

Trust Board

Date: 28 June 2018

Time: 1.30 pm

Venue: Bradford Digital Health Enterprise Zone, 34 Peckover Street, Bradford

PUBLIC MINUTES

Present:	<p>Michael Smith Liz Romaniak David Banks Rob Vincent Gerry Armitage Sue Butler 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 & OD Medical Director Director of Nursing and Operations Director of Informatics/Chief Information Officer Director of Corporate Affairs Interim Director of Finance</p>
In Attendance:	<p>Stella Jackson Sid Brown Colin Perry Louise Hussain Lisa Stead Miss A</p>	<p>Deputy Trust Secretary Public Governor, Shipley Public Governor, Bradford West Freedom to Speak up Guardian (agenda item 13) Team Manager, CAMHS (agenda item 4) Service user (agenda item 4)</p>

Item	
3370	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting. Apologies were received from Dr Hussain.</p>
3371	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>

Chair: Michael Smith
Interim Chief Executive: Liz Romaniak

3372	<p>Issues Received from the Public</p> <p>There were no issues from the public.</p>
3373	<p>Minutes of the Public Trust Board Meeting Held on 24 May 2018</p> <p>[This item, the `Chair's Report', the `Chief Executive's Report' and the `Annual Plan – Five Year Forward Review' were brought forward due to the patient story attendees being delayed].</p> <p>The minutes of the Public Trust Board meeting held on 24 May 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 3349: Safer Staffing Levels – Six Month Report – the second bullet point under `Trust Board' to be amended to read: `Acknowledged the increasing levels of acuity within inpatient areas and the need to adjust the baseline staffing ratio in response'; and • Item 3351: Integrated Performance Report – April 2018 Data – the second bullet point being amended to read: `Specialist Inpatients and Dental services were reporting very positive compliance in all mandatory training areas and the Board thanked staff in managing individual and team records.
3374	<p>Matters Arising from the Public Trust Board Meeting Held on 24 May 2018</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> • Item 26/4/18-2: Chief Executive's Report – Professor Armitage reported that he would be arranging for both himself and the Senior Clinical Studies Officer from the Trust to meet with the Programme Manager at the Patient Safety Translational Research Centre. Dr McElligott and Mrs Gilderdale would be invited to attend subsequent meetings; and • Item 26/4/18-5: Integrated Performance Report – March 2018 Data – Professor Armitage reported a meeting had taken place to consider the development of a research project around the detention of men from a Pakistani background. Initially, an assessment of the data's accuracy would be undertaken. Dr Butler added a briefing by NHS Providers had highlighted other trusts were experiencing similar detention issues.
3375	<p>Chair's Report</p> <p>The Chair highlighted the following:</p> <ul style="list-style-type: none"> • Interviews for the Hospital Managers had concluded and nine people had been selected to join the Hospital Manager Panel, including an 18 year old who had been a member of the Trust's Young Dynamo's group and who had experienced the Trust's services;

- The Patient Experience Lead had given a presentation, at the Governor Open House meeting on 19 June, about Patient Experience activities at the Trust;
- Mr Vincent had met with Staff Governors in the Chair's absence. The Governors had highlighted the importance of the Trust developing a clear understanding about the expectations of the role, both internally and at Council of Governor level. Over the coming weeks, Staff Governors would be promoting their role and the pledges they support through e-Update;
- The Council of Governors Nomination's Committee had agreed the Non-Executive Director recruitment campaign;
- The first meeting of the Trust's Shadow Board had taken place on 27 June. The initiative had been developed by the NHS Leadership Academy and was aimed at senior leaders who had an aspiration to become an Executive Director. The Shadow Board had discussed five papers from the Board meeting agenda and key points raised would be shared during discussion of the papers at the meeting;
- The 'You're A Star' awards would be taking place on 6 July in celebration of the NHS's 70th birthday on 5 July; and
- A meeting of the Mental Health Collaborative would be taking place during week commencing 2 July 2018.

Trust Board noted the Chair's report.

3376

Chief Executive's Report

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:

- The 'Crowdsourcing' application had been utilised to invite staff to contribute to the first of a series of on-line conversations. This conversation had focussed on the Trust's vision and values for the next five years and 20% of the workforce had taken part. The responses were being reviewed and, once consolidated and validated, staff would be invited, through a second conversation, to outline what the Trust should stop, start or do differently;
- The West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) would be joining the second wave of the national Integrated Care System Development Programme;
- The new WY&H HCP Workforce Strategy had been launched;
- Bradford Council had been selected as one of five community cohesion integration centres;
- Bradford Council's 'Backing Bradford District' publication contained a useful dashboard which highlighted some of the inequalities within the local population;
- Lord Carter's review into unwarranted variation in mental and community health services suggested further scope for efficiencies of £1bn by the sector. The

	<p>recommendations from the report had been highlighted to the Finance, Business and Investment Committee (FBIC);</p> <ul style="list-style-type: none"> • The Prime Minister had pledged 3.4% real terms growth in NHS Funding from 2019/20 to 2023/24; and • The Parliamentary and Health Service Ombudsman had published a report on 'maintaining momentum: driving improvements in mental health care'. The report illustrated the human costs of service failures and Mrs Romaniak urged Board members to consider the common themes highlighted by both the CQC in their report 'The State of Mental Health Care' and this Ombudsman report.. <p>Mrs Knight referred to the NHS Employers interactive document for the health and wellbeing framework and reported FBIC would be reviewing the workforce statistics within the document.</p> <p>Trust Board noted the Chief Executive's report.</p>
3377	<p>Annual Plan – Five Year Forward Review: Mental Health Wellbeing Strategy Update</p> <p>Mr Banks believed the paper demonstrated progress was being made to varying degrees, with good progress being made on partnership working. Whilst First Response was a good example of partnership working, it was important the eventual outcomes of this initiative could be evidenced.</p> <p>During ensuing discussion, the following key points were raised:</p> <ul style="list-style-type: none"> • Consideration should be given to heightening the focus on suicide reduction; and • Due to difficulties with recruitment, the First Responder posts would be merged with the new Care Model posts. <p>The Chair reported the Shadow Board had highlighted the following:</p> <ul style="list-style-type: none"> • When considering how the Trust might work in partnership to deliver the Five Year Forward View (5YFV) recommendations at local level, it was important to remember that the voluntary sector had its own recruitment challenges; • There was a need to strengthen the Trust's integration activities with integration work in other areas; • It was important to maintain good relationships with commissioners and to hold them to account; and • The Board should continue to give attention to this matter and the changing landscape as part of its review of the strategic priorities. <p>Trust Board noted progress on the delivery of good quality care in line with the Five year Forward View and the Mental Health and Wellbeing Strategy.</p>

3378	<p>Patient and Carer Experiences</p> <p>This month's patient story was about Miss A and her transition from the Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services. Miss A became a service user of CAMHS six months prior to her 18th birthday. Miss A was experiencing anxiety and low body weight. Whilst under the care of CAMHS, she received hypnotherapy and took part in art therapy sessions. After discharge from CAMHS, and during her first year at University, Miss A's anxiety problems returned and led to her experiencing other mental health problems. As she was 18, she no longer met the criteria for CAMHS and was referred to Adult Mental Health Services. In order to aid her transition into Adult Services, a meeting was arranged between CAMHS, Adult Mental Health services and Miss A to determine how the service provision might differ. Shortly after transition, Miss A joined a therapy group which she found beneficial as she met people experiencing similar issues to her. She was now taking part in 'Cross Fit', an intensive form of exercise, and had been referred to the MyWellbeing College and for Dialectal Behavioural Therapy. She was looking forward to the benefits she expected to gain.</p> <p>During ensuing discussion, the following points were highlighted:</p> <ul style="list-style-type: none"> • It was important to prepare young people for their transition from CAMHS into Adults Services and concerns regarding strict application of the transition CQUIN were being raised with Commissioners; • The Trust had conducted a survey of all six young people that had transitioned from CAMHS to Adult Services, in order to understand their experiences and issues. NHS England had asked the Trust to share its approach to obtaining the feedback as other trusts were finding it difficult to gain this; • It was important that Adult Mental Health services were accessible to young people whilst studying at university; and • The 'Adult Mental Health' services signage required review to consider potential stigma associated with service specific descriptors. Action: Executive Management Team to pursue. <p>Trust Board thanked Miss A for sharing her story and the CAMHS team for the work undertaken.</p>
3379	<p>AWC Partnership Memorandum of Understanding</p> <p>Mr Vincent reported the Memorandum of Understanding had been considered at the May Private Board meeting. Mrs Romaniak added the document had now been considered by all parties individually and signed collectively and required formal ratification at the Public Board meeting.</p> <p>Trust Board Noted the collective approval and ratified the formal signing of the AWC Provider Alliance Memorandum of Understanding.</p>

3380	<p>CQC Action Plan Progress Update</p> <p>Dr Butler reported the Quality and Safety Committee (QSC) had welcomed the action plan's thematic approach and she pointed out that whilst the action plan highlighted action taken, it did not provide assurance that the actions had been embedded. Consequently, it was important that Board members sought feedback about this during their visits to services. Professor Armitage believed the CQC would seek evidence of the level of embeddedness during their next inspection.</p> <p>Mrs Romaniak added that the Executive Management Team had identified three categories of action: ones that were complete, ones that were underway and nearing completion and longer-term more cultural issues that would likely take some time to develop, including the Quality Improvement Strategy.</p> <p>Mr Banks noted the report contained an error regarding the name of the person that chaired FBIC; the Chair was Mr Vincent and not Mr Banks.</p> <p>The Chair provided the following feedback from the Shadow Board meeting:</p> <ul style="list-style-type: none"> • The embedding of the actions would be the critical challenge; • Future reports should draw out the immediate and longer-term actions; and • The three objectives within the 'Moving to Good' programme required further reflection. Action: Chair/Chief Executive; <p>Mr Vincent believed further iterations of the action plan should be broader and more descriptive. Action: Medical Director</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Agreed that the paper provided continued assurance that all CQC workstreams were being delivered as required; and • Noted that the new CQC thematic action plan was now in place and progressing successfully.
3381	<p>E-cigarettes and Smoke Free Policy</p> <p>Mr Banks highlighted the following:</p> <ul style="list-style-type: none"> • Whilst the Trust operated a 'smoke-free' policy, it was experiencing smoking related incidents caused by service users smoking whilst being cared for on the wards; • Potential risks associated with the introduction of e-cigarettes had been identified and mitigations had been developed; • It was important that any e-cigarette incidents were accurately recorded; and • The Quality and Safety Committee, Health and Safety Group and Professional

Council had approved the amendments to the smoke free policy (to incorporate the use of e-cigarette) . Mrs Gilderdale added the Ward Managers and front line staff were also supportive of the policy.

During discussion, the following key points were made:

- E-cigarettes were another form of nicotine replacement therapy; and
- A recent visit to inpatient services had highlighted the negative impact the smoke-free policy was having on staff/service user relationships and staff resource in ensuring abidance by the policy. It was envisaged the introduction of the e-cigarette policy would alleviate some of these consequences.

The Shadow Board had highlighted the following:

- It was important to monitor the impact and effectiveness of the policy;
- Effective communication of the policy to Mental Health and Community Health staff was key; and
- The effectiveness of the policy implementation should be reviewed by FBIC six months following implementation. **Action: Deputy Trust Secretary to request that this be added to the FBIC work programme.**

Trust Board approved the proposal to allow use of specific types of E-Cigarettes in courtyard areas and Trust grounds and a revised smoke free policy to operate effective from 1st August 2018, subject to approval by the Executive of suitable communications.

3382

Medical Appraisal and Revalidation

Professor Armitage believed the report highlighted compliance with the Responsible Officer Regulations. In response to a query from Professor Armitage, Dr McElligott reported a standardised form had been produced, by NHS England, for appraisal documentation. The Trust also utilised the 360 degree appraisal tool produced by the Royal College of Psychiatrists. **Action: Dr McElligott to share the appraisal and 360 degree documentation with Professor Armitage.**

Dr Butler noted the Medical practitioners generated low levels of concerns and asked how this compared with other trusts. In response, Dr McElligott reported comparisons were difficult to make due to the differing sizes of trusts.

Trust Board:

- **Agreed the report was an accurate record of the Trust's medical appraisal and revalidation systems during 2017/18; and**
- **Approved the 'statement of compliance' confirming that the Trust, as a Designated Body, was in compliance with the Medical Profession (Responsible Officer) Regulations.**

3383

Freedom to Speak Up Guardian (FTSUG) Annual Report

The Chair welcomed Mrs Hussain to the meeting then invited Board members to comment on the report. The following points were made:

- The speak-up comments were helpfully clustered into themes;
- The number of speak-up contacts had increased since last year and it was envisaged they would continue to increase; this demonstrated that people were willing to speak up. It was important the Trust had the capacity to deal with the increase that was likely to occur;
- The Trust had a key role to play in supporting staff to raise their concerns and to reduce the 'fear factor' associated with speaking up;
- Online training was being developed to support managers to manage concerns expressed by staff;
- The majority of concerns had been raised directly with Mrs Hussain. However, some concerns had been sent directly to the 'chat2ceo' inbox and, from July, the FTSUG would consider whether these should be classified as FTSU concerns;
- The reported themes and corresponding percentages were similar to those of other trusts;
- It was important that staff working in vulnerable roles (such as the Freedom to Speak Up Guardian) had access to external peer support; and
- The Freedom to Speak Up Champions should be aligned to the Board visits to services programme. **Action: Director of Corporate Affairs to pursue.**

The Shadow Board had made the following points:

- The Freedom to Speak Up Guardian role was welcomed by staff;
- Managers also had an important role to play in listening to and responding to staff concerns;
- The Crowdsourcing tool could prove invaluable in obtaining feedback from staff; and
- The Board and senior leaders should continue to support the work of the Guardian and assist in promotion of the role.

Trust Board:

- **Noted the work undertaken to ensure staff were aware of how to raise concerns and proposed actions for 2018/19;**
- **Noted the increase in concerns received from the previous year, and that this was indicative that staff were increasingly aware of and feeling comfortable in accessing the process;**
- **Noted that a consequential resource review was proposed to ensure the continued adequacy and responsiveness of the FTSU function;**
- **Supported the self-certification assessment; and**

	<ul style="list-style-type: none"> • Was assured that the Trust had a process in place for staff to safely raise concerns and as a consequence ensure action was taken on any themes emerging or areas of concern, with feedback provided to those raising concerns.
3384	<p>Provider Licence Self-Certification</p> <p>Mr Vincent highlighted the following:</p> <ul style="list-style-type: none"> • It was important that Board members supported the wording in Appendix 1 which made reference to the Mental Health Legislation Committee; and • Consideration was required regarding the impact of Non-Executive Director turnover on the ability to report compliance with question 5 of Appendix 1 regarding the capability of the Board to provide for effective organisational leadership on the quality of care needed. Action: Director of Corporate Affairs to incorporate reference to succession planning arrangements, Board composition and turnover in the question 5 self certification statement. <p>Trust Board self-certified each statement, subject to the amendment to the question 5 statement.</p>
3385	<p>Mental Health Clinical Information System Update</p> <p>Dr McElligott introduced the report and highlighted the following:</p> <ul style="list-style-type: none"> • Following detailed and in-depth discussion, the Project Information Board had concluded SystemOne should go live on 12 July as originally intended, as the risks of deferral outweighed the risks of go live. It would be possible to maintain an accurate clinical record and the key risk related to inputting information in the wrong place rather than not inputting it at all, which increased the possibility of reporting errors. Additionally, clinicians were keen to start using the system as soon as possible; and • A concerted effort would be put into increasing staff training uptake over the next couple of weeks and the Board was asked to approve the additional funding associated with the retention of training provision. <p>During discussion, the following key points were made:</p> <ul style="list-style-type: none"> • Whilst factors such as staff leave during the summer period impacted on training take-up, there were no other significant factors over the coming months which would negatively impact on the roll-out of the new system. The Trust had identified those teams that had not completed the training and Super Users would support non-trained staff to effectively use the system; • Staff from across the business units had influenced system functionality design and would continue to do so post go-live;

	<ul style="list-style-type: none"> • Whilst the Trust had identified and mitigated against potential risks at go-live, it was envisaged (and inevitable with any new system launch) other issues could materialise which the Trust had not planned for. It was important, therefore, that a brief be produced, for the Manager undertaking `on-call' duties on 12 July and the following days, outlining arrangements in place. Action: Medical Director/Associate Director of Informatics to develop; • The Board should be appraised of the effectiveness of go-live and any resultant issues. Action: Medical Director to circulate an email providing an update. <p>Trust Board:</p> <ul style="list-style-type: none"> • Agreed that the report provided assurance of satisfactory progress in implementation of the new electronic record for mental health; • Ratified the recommendation of the Project Board that go-live proceeds, as planned, on July 12th; • Noted the increased importance of the role of Super Users; and • Approved the additional funding required to support the extension of Training resources for a further two months.
3386	<p>Workforce, Leadership and Organisational Development Issues</p> <p>Mr Vincent reported the paper had been produced following a renewed focused on workforce, leadership and organisational development issues. Mrs Knight added the proposed strands referred to in the paper were in addition to/to replace other activities taking place across the Trust.</p> <p>Dr Butler did not believe the wording at priority 3, relating to targeted Recruitment and Retention, was expressed as intended. The Quality and Safety Committee had scrutinised recruitment and retention challenges and would now ensure risks associated with staffing levels were escalated. Action: Director of Human Resources and OD to review the wording.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted and endorsed the selected priorities for particular governance attention in 2018/19; and • Agreed the proposed allocation between committees and lead directors, subject to the focus of priority 3 being on the risks associated with staffing levels.
3387	<p>Integrated Performance Report – May 2018 Data</p> <p>The report assessed progress against the Trust's key targets and performance indicators as at May 2018 and provided exception reports for areas that were currently off trajectory. The following key points were highlighted:</p>

- The financial position remained on track but recurrent Cost Improvement Programmes (CIPs) were being supplemented by non-recurrent CIPs;
- The Lord Carter Review of Community and Mental Health services presented challenges around medical staffing schemes;
- Staff receiving an appraisal remained slightly below the 80% target. The Business Unit Performance Meetings would consider any further actions or support required to increase appraisal rates;
- The Human Resources team was working with the relevant business units to increase compliance with Safeguarding Children – level 2 role specific training;
- Whilst there were eight serious incidents reported in May 2018, no themes or trends had been identified. Serious incidents would continue to be monitored closely by the Serious Incident Group and the Quality and Safety Committee;
- The Safer Staffing slide (13) provided an interesting picture of the number of hours spent caring for services users on the different wards;
- Slide 15 highlighted performance at Business Unit level and statistical process control reporting would be added to the IPR in future;
- Performance against indicator M7, regarding the percentage of people with a first episode of psychosis beginning treatment with a NICE-recommended package of care within 2 weeks of referral (Rolling month), showed a fluctuating picture. However, it was envisaged this performance would improve and stabilise following additional investment from Clinical Commissioning Groups (CCGs) to fund additional resource requirements; and
- The IPR now contained slides relating to Informatics and the content of these would be reviewed further to ensure a focus on strategic key performance indicators (KPIs).

The following Shadow Board observations were highlighted:

- The IPR lacked data regarding Community services performance. Mrs Romaniak advised this was probably exacerbated by the lack of widely used comparable performance benchmarks. It was envisaged that actions to develop the Model Hospital for Community and Mental Health Trusts (arising from the Lord Carter review) could provide new opportunities for benchmarking; and
- It was important that staff could access training at different sites and a review of potential spaces (within the Trust and externally) should be undertaken. In response, Mrs Romaniak reported the scoping work for the Estates Strategy had highlighted this as an issue.

Trust Board noted the content of the Integrated Performance Report.

3388

Board Business Cycle and Board Development Programme

The Director of Corporate Affairs introduced the Board Business Cycle and Board

	<p>Development Programme which outlined those items scheduled for future meetings.</p> <p>The following additional/rescheduled items were noted:</p> <ul style="list-style-type: none"> • FT Membership Strategy – to be considered later in the year, following a review by the You and Your Care Strategic Reference Group of existing engagement/involvement strategies; • The Mental Health Legislation Committee Review paper to be removed from the programme for July as it was brought forward to June; • Mental Health Act and Mental Capacity Act – to be timetabled into the Board Development Programme. Action: Chair/Director of Corporate Affairs; and • Bradford Children’s Services Procurement Review – to be timetabled into the Private Board work programme on a monthly basis. Action: Deputy Trust Secretary. <p>Trust Board noted the items contained within the Board work programme.</p>
<p>3389</p>	<p>Quality and Safety Feedback from Board Members</p> <p>The Chair and Associate Director of Informatics had visited the Oakburn ward. The team had spoken positively about: the introduction of the auto roster, the safety huddles and the ability to raise concerns. Issues had been reported regarding: the impact of the Smoke-Free policy on service user and staff relationships, an increase in incidents due to the use of spice by service users and the impact the decommissioning of drug and alcohol services was having on the service.</p> <p>Dr Butler had attended the accreditation of the safety huddles presentation. One of the best innovations had been highlighted by a member of the Housekeeping team.</p>
<p>3390</p>	<p>Health and Safety Annual Report*</p> <p>The Health and Safety Annual Report provided assurance to the Board on Health and Safety achievements throughout 2017/18 and a summary of themes relating to Health and Safety incidents reported in the Trust throughout 2017/18.</p> <p>Trust Board noted the Health and Safety Annual Report for 2017/18.</p>
<p>3391</p>	<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 Committee 3 May 2018 • Finance, Business and Investment Committee 25 April 2018 • Audit Committee 16 April 2018 <p>Trust Board noted the content of the Committee approved minutes.</p>

3392	Any Other Business There were no other items of business. The meeting concluded at 4.55 pm.
3393	Date and time of next meeting Thursday 26 July at 1.30 pm at Trust headquarters, New Mill, Victoria Road, Saltaire, Shipley.

Trust Board (Public)
28 June 2018

ACTIONS

Ref No	Actions requested	Timescale	Progress
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
26/4/18-2	<u>Chief Executive's Report</u> Medical Director/Professor Armitage 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	Meeting being arranged 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	Completed
26/4/18-4	<u>Board Assurance Framework</u> Chair 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> 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	Completed Completed
24/5/18-1	<u>Matters Arising</u> Mr Rycroft to develop some revised IMT connectivity KPIs for the FBIC dashboard.	Two months	
24/5/18-2	<u>Integrated Performance Report</u> Interim Chief Executive to ensure reference to a progress report from the A&E Delivery Board in a future BIPR report.	Before October 2018	

28/6/18-1	<u>Patient and Carer Experiences Story</u> EMT to consider changes required to Adult Mental Health services signage.	July 2018	
28/6/18-2	<u>CQC Action Plan Progress Update</u> Chair/Chief Executive to review the three objectives within the 'Moving to Good' programme. Medical Director to ensure that further iterations of the action plan address the need for it to be broader and more descriptive in nature.	July 2018 September 2018	
28/6/18-3	<u>e-Cigarette Policy</u> Deputy Trust Secretary to request that a review of the effectiveness of the policy implementation be undertaken by FBIC in six months' time	July 2018	Completed
28/6/18-4	<u>Medical Appraisal and Revalidation</u> Medical Director to share the appraisal and 360 degree documentation with Professor Armitage.	July 2018	Completed
28/6/18-5	<u>Freedom to Speak Up Guardian Annual Report</u> Director of Corporate Affairs to investigate the possibility of FTSUG Champions being aligned to the Board walkabout programme.	July 2018	
28/6/18-6	<u>Provider Licence Self-Certification</u> Director of Corporate Affairs to incorporate reference to succession planning arrangements, Board composition and turnover in the question 5 self-certification statement.	One week	
28/6/18-7	<u>Mental Health Clinical Information System Update</u> Medical Director/Associate Director of Informatics to produce a briefing for the Manager on-call at go-live Medical Director to circulate an email to Board members providing an update about the effectiveness of go-live and any resultant issues.	Two weeks 13 July 2018	

28/6/18-8	<u>Workforce, Leadership and Organisational Development Issues</u> Director of Human Resources and OD to review the wording of priority 3 to ensure a focus on risk relating to staffing levels.	2 weeks	
28/6/18-10	<u>Board Business Cycle and Board Development Programme</u> Chair/Director of Corporate Affairs to timetable a training session for Board Members regarding the Mental Health Act and Mental Capacity Act Deputy Trust Secretary to timetable a monthly update regarding the Bradford Children's Services Procurement into the Private Board Work programme.	July 2018 July 2018	 Completed