

## Trust Board

**Date:** 25 October 2018

**Time:** 1.30 pm

**Venue:** The Glasshoughton Centre, Leeds Road, Castleford, WF10 4PF

## PUBLIC MINUTES

<b>Present:</b>	<p>Michael Smith Brent Kilmurray Rob Vincent David Banks Gerry Armitage Liz Romaniak Sandra Knight Andy McElligott Debra Gilderdale Tim Rycroft</p> <p>Paul Hogg</p>	<p>Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Director of Finance, Contracting &amp; Facilities Director of HR &amp; OD Medical Director Director of Nursing and Operations Associate Director of Informatics/Chief Information Officer Associate Director of Corporate Affairs</p>
<b>In Attendance:</b>	<p>Stella Jackson Margaret Appleyard Claire Abell Chris Storton Kate Gorse-Brightmore 8 members of staff 1 member of the public</p>	<p>Deputy Trust Secretary Service Manager, Children's Services (item 4) Team Leader, Children's Services (item 4) CQC CQC</p>

Item	
3436	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting. Apologies had been received from Dr Hussain.</p>
3437	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>

Chair: Michael Smith  
Interim Chief Executive: Liz Romaniak

3438	<p><b>Issues Received from the Public</b></p> <p>There were no issues from the public.</p>
3439	<p><b>Patient and Carer Experiences</b></p> <p>This month's patient story was told by Claire Abell and Margaret Appleyard and was about the improvements made to the quality of the Wakefield Children's services following the move to a single point of access and a reduction in bases occupied by staff. The single point of access project had resulted in clients being transferred to the relevant team/member of staff on their first call and this initiative had received positive feedback from patients and carers. The reduction in bases (from 12 to 5, with an additional 3 bases used for hot-desking purposes) had occurred after consultation with staff and other key stakeholders and had resulted in staff working in better environments. This initiative had impacted positively on staff morale and the quality of service provision. The systems and processes in place had also been streamlined, resulting in the equity of service provision across administration hubs and work being processed in a timely and consistent manner. This latter initiative had also eliminated the need to cancel planned visits should a member of staff not be able to attend work.</p> <p>During ensuing discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The introduction of agile working had been a positive move and had resulted in staff developing their communication skills;</li> <li>• The reduction in the number of bases had resulted in teams co-locating and this was having a positive impact on relationships;</li> <li>• Staff attended regular supervision meetings and the team was considering ways in which to enhance and develop clinical supervision further;</li> <li>• The service continued to invite and receive feedback from those people that used the services; and</li> <li>• The service could alleviate issues being experienced by other services such as Accident and Emergency should it be accessible 24 hours a day.</li> </ul> <p>The Chief Executive reminded Board members the Trust had been awarded the service contract following a successful bid and asked whether lessons could be learnt from the tender process. In response, Ms Appleyard reported effective and regular communication were key during any tender process, as was the availability and accessibility of support services.</p> <p><b>Trust Board thanked Margaret and Claire for sharing the story.</b></p>
3440	<p><b>Minutes of the Public Trust Board Meeting Held on 27 September 2018</b></p> <p>The minutes of the Public Trust Board meeting held on 27 September 2018 were agreed as a true and accurate record of the meeting, subject to the following amendment:</p>

	<ul style="list-style-type: none"> <li>Item 3429: Board Business Cycle – the list of items being amended to read ‘Clinical Information System Implementation Update – November’; ‘Organisational Strategy Review – October (private)’; ‘Quality Improvement Methodology Update’ (timing to be confirmed); ‘Winter planning – October’; and ‘2019/20 Planning Process (timing to be confirmed)’.</li> </ul>
3441	<p><b>Matters Arising from the Public Trust Board Meeting Held on 27 September 2018</b></p> <p><u>Actions</u></p> <p>The following actions were reported as complete:</p> <ul style="list-style-type: none"> <li>24/5/18-2: Integrated Performance Report – information regarding a progress report from the A&amp;E Delivery Board had been incorporated into the September Integrated Performance Report; and</li> <li>28/6/18-10: Board Business Cycle and Board Development Programme – The Mental Health Act/Mental Health Capacity Act training for Board members would be undertaken in December.</li> </ul>
3442	<p><b>Chair’s Report</b></p> <p>The Chair drew the Board’s attention to the following items from the Chair’s report:</p> <ul style="list-style-type: none"> <li><b>Operational Plan:</b> the six month review of this year’s operational plan would be discussed during the meeting. The Executive Team and Board had commenced an intensive programme of preparations for next year’s plan;</li> <li><b>Refresh of the Trust’s Strategy:</b> it was envisaged the refreshed Strategy would be launched in January and implemented from April 2019 onwards;</li> <li><b>Bradford Children’s Services Procurement Review:</b> The tender had been submitted and a formal announcement regarding the outcome was anticipated in November;</li> <li><b>Well Led Review:</b> the independent assessment had commenced and was likely to conclude in January 2019;</li> <li><b>Non-Executive Recruitment:</b> the Council of Governors had approved the appointment of two new Non-Executive Directors, subject to final ‘Fit and Proper Person’ validation. The appointments were planned to take effect from 1 November 2018; and</li> <li><b>Long Service Celebration:</b> the Chair had attended the annual celebration where the service of 26 staff with 25 years of service and 6 staff with 40 years of service to the Trust had been recognised.</li> </ul> <p><b>Trust Board noted the Chair’s report.</b></p>

<p><b>3443</b></p>	<p><b>Chief Executive’s Report</b></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"> <li>• <b>Zero Suicide:</b> work was underway across West Yorkshire and Harrogate to adopt a zero suicide approach;</li> <li>• <b>Allied Health Professionals:</b> a range of activities had taken place across the Trust to celebrate Allied Health Professionals (AHP) Day. Mr Kilmurray had spoken to a number of AHPs who had been positive about the benefits of multi-disciplinary working;</li> <li>• <b>Bradford Teaching Hospital NHSFT:</b> the hospital would be launching Europe’s first AI powered hospital command centre at Bradford Royal Infirmary; and</li> <li>• <b>Media Coverage:</b> Wakefield Children’s Services staff had expressed a desire to see more social media coverage for Wakefield.</li> </ul> <p><b>Trust Board noted the Chief Executive’s report.</b></p>
<p><b>3444</b></p>	<p><b>Operational Plan – Mid-Year Review</b></p> <p>Mr Bank highlighted the following initial reflections:</p> <ul style="list-style-type: none"> <li>• Whilst the Trust remained on target to achieve its 2018/19 control total, workforce and service demand issues were making this attainment more challenging. Mr Banks considered it appropriate that the Trust review best practice being undertaken in other provider trusts to deal with the issues being experienced by the Trust;</li> <li>• Planning for next year would be difficult in view of current uncertainties faced by the Trust, in particular regarding the 0-19 children’s services and Dental Services contract. Mrs Romaniak added a planning note had been received which outlined the need for the Trust to produce a one year plan covering the period 2019/20; and</li> <li>• The Digital Strategy would benefit from being more ambitious.</li> </ul> <p>During ensuing discussion, the following key points were made:</p> <ul style="list-style-type: none"> <li>• The report highlighted the volume of work underway within the organisation;</li> <li>• A number of activities had been rated red due to the actions undertaken not delivering the desired results;</li> <li>• The key risks related to financial sustainability and the implications of the 0-19 tender. Additionally, the recently issued planning notice signalled a number of significant funding changes for providers regarding CQUIN payments and payment by results;</li> <li>• A review, by the Finance, Business and Investment Committee (FBIC), of the</li> </ul>

	<p>Care Closer to Home project had highlighted the scale of the challenge of achieving the planned changes and the need to review next year's budget allocation;</p> <ul style="list-style-type: none"> <li>• The Trust needed to work with CCGs to review and further develop the Bradford and Airedale Neuro Development Service in order to meet current demand within acceptable waiting times;</li> <li>• The Trust was involved in an NHS Improvement 'Moving to Good' initiative which aimed to overcome the recruitment and retention challenges currently faced. The Trust had recently held a weekend recruitment fayre where more than 80 people had been interviewed for jobs and a number of appointments made. A similar event was planned to take place at the Airedale Centre for Mental Health. It was considered appropriate that the Trust consider ways in which to develop relationships with universities outside of Bradford in order to encourage a wider reach of students to apply for jobs within the Trust. <b>Action: Director of Human Resource and OD to pursue.</b> The Trust was also considering initiatives which would reduce the need to employ agency staff; and</li> <li>• The Trust was also involved in three NHS Improvement collaboratives which were focussing on retention, e-rostering and ways to reduce sickness absence.</li> </ul> <p><b>Trust Board noted:</b></p> <ul style="list-style-type: none"> <li>• <b>Progress in implementation of the 2018/19 Operational Plan; and</b></li> <li>• <b>The potential risks to achievement of objectives and priorities and mitigating actions.</b></li> </ul>
3445	<p><b>Equalities in Employment Strategy/Workforce Equality Standards Report</b></p> <p>The Chair considered it appropriate to consider these two items at the same time as the key messages within the papers were common to both. Professor Armitage then highlighted the following initial reflections:</p> <ul style="list-style-type: none"> <li>• The Trust should take steps to address the poor practice, unethical actions or behaviour of any staff member, regardless of their ethnicity;</li> <li>• The data revealed almost one-fifth of those leaving the Trust had done so as a result of their short-term contract coming to an end and it was important to acknowledge this fact when reporting turnover levels;</li> <li>• The data highlighted a significant number of band 2/3 staff, working on mental health wards, were temporary. Mrs Knight added that retention of staff in those pay bands was an issue across the Trust;</li> <li>• A review should be undertaken to determine why 50% of graduates from the Moving Forward programme had not progressed to a more senior role; and</li> <li>• It was important that the right people attended the 'sharing perspectives' workshops. In response, Mrs Knight reported these workshops were targeted at those teams experiencing performance, grievance and diversity related issues, as well as those with a desire to learn more and develop in this area.</li> </ul>

Mrs Knight also reported an equalities dashboard was being developed and that the Trust was working with the staff networks to progress some of the ambitions set out within the papers. Mr Vincent highlighted that at the recent Board workshop with NHS England on Inclusion and Diversity (Dr H Naqvi), some radical approaches had been presented including, for example a review process for disciplinaries and grievances. Mr Vincent felt that where current approaches were not having the desired effect, radical steps were justified, and it was important that staff understood what the Trust was endeavouring to achieve by the change. Mrs Knight advised the Board that the ideas presented at the Board workshop were actively being worked on. Mr Hogg believed the Trust's commitment to diversity should be embedded within the Trust's core business and that Board members should become diversity ambassadors (as recommended in the paper). Mr Hogg also believed the Trust should consider asking community groups to host some recruitment events. Mrs Knight highlighted the work being done to progress this through the Integrated Workforce Programme Board workstream on recruitment and mentioned recent discussions with one of the Governors to facilitate this. Professor Armitage considered it appropriate that the Trust develop anonymised case studies highlighting the experiences of staff in both making and responding to a grievance. The Chair believed that as the Trust's strategy was currently being refreshed, this provided an ideal opportunity to reinforce the Trust's commitment to equality, diversity and inclusion, and that consideration should be given to ways in which the Board could engage the Strategic Reference Group. The Chair also believed that a staff network member should be invited to the next discussion of the Workforce Equality Standards report. **Action: Director of Human Resources and OD to consider the comments made and to speak to Mr Banks about the statistics within the report.**

#### **Trust Board:**

- **Noted the link between the Equalities in Employment Strategy and the Equality Act 2010 general and specific duties that NHS organisations are required to comply with;**
- **Noted the current performance of the Trust in delivering the Equalities in Employment Strategy as set out in section 3 of the paper.**
- **Approved the future priorities as set out in section 5 of the Equalities in Employment Strategy, including the proposal that Board members become role models and ambassadors for the Strategy.**
- **Noted the challenges outlined in section 4 of the Equalities in Employment Strategy;**
- **Approved the Workforce Equality Standards (WES) report for publishing and submission to commissioners;**
- **Noted that actions relating to the WRES data were included within the Equality, Diversity and Inclusion Workforce Strategy;**
- **Agreed that further updates on the WRES should be reported as part of the Equality, Diversity and Inclusion Workforce Strategy on a six-monthly basis;**
- **Approved the priorities set out in section 4 of the WRES report; and**

	<ul style="list-style-type: none"> <li>• <b>Noted that further updates about the WRES work would also be considered by the Quality and Safety Committee on a six monthly basis, as part of the EDS2.</b></li> </ul>
3446	<p><b>Winter Planning and Flu Vaccination Programme</b></p> <p>Mr Vincent provided the following initial reflections:</p> <ul style="list-style-type: none"> <li>• The report provided assurance about the work being undertaken to prepare for winter demand; and</li> <li>• The timely availability of skilled, well-informed decision makers was key to the success of the plan.</li> </ul> <p>Mrs Gilderdale reported the system-wide development of the plan had been useful and had resulted in the plan being published earlier than previously. Mr Kilmurray highlighted the importance of staff and the Trust recognising when workloads exceeded capacity and reporting consistency to the system/Delivery Board. In response, Mrs Gilderdale informed Board members service pressures would be reviewed on a daily basis. The Chair considered it appropriate that formal appreciation be shown to those staff responding to the winter pressures. <b>Action: Director of Operations and Nursing to oversee.</b> Mrs Gilderdale also reported an update regarding uptake of flu vaccinations would be provided in January through the Chief Executive's report. <b>Action: Director of Operations and Nursing/Chief Executive.</b></p> <p><b>Trust Board noted the progress made on the winter preparedness plans for BDCFT and how the system across Bradford and Airedale would work collaboratively to reduce the impact on service users.</b></p>
3447	<p><b>Corporate Risk Register</b></p> <p>The Medical Director introduced the report and reiterated key points within it. Mr Rycroft reported that whilst the telephony service had been rated as red, it was not envisaged this was a significant risk. Mr Rycroft also reported NHS Digital would be producing a briefing and training for the Board regarding cyber security.</p> <p>Mr Banks noted GDPR presented as a significant risks (due to the financial consequences associated with a breach) and considered it appropriate that this item be reviewed by the Audit Committee in due course. <b>Action: Mr Banks to raise at the November Audit Committee meeting.</b> Mr Banks also considered that any breaches be highlighted through the Integrated Performance Report. <b>Action: Associate Director of Informatics to oversee.</b></p> <p>Mr Hogg referred to risk 2155 and reported new software had been added to the Trust's website. Consequently, the risk score could be reduced.</p> <p>Mr Vincent noted that risk 2151 (relating to the consequences of a `no-deal' Brexit)</p>

	<p>had a current risk rating of 10 and a residual risk rating of 5 but did not contain any live actions. In response to this comment, Dr McElligott reported the Trust had received instructions not to take any action at this stage. However, the Trust was aware that approximately 12 staff members had an EU passport and that issues regarding the supply of medication would be managed by the supply chain. Mr Vincent considered it appropriate that this information be added to the CRR and that a rationale be provided for the residual score of 5. <b>Action Dr McElligott.</b></p> <p>Mr Rycroft then referred to the risks relating to SystmOne and reported re-keying from Rio to SystmOne was currently 88% complete. Work was underway to resolve issues regarding initial assessments and care planning. A number of SystmOne related issues were occurring due to staff not accessing appropriate training. Consequently, training delivery would be provided through a refreshed model. Mrs Gilderdale added that any service impacts would be closely monitored. Mr Kilmurray considered it important that the resilience of the developer team also be closely monitored. He added mixed feedback was being received about the system and that those staff reporting issues could see the benefits of it. All concerns were being recorded and a communication plan was being developed regarding the journey so far and action taken following feedback received. The Board also agreed that it would be useful to share success stories as implementation progressed.</p> <p><b>Trust Board agreed the level of assurance was adequate for the CRR.</b></p>
<p><b>3448</b></p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>The Director of Corporate Affairs introduced the report and reiterated key points from within it. Mr Banks highlighted the importance of the Board reviewing the Trust's risk appetite and Dr McElligott reported this would be picked up as part of the review of the Risk Strategy. Mr Hogg believed the BAF should take account of the new organisational strategy and operational plan.</p> <p><b>Trust Board noted the Board Assurance Framework</b></p>
<p><b>3449</b></p>	<p><b>Integrated Performance Report – September 2018 Data</b></p> <p>The report assessed progress against the Trust's key targets and performance indicators as at September 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>• Whilst the NHS Improvement Finance score was 2 (green), the Trust was facing financial pressures which would impact on the 2019/20 plan;</li> <li>• The waiting time target for people with a first episode of psychosis had not been met in September 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;</li> <li>• The Improving Access to Psychological Therapies (IAPT) recovery rate</li> </ul>

	<p>remained below the 50% target. However, recruitment into new posts should lead to an improved performance;</p> <ul style="list-style-type: none"> <li>• Commissioning for Quality and Innovation (CQUIN) performance had improved and it was now envisaged that the personalised care and planning CQUINs would be fully achieved; and</li> <li>• The financial position had deteriorated in month and was being closely monitored by FBIC. The sustainability work programme was being brought forward in order to reduce the financial pressures faced.</li> </ul> <p>Mr Vincent pointed out that the Finance, Business and Investment Committee assurance report had been tabled at the meeting.</p> <p>The Chair referred to the Mental Health Legislation Committee assurance report and informed Board members that actions arising from the Committee effectiveness review continued to be implemented. It was envisaged the appointment of two new Non-Executive Directors would strengthen the mental health expertise on the Committee.</p> <p><b>Trust Board noted the content of the Integrated Performance Report.</b></p>
3450	<p><b>NHS Improvement Quarterly Submission</b></p> <p>Mr Vincent reported FBIC had considered the evidence for the quarterly NHSI return and recommended its content for Board approval.</p> <p><b>Trust Board Approved the UoR Risk Rating and quarterly NHS Improvement return submitted on 15 October (as recommended by EMT and FBIC).</b></p>
3451	<p><b>Board Business Cycle</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>The following items were noted:</p> <ul style="list-style-type: none"> <li>• The BAWC partnering agreement would be considered in March;</li> <li>• Cyber security briefing and training would take place at the Board Development meeting on 13 December 2018.</li> </ul> <p><b>Trust Board noted the items contained within the Board work programme.</b></p>
3452	<p><b>Quality and Safety Feedback from Board Members</b></p> <p>Professor Armitage reported he had visited the Holmewood School Nursing team with Mr Hogg. The team had welcomed the patient and safety measurement monitoring framework that the Board had adopted as a template Board visits to services. Issues had been raised regarding: increased caseload levels and the shortage and relative</p>

	<p>inexperience of social workers (which was having a knock-on effect on the work of the Child and Adolescent Mental Health Services team). The latter issue would be addressed through Mrs Gilderdale. The delivery of health promotion preventative work had decreased as a consequence of the increase in caseload levels. The team had been reassured by the message from the Chief Executive regarding the Trust's response to the 0-19 tender by the local authority. The Chair added a Staff Governor had reported the regular communication messages regarding the 0-19 situation were informative and welcomed. The team also reported an issue regarding the effectiveness of the paper-based Health Needs Assessment (HNA) forms and Mr Rycroft would investigate the feasibility of reverting to an opt-out process and the forms being digitised.</p> <p><b>Trust Board noted the update.</b></p>
<b>3453</b>	<p><b>Committee and Council of Governor Approved Minutes*</b></p> <p>A paper was presented containing approved minutes from the Mental Health Legislation Committee held on 19 July 2018</p> <p><b>Trust Board noted the content of the Committee approved minutes.</b></p>
<b>3453</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>3454</b>	<p><b>Date and time of next meeting</b></p> <p>Thursday 29 November 2019 at 1.30 pm at Inspired Neighbourhoods, Wright Watson Enterprise Centre, 40 Albion Road, Idle, Bradford, BD10 9BY.</p>

**Trust Board (Public)  
25 October 2018**

**ACTIONS**

Ref No	Actions requested	Timescale	Progress
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	Incorporated into the October IPR
28/6/18-10	<u>Board Business Cycle and Board Development Programme</u> <b>Chair/Medical Director</b> to timetable a training session for Board Members regarding the Mental Health Act and Mental Capacity Act.	July 2018	Timetabled for December 2018
27/9/18-1	<u>Quality Improvement Methodology</u> <b>Medical Director</b> to provide a progress update at a future Board meeting.	tbc	
27/9/18-2	<u>Integrated Performance Report – August 2018 Data</u> <b>Associate Director of Informatics</b> to forward a report to the Quality and Safety Committee regarding mobile phone access/allocation issues.  <b>Associate Director of Informatics/ Dr Hussain</b> to discuss the issues raised regarding Trust hardware and assets.	Two months  One month	Actioned at Q&SC November meeting
25/10/18-1	<u>Operational Plan Mid-Year Review</u> <b>Director of Human and Resources and OD</b> to explore the possibility of developing better relationships with a wider range of universities across West Yorkshire in order to attract students from these universities to apply for jobs within the Trust.	November 2018	
25/10/18-2	<u>Equalities in Employment Strategy/Workforce Equality Standards Report</u> <b>Director of Human Resources and OD</b> to: <ul style="list-style-type: none"> <li>• Explore the feasibility of the Trust asking community groups to host recruitment fayres;</li> <li>• Arrange for anonymised case studies</li> </ul>	Two months	

	<p>to be developed highlighting the experiences of staff both making and responding to a grievance;</p> <ul style="list-style-type: none"> <li>• Determine ways in which the Board might engage with the Strategic Reference Group;</li> <li>• Invite a staff network member to attend the next Board meeting where the equality papers will be considered;</li> <li>• Discuss with Mr Banks the statistics within the report.</li> </ul>		Completed
25/10/18-3	<p><u>Winter Planning and Flu Vaccination Programme</u></p> <p><b>Director of Operations and Nursing</b> to ensure that formal appreciation is shown to those staff responding to winter pressures.</p> <p><b>Director of Operations and Nursing/Chief Executive</b> to ensure an update regarding the uptake of flu vaccinations is provided through the January 2019 Chief Executive report.</p>	January meeting	
25/19-18-4	<p><u>Corporate Risk Register</u></p> <p><b>Mr Banks</b> to discuss with Audit Committee members oversight arrangements regarding GDPR.</p> <p><b>Medical Director</b> to provide a rationale within the CRR for the residual score of 5 for the Brexit 'no deal' risk.</p> <p><b>Associate Director of Informatics</b> to ensure that the IPR contains information about any GDPR breaches.</p>	<p>November Audit Committee</p> <p>Two months</p> <p>From November 2018</p>	Completed