

Trust Board

Date: 26 April 2018

Time: 1.30 pm

Venue: New Mill, Victoria Road, Saltaire, Shipley

PUBLIC MINUTES

Present:	<p>Michael Smith Liz Romaniak David Banks Rob Vincent Gerry Armitage Sue Butler Zulfi Hussain Sandra Knight Andy McElligott Debra Gilderdale Tim Rycroft</p>	<p>Trust Chair Director of Finance, Contracting & Facilities Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of HR & OD Medical Director Director of Nursing and Operations Director of Informatics/Chief Information Officer</p>
In Attendance:	<p>Stella Jackson Vicky Webb Julie Brice Claire Risdon</p>	<p>Deputy Trust Secretary Family Nurse Partnership (for agenda item 4) Family Nurse Partnership (for agenda item 4) Deputy Director of Finance</p>

Two members of the Trust

Item	
3319	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting. Apologies were forwarded from Ms Lees.</p>
3320	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
3321	<p>Issues Received from the Public</p> <p>There were no issues from the public.</p>

Chair: Michael Smith
Chief Executive: Nicola Lees

3322	<p>Patient and Carer Experiences</p> <p>This month's patient story was about J, a client of the Family Nurse Partnership (FNP) in Wakefield. J was experiencing emotional domestic abuse by her partner and had been identified by the FNP as being at risk of homelessness. FNP supported J to recognise the abuse she was suffering and to develop an attachment with her baby whilst pregnant. This enabled J to end the relationship and to be positive about becoming a mum. The service also referred J to the Teenage Parent Project in Wakefield which provided supported living to her. J was now at college studying to become a hairdresser and had regained her sense of self-worth. The baby was developing well and was growing up in a safe and caring environment.</p> <p>During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> • The team attended weekly supervision meetings and had access to a clinical psychologist. This enabled team members to maintain their resilience levels when dealing with difficult situations; • The tools used by the team to support pregnant teenagers to develop an attachment with their baby were very effective at achieving this aim, although there were a small number of occasions where an attachment was not formed; • The FNP provided support to their clients until the baby reached 20 months of age. The team ensured the discharge from the service was a positive experience; • The clients were consulted about who should be involved in the FNP sessions; this resulted in fathers sometimes receiving the support of the service; • Knowledge and Skills workshops had been developed and piloted in readiness for wider sharing of the strengths of the programme should this be required by commissioners; • Each full-time FNP nurse had a case load of approximately 22 clients at any one time; and • It was important to understand how the service supported clients that were experiencing mental health problems. Action: Director of Operations and Nursing to follow up. <p>Trust Board thanked J for sharing her story and the FNP team for the work undertaken.</p>
3323	<p>Minutes of the Public Board Meeting held on 29 March 2018</p> <p>The minutes of the Public Board meeting held on 29 March 2018 were agreed as a true and accurate record of the meeting subject to Mr Hogg being recorded as present.</p>

3324	<p>Matters Arising from the Public Board Meeting held on 29 March 2018</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> • 25/1/18-3: Equality, Diversity and Inclusion Workforce Strategy – the Director of Corporate Affairs had spoken to the Equality lead about the development of a BAME role model case study; • 29/3/18-1: Patient and Carer Experiences – Mr Hogg reported he would pursue this action; and • 29/3/18-5: Library and Health Promotion Resources Strategy – Board members had been sent an invitation to the Library relaunch event. A meeting of Non-Executive Directors would also take place at the facility.
3325	<p>Chair’s Report</p> <p>The Chair highlighted the following key points from his report:</p> <ul style="list-style-type: none"> • Ms Lees would be retiring on the 29th April and Mrs Romaniak would become the Interim Chief Executive from 30 April 2018. An experienced interim Director of Finance had been appointed on a part-time basis (effective from 10 May 2018) to backfill Mrs Romaniak’s existing post; • Mr Brent Kilmurray, the Chief Operating Officer and Deputy Chief Executive at Tees, Esk and Wear Valley NHS Foundation Trust, had been appointed as Chief Executive of BDFCT, effective from 20 August 2018; and • A Governor induction event would take place on 27 April 2018. <p>Trust Board noted the Chair’s report.</p>
3326	<p>Chief Executive’s Report</p> <p>Mrs Romaniak 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"> • A recent blog by the Chief Executive of Bradford Metropolitan District Council highlighted the economic growth strategy being pursued by the Council, the importance link between this and council finances and the resultant opportunities posed, for example young people as Bradford’s future workforce; • The CQC had developed a briefing regarding mental health inpatient rehabilitation services, which provided helpful context for the West Yorkshire Mental Health Collaborative which was looking at current use of locked rehabilitation beds; • NHS England had produced a document highlighting how improved asthma and dementia care was being provided by community pharmacists under a new

	<p>quality scheme. This was one example of new place based ways of working. Professor Armitage reported the Patient Safety Translational Research Centre in Bradford was currently undertaking a piece of work to reduce the number of drugs being prescribed. Professor Armitage considered it appropriate that the Trust consider developing a relationship with the centre. Action: Dr McElligott to discuss further with Professor Armitage;</p> <ul style="list-style-type: none"> • The Trust was achieving an increased presence in national media. Mr Hogg thanked Board members for their social media support and reported a Governor Social Media Task and Finish Group would be established once the new Governors commenced their term of office; and • The NHS 70 year anniversary would be celebrated at this year's 'You're A Star Awards' and the Nurse Celebration event. <p>Trust Board noted the Chief Executive's report.</p>
3327	<p>Mental Health Clinical Information System Update</p> <p>Dr Hussain provided the following initial reflections:</p> <ul style="list-style-type: none"> • The Board had approved a deferral of the go-live date to 12 July and the status of the project was currently RAG rated amber as a number of risks could not currently be fully mitigated; • A key area of work related to data checking and migration; • It was important that staff attended the training sessions; and • It was also important to understand the financial consequences of any extension to RiO arrangements. <p>During ensuing discussion, the following key points were raised:</p> <ul style="list-style-type: none"> • There were a number of interdependences between the individual elements of the project which was why an amber RAG rating had been awarded. However, Internal Audit had been assured regarding the controls in place; • A key risk related to the quality of data reporting in the initial stages following system implementation; all commissioners had been alerted and face-to-face meetings were to take place with CCGs and NHS England to ensure better mutual understanding of the issues which might present; • Feedback/learning about the new system and the quality of the training would be sought through the training sessions. The training sessions would be available both prior to and following system implementation. Where necessary, training would be undertaken within clinical areas in order to minimise the amount of time spent away from care provision. Action: Associate Director of Informatics/Chief Information Officer to ensure future papers incorporate updates regarding the training provision; • Reviews of system functionality and opportunities to improve user experience would be a continual process following the go-live date; and

	<ul style="list-style-type: none"> An additional capital funding requirement of £60k had been identified due the deferral of the go-live date. This additional amount would enable the project to retain key resources (staff) to oversee the final stages of the project. The funding had been ring-fenced in the capital plan but required Board approval. <p>Trust Board noted the risks but agreed that the report provided assurance of satisfactory progress in implementation of the new electronic record for mental health and approved the £60k capital funding request.</p>
3328	<p>Board Assurance Framework</p> <p>The Non-Executive Directors had each been allocated risks to review. They provided the following initial reflections:</p> <ul style="list-style-type: none"> It was evident that workforce issues were impacting on quality and the Board would be informed, during consideration of the Safer Staffing paper at the May Board meeting, about transformational work being undertaken to address the concerns; It was important that consideration be given to how the Trust might more effectively deliver training to nursing/medical students; The Research team could play a key role in supporting the Trust to achieve its Sustainability and Growth objective; The review of the Trust’s risk appetite and tolerance levels (in September) and the resultant outcome would influence the content of and our responses to the BAF; and A number of risk descriptions, whilst relevant, required refinement and review. It was considered each risk should be assigned to an Executive and Non-Executive Director. Action: Assignment of risks to be undertaken at the Non-Executive Director meeting by the Chair. <p>Trust Board:</p> <ul style="list-style-type: none"> Agreed the risk scores; and Agreed the workforce risks mitigations recorded were sufficient and reflective of current circumstances.
3329	<p>Corporate Risk Register CRR)</p> <p>Mr Banks provided the following initial reflections:</p> <ul style="list-style-type: none"> The workforce risks remained high; The Audit Committee had received assured that work was being undertaken around cyber security but believed the high national alert status meant that it should remain as a risk on the CRR; It was important that the Board was sighted on action being taken to address

	<p>IT issues within the Dental services. Action: Associate Director of Informatics/Chief Information Officer to address; and</p> <ul style="list-style-type: none"> • The risk relating to the transfer of calls from Single Point of Access to First Response had been on the register for some time. Mrs Romaniak provided an overview of the issue and resultant actions that had been reported at the Business Unit Performance Meeting (BUPM). Initially average call waits had been high. Following agreed actions there had been a marked improvement in average call waiting times, but a small number of outlier call waits remained unacceptable. The implications for individuals who experienced delays was why this item remained on the service risk register and this had been agreed at the BUPM. The Trust was also exploring the possibility of calls being made directly to the First Response service. Board members believed the risk rating required review in view of the work undertaken to manage the risk. Action: NED/Director assigned to review this risk. <p>During the discussion that followed, the following key points were made:</p> <ul style="list-style-type: none"> • The CRR narratives should be updated on a regular basis; • The Trust had received communications from NHS England and NHS Digital regarding heightened national risk of cyber-attack. The Trust had also received a communication from NHS Improvement (NHSI) regarding the data security protection requirements which all NHS organisations were required to abide by. The Trust was required to complete and submit to NHSI a questionnaire regarding current data security arrangements and the document required sign-off at Board level. Action: Associate Director of Informatics/Chief Information Officer to inform the Board should completion of the questionnaire highlight any weaknesses within the Trust relating to data security; and • The disaster recovery processes should be reviewed and a critical incident exercise undertaken relating to cyber/data security. Action: Associate Director of Informatics/Chief Information Officer to pursue. <p>Trust Board agreed:</p> <ul style="list-style-type: none"> • The level of assurance was adequate for the CRR; and • To delegate authority to the Associate Director of Informatics/Chief Information Officer, Chair and Chief Executive to complete/sign off the data security questionnaire prior to its submission to NHS Improvement.
3330	<p>Integrated Performance Report – March 2018 Data</p> <p>The report assessed progress against the Trust’s key targets and performance indicators as at March 2018 and provided exception reports for areas that were currently off trajectory. The following key points were highlighted:</p> <ul style="list-style-type: none"> • As a consequence of having received a CQC rating of ‘requires

improvement', the Trust had been automatically moved from NHS Improvement segment 1 into segment 2. The Trust had been invited to apply to take part in the national 'Moving to Good (North)' NHS Improvement programme, which provided support to Trusts aspiring to secure a CQC rating of 'good' or better, and had submitted an expression of interest;

- The waiting time target for people with a first episode of psychosis had been achieved in quarter 4 at Trust level and in all 3 Clinical Commissioning Group (CCG) areas; ;
- Nine out of ten CQUIN targets had been achieved (including a reduction in the number of Accident and Emergency attendances), reflecting strong performance;
- IG training targets had been met but the percentage of completed staff appraisals target had been missed by a narrow margin – 79.01% against a target of 80%;
- Recruitment fayres hosted by the Trust had resulted in 42 additional members of staff joining the Staff Bank. A further event would take place in June;
- The Control Total had been achieved and the Trust had been allocated additional Sustainability and Transformation Funding as a result of it meeting its target;
- The £500,000 high risk Cost Improvement Programme (CIP) reserve had been utilised to mitigate under achievement; and
- Despite a challenging year, the Capital plan had been delivered.

The Chair of the Finance, Business and Investment Committee (FBIC) believed there had been a firm grip on financial matters throughout the year which had resulted in the positive year-end performance.

Dr Butler outlined the importance of teams sending timely discharge letters to GPs.
Action: Dr Butler and the Medical Director to discuss this matter outside of the Board meeting.

Audit Committee Assurance Report

Mr Banks reported Financial Forecasting had received favourable 'high assurance' rather than 'significant assurance' as indicated in the report. He advised that the Committee had recommended that the Board review its risk appetite. The external auditors had informed the Committee that the CQC findings would be taken into consideration when compiling the 'value for money' report.

Mental Health Legislation Committee (MHLC)

Dr Butler noted the MHLC had requested that the data relating to the detention of men from a Pakistani background be analysed further, as detention rates were higher than the population of Bradford would suggest. Dr Butler believed this issue should be the subject of a research project. **Action: Dr Butler and**

	<p>Professor Armitage to consider outside the meeting.</p> <p>Dr Hussain reported a peer review of the Committee had been undertaken and the results would be available in the near future.</p> <p><i>Finance, Business and Investment Committee (FBIC)</i></p> <p>Mr Vincent referred to the paper tabled at the meeting and reiterated the following key points:</p> <ul style="list-style-type: none"> • Three minor amendments had been made to the Annual Plan and Capital Plan; • A new approach to expressing the transformation programme would be considered, taking into account the 90 day approach, emerging expectations of Quality Improvement in the Trust and the CIP programme; and • Significant uncertainties still existed over the future specification for Community Dental services and the allocation of the financial envelope for these services and similarly in relation to Early Years contract procurement. <p>Trust Board noted the content of the Integrated Performance Report.</p>
3331	<p>NHS Improvement Quarterly Submission</p> <p>Mr Vincent reported the FBIC had scrutinised the submission and agreed with the Use of Resources (UoR) rating of 1. Ms Risdon added the recently confirmed STF allocation would be included in the document prior to its submission.</p> <p>The Board congratulated and thanked all staff and Deputy Directors for their contribution in delivering a positive year-end out-turn position. Action: Director of Finance, Contracting and Facilities to pass on the Board’s appreciation.</p> <p>Trust Board Approved the UoR Risk Rating and quarterly submission to NHS Improvement.</p>
3332	<p>Board Business Cycle and Board Development Programme</p> <p>The Director of Corporate Affairs introduced the Board Business Cycle and Board Development Programme which outlined those items scheduled for future meetings. The following additions/amendments were agreed during the meeting:</p> <ul style="list-style-type: none"> • Workforce Strategy to be removed from the programme as FBIC was scrutinising this; and • Equalities in Employment Strategy to be considered in September 2018 (rather than July 2018) and April 2019; <p>Trust Board noted the items contained within the Board work programme.</p>

3333	<p>Committee Annual Reports – Audit Committee</p> <p>A paper was considered containing the approved Annual Report from the Audit Committee.</p> <p>Trust Board noted the Annual Report of the Audit Committee for 2017/18.</p>
3334	<p>Quality and Safety Feedback from Board Members</p> <p>Dr Butler and Mrs Gilderdale had visited the Health Visitors service based in Keighley. The team had raised issues regarding the answering of on-call telephone calls and school nursing. The issues had been dealt with following the meeting.</p> <p>Professor Armitage and Mrs Romaniak had visited the City and North Older People’s Community Mental Health team. The team had managed to reduce the number of instances of patients not turning up for appointments, had achieved 100% staff appraisal completion rates and did not have any instances of staff sickness absence. Issues had been raised regarding a lack of space for confidential conversations and following the migration to Microsoft 365. These issues had been escalated following the visit.</p> <p>Mr Vincent had attended the Inspiring Culture BME network and discussions focussed on the Moving Forward project (which was on hold) and development opportunities for BME staff. Mrs Knight added the Executive Management Team was supportive of staff being able to attend network meetings and was committed to removing barriers and blockages to attendance. Mrs Knight would be informing Committee Chair members about this support/commitment.</p> <p>Dr Hussain and Dr McElligott had visited the Moorside District Nursing team. Concerns had been raised regarding resourcing levels, clinical supervision, time to complete mandatory training and agile working (connectivity issues). These would be addressed through the follow-up letter and an update provided to Board. Action: Medical Director.</p>
3335	<p>Terms of Reference: Quality and Safety Committee and Mental Health Legislation Committee</p> <p>Board members considered proposed changes to the Mental Health Legislation Committee and Quality and Safety Committee terms of reference.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Ratified the Mental Health Legislation Committee terms of reference; • Agreed to add the additional bullet point (proposed by Professor Armitage) to the Mental Health Legislation Committee terms of reference; and

	<ul style="list-style-type: none"> • Ratified the Quality and Safety Committee terms of reference.
3336	<p>Register of Board Member Interests</p> <p>Board members considered the latest version of the Register of Board members' interests which would be incorporated into the Annual Report.</p> <p>Trust Board noted the final Register of Board Members' Interests for 2017/18.</p>
3337	<p>Reporting of Trust Seal</p> <p>A paper was considered providing details about the use of the Trust Seal.</p> <p>Trust Board Noted the register of sealings.</p>
3338	<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"> • Audit Committee, 19 February 2018; and • Mental Health Legislation Committee meeting, 18 January 2018. <p>Trust Board noted the content of the Committee approved minutes.</p>
3339	<p>Any Other Business</p> <p>There were no other items of business. The meeting concluded at 4.30 pm.</p>
3340	<p>Date and time of next meeting</p> <p>Thursday 24 May 2018 at 1.30 pm at New Mill, Saltaire.</p>

**Trust Board (Public)
26 April 2018**

ACTIONS

Ref No	Actions requested	Timescale	Progress
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	Reported as completed at Trust Board on 26/4/18
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	Now agreed for September 2018
29/3/18-1	<u>Patient and Carer Experiences</u> Chief Executive to suggest Sofie's story is used as a case study at a WY&HHCP leadership group meeting.	One month	To be pursued by Mr Hogg
29/3/18-2	<u>Chief Executive Report</u> Deputy Trust Secretary to ensure the CQC MHS report is added to the MHLC work programme.	One month	Added to the programme
29/3/18-3	<u>Quality & Safety Walkabouts</u> Deputy Trust Secretary to investigate options for a Board on the Road meeting in Wakefield.	Two months	Glasshoughton Centre booked for October Board
29/3/18-4	<u>CQC Action Plan</u> Director of Corporate Affairs 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> Board members to confirm attendance at the library re-opening ceremony.	One month	Invitation sent to Board members
26/4/18-1	<u>Patient and Carer Experiences</u> Director of Operations and Nursing to determine how the FNP service supports those people experiencing mental health problems.	May 2018	
26/4/18-2	<u>Chief Executive's Report</u> Medical Director/Professor Armitage to	May 2018	

	consider the work of the Patient Safety Translational Research Centre in Bradford and how the Trust might form a relationship with the Centre.		
26/4/18-3	<u>Mental Health Clinical Information System Update</u> Associate Director of Informatics/Chief Information Officer to ensure future papers contain updates regarding training provision/take-up	May and June Board 2018	
26/4/18-4	<u>Board Assurance Framework</u> Chair to assign key risks to NEDs and EDs to investigate.	NED Meeting	
26/4/18-5	<u>Corporate Risk Register</u> NED/Director assigned to review the transfer of calls from the SPA to First Response risk to consider whether the risk score needs to reduce given the improvement in performance. Associate Director of Informatics/Chief Information Officer to: i) ensure the Board remains sighted on action being taken to address IT issues within Dental services; ii) inform the Board of any weakness to data security following completion of the NHSI questionnaire; iii) arrange for the cyber/data security disaster recovery processes to be reviewed and a critical incident exercise undertaken.	May 2018 May 2018 May 2018 May 2018 June 2018	
26/4/18-6	<u>Integrated Performance Report – March 2018 Data</u> Medical Director/Dr Butler to discuss issues relating to the forwarding of discharge letters to GPs. Dr Butler and Professor Armitage to consider the development of a research project around the detention of men from a Pakistani background	Two weeks June 2018	
26/4/18-7	<u>NHS Improvement Quarterly Submission</u> Director of Finance, Contracting and Facilities to pass on the Boards	Two weeks	Completed – email forwarded.

	appreciation to Deputy Directors and their teams for their contribution in delivering a positive year-end out-turn position.		
26/4/18-8	<u>Quality and Safety Feedback from Board Members</u> Medical Director to provide the Board with an update regarding action taken to address the issues identified during the visit to the Moorside District Nursing team.	May Board	