

## Trust Board

**Date:** 24 May 2018

**Time:** 1.30 pm

**Venue:** New Mill, Victoria Road, Saltaire, Shipley

## PUBLIC MINUTES

<b>Present:</b>	<p>Michael Smith Liz Romaniak David Banks Rob Vincent Sue Butler Zulfi Hussain Sandra Knight Andy McElligott Debra Gilderdale Tim Rycroft Paul Hogg Neil Cook</p>	<p>Trust Chair Interim Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of HR &amp; OD Medical Director Director of Nursing and Operations Director of Informatics/Chief Information Officer Director of Corporate Affairs Interim Director of Finance</p>
<b>In Attendance:</b>	<p>Sid Brown Christal Leaper Anne-Marie Dorrington One member of the Trust</p>	<p>Public Governor for Shipley Principal Dental Nurse (agenda item 4) Service Manager (agenda item 4)</p>

Item	
3341	<p><b>Welcome and Apologies for Absence</b></p> <p>Apologies had been received from Gerry Armitage. The Chair welcomed everyone to the meeting, especially Neil Cook, recently appointed as Interim Director of Finance.</p>
3342	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>
3343	<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

<p><b>3344</b></p>	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was about John and the support he received from the Community Dental Service (CDS). John had autism and learning disabilities and had accessed dental care from the CDS from the age of 9; he had always had to have a general anaesthetic (GA) in a hospital setting to complete his dental treatment. When 21 he was referred again for GA treatment, but found this very distressing. By working closely with John and his family, the service had recently offered him an alternative treatment - intravenous sedation in a dental surgery setting - which was very successful, providing a much better patient experience. The Board concluded this was another great example of person-centre care, demonstrating the positive difference this service was making to people of all ages who have complex challenges in accessing dental treatment.</p> <p>In response to questions from Board members, the dental team highlighted:</p> <ul style="list-style-type: none"> <li>• Developing the intravenous sedation service not only responded to commissioning intentions (reducing costs substantially by reducing reliance on high cost theatre time); it also improved patient experience, enabled the Trust to be more in control of the whole patient pathway and reduced dependency on theatre capacity at acute trust sites;</li> <li>• Whilst there was no formal KPI regarding intravenous sedation, the service was monitoring its impact compared with GA procedures; and</li> <li>• The waiting list for a GA procedure could be up to 35 weeks and the service was seeing an increase in the number of serious anxieties requiring treatment.</li> </ul> <p><b>Trust Board thanked Christal and Anne-Marie for sharing John's story and the CDS team for the work undertaken.</b></p>
<p><b>3345</b></p>	<p><b>Minutes of the Public Board Meeting held on 26 April 2018</b></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.</p>

3346	<p><b>Matters Arising from the Public Board Meeting held on 26 April 2018</b></p> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• 26/4/18: Patient and Carer stories - Mrs Gilderdale confirmed that there was a referral route for FNP service users requiring mental health support;</li> <li>• 26/4/18-5: Corporate Risk Register - Dr McElligott reported that although there were still delays experienced, the Business Unit Performance Meeting had heard how the average call time in the SPA team had reduced (with some individual outliers);</li> <li>• 26/4/18-5: Corporate Risk Register – the Director of Informatics reported that (i) a Connectivity Group had been established to look at Informatics issues (not just in Dental services) and (ii) the NHS Improvement data security questionnaire had been completed and submitted. Mr Vincent suggested the FBIC dashboard should include some further metrics around connectivity. <b>Action: Mr Rycroft;</b></li> <li>• 26/4/18-6: Integrated performance dashboard – the Medical Director confirmed he had held discussions with Dr Butler about SystmOne and the forwarding of discharge letters to GPs. Other potential changes to the medical model and the development of the harm-free care initiative may also help to address any current concerns;</li> <li>• 26/4/218-8: Quality and safety walkabouts – Dr McElligott confirmed that he had discussed with Phil Hubbard the issues of recruitment and connectivity raised when visiting the Moorside District Nursing team and that she had been in touch with the team.</li> </ul>
3347	<p><b>Chair’s Report</b></p> <p>The Chair highlighted the following key points from his report:</p> <ul style="list-style-type: none"> <li>• Interviews with Associate Hospital Managers would be taking place next week following extensive promotion of the role locally; and</li> <li>• A Forward 2 Excellence workshop had been held with senior leaders to development the Trust’s new organisational strategy and there was a further Board development session arranged which would include a follow up and interim crowd sourcing outputs on 10 July.</li> </ul> <p><b>Trust Board noted the Chair’s report.</b></p>
3348	<p><b>Chief Executive’s Report</b></p> <p>Mrs Romaniak presented a report which summarised key issues taking place locally, across the health economy and nationally, and contained links to more detailed information. The following key points were highlighted:</p>

	<ul style="list-style-type: none"> <li>• The Trust’s Health Visiting and Family Nurse Partnership services were celebrating re-accreditation with the national UNICEF Baby Friendly Initiative;</li> <li>• The Trust had been allocated a place on NHS Improvement’s Moving To Good Programme which was designed to support Trusts to achieve a ‘good’ rating at their next CQC inspection;</li> <li>• The Next Steps to Better Health and Care for Everyone document linked to the report described the progress made by the West Yorkshire and Harrogate Health and Care Partnership since the publication of the initial plan in 2016;</li> <li>• The interim report of the Independent Review of the Mental Health Act had recently been published; and</li> <li>• Two Trust projects had been shortlisted for Health Service Journal awards. Work to improve discharge planning on our acute mental health wards had been shortlisted for the ‘product or innovation – public’ category in this year’s Health Service Journal Patient Safety Awards; and our Children’s services had also been shortlisted for a Value Award for work to re-design services within Bradford and Airedale.</li> </ul> <p><b>Trust Board noted the Chief Executive’s report.</b></p>
3349	<p><b>Safer Staffing Levels – Six Month Report</b></p> <p>The Board received a report which provided information on staffing levels during the last 6 months (November 2017 – April 2018), which highlighted that whilst no shifts were recorded as non-compliant to minimum staffing requirements within this period, 23% of shifts were filled by bank or agency (a 6% decrease on the previous 6 months). Labour turnover and sickness were discussed and it was noted that sickness levels had seen an improvement during this period, particularly across specialist MH services (reduced from 8% to 4%). Projects around auto-rostering and criteria-led discharge were starting to have a positive effect, despite the high levels of acuity being managed on the wards.</p> <p>During the ensuing discussion the following issues were highlighted:</p> <ul style="list-style-type: none"> <li>• Dr Butler believed the level of bank and agency usage remained an area of concern but recognised that specialising played a big part in this; provision of safe care was not only about the numbers of staff present but also through effective MDTs and triangulation of data;</li> <li>• Mrs Gilderdale acknowledged that nursing supply and demand was one of the Trust’s strategic risks, and given the age profile of the nursing workforce, the Trust was working hard to maximise retention. Nationally, there were more leavers than those joining the nursing register;</li> <li>• She also highlighted that she and the Medical Director had recently launched a harm free care improvement programme which would hopefully galvanise existing nursing staff and address some of the issues around triangulation; and</li> <li>• Mr Vincent highlighted that the FBIC was paying particular attention to</li> </ul>

workforce-related issues and further discussions were also being arranged outside of Committee meetings; he expected a further discussion at Board in the next few months. He believed that the workforce planning analysis across the West Yorkshire and Harrogate Health and Care Partnership was impressive and more connections should be made to this work in the context of the Bradford and Craven footprint.

**Trust Board:**

- **Noted the analysis of current staffing levels needed to deliver safe patient care;**
- **Acknowledged the increasing levels of acuity within inpatient areas and the need to adjust the baseline staffing ratio in response on a case-by-case basis**
- **Noted the assurances provided around work through the safe care module;**
- **Acknowledged the continued work with NHS Improvement, which would prove to be valuable through the 'Moving to Good' programme;**
- **Supported the hold on the pilot of the Keith Hurst model within acute ward settings until the launch in October 2018;**
- **Noted that there would be further recommendations to consider in the forthcoming annual review into safer staffing.**

3350

**Review of Patient and Carer Stories**

The Director of Operations and Nursing presented this paper which reviewed the Board story process and gave an overview of key observations over the last 12 months. The paper recommended that Board stories should continue as they provided a rich source of information for the Trust Board and a personal connection to strategic decision making at the start of each meeting.

Mrs Gilderdale highlighted that the proposed new approach would focus on providing patient, carer or partnership stories, learning from complaints and other different elements (different patient groups e.g. BME, GBLT or stories from corporate services) to maximise the impact and benefit of using patient stories at Trust Board meetings. Each Business Unit would provide 5 patient, carer or partnership stories within a two year programme and more would be done to promote the lessons learnt through the Trust website, using the template attached at Appendix 1.

Board members were supportive of the approach outlined in the paper. Dr McElligott questioned whether the last 12 months had got the right balance between 'good news' and 'challenging' stories. Mrs Knight referred to the recent Freedom to Speak Up Guardian report which encouraged Trusts to use a wide variety of stories in the spirit of openness.

**Trust Board:**

	<ul style="list-style-type: none"> <li>• <b>Agreed to continue with patient stories at Trust Board using the refreshed approach;</b></li> <li>• <b>Adopted the use of the Patient Story template with key learning and actions taken clearly articulated;</b></li> <li>• <b>Agreed to continue to use a wide range of communication tools to provide feedback to services and the public; and</b></li> <li>• <b>Agreed to publish stories on the Trust website as part of the Board papers.</b></li> </ul>
3351	<p><b>Integrated Performance Report – April 2018 Data</b></p> <p>The report assessed progress against the Trust’s key targets and performance indicators as at April 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"> <li>• The financial position remained on track – it was early in the year but there was a continued focus on staff pressures driven by patient acuity and cover for vacancies and sickness absence. The Board noted that a number of CIPs needed to be finalised to deliver savings from Quarter 2;</li> <li>• Mandatory training was reporting very positive compliance in all areas and the Board thanked staff in managing individual and team records;</li> <li>• Role specific required training was now reported to Board with some areas needing further work – data cleansing was underway to ensure records were accurate by December 2018;</li> <li>• Local A&amp;E performance remained consistently behind the 95% target. The Chair suggested a brief update from the A&amp;E Delivery Board could be included in a future report before the Autumn. <b>Action: Interim Chief Executive;</b></li> <li>• A new set of slides were presented on patient and service user experiences now that the Trust could interrogate responses more extensively; and</li> <li>• The transformation programme information had also been reviewed and presented more succinctly.</li> </ul> <p><b>Trust Board noted the content of the Integrated Performance Report.</b></p>
3352	<p><b>Transforming Care Programme Board – Six Month Report</b></p> <p>Mrs Gilderdale presented a report which summarised the achievement of services during 2017/18 in helping to deliver a Cost Improvement Plan (CIP) of £7.3 million. The Board acknowledged the hard work undertaken across all services in meeting necessary efficiencies but noted the level of non-recurrent substitutions and recognised that similar levels of CIPs were required in 2018/19. In response to a comment from Mr Vincent about the challenge of the 2018/19 CIP for procurement, Mrs Romaniak reported that the quantum of CIP for 2018/19 had been reduced and that QIA processes (as approved by Board) would be undertaken at the end of each</p>

	<p>quarter rather than at the start of the year, to better reflect procurement activities, i.e. as re-tendering work completes. The majority of QIAs were planned to take place by July 2018 and Mr Vincent suggested that this should be linked to the wider Quality Improvement development.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the report and the delivery of the cost improvements delivered in 2017/18;</b></li> <li>• <b>Noted the CIP Programme for 2018/19; and</b></li> <li>• <b>Noted the planned programme of transformation and Quality Improvement Projects scoped for 2018/19 to enable the delivery of £7.351m.</b></li> </ul>
<p><b>3353</b></p>	<p><b>Mental Health Clinical Information System Update</b></p> <p>The Board received a paper which provided a progress update on the implementation of a new clinical information system for mental health services. The paper focused on plans to ensure that sufficient training and the necessary unity configurations would complete ahead of the ‘go live’ date of 12 July.</p> <p>Dr Hussain believed that good progress was being made as there had been no further financial overrun and the data cleanse had been successfully completed; the next few weeks were crucial to ensure the project delivered on time.</p> <p>Dr McElligott reported that recent connectivity issues had hampered some training sessions and the Steering Group would be meeting next week to review training compliance, with regular updates to EMT. He had visited Lynfield Mount and staff were positive about the introduction of SystemOne, albeit recognising that attending training was a challenge due to the acuity levels on the wards. He had also met with local GPs to brief them on the implementation process and to answer queries about access to records and performance data.</p> <p><b>Trust Board noted the assurances provided around the implementation of the new electronic record for mental health and the risks associated with training compliance.</b></p>
<p><b>3354</b></p>	<p><b>West Yorkshire Mental Health Collaboration – Memorandum of Understanding</b></p> <p>The Board was presented with the Memorandum of Understanding (MoU) that had been agreed by the West Yorkshire Mental Health Services Collaborative (WYMHSC) in bringing together the four NHS mental health providers based in West Yorkshire (Bradford District Care Foundation Trust, Leeds and York Partnership Foundation Trust, Leeds Community Healthcare NHS Trust, and South West Yorkshire Partnership Foundation Trust) to work collaboratively to ensure high quality, sustainable mental health services now and into the future. Board members had</p>

	<p>previously discussed the MoU in private at the March Board meeting, prior to the signing of the document.</p> <p><b>Trust Board formally received the signed WYMHSC MoU.</b></p>
3355	<p><b>Operational plan 2018/19</b></p> <p>The Interim Chief Executive formally presented the full public facing Operational Plan and 'easy read' slide deck which described the Trust's business and service plans for 2018/19, as already approved by the Board in private at the end of April 2018 for submission to NHS Improvement.</p> <p><b>Trust Board approved the 2018/19 operational and financial plan.</b></p>
3356	<p><b>Compliance against CQC Registration</b></p> <p>The Board received a report on CQC-related activity during 2017/18, including the main inspection and report published in February, the ten other unannounced visits to inpatient wards and our new governance arrangements put in place in response to the CQC report. The CQC action plan was being monitored closely by both Board and its relevant Committees.</p> <p><b>Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>agreed that the report provides an accurate summary of 2017/18 CQC-related activity; and</b></li> <li>• <b>noted the assurance within the paper around the systems and processes in place to respond to the findings and recommendations of the CQC inspection report.</b></li> </ul>
3357	<p><b>Provider Licence Self-certification</b></p> <p>The Director of Corporate Affairs presented a paper which asked the Board to consider the first of two Annual Plan self-certification statements required by NHS Improvement. To support the certification, a self-assessment of compliance against the various licence conditions had been produced at Appendix 1. Mr Hogg highlighted the narrative relating to condition G4 (Fit and Proper Persons test) and Mrs Knight confirmed that all Board members had current DBS certificates and enhanced checks were underway.</p> <p>The second self-certification statement would be considered at the June Trust Board.</p> <p><b>Trust Board approved the self-certification at Appendix 2, which would be signed by the Chair and Interim Chief Executive prior to submission to NHS Improvement.</b></p>
3358	<p><b>Adoption of the Trusts Annual Accounts 2017/18</b></p> <p><b>Approval of the Annual Report 2017/18</b></p>

	<p><b>Approval of the annual Governance Statement 2017/18</b>  <b>Approval of the Quality report 2017/18</b></p> <p>The Chair requested that the next four agenda items relating to the Annual Report and Accounts be taken together. Mr Banks reported that the Audit Committee had met on 23 May to consider all these documents and recommend approval to the Trust Board. He highlighted:</p> <ul style="list-style-type: none"> <li>• The external auditors had confirmed that there had been no adjustments to the accounts identified during the audit and that they would be providing a ‘clean’ audit report;</li> <li>• The external auditors also reported on their work on the Quality Report, confirming they would be providing a ‘clean’ limited assurance report on the quality accounts, recognising that the report was limited due to the restricted scope of their review and not to issues that they had uncovered;</li> <li>• The Annual Governance Statement and Annual Report had been recommended for approval.</li> </ul> <p>Mr Hogg reported that the Annual Report and Accounts (including the Quality Report) would be submitted to NHS Improvement and then to Parliament and presented at the Annual Members Meeting in September.</p> <p><b>Trust Board approved the Annual Report and Accounts, Annual Governance Statement and Quality Report prior to submission to the Auditors, NHS Improvement and finally to Parliament.</b></p>
3362	<p><b>Board Business Cycle and Board Development Programme</b></p> <p>The Director of Corporate Affairs introduced the Board Business Cycle and Board Development Programme which outlined those items scheduled for future meetings.</p> <p><b>Trust Board noted the items contained within the Board work programme.</b></p>
3363	<p><b>Quality and Safety Feedback from Board Members</b></p> <p>There were no quality and safety feedback visits reported at this meeting.</p>
3364	<p><b>Annual report by the SIRO*</b></p> <p>A paper was presented which provided an overview during 2017/18 of: compliance with legislative and regulatory requirements under the Data Protection Act (1998) and the Freedom of Information Act (2000); information about security risk assessments; compliance with the Information Governance Toolkit 2017/18; and details of any Serious Incidents Requiring Investigation (SIRI) relating to any losses of personal data or breaches of confidentiality. The report also outlined the direction of information governance work for 2018/19 and how this aligned with the strategic business goals.</p>

	<p><b>Trust Board:</b></p> <p><b>Noted the information and assurances provided for 2017/18; and Noted the proposed information governance objectives for 2018/19.</b></p>
<b>3365</b>	<p><b>Annual reports from the Board's Sub-Committees*</b></p> <p>Three papers were presented from Board Committees which reflected the work they had undertaken during the 2017/18 financial year.</p> <p><b>Trust Board noted the content of the 2017/18 Annual Reports from the following Committees:</b></p> <ul style="list-style-type: none"> <li>• <b>Finance, Business and Investment Committee;</b></li> <li>• <b>Mental Health Legislation Committee; and</b></li> <li>• <b>Quality and Safety Committee.</b></li> </ul>
<b>3366</b>	<p><b>Board effectiveness follow up actions*</b></p> <p>A paper was presented which summarised the six actions identified by the Board following its annual effectiveness review.</p> <p><b>Trust Board agreed these actions, which would be added to the Board's future work programme.</b></p>
<b>3367</b>	<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 23 March 2018;</li> <li>• Council of Governors 8 February 2018; and</li> <li>• Council of Governors 27 March 2018.</li> </ul> <p><b>Trust Board noted the content of the Committee approved minutes.</b></p>
<b>3368</b>	<p><b>Any Other Business</b></p> <p>There were no other items of business. The meeting concluded at 4.30 pm.</p>
<b>3369</b>	<p><b>Date and time of next meeting</b></p> <p>Thursday 28 June at 1.30 pm at the Digital Health Enterprise Zone, 34 Peckover Street, Bradford, BD1 5BD.</p>

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

**ACTIONS**

<b>Ref No</b>	<b>Actions requested</b>	<b>Timescale</b>	<b>Progress</b>
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
26/4/18-2	<u>Chief Executive's Report</u> <b>Medical Director/Professor Armitage</b> to consider the work of the Patient Safety Translational Research Centre in Bradford and how the Trust might form a relationship with the Centre.	May 2018	
26/4/18-3	<u>Mental Health Clinical Information System Update</u> <b>Associate Director of Informatics/Chief Information Officer</b> 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> <b>Chair</b> to assign key risks to NEDs and EDs to investigate.	NED Meeting	Completed
26/4/18-6	<u>Integrated Performance Report – March 2018 Data</u> <b>Medical Director/Dr Butler</b> to discuss issues relating to the forwarding of discharge letters to GPs.  <b>Dr Butler and Professor Armitage</b> 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> <b>Director of Finance, Contracting and Facilities</b> to pass on the Boards appreciation to Deputy Directors and their teams for their contribution in delivering a positive year-end out-turn position.	Two weeks	Completed – email forwarded.
24/5/18-1	<u>Matters Arising</u> <b>Mr Rycroft</b> to develop some revised IMT	Two months	

	connectivity KPIs for the FBIC dashboard.		
24/5/18-2	<u>Integrated Performance Report</u> <b>Interim Chief Executive</b> to ensure reference to a progress report from the A&E Delivery Board in a future BIPR report.	Before October 2018	