

## Trust Board

**Date:** 29 March 2018

**Time:** 1.30 pm

**Venue:** The Craven Centre, Skipton Hospital

## PUBLIC MINUTES

<b>Present:</b>	<p>Michael Smith Nicola Lees David Banks Rob Vincent Gerry Armitage Sue Butler Zulfi Hussain Liz Romaniak Sandra Knight Andy McElligott Debra Gilderdale Tim Rycroft</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 &amp; Facilities Director of HR &amp; OD Medical Director Director of Nursing and Operations Director of Informatics/Chief Information Officer</p>
<b>In Attendance:</b>	<p>Colin Perry Sofie and Xavia Debbie Henson Becky Williams Two members of the Trust Two members of the public</p>	<p>Public Governor, Bradford West (for agenda item 4) Health Visitor (for agenda item 4) Library Manager (for agenda item 13)</p>

Item	
3301	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting. No apologies had been received.</p>
3302	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>
3303	<p><b>Issues Received from the Public</b></p> <p>There were no issues from the public.</p>

Chair: Michael Smith  
Chief Executive: Nicola Lees

3304	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was about, Sofie, who had received support from the Health Visiting team. She highlighted that she had a Leeds postcode but had been supported during her pregnancy by her GP at Haigh Hall Medical Centre in Bradford and her son, Xavia, had been transferred to Leeds Teaching Hospitals Trust (LTHT) soon after birth with a diagnosis of Tracheo-Oesophageal Fistula (TOF). She explained that following discharge from hospital she had received no contact from health visitors in Leeds but that staff from BDCFT had contacted her weekly to provide care, support and advice. This had continued and the service had got to know Sofie and her son well and would continue to support the family as he underwent further operations to address his diagnosis.</p> <p>During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> <li>• Non-Executive Directors were surprised that there had been no contact from a clinical nurse specialist, given the diagnosis; Sofie also said she had been reluctant to complain as she had been advised that any future births would be required to take place in Leeds;</li> <li>• Dr McElligott commented that this case highlighted the changes to provision of health visiting, now determined by local authority boundary, an issue that had been discussed previously at the Quality and Safety Committee. It was a good example of the discretionary effort by Care Trust staff in proactively supporting young mothers who were registered with Bradford GP practices but lived within the Leeds border;</li> <li>• The Chief Executive suggested that this story would be useful case study to be presented at the West Yorkshire &amp; Harrogate Health and Care Partnership (WY&amp;HHCP) Leadership Group and she would contact the Programme Office.</li> </ul> <p><b>Action: Ms Lees.</b></p> <p><b>Trust Board thanked Sofie for sharing here story and Debbie and her team for the support health visitors were providing on such cases.</b></p>
3305	<p><b>Minutes of the Public Board Meeting held on 22 February 2018</b></p> <p>The minutes of the Public Board meeting held on 22 February 2018 were agreed as a true and accurate record of the meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Minute 3296, third bullet to read, "...was currently 91.52% against a target of <u>95%</u>".</li> </ul>
3306	<p><b>Matters Arising from the Public Board Meeting held on 22 February 2018</b></p> <p><u>Actions</u></p>

	<ul style="list-style-type: none"> <li>• 25/1/18-4: 6-monthly BME diversity update – the Director of Corporate Affairs reported that he had emailed Margaret Waugh about the Q&amp;SC work programme and the diversity update would be considered by the You and Your Care Strategic Reference Group;</li> <li>• 25/1/18-5: Board Assurance Framework – Mr Hogg confirmed that the workforce related risks had been reviewed by Directors and the changes would be included in the Board paper in April;</li> <li>• 22/2/18-1: Children’s strategy – the review by the Q&amp;SC would be September, not July 2018;</li> <li>• 22/2/18-2: Clinical Information System Update – the Medical Director confirmed this action was complete;</li> <li>• 22/2/18-3: CQC Inspection results – the Medical Director reported the next relationship management meeting with the CQC was scheduled for 16 April and this action would be picked up then. He also confirmed that a further workshop with NHS Improvement and the Trust’s senior leadership team would consider quality improvement methodologies on 30 April;</li> <li>• 22/2/18-4: IPR report – Mrs Romaniak confirmed the deep dive into sickness absence was scheduled to be discussed at FBIC in April; and</li> <li>• 22/2/18-5: Gender Pay Gap report – the Director of HR/OD reported that she had emailed Mr Banks about the fact that female staff hourly rates of pay were generally within quartiles 2 and 3, whilst male peers were within quarterlies 1 and 4, which affected the median calculation.</li> </ul>
3307	<p><b>Chair’s Report</b></p> <p>The Chair highlighted the following key point from his report:</p> <ul style="list-style-type: none"> <li>• Appointment of the new Senior Information Risk Owner (SIRO); and</li> <li>• Appointment of Interim Chief Executive and Director of Finance positions.</li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the appointment of Tim Rycroft as SIRO to take effective from 1 April 2018;</b></li> <li>• <b>Approved the appointment of Liz Romaniak as Interim Chief Executive to take effect from 30 April 2018 until a substantive appointment had been made and the person was in post;</b></li> <li>• <b>Approved the process of appointing an interim Director of Finance, with a further report to the Board in April; and</b></li> <li>• <b>noted the other items within the Chair’s report.</b></li> </ul>
3308	<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>

- the Board's approval of the West Yorkshire Mental Health Service Collaboration Memorandum of Understanding (MoU);
- the recent Blog from the Helen Hirst and Kersten England on the WY&HHCP website; and
- the recent CQC report relating to the care and support of patients detained under the Mental Health Act. It was agreed that this report would be considered by the Mental Health Legislation Committee. **Action: Deputy Trust Secretary.**

The Director of Corporate Affairs reported on the recent Governor elections. 17 Governors had been elected, six of which were Governors re-elected for a second term. There would be an induction day for new Governors arranged for 27 April 2018 before they take up post on 1 May 2018. Mr Hogg also recorded the Board's thanks to the 10 retiring Governors who had completed their term of office; the Rest of England constituency remained unfilled and work would be undertaken to recruit to this seat during 2018/19. Mr Hogg also highlighted the strong performance on social media this month relating to coverage of YASA shortlisted teams.

**Trust Board noted the Chief Executive's report.**

3309

#### **Quality and Safety Feedback from Board Members**

The Chair reported this paper was originally a starred item but he had been asked to un-star it to receive a verbal update about the two walkabouts that took place in March:

- Mrs Knight reported on her visit to the Speech and Language Therapy team, who had demonstrated they were a strong, cohesive team that placed a high priority on student placements and developing additional income generation with local schools. It was suggested that this team could be used as a best practice case study for agile working; and
- Mr Smith reported on his visit with Mr Hogg to the podiatry service in Craven. The team operated across the Craven area and had transferred from Harrogate FT about a year ago, when there had been some issues around equipment transfer and waiting lists. The team were very experienced and have proven to be resilient in dealing with high caseloads that now focused on more complex presentations.

Dr Butler reported on a Freedom to Speak Up Guardian event which had been well attended, but notably no-one from the Wakefield teams. These discussions raised issues for both her and Mr Vincent about how the Trust continued to engage staff who had transferred into the Trust and whether a Board on the Road event should be held in Wakefield. **Action: Deputy Trust Secretary to investigate.**

Professor Armitage reported on a follow up visit to the Highfield Health Visitor team,

	<p>where he had discussed a number of issues including agile working/connectivity for the service; how families react under stress; and whether templates designed by the local authority but used by the Trust could include a 'not at home' category.</p> <p>On the proposal set out in the paper, Mr Vincent suggested that there was a risk of losing sight of Board member observations if this item was to be starred and his preference would be to retain an opportunity to raise issues from visits, but at the end of the Board agenda. This was supported by other Board members.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>noted the information received and that issues highlighted would be addressed through the walkabout process; and</b></li> <li>• <b>Agreed that walkabout letters would be included in Board packs and this item would remain un-starred on the agenda at the end of each meeting.</b></li> </ul>
3310	<p><b>Mental Health Clinical Information System Update</b></p> <p>Dr Hussain provided some introductory comments on the paper including the need to ensure that the IMT team had the appropriate level of resources and skills to ensure delivery of the project and the need to re-visit the associated risks, as provision of the necessary training to staff, was not included in the paper.</p> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Dr Butler asked about whether the Executive was assured that TPP were able to deliver on the functionality of the transfer. Dr McElligott reported that TPP had delivered on a number of similar projects but this was the first time the mental health function had been split into different modules; he felt confident that the project could be delivered against the new proposed 'go-live' date of 12 July;</li> <li>• In response to a question from Mr Banks, Dr McElligott reported that the delay had not had an adverse impact on clinical teams, who were supportive of the later 'go live' date;</li> <li>• Mr Vincent sought further details on the reporting requirements expected from commissioners. Dr McElligott believed there would be more of a reputational risk if the project was to transfer in May, as originally planned, and would keep commissioners apprised of developments as there would still be a period where data quality could be an issue. Mrs Romaniak added that as local reporting requirements were largely quarterly, the later date would be helpful;</li> <li>• The Chair asked about the financial implications of delaying the 'go live' date and how the Implementation Board would ensure than no further slippage was encountered. Dr McElligott reported that the net effect of the delay was £22k as the RiO cost was offset by not paying for SystemOne during the same eight week period. Further papers would be presented to EMT (through the Informatics Board) and to Trust Board to retain oversight of the remaining</li> </ul>

	<p>project delivery;</p> <ul style="list-style-type: none"> <li>• The Chair also asked about training. Mrs Gilderdale highlighted that the training of staff was a key priority of the transfer and she would be involved to help free up staff time to attend training. Dr McElligott confirmed that the majority of staff would be trained before the 'go-live' date, with plans in place to pick up those clinicians who were unable to attend the training due to issues such as annual leave, sickness or clinical practice.</li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the factors which have led to challenges in keeping to the original 'go-live' date; and</b></li> <li>• <b>Approved the postponement of the 'go-live' date to 12 July 2018, as recommended by the SystemOne Implementation Board.</b></li> </ul>
3311	<p><b>Staff Survey Results</b></p> <p>Professor Armitage commented on this paper, highlighting the need to pay careful attention to the results and how the Trust communicated its priorities with staff, the importance of addressing staff motivation and how improvements would be measured during the year. He was particularly supportive of the proposals to review hotspots where staff engagement was both high and low, contacting high performing Trusts and using clinical supervision to tackle harassment and discrimination issues.</p> <p>During the ensuing discussion the following comments were made:</p> <ul style="list-style-type: none"> <li>• The Chief Executive said that whilst she was disappointed with the results, the approach from last year of using targeted interventions, such as improving the visibility of EMT with staff, had resulted in substantial improvement in communications and this approach should be replicated again in 2018/19;</li> <li>• Mr Banks suggested that the priority of addressing bullying and harassment should also align with the policy work being undertaken with the health and safety team, who had recently reviewed the lone working policy;</li> <li>• The Director of HR/OD highlighted the proposed communications plan set out in the paper, that there were 69 local survey reports that underpinned the corporate report and the importance of team leaders discussing their results with staff and agreeing local actions;</li> <li>• The Director of Corporate Affairs highlighted the need to look at the three proposed priorities in the context of the CQC report, how staff satisfaction and engagement was to be developed through quality improvement methodologies and where staff could themselves influence positive change.</li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed to support the three priority areas for focus and action; and</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Noted the process for communicating the results, as outlined in section 5 of the paper.</b></li> </ul>
3312	<p><b>CQC Action Plan</b></p> <p>Dr Butler provided some initial thoughts on the proposed CQC action plan. She believed the action plan accurately set out what the Board needed to do to address the CQC report and that there was a clear governance mechanism in place. However, she was also mindful that there were a large number of actions to oversee and further work was needed to embed the cultural improvements required, through quality improvement developments, in the context of how, and the environments where, staff were working. It would be important for the Board to challenge itself and the workforce about how quality improvement would be used to communicate Trust priorities for the year ahead.</p> <p>During discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Chief Executive agreed that the Board needed both a mechanistic approach (i.e. the action plan) and a wider cultural approach, as the themes from the CQC report and staff survey results highlighted similar issues;</li> <li>• Mr Vincent emphasised the need for the Board to balance the inspection-focused processes used by the CQC against managing frontline services and it was as important for the senior leadership team to engage staff, listen to their views and develop a quality improvement process together;</li> <li>• Dr McElligott believed that Quality Improvement could be the key to how the Board should communicate with staff and that visits to East London Foundation Trust and Tees, Esk and Wear Valley Foundation Trust had helped to consider different quality improvement methodologies;</li> <li>• Mrs Gilderdale highlighted that there were a number of team leader events planned to supplement the quarterly briefings with staff, the last of which had focused on the CQC report. Non-Executive Directors believed that it would be useful to view these quarterly briefings as listening events and they would welcome the opportunity of attending some of these meetings. <b>Action: Director of Corporate Affairs to ensure dates are circulated to NEDs.</b></li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed that the paper provided assurance that all areas for improvement would be addressed in a robust and timely manner but in the context of a longer term quality improvement strategy;</b></li> <li>• <b>Agreed that the relevant Committees should have oversight of specific areas for improvement, as set out in the action plan; and</b></li> <li>• <b>Agreed to receive quarterly progress updates until the Board is satisfied that all areas for improvement have been fully addressed.</b></li> </ul>

3313	<p><b>Integrated Performance Report – February Data</b></p> <p>The report assessed progress against the Trust’s key targets and performance indicators as at February 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"> <li>• Mrs Romaniak highlighted the financial position (Slide3). Whilst the Trust was still managing some significant risks, it was expecting to deliver its composite surplus (a combination of the Trust’s own surplus and STF funding);</li> <li>• Information Governance training was reported as 95.9% (Slide 8), an excellent completion rate given other pressures experienced by staff and assisted with Level 2 compliance against the Information Governance Toolkit;</li> <li>• Dr Butler highlighted the service dashboard (Slide 13) and suggested that the Board should focus further discussion time with the 3-4 services that were predominantly reporting ‘red’ performance;</li> <li>• The Chair highlighted the data on the Informatics dashboard (Slide 19). Mr Rycroft reported that he would be reviewing the information that was presented to Board with a view to choosing some different metrics for 2018/19;</li> <li>• Board members noted the very positive results for Hotel Services and Estates Maintenance (Slide 21);</li> <li>• Mr Banks referred to the health and safety data (Slide 23) and believed the graph showing health and safety incidents (smoking-related and other) did not provide the full picture as many low level smoking incidents were not formally reported. The Trust was currently considering the development of a policy that allowed E-cigarettes in the grounds of inpatient services.</li> </ul> <p><b>Trust Board noted the content of the Integrated Performance Report.</b></p>
3314	<p><b>Library &amp; Health Promotion Resources Strategy</b></p> <p>The Chair welcomed Becky Williams to the meetings who presented the Library and Health Promotion Resources Strategy, through the ‘plan on a page’, which set out the five objectives and deliverables for the library department.</p> <p>During the ensuing discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• Mr Knight highlighted the work of library staff to pilot a targeted ‘summarising and synthesising of evidence’ service and how that could be widely communicated with staff;</li> <li>• The Chief Executive suggested the strategy needed a more engaging title and that the library staff could be used more in supporting the wider transformation work across the Trust;</li> <li>• Mr Banks commended the work being done internally and suggested further thought could be given to how the work with service users and carers could be</li> </ul>

	<p>developed. It was reported that the Patient Experience team would be working closely with library staff initially through the Carer's Hub;</p> <ul style="list-style-type: none"> <li>• Dr Hussain asked about timescales for various deliverables. Ms Williams reported that there was a more detailed operational plan that supported the strategy;</li> <li>• Dr McElligott highlighted that the refurbishment of the library (Objective 5) was almost complete and invited all Board member to attend the re-opening of the library would take place at 1.30-3.30pm on 3 May 2018. <b>Action: all Board members to note the invitation and confirm attendance.</b></li> </ul> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Library and Health Promotion Strategy 2018-21.</b></li> </ul>
3315	<p><b>Board Business Cycle and Board Development programme</b></p> <p>Mr Vincent suggested that the draft programme as set out in the paper required further work to reflect how quality improvement would be taken forward.</p> <p>The following additions had been identified during the Private and Public Board meetings:</p> <ul style="list-style-type: none"> <li>• Regular reports on the Mental Health Clinical Information System until July 2018.</li> </ul> <p><b>Trust Board noted the items contained within the Board work programme and agreed to return to its own development programme in April.</b></p>
3316	<p><b>Committee and Council of Governor Approved Minutes</b></p> <p>A paper was presented containing approved minutes from the following meetings:</p> <ul style="list-style-type: none"> <li>• Quality and Safety Committee meeting, 9 February 2018; and</li> <li>• Finance, Business and Investment Committee meeting, 22 January 2018.</li> </ul> <p><b>Trust Board noted the content of the Committee approved minutes.</b></p>
3317	<p><b>Any Other Business</b></p> <p>The Chair highlighted that this was the Chief Executive's final Board meeting before her retirement in April and paid tribute to her leadership, professionalism and commitment to the Trust. Ms Lees believed she was leaving a Trust which was now a strong player locally and able to influence future place-based decisions, there were more opportunities to become involved nationally and the Trust should not underestimate the positive role of service users and carers in the future provision of</p>

	NHS services. Board members wished her well in her retirement.
<b>3318</b>	<b>Date and time of next meeting</b>  The Chair reported that the next public Board meeting would take place at 1.30pm on Thursday 26 April 2018 at New Mill, Saltaire.  The meeting concluded at 4.10pm

**Trust Board (Public)  
29 March 2018**

**ACTIONS**

Ref No	Actions requested	Timescale	Progress
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	
22/2/18-1	<u>Children's Strategy</u> <b>Dr McElligott/Dr Butler</b> 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	Now agreed for September 2018
29/3/18-1	<u>Patient and Carer Experiences</u> <b>Chief Executive</b> to suggest Sofie's story is used as a case study at a WY&HHCP leadership group meeting.	One month	
29/3/18-2	<u>Chief Executive Report</u> <b>Deputy Trust Secretary</b> to ensure the CQC MHS report is added to the MHLC work programme.	One month	
29/3/18-3	<u>Quality &amp; Safety Walkabouts</u> <b>Deputy Trust Secretary</b> to investigate options for a Board on the Road meeting in Wakefield.	Two months	
29/3/18-4	<u>CQC Action Plan</u> <b>Director of Corporate Affairs</b> to ensure that dates of future quarterly briefings are circulated to NEDs.	Quarter 1 of 2018/19	
29/3/18-5	<u>Library and Health Promotion Resources Strategy</u> <b>Board members</b> to confirm attendance at the library re-opening ceremony.	One month	