

Trust Board

Date: 27 September 2018

Time: 1.30 pm

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

PUBLIC MINUTES

Present:	Rob Vincent Brent Kilmurray Zulfi Hussain David Banks Gerry Armitage Liz Romaniak Sandra Knight Andy McElligott Debra Gilderdale Tim Rycroft Paul Hogg	Deputy Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Director of Finance, Contracting & Facilities Director of HR & OD Medical Director Director of Nursing and Operations Associate Director of Informatics/Chief Information Officer Associate Director of Corporate Affairs
In Attendance:	Stella Jackson Colin Perry Rebecca Bentley Thabani Songo Dawn Flaherty 1 member of the Trust 2 members of the public	Deputy Trust Secretary Public Governor, Bradford West Acting Head of Nursing (agenda item 10) Clinical Manager (agenda item 4) Ward Manager (agenda item 4)

Item	
3416	<p>Welcome and Apologies for Absence</p> <p>Mr Vincent, Deputy Chair, reported he would be Chairing the meeting. He then welcomed everyone to the meeting including Mr Kilmurray, the recently appointed Chief Executive. He extended the Board's appreciation to Mrs Romaniak for undertaking the Interim Chief Executive role in the period between Ms Lees' retirement and Mr Kilmurray's appointment. Apologies were received from the Trust Chairman, Mr Smith.</p>

Chair: Michael Smith
 Interim Chief Executive: Liz Romaniak

3417	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
3418	<p>Issues Received from the Public</p> <p>There were no issues from the public.</p>
3419	<p>Patient and Carer Experiences</p> <p>This month's patient story was about Mr D, who had been admitted to the Oakburn Ward under Section 2 of the Mental Health Act. Following a review by a nurse and consultant, Mr D's admission was made informal and Mr D left the hospital to go home without informing the staff. On doing so, he caused a disturbance in the community and the police were called. Mr D was arrested, reassessed and detained under the Mental Health Act. The family was not informed about the decision to make Mr D's stay informal and they raised a complaint about the lack of communication with them. The family also felt the judgements made about/support offered to Mr D would have been different had his psychosis not been caused by drug use. The family subsequently met with management and agreed a more joined up approach to Mr D's care. Following this process, the family reported feeling valued and listened to.</p> <p>During ensuing discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> • The complaint had highlighted the need to provide more guidance to junior ward staff regarding their assessments. This was being addressed through staff development and support. Learning from this case was also being shared more widely; • Pressures within the system had contributed to the mistakes made but subsequent interventions made by key staff (such as the Assistant Ward Manager) had made a positive impact and were seen as role models of best practice. <p>Trust Board thanked Mr D's family for agreeing to share the story.</p>
3420	<p>Minutes of the Public Trust Board Meeting Held on 26 July 2018</p> <p>The minutes of the Public Trust Board meeting held on 26 July 2018 were agreed as a true and accurate record of the meeting.</p>
3421	<p>Matters Arising from the Public Trust Board Meeting Held on 26 July 2018</p> <p><u>Actions</u></p> <p>The following actions were reported as complete:</p>

	<ul style="list-style-type: none"> • 22/2/18-1 – Implementation of the Children’s Strategy pledges would be considered by the Quality and Safety Committee during its review of the Strategy; • 24/5/18-1 – Revised IMT connectivity KPIs had been incorporated into the FBIC and Board dashboard; • 28/6/18-1 – A review of the Adult Mental Health Services Strategy would be incorporated into the Estates Strategy; • 28/6/18-2 – CQC update papers were now more descriptive in nature; • 26/7/18-2 – Additional information regarding the red risks would be incorporated into the Board Assurance Framework presented to the October Board meeting and the Medical Director had arranged for a paper to be considered by the Quality and Safety Committee regarding the impact of the delay in transferring calls to First Response; and • 26/7/18-3 – Members of staff would be consulted about the revised Risk Strategy and SystemOne training was now being offered at additional sites.
<p>3422</p>	<p>Clinical Senate</p> <p>The Chair agreed to bring this item forward to accommodate the presenter’s diary commitments.</p> <p>Ms Bentley then gave a presentation which highlighted the role, structure and membership of the Senate, the process for working with it, examples of work undertaken, the benefits to be gained from working with it and commissioner feedback received. Ms Bentley concluded the presentation by providing her own personal reflections as a member of the Senate.</p> <p>During ensuing discussion, the following comments were made:</p> <ul style="list-style-type: none"> • The Senate was funded by NHS England; • All proposals received by the Senate were critiqued and recommendations were provided regarding the development of these; and • A number of locally produced proposals had been considered by the Senate and consideration would be given to identifying and forwarding Trust specific proposals for critique, particularly around mental health. <p>Trust Board thanked Ms Bentley for giving the presentation.</p>
<p>3423</p>	<p>Chair’s Report</p> <p>Mr Vincent reported the 0-19 children’s services tendering process, the implications of the West Yorkshire and Harrogate Health and Care Partnership activities on the Trust and the future structure of the Operations and Nursing teams had been considered during the Private Board meeting.</p>

	<p>Mr Vincent then drew the Board's attention to the following items from the Chair's report:</p> <ul style="list-style-type: none"> • Mental Health Clinical Information System – The new system went live at the end of July. This was a major change for staff and inevitably there were a number of issues that emerged during changeover. Staff worked tirelessly to give intensive support where required and the new system was settling in; and • Non-Executive Recruitment - The closing date for Non-Executive Director applications had passed and an encouraging response had been received. Long-listing for the vacancies had taken place. Following Dr Butler's resignation, Professor Armitage would be chairing the Quality and Safety Committee. <p>Trust Board noted the Chair's report.</p>
3424	<p>Chief Executive's Report</p> <p>Mr Kilmurray 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"> • Melanie Tanner, Clinical Lead for Children's Services and Rebecca Bentley, Acting Head of Nursing, had both received the prestigious Queen's Nurse Award. • Clover ward's ongoing quality improvement journey had been shortlisted for the National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU) Quality Improvement Project of the Year Award 2018; • NHS Improvement's Productivity Toolkit was being utilised by the Trust to engage the Corporate Services workforce; and • GPs were being encouraged to place Mental Health Therapists in practices. This would be pursued through Placed Based conversations. <p>Trust Board noted the Chief Executive's report.</p>
3425	<p>West Yorkshire Health and Care Partnership Memorandum of Understanding</p> <p>Mr Kilmurray reported the West Yorkshire and Harrogate Health and Care Partnership had been selected as one of four Integrated Care Systems to join the Integrated Care System (ICS) Development Programme. Mr Kilmurray then outlined the purpose of the Memorandum of Understanding, which was still in draft form as it was awaiting approval by trusts within the Partnership.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Approved the Memorandum of Understanding (MoU); and

	<ul style="list-style-type: none"> • Authorised the Chief Executive to sign the MoU.
3426	<p>CQC Action Plan Progress Update</p> <p>Professor Armitage highlighted the following:</p> <ul style="list-style-type: none"> • The CQC had recently concluded that the action plan was progressing to schedule; • The volume of serious incidents had increased and, should the trend continue, resource implications would require consideration. Board members agreed the situation should be closely monitored; and • The Improving Quality Hub and staff bulletins were good initiatives. <p>During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> • It was important that the Trust’s focus on the action plan did not distract it from other important work; • Consideration was being given to additional ways in which to deliver mandatory mental health related training to staff; • NHS Improvement was supporting the Trust to move to an inspection rating of ‘good’. As part of this work, the Trust had paired up with Northumberland, Tyne and Wear Foundation Trust to review how it collected, analysed and used data to improve quality. The Trust was also developing a formal quality improvement methodology and was engaging staff more effectively through use of the Clever Together platform; and • The Trust was also preparing for the next CQC inspection and was undertaking a gap analysis to inform this work. <p>Trust Board:</p> <ul style="list-style-type: none"> • Agreed that the paper provided assurance that all CQC-related work streams were being delivered as required; and • Agreed that the paper provided assurance that the CQC action plan was now embedded and progressing successfully.
3427	<p>Quality Improvement Methodology</p> <p>Dr Hussain reported the methodology had been approved in principle in July and, in response to comments made at the July Board meeting, the paper contained examples of how a Lean based quality improvement system had been used in other trusts.</p> <p>Dr McElligott added the King’s Fund had offered to support the Trust to undertake a</p>

longitudinal evaluation of its implementation of the quality improvement system through their core funding on the basis they could publish their work. The approach would be designed to enable them to offer feedback and support as the implementation progressed. In response to a comment from Professor Armitage, Mr Kilmurray reported the King's Fund had been asked to pursue an action research approach to the work as this would enable the Trust to learn as the project proceeded.

Dr McElligott informed Board members the Trust would be upskilling some members of staff to enable them to support the quality improvement process internally and consideration was currently being given to the best ways in which to source an external support partner. The terminology used to describe the quality improvement system was also being considered. Board members requested that they be provided with a progress update at a future Board meeting. **Action: Dr McElligott.**

Trust Board approved the engagement of an external support partner, as soon as possible, to help the Trust implement a Lean-based Quality Improvement System.

3428

Integrated Performance Report – August 2018 Data

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

- Whilst the NHS Improvement Finance score was 2 (green), the Trust was in a deficit position but anticipated delivery of the year-end target position;
- The waiting time target for people with a first episode of psychosis had not been met in July or August due to resource implications. However, following agreement from the CCG to provide additional investment in this area, it was envisaged the target would be met by March 2019;
- NHS Digital had unexpectedly introduced three new data items to the Data Quality Matrix Index data score for quarter 4 of 2017/18. This had resulted in a deterioration in the Trust's score below the 95% threshold. Inclusion and use of the new fields in SystemOne would ensure an improvement occurred in the data quality for these data items from August 2018 onwards;
- Whilst labour turnover performance remained higher than the trajectory of 10%, retention levels had improved as a result of initiatives introduced to retain staff. The Trust had also been recognised as one of the most improved trusts in this area of work and labour turnover would continue to be monitored by the Finance, Business and Investment Committee;
- It was anticipated the Trust would achieve its end of year financial target. However, resource issues within Mental Health Inpatient areas would result in an overspend on temporary staffing and, should this trend continue, attainment of the 2019/20 financial target would be very challenging. The Trust had developed a 'care closer to home' business case in response to the issues and would be discussing resource implications with the Clinical Commissioning

Groups (CCGs);

- The Trust's Patient-Led Assessment of the Care Environment (PLACE) scores exceeded national benchmark scores;
- The Informatics metrics had been revised and the service availability KPI was higher than trajectory. Three IT connectivity incidents had been reported in June although mobile connectivity had achieved target levels. The Information Governance requests for information trajectory for May and June had not been achieved due to a reduced response timeframe and the complexity of the queries being received;
- Whilst no cyber security incidents had arisen in the Period April to June, an incident had occurred in September when a targeted attack of trust websites in the local area had occurred. This had been dealt with successfully and the incident would be highlighted through the next report. It was noted that the wording 'effected delivery' on slide 20 should read 'delivery affected';

Mrs Romaniak then drew Board members' attention to the Finance, Business and Investment Committee Assurance report and reported that the NHS was struggling to balance its books and NHS Improvement had asked a number of providers to agree a revised Control Total in order to address this issue. The Trust had been asked to agree an increase in its control total by £100k, on the basis that achievement of the additional underspend would draw an increase in PSF reward at the end of the financial year on a 2:1 basis. Having considered the likely financial outturn position, the Committee recommended acceptance of this proposal.

Professor Armitage highlighted the following from the September Quality and Safety Committee assurance report:

- **Informatics:** the Committee agreed to seek reassurance via FBIC that asset management remained robust and optimised clinical safety. Issues regarding access to mobile phones would be reported to the Quality and Safety Committee (QSC) in November. **Action: Associate Director of Informatics.** Currently the need to use business continuity plans to manage record keeping was leading to a number of service users having both paper and electronic records in place. Dual record-keeping was a source of clinical risk. Going forward the hardware in use in the Trust would not support key apps e.g. the British National Formulary, a key resource to support optimal prescribing and minimal medication incidents. It was agreed that Dr Hussain and Mr Rycroft should meet separately to discuss the issues raised. **Action: Dr Hussain and Associate Director of Informatics.**
- **Risk management:** the Committee received a paper which contained information regarding the use of risk registers in business units. It was noted that there continued to be a number of empty risk registers at team level. Dr McElligott reported this issue would be addressed as part of the review of the Risk Strategy. Mr Hogg added Board members had been asked to complete a well-led self-assessment. A key line of enquiry within the self-assessment related to risk and it was envisaged any key issues would be

	<p>highlighted through the findings.</p> <p>The report contained a paragraph regarding equality and diversity. This highlighted there had been a dip in performance and the report indicated there was a causative association with the staff survey results; this was inaccurate.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the content of the Integrated Performance Report; and • Agreed the increase of £100k to the Trust’s Control Total, taking the Control Total amount to £388,000.
3429	<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 items were noted:</p> <ul style="list-style-type: none"> • Clinical Information System Implementation Update – November; • Organisational Strategy Review – October (private); • System Development and Implications for the Trust – November (private); • Quality Improvement Methodology Update (timing to be confirmed) • Winter planning – October; • Care closer to home – November; • 2019/20 Planning Process (timing to be confirmed); • Voluntary Sector Developments (timing to be confirmed); and • Leadership Developments (timing to be confirmed). <p>Mr Vincent requested that the next iteration of the Business Plan cover the period up to September 2019. Action: Deputy Trust Secretary</p> <p>Mr Hogg then reported that proposed Board and Committee meeting dates for 2019 had been circulated and he invited Board members to contact him should they have issues with these dates.</p> <p>Trust Board noted the items contained within the Board work programme.</p>
3430	<p>Division of Responsibilities between the Chair and Chief Executive</p> <p>The Chair and Mr Kilmurray had reviewed the division of their responsibilities as set out in the paper.</p> <p>Trust Board ratified the division of responsibilities of the Chair and Chief Executive.</p>
3431	<p>Terms of Reference</p>

	<p>Board members were asked to ratify proposed changes to the Finance, Business and Investment Committee and Mental Health Legislation Committee terms of reference. Following a query previously highlighted by Mr Banks, Mr Hogg confirmed that the Audit Committee Chair could be a member of the Committee. Consequently, the Board agreed the last sentence of the paragraph of the section headed `Chair` should be removed.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Ratified the revisions to the Finance, Business and Investment Committee Terms of Reference, subject to the removal of the last sentence under the heading `Chair`; and • Ratified the revisions to the Mental Health Legislation Committee Terms of Reference.
<p>3432</p>	<p>Quality and Safety Feedback from Board Members</p> <p>Board members provided the following feedback following their visits to services:</p> <ul style="list-style-type: none"> • Mr Banks and Mr Kilmurray had visited the Palliative Care team. The team worked effectively in collaboration with other organisations and Mr Banks believed their practice in this area should be shared with other teams. An issue was raised regarding the provision of bespoke administrative support and this would be considered during the review of Administration services; • Mr Banks had also attended a Health and Safety Group meeting where it was reported that smoking by service users at hospital sites continued to present a risk to the organisation. The Group had been informed the e-cigarette policy would be implemented on 1 October; • Dr Hussain and Mrs Gilderdale had visited the Early Intervention in Psychosis (EIP) team based in Airedale. The team had excellent mandatory training compliance rates and reported an issue regarding a lack of housing expertise within the team and complications regarding second assignments/entries on ESR (where permanent members of staff had also signed up to the Staff Bank). A resolve to these issues was being progressed by Mrs Gilderdale; • Dr Hussain and Mrs Gilderdale had also visited the Tissue Viability team based in Keighley. The team had excellent mandatory training compliance and reported an issue regarding the assignment of leg ulcer maintenance caseloads to Practice Nurses. This issue was being reviewed by Mrs Gilderdale; • Professor Armitage and Mrs Gilderdale had visited the Health Visiting and School Nursing teams based in Bingley. The team was anxious about the reconfiguration of children’s services but acknowledged the leadership team was consulting staff about service redesign. Issues were also raised about the duty phone system and referral times into the Child and Adolescent Mental Health Service (CAMHS); • Mr Vincent and Mrs Knight had visited the Step Forward Centre. Concerns had

	<p>been expressed about the use of space, recruitment into vacant positions and the ward doors. The team also reported the Centre was used as an overflow unit when other mental health units were full to capacity and the staff believed this impacted on the quality of care for existing patients. Mrs Gilderdale reported she would be investigating and responding to this concern. Mrs Knight would be responding to the other issues; and</p> <ul style="list-style-type: none"> • Mr Rycroft and the Chair had visited the Looked After Children team based at Westbourne Green. An issue had been raised about the time being taken to complete the full system review (being led by the CCGs) and this had been referred to the Interim Deputy Director of Adult Physical Health Services and Children’s Services. Mrs Romaniak added the CCGs had been informed about capacity issues within the team and a formal response was awaited. The team had been positive about agile working and, following discussion during the visit, a workshop had been arranged to take place on 16 October to consider how the team might make the most of the technology available to them. <p>Mr Vincent concluded the discussion by reporting the issues arising from the visits and resultant action were monitored by the Quality and Safety Committee.</p> <p>Trust Board noted the update.</p>
3433	<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 meeting held on Wednesday 23 May 2018; • Quality and Safety Committee held on Friday 3 August 2018; • Finance, Business and Investment Committee held on Monday 11 June and Wednesday 25 July 2018; and • Council of Governors meeting held on Thursday 10 May 2018 <p>Trust Board noted the content of the Committee approved minutes.</p>
3434	<p>Any Other Business</p> <p>There were no other items of business. The meeting concluded at 3.30 pm.</p>
3435	<p>Date and time of next meeting</p> <p>Thursday 25 October at 1.30 pm at the Glasshoughton Centre, Leeds Road, Castleford, WF10 4PF.</p>

**Trust Board (Public)
27 September 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	Reported as completed at September 2018 Board
24/5/18-1	<u>Matters Arising</u> Mr Rycroft to develop some revised IMT connectivity KPIs for the FBIC dashboard.	Two months	Reported as completed at September 2018 Board
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 ensure that future CQC update papers to Board are broader and more descriptive in nature and start to move beyond the action plan.	September 2018	Reported as completed at September 2018 Board
28/6/18-10	<u>Board Business Cycle and Board Development Programme</u> Chair/Medical Director to timetable a training session for Board Members regarding the Mental Health Act and Mental Capacity Act.	July 2018	
26/7/18-2	<u>Corporate Risk Register</u> Medical Director to ask Deputy Directors to review the red risks, with a view to adding further information into the BAF about each of these. 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	One month Two months	Both actions reported as completed at September 2018 Board

	Response.		
26/7/18-3	<u>Quality and Safety Feedback from Board Members</u> Medical Director to ensure members of staff from different teams are given the opportunity to influence the content of the revised Risk Strategy. Directors of Human Resources and OD to determine whether SystemOne training can be offered at additional sites.	Two months Two weeks	Completed Completed
27/9/18-1	<u>Quality Improvement Methodology</u> Medical Director to provide a progress update at a future Board meeting.	tbc	
27/9/18-2	<u>Integrated Performance Report – August 2018 Data</u> Associate Director of Informatics to forward a report to the Quality and Safety Committee regarding mobile phone access/allocation issues. Associate Director of Informatics/ Dr Hussain to discuss the issues raised regarding Trust hardware and assets.	Two months One month	
27/9/18-3	<u>Board Business Cycle</u> Deputy Trust Secretary to extend the period of the business cycle to September 2019.	Two weeks	Completed