

Trust Board

Date: 26 July 2018

Time: 1.30 pm

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

PUBLIC MINUTES

Present:	<p>Michael Smith Liz Romaniak David Banks Rob Vincent Gerry Armitage Sue Butler Sandra Knight David Sims 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 Deputy 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 Nicky Green Rachel Morris Stephen Pugh 2 members of the public</p>	<p>Deputy Trust Secretary Public Governor, Keighley Falls Prevention (agenda item 4) Falls Prevention (agenda item 4)</p>

Item	
3394	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting including Dr Sims who was deputising for Dr McElligott. Apologies were received from Dr Hussain and Dr McElligott.</p>
3395	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
3396	<p>Issues Received from the Public</p> <p>There were no issues from the public.</p>

Chair: Michael Smith
Interim Chief Executive: Liz Romaniak

<p>3397</p>	<p>Patient and Carer Experiences</p> <p>This month's patient story/video was about Joan, who was a carer for her husband for many years but when he sadly passed away in 2016 she became isolated in her own home as she had devoted much of her time to looking after him. Shortly after this Joan had a heart attack, moved into extra care accommodation and started to fall regularly. She was referred to the Falls Prevention Team for exercise and balance and after being assessed at home, spent 10 weeks completing home exercises before attended a 16 week group strength and balance class at Shipley Fire Station. In the year following the course, she had not fallen. Equally as important to her was the fact that she had developed friendships during the course and several of them were now meeting at each other's homes on a regular basis, keeping active and socialising.</p> <p>During ensuing discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> • Patients were referred into the service via a number of different professionals including GPs, District Nurses and Community Nurses. The team also worked with other services (including the Fire Service) to identify people at risk of falling; and • Further evidence-based research should be verified that could be used with CCGs to potentially increase the service as the Falls Prevention Service currently only operated across the North Bradford area. <p>Trust Board thanked Joan for sharing her story and the Falls Prevention team for the work undertaken.</p>
<p>3398</p>	<p>Minutes of the Public Trust Board Meeting Held on 28 June 2018</p> <p>The minutes of the Public Trust Board meeting held on 28 June 2018 were agreed as a true and accurate record of the meeting.</p>
<p>3399</p>	<p>Matters Arising from the Public Trust Board Meeting Held on 28 June 2018</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> • 28/6/18-1: Patient and Carer Experiences Story – a review of mental health signage would be incorporated into the Estates strategy; • 28/6/18-2: CQC Action Plan Progress Update – the Medical Director would now organise a review of the three objectives within the 'Moving to Good' programme; • 28/6/18-5: Freedom to Speak Up Guardian Annual Report – the Director of Corporate Affairs had arranged for the FTSUG Champions to be aligned to the Board walkabout programme; • 28/6/18-6: Provider Licence Self-Certification - reference to succession planning arrangements, Board composition and turnover had been incorporated into the question 5 self-certification statement;

	<ul style="list-style-type: none"> • 28/6/18-7: Mental Health Clinical Information System Update – a briefing had been produced for the Manager on-call at go live and Board members had been provided with an update about the effectiveness of go live and resultant issues at the Private Board meeting. Mr Rycroft reported full roll-out of SystemOne to mental health service areas had been delayed by one week in order to enable the Trust to respond to teething problems encountered during phase one roll-out. An issues log was being maintained and the Trust was working with the service provider to resolve these; • 28/6/18-8: Workforce, Leadership and Organisational Development Issues - the wording of priority 3 had been reviewed to ensure a focus on risk relating to staffing levels; and • 28/6/18-10: Board Business Cycle and Board Development Programme – the action regarding the timetabling of a training session for Board members regarding the Mental Health Act and Mental Capacity Act would now be pursued through the Chair and Medical Director.
<p>3400</p>	<p>Chair’s Report</p> <p>The Chair highlighted the following:</p> <ul style="list-style-type: none"> • Bradford Children’s Services Procurement Review: the tender specification from the local authority had been delayed by one month; • Following the peer review, the Mental Health Legislation Committee had reviewed its terms of reference; • A number of Governors and Non-Executive Directors (NEDs) had attended the second NED/Governor West Yorkshire Mental Health Collaborative event in Leeds on 17 July. The event gave useful insights into regional developments for adult eating disorders, children and young peoples’ acute mental health and learning disability services; and • The Council of Governors had approved a campaign of Non-Executive Recruitment following Sue Butler’s announcement that she would be leaving in September. Odgers would be supporting the Trust with its recruitment efforts. <p>Trust Board noted the Chair’s report.</p>
<p>3401</p>	<p>Chief Executive’s Report</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"> • The Trust had held a celebration event for its volunteers at the Victoria Hotel; • NHS England had confirmed that Yorkshire and Humber was one of five areas selected for the Health and Care Exemplar Programme; • The Kings Fund had published its Five Year Forward View for Mental Health consultation findings. This highlighted workforce related issues and contained

	<p>a focus on prevention and primary care mental health;</p> <ul style="list-style-type: none"> • The CQC had published findings from a review of how older people moved between health and care in England and contained interesting information regarding capacity and demand; and • The Mental Capacity (Amendment) Bill had been introduced into Parliament on 3 July and sought to replace current Deprivation of Liberty Safeguards (DoLS). <p>Trust Board noted the Chief Executive’s report.</p>
3402	<p>Board Assurance Framework</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • Quality and workforce, integration and partnerships and sustainability and growth remained key assurance areas requiring Board attention; • NHS Improvement would be undertaking a site visit in July as part of the ‘Moving to Good’ programme (outlined at risk 1973). The Trust had been buddied up with Northumberland Tyne and Wear NHSFT and paired with Cumbria Partnership NHSFT. An update regarding progress would be provided in December 2018/January 2019. Action: Deputy Trust Secretary to timetable into the Board work programme; and • The You and Your Care Strategic Reference Group had met during July to consider the Trust’s approach to volunteering (risk 1974). The Group was also considering how to develop a more holistic strategy around involvement, volunteering and membership. <p>Trust Board noted the risk scores.</p>
3403	<p>Corporate Risk Register</p> <p>Dr Butler highlighted the following:</p> <ul style="list-style-type: none"> • The red risks appeared to be under-populated and required updating. Action: Director of Corporate Affairs to ask Deputy Directors to review the risks; • The assurances relating to: i) the transfer of calls from SPA to First Response (risk 1855) and ii) depleted psychology services (risk 1970) would benefit from highlighting how the risks were being managed Action: Medical Director to arrange for this information to be incorporated and for the risks to be reviewed by the Quality and Safety Committee; and • Further information was required regarding the impact of the delay in transferring calls to First Response. Action: Medical Director to arrange for this to be reviewed by the Quality and Safety Committee. <p>Trust Board agreed the level of assurance was adequate for the CRR, subject to the assurances outlined above being reviewed.</p>

<p>3404</p>	<p>Quality Improvement</p> <p>Professor Armitage highlighted the following initial reflections:</p> <ul style="list-style-type: none"> • It was important that the Trust learned from the experiences of other NHS organisations that had implemented 'Lean'. Dr Butler also considered it appropriate that the Trust gain an understanding about the limitations of the methodology and the Chair outlined the importance of the Trust developing a clear understanding of resource implications; and • If implemented, the 'Lean' terminology would require review due to the negative connotations associated with this descriptor. Additionally, staff would need to be regularly informed about the quality improvements realised through adoption of the methodology and such improvements would need to prove beneficial to patients and service users. <p>Trust Board:</p> <ul style="list-style-type: none"> • Agreed to implement a QI methodology across the Trust; • Agrees that our chosen approach should be based on 'Lean' methodology, subject to gaining further assurance about the effectiveness of the methodology and the case for investment; and • Approved the development of a service specification with a view to procuring external support for our implementation.
<p>3405</p>	<p>NHS Improvement Quarterly Submission</p> <p>Mr Vincent informed Board members the Finance, Business and Investment Committee (FBIC) had scrutinised the quarter 1 return to NHS Improvement at its meeting on 25 June and had endorsed the return for Board approval. Whilst the predicted Use of Resources (UoR) score of 3 had been achieved at quarter 1, an improved score of 1 was predicted at year end. Mr Cook added non-recurrent funding mitigations had been identified to offset the Cost Improvement Programme shortfall risks and Mrs Romaniak reported that whilst the current position appeared challenging, it was envisaged the receipt of CQUIN funding toward the end of the year would enable the Trust to report the improved score of 1.</p> <p>Trust Board approved the UoR Risk Rating and quarterly submission to NHS Improvement.</p>
<p>3406</p>	<p>Well-Led Review</p> <p>The Chair introduced the paper which set out proposals to procure an external supplier to undertake a review of leadership and governance arrangements across BDCFT using the well-led framework. Mr Hogg added the full CQC inspection had impacted on the Trust's ability to undertake the externally facilitated review any earlier. Mr Hogg had spoken to Mr Kilmurray (the newly selected Chief Executive) about the</p>

review which would take place shortly after Mr Kilmurray commenced in post. The Trust had considered a peer-led review approach but NHS Improvement recommended the review be externally facilitated.

Trust Board:

- **Approved the process of procuring an external provider to undertake an independent review against the well-led framework;**
- **Noted the proposals and indicative timetable for the self-assessment; and**
- **Agreed the Board should receive a progress update in October.**

3407

Integrated Performance Report – June 2018 Data

The report assessed progress against the Trust's key targets and performance indicators as at June 2018 and provided exception reports for areas that were currently off trajectory. The following key points were highlighted:

- Changes to the Single Operating Framework meant that NHS Improvement would (from September) be monitoring progress against agreed trajectories for inappropriate out of area placements for acute adult mental health and the Psychiatric Intensive Care Unit;
- Cost Improvement Plans were in line with plan for month three but supported by non-recurrent mitigations. Plans to manage a number of recurrent cost pressures; especially those relating to inpatient staffing and medical locums, had yet to be identified;
- The Trust's current internal forecast was that the Trust would achieve 83.4% of available CQUIN income in 2018/19, with potentially 5 of the 13 CQUIN goals not being fully met;
- Business Unit Performance Meetings would consider further actions and support required to increase and maintain fire safety training compliance, information governance training compliance and appraisal rates. It was envisaged compliance levels had been impacted by SystemOne training requirements; and
- Slide 10 highlighted an issue regarding the timely communication of discharge information to GPs. This issue would be addressed through clinical supervision and communicated to junior doctors at Induction.

Mr Vincent then highlighted the following two issues which were detailed in the FBIC Assurance Report (this had been tabled at the meeting):

- There was currently an underlying gap between the forecast CIP recurrent savings and the year-end target. The Committee would return to this issue in September and would provide a further update to Board through the Committee Assurance report; and
- Plans were emerging to separate operational and nursing functions. A progress update would be provided at the September Board meeting.

	<p>Professor Armitage referred to the Mental Health Legislation Committee (MHLC) Assurance Report and informed Board members the MHLC dashboard would be refreshed in the near future, with a view to improving data presentation. This would be facilitated by comparing Trust data with national and local benchmarking data and any trend data. A reformed process had been agreed which would include the Deputy Directors' Quality and Safety meetings reviewing the data and considering actions prior to the MHLC.</p> <p>Trust Board noted the content of the Integrated Performance Report.</p>
<p>3408</p>	<p>Board Business Cycle</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>The following additional items were noted:</p> <ul style="list-style-type: none"> • System Developments and Implications for the Trust (Private Board, commencing September); • Quality Improvement Methodology Approval (September); • Operational/Nursing Structure (October Private Board); • Well-Led Review Progress Update (October Private Board); • Quarterly Strategic Focus (timing tbc); and • Moving to Good Programme Update (timing tbc). <p>Trust Board noted the items contained within the Board work programme.</p>
<p>3409</p>	<p>Proposed Changes to the Constitution</p> <p>The Chair reported the Council of Governors had approved the proposed changes to the Constitution at its meeting on 19 July. The key change related to the disqualification criteria for Directors. The remaining changes were intended to correct minor inaccuracies/anomalies.</p> <p>Trust Board approved the proposed changes to the Constitution.</p>
<p>3410</p>	<p>Quality and Safety Feedback from Board Members</p> <p>Mr Vincent and Mrs Romaniak had visited the Clover ward. The team believed the Trust should over-recruit more in order to avoid the issues associated with the quality of agency staff. The team members also raised issues about: a lack of sufficient Occupational Therapy support for service users; the commercial environment which they did not consider to be enticing; and a lack of stimulating activities for service users. Staffing issues on the ward were highlighted in the Safer Staffing paper considered by the Board.</p>

	<p>Mr Hogg and Dr Hussain had visited the Long Term Conditions team. The team expressed concerns about being understaffed due to recruitment issues. The discussion about this revealed the team did not understand the risk escalation process and Mr Hogg had explained to them the benefits of using risk registers in a proactive way. Dr Butler added some complexities surrounding the use of risk registers had been raised at a Quality and Safety Committee and the Risk Strategy was being reviewed. Dr Butler considered it appropriate that members of staff from different teams be given the opportunity to influence the content of the revised Strategy.</p> <p>Action: Dr McElligott to organise.</p> <p>The Chair and Dr McElligott had visited the Highfield and Bowling District Nursing team. The team appeared to be well led and was working with a number of challenging clients. The team also appeared to be running more clinics than comparable teams. Whilst the staff members were enthusiastic about the benefits of agile working, they were experiencing some connectivity issues. Completion of mandatory training was proving an issue due to staff not being able to book courses far enough in advance. In response to this comment, Mrs Knight reported an updated training programme and training dates would be rolled out to teams in November. The team also believed that access to Nurse Training Apprenticeship schemes was restricted within the Trust.</p> <p>Dr Butler reported she had been invited to attend a SystemOne training course and noted that the majority of training being offered was taking place at New Mill. Action: Directors of Human Resources and OD to determine whether training can be offered at additional sites.</p>
<p>3411</p>	<p>Annual Members Meeting*</p> <p>The report provided Board members with information regarding this year's Annual Members' Meeting (AMM) which would be held on Tuesday, 18 September at Bradford City Football Club, Valley Parade, Bradford, BD8 7DY.</p> <p>Trust Board noted the arrangements for the 2018 AMM.</p>
<p>3412</p>	<p>Governance Manual Annual Review</p> <p>Revisions made during the last 12 months to the terms of reference of the Trust Board Committees and Council of Governor Committees/Working Group, as well as revisions to the Standing Financial Instructions and Scheme of Delegation had been incorporated into the Governance Manual. This would be updated further following ratification, at the Council of Governors meeting on 19 July 2018, of the Council of Governor Remuneration and Nomination committees' terms of reference and approval of the refreshed vision/values (expected around September 2018).</p>

	<p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the Governance Manual was considered by the Council of Governors at a meeting on 19 July 2018; • Noted the Governance Manual would be updated following ratification of the Council of Governor Remuneration and Nomination committees' terms of reference and refresh of the Trust's vision and values; and • Approved the Governance manual.
3413	<p>Committee and Council of Governor Approved Minutes*</p> <p>A paper was presented containing approved minutes from the following meeting:</p> <ul style="list-style-type: none"> • Mental Health Legislation Committee 19 April 2018 <p>Trust Board noted the content of the Committee approved minutes.</p>
3414	<p>Any Other Business</p> <p><i>Dr Sue Butler, Non-Executive Director</i></p> <p>The Chair reported Dr Butler would be retiring in September and thanked her for her significant commitment and thoughtful and insightful contribution as a member of the Board.</p> <p><i>Mrs Liz Romaniak, Interim Chief Executive</i></p> <p>The Chair then reminded Board members that Mr Brent Kilmurray would be joining the Trust on 20 August and thanked Mrs Romaniak for undertaking the Chief Executive role on an interim basis.</p> <p>There were no other items of business. The meeting concluded at 4.00 pm.</p>
3415	<p>Date and time of next meeting</p> <p>Thursday 27 September at 1.30 pm at Trust headquarters, New Mill, Victoria Road, Saltaire, Shipley.</p>

**Trust Board (Public)
26 July 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
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	To be incorporated into the Estates Strategy
28/6/18-2	<u>CQC Action Plan Progress Update</u> Medical Director to review the three objectives within the 'Moving to Good' programme. Medical Director to ensure that future CQC update papers to Board are broader and more descriptive in nature and start to move beyond the action plan.	July 2018 September 2018	Complete
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	Reported as completed at July Board
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	Reported as complete at July Board
28/6/18-7	<u>Mental Health Clinical Information System Update</u>		

	<p>Medical Director/Associate Director of Informatics to produce a briefing for the Manager on-call at go-live</p> <p>Medical Director to circulate an email to Board members providing an update about the effectiveness of go-live and any resultant issues.</p>	<p>Two weeks</p> <p>13 July 2018</p>	<p>Reported as complete at July Board</p> <p>Reported as complete at July Board</p>
28/6/18-8	<p><u>Workforce, Leadership and Organisational Development Issues</u></p> <p>Director of Human Resources and OD to review the wording of priority 3 to ensure a focus on risk relating to staffing levels.</p>	<p>2 weeks</p>	<p>Reported as complete at July Board</p>
28/6/18-10	<p><u>Board Business Cycle and Board Development Programme</u></p> <p>Chair/Medical Director to timetable a training session for Board Members regarding the Mental Health Act and Mental Capacity Act.</p>	<p>July 2018</p>	
26/7/18-1	<p><u>Board Assurance Framework</u></p> <p>Deputy Trust Secretary to timetable an update regarding the 'Moving to Good' programme into the Board work programme.</p>	<p>One month</p>	<p>Completed</p>
26/7/18-2	<p><u>Corporate Risk Register</u></p> <p>Director of Corporate Affairs to ask Deputy Directors to review the red risks, with a view to adding further information into the BAF about each of these.</p> <p>Medical Director to i) arrange for risk 1855 (transfer of calls from SPA to First Response) and 1970 (depleted psychology services) to incorporate information about how these risks are being managed; and ii) for the risks to be reviewed by the Quality and Safety Committee.</p> <p>Medical Director to arrange for a paper to be considered by the Quality and Safety Committee regarding the impact of the delays in transferring calls to First Response.</p>	<p>One month</p> <p>One month</p> <p>Two months</p>	<p>Completed</p> <p>Completed</p>

26/7/18-3	<p><u>Quality and Safety Feedback from Board Members</u></p> <p>Medical Director to ensure members of staff from different teams are given the opportunity to influence the content of the revised Risk Strategy.</p> <p>Directors of Human Resources and OD to determine whether SystemOne training can be offered at additional sites.</p>	<p>Two months</p> <p>Two weeks</p>	
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