> <p>The Chair decided to bring this item forward as the presenters of the Strategy had joined the meeting.</p> <p>Ms Elliott then gave a presentation which highlighted:</p> <ul style="list-style-type: none"> • The rationale for the Trust’s Children and Young People’s Strategy; • How the Strategy supported the Trust’s vision; • The level of engagement undertaken prior to the four-page Strategy being developed; and • The Strategy’s seven pledges, building blocks and core concept. <p>During ensuing discussion, the following key points were raised:</p> <ul style="list-style-type: none"> • Those young people that had been consulted prior to the Strategy being developed had been provided with feedback highlighting how their comments had influenced the Strategy content. Ms Lees considered it important that those young people also be invited to inform the Trust whether they believed the pledges were being delivered; • The Strategy had been presented at the Quality and Safety Committee and the Committee would be receiving an update in six months’ time regarding its implementation. The Committee would also monitor the delivery of the pledges contained within the document. Action: Dr McElligott/Dr Butler to timetable into the QSC work programme; • Interpretation of the pledges would require a degree of flexibility in order to meet individual need; • The potential impact of the local authority budget cuts on the design of Children’s services would need to be taken into consideration; and

	<ul style="list-style-type: none"> • It was important that the Trust’s website was appealing to young people. <p>Trust Board approved the Strategy.</p>
3293	<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"> • Dr Butler had attended the Dementia Celebration event and had been impressed by the examples of patient centred work and the participative interaction between the presenters and the audience. The Chair added he had found Tommy’s story to be very moving; and • Mr Vincent and Mr Hogg had visited the multi-disciplinary Perinatal Mental Health team. The team was working together very effectively to deliver the service. However, it appeared to be underfunded when compared to other teams across the country. Additionally, it was envisaged the patients that utilised the service would be impacted by local authority budget cuts to other services. The team was information dependent and had expressed concerns about read and write access to SystemOne. Ms Lees added the establishment of the service had been funded non-recurrently by the West Yorkshire and Harrogate Health and Care Partnership. <p>Trust Board noted the information received and that issues highlighted would be addressed through the walkabout process.</p>
3294	<p>Mental Health Clinical Information System Update</p> <p>Dr McElligott reported the existing mental health electronic patient record (RiO) was due to be replaced by SystemOne in May. Since the paper had been distributed, an additional two risks had materialised. The first related to the unexpected sickness absence of the Chief Clinical Information Officer but the clinical lead for the project was progressing a significant amount of work in his absence. The second related to template development delays. Due to performance issues and winter sickness absence, template development was behind schedule but the team was now back to full strength and it was anticipated that the full suite of required templates would still be available at ‘go live’ but no further delays could be tolerated and a template prioritisation schedule could become necessary to avoid ‘go live’ deferment. Dr McElligott also reported the Trust was now entering the training phase of the project implementation. This required a significant number of staff members to attend two half-day training courses and Deputy Directors were being asked to facilitate this process. Additionally, all staff would require Smart Cards to access the new system.</p> <p>Action: Medical Director/Director of Human Resource and OD to determine the actions that are being taken to ensure all staff will have a smart card with the correct access rights.</p>

	<p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> • Weekly meetings regarding project implementation were occurring with Clinical Managers; • Data migration was progressing to plan; • Members of staff would be consulted about the design of the internal templates. They would also be invited to provide feedback about the new system during the training sessions; and • The implementation of this important project was being monitored by the Board, the Project Implementation Board and the Executive Management Team. <p>Trust Board agreed that the report provided assurance that satisfactory progress was being made in the implementation of the new electronic record for mental health.</p>
3295	<p>CQC Inspection Results</p> <p>Dr McElligott introduced this item and reported the latest iteration of the action plan had been circulated to Board members the previous day. The Trust had been rated 'good' for caring and responsive, and 'requires improvement' for effective, safe and well-led, leading to an overall rating of 'requires improvement'. Community services had been rated as 'good' overall with some aspects of care rated as 'outstanding'. The majority of issues highlighted by the CQC related to internal processes and the Trust was working to correct these in a sustainable way. Ms Lees added the Trust was required to submit a formal response to the CQC by 9 March. Dr McElligott would determine whether the Trust could invite the CQC to re-inspect those areas rated as 'requires improvement'. Action: Medical Director. Should this be possible, then the CQC would be invited back once the improvements had been embedded.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • The results had been shared with staff through one-way and two-way communication methods. During discussions with members of the Executive Management Team (EMT), members of staff had expressed an interest in both seeing and helping to shape the action plan. The results had also been shared with the Governors; • Consideration should be given to incorporating discussion, in the Quality Improvement Forward to Excellence session, regarding the creation of time/headspace for staff working in busy environments. Additionally, consideration should be given to ways in which the Board could be more effectively sighted on underlying issues. Prior to the session, Board members and senior leaders should be invited to provide their initial reflections/learning points regarding the CQC inspection. Action: Medical Director to ask that NHS Improvement build some time into the Quality Improvement Forward to Excellence session, to consider issues raised by the CQC report; • It was important to consider which quality improvement methodology to choose;

	<p>and</p> <ul style="list-style-type: none"> • The collection of data should be recognised and treated as an important part of a clinician’s day job. <p>Trust Board members:</p> <ul style="list-style-type: none"> • Agreed to provide comments to Dr McElligott regarding the recently circulated action plan; • Noted the outcome of the recent CQC inspection process, including areas of positive practice and areas for improvement; • Agreed that the paper provided assurance that all areas for improvement would be addressed in a robust and timely manner; • Authorised EMT to submit a fully populated action plan to CQC by 9th March; and • Agreed to receive quarterly progress updates until all areas for improvement had been fully addressed.
<p>3296</p>	<p>Integrated Performance Report – January Data</p> <p>The report assessed progress against the Trust’s key targets and performance indicators as at January 2018 and provided exception reports on areas that were currently off trajectory. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The Trust had not met the waiting time target for people with a first episode of psychosis. This was due to annual leave and sickness absence levels during December. The Trust was discussing an increase in Early Intervention in Psychosis (EIP) capacity levels with the Clinical Commissioning Group (CCG); • As forecast, the Improving Access to Psychological Therapy (IAPT) recovery rate for quarter 3 remained slightly below the 50% target. The identified actions were impacting positively, with local data for January 2018 indicating recovery rates above 50% across all three Clinical Commissioning Groups; • Information Governance Mandatory Training performance was currently 91.52% against a target of 98.28%. The attainment of the target by Wakefield Children’s Services had been impacted by relocation activities. It was envisaged the target would be met during week commencing 26 February 2018. All other non-compliant services had been encouraged to schedule time for training; • Sickness absence levels were currently running at 5.96% against a target of 4%. This was predominantly due to long-term sickness absence levels and each case was being proactively managed. Board members considered it appropriate that a deep dive into long term sickness absence be undertaken. It was believed this should focus on the context in which sickness absence was occurring. Action: Director of Finance,

	<p>Contracting and Facilities/Mr Vincent to timetable into the Finance, Business and Investment Committee (FBIC) work programme;</p> <ul style="list-style-type: none"> • Four Change Programmes were rated red (roster savings; mental health acute and community; specialist inpatients, dental & administration; procurement) and one was rated amber (corporate benchmarking). These programmes were being monitored by FBIC; and • Safer staffing levels had been non-compliant on one shift. During its recent inspection, the CQC had highlighted 52 shifts as non-compliant. The risk of these non-compliant shifts had been highlighted by staff through the submission of IRE forms. However, the shifts had subsequently met safer staffing compliance levels. This issue had been flagged to the CQC but the final report was not changed to reflect this. <p>Trust Board noted the content of the dashboard and the issues highlighted by Board members.</p>
3297	<p>Gender Pay Gap Report</p> <p>The Director of Human Resources and OD introduced the report and highlighted the following:</p> <ul style="list-style-type: none"> • The report fulfilled the Equality Act 2017 Regulations for public sector organisations with more than 250 staff to publish their gender pay gap and bonus gender pay gap by 31st March 2018. Local trusts considered it appropriate that they all publish their figures at the same time on 8 or 9 March 2018; • The mean Gender Pay Gap for BDCFT was 3.02% and the Trust benchmarked well when compared to other trusts; • The bonus gender pay gap for BDCFT (37.08%) was based on the Consultant Clinical Excellence Award payments. The gap was due to fewer female consultants applying for a Clinical Excellence Award than male consultants. Dr McElligott added this was a problem across most trusts and a number of potential reasons for not submitting applications had been identified. A review of the scheme was being undertaken nationally and the findings were likely to be shared with trusts in the near future. Board members considered it important that the Trust's published report contain details regarding the awards in order to deter any potential misunderstanding regarding the payment of bonuses to consultants; • An easy read infographic, incorporating key data (appended to the report) alongside the Gender Pay Gap report would be published on the Trust's website; and • An objective regarding Gender pay had been included in the Equality, Diversity and Inclusion Workforce Strategy 2018 – 2020. <p>Mr Banks referred to a reference within the report to the median hourly rate of pay for females being higher than that of males due to the higher proportion of females in the</p>

	<p>workforce. Mr Banks queried how the higher proportion of females made a difference to the median. Action: Director of Human Resources and OD to investigate. Mr Vincent noted the number of female Non-Executive Directors (NEDs) was lower than the number of male NEDs and believed this should be borne in mind when recruiting to vacant posts in the future.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the 3.02% Gender Pay Gap, the 37.8% Bonus Gender Pay Gap and the initial analysis undertaken around those figures; • Agreed the Trust should publish its data at the same time as other local trusts; • Noted the benchmarking data and indication that BDCFT has a low Gender Pay gap whilst noting there is still a gap; • Approved the proposed activity set out in section 5 of the report; • Approved the infographic and the report for publication compliance; and • Agreed to receive an annual Gender Pay Gap report in February 2019 and an update on progress on actions to address the pay gap as part of the Board six monthly update report on the new Equality, Diversity and Inclusion Workforce Strategy.
3298	<p>Board Business Cycle</p> <p>The Deputy Trust Secretary introduced the Board Business Cycle which outlined those items scheduled for future meetings. The following additions had been identified during the Private and Public Board meetings:</p> <ul style="list-style-type: none"> • The move to an Integrated Care System (March Private Board meeting); and • CQC Action Plan Quarterly Updates (Public Board). <p>Trust Board noted the items contained within the Board work programme.</p>
3299	<p>Committee and Council of Governor Approved Minutes</p> <p>A paper was presented containing approved minutes from the following meetings:</p> <ul style="list-style-type: none"> • Quality and Safety, 21 December 2017; and • Council of Governors 14 December 2017 <p>Trust Board noted the content of the Committee and Council of Governors approved minutes.</p>
3300	<p>Any Other Business</p> <p><u>Audit Committee and Charitable Fund Committee Updates</u></p>

A paper had been tabled providing an update from the above meetings, which had taken place on 19 February 2018. The paper referred to a discussion at Audit Committee regarding the reduction of the Board authorisation limit to £500,000 (from £600,000) for items linked to West Yorkshire partnership arrangements.

Trust Board approved the reduction.

Charitable Funds Committee Terms of Reference

Board members considered a tabled paper which contained proposed changes to the Charitable Fund Committee Terms of Reference

Trust Board ratified the Terms of Reference

There were no other items of business and the meeting concluded at 4.45 pm.

**Trust Board (Public)
22 February 2018**

ACTIONS

Ref No	Actions requested	Timescale	Progress
25//18-2	<u>Quality and Safety Feedback from Board Members</u> Director of Operations and Nursing to arrange for a Health Visiting patient story to be told at a Trust Board meeting.	One month	Reported as completed at the 22/2/18 Board meeting
25/1/18-3	<u>Equality, Diversity and Inclusion Workforce Strategy</u> Director of Corporate Affairs 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> Director of Corporate Affairs/Medical Director to timetable a discussion about the Hari Sewell work into the QSC work programme. Director of Corporate Affairs 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> Director of HR/OD to review the workforce related risks with the relevant Directors.	One month	Mrs Knight to discuss with Mr Hogg proposed changes to two BAF risk scores.
22/2/18-1	<u>Children's Strategy</u> Dr McElligott/Dr Butler to ensure the review of the Children's Strategy by the Quality and Safety Committee also incorporates a review regarding the implementation of the Strategy pledges.	July 2018	
22/2/18-2	<u>Mental Health Clinical Information System Update</u> Medical Director/Director of Human Resource and OD to determine the actions that are being taken to ensure all staff will have a smart card with the correct access rights.	One month	

22/2/18-3	<u>CQC Inspection Results</u> Medical Director to determine whether the Trust can invite the CQC to re-inspect those areas rated as 'requires improvement' (once the improvements have been embedded). Medical Director to ask that NHSI build some time into the Quality Improvement Forward to Excellence session, to consider issues raised by the CQC report.	One month One month	
22/2/18-4	<u>Integrated Performance Report – January Data</u> Director of Finance, Contracting and Facilities/Mr Vincent to timetable a Long Term Sickness Absence deep dive into the FBIC work programme.	One month	
22/2/18-5	<u>Gender Pay Gap Report</u> Director of Human Resources and OD to investigate the reason for a higher proportion of females influencing the pay median.	One month	