

## Minutes of Trust Board meeting held on 25 July 2017

<b>Present:</b>	Ian Black	Chair
	Julie Fox	Deputy Chair
	Laurence Campbell	Non-Executive Director
	Rachel Court	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
	Chris Jones	Non-Executive Director
	Tim Breedon	Director of Nursing and Quality
	Alan Davis	Director of HR, OD and Estates (Accounting Officer)
<b>Apologies:</b>	Dr Adrian Berry	Medical Director / Deputy Chief Executive
	Mark Brooks	Director of Finance and Resources
	Rob Webster	Chief Executive
<b>In attendance:</b>	Rob Adamson	Deputy Director of Finance
	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Karen Taylor	Director of Delivery
	Dr Subha Thiyagesh	Deputy Medical Director
	Salma Yasmeen	Director of Strategy
	Emma Jones	Integrated Governance Manager (author)

### **TB/17/57 Welcome, introduction and apologies (agenda item 1)**

The Chair Ian Black (IB) welcomed everyone to the meeting. Apologies were received as above.

### **TB/17/58 Declaration of interests (agenda item 2)**

There were no declarations over and above those made in the annual return in March 2017 or subsequently.

### **TB/17/59 Minutes and matters arising from previous Trust Board meeting held on 27 June 2017 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 27 June 2017 as a true and accurate record. There were no matters arising discussed.

### **TB/17/60 Chair and Chief Executive's remarks (agenda item 4)**

IB highlighted the following:

- The next Members' Council meeting was scheduled for 26 July 2017 and included recommendations for approval from the Nominations Committee for the appointment of new Non-Executive Directors; Deputy Chair / Senior Independent Director; and Lead Governor.
- This was the last Board meeting for both Julie Fox, Deputy Chair and Dawn Stephenson, Director of Corporate Development. Julie had served two three year terms and the Trust owed a significant debt of gratitude. Dawn had been with the Trust almost since Foundation Trust status and the Board have relied on her diligence and application.

- With these changes there would also be changes to committee Chairs and members from 1 August 2017, for further review in November 2017:
  - Audit Committee - IB would be a time limited member until 30 November 2017.
  - Clinical Governance & Clinical Safety Committee - Charlotte Dyson (CD) to be chair and Rachel Court (RC) a member.
  - Mental Health Act Committee - Laurence Campbell (LC) member.
  - Equality & Inclusion Forum - CD member.

Alan Davis (AGD) as Accounting Officer in the Chief Executives absence highlighted the following:

- Sustainability & Transformation Plans (STP) progress dashboard was published last week showing a baseline of the progress made to date. South Yorkshire & Bassetlaw STP was rated as outstanding and the Memorandum of Understanding included under agenda item 9.1. West Yorkshire & Harrogate STP was rated as making process with leadership established. The publication also reflected some of the significant challenges in the acute sector.
- The Care Quality Commission (CQC) published its comprehensive assessment of the state of mental health services in the NHS. This was a helpful summary of all of the improvement that has happened, including in the Trust, in the last three years. It also included a fair description of the challenges ahead. There was a strong correlation with the work of the STPs in mental health. Some areas were recognised as key by the Board such as increase in the demand and how do we use the resources in the best possible way linked with the Trust's Workforce and Estates strategies.

Julie Fox (JF) commented that within the CQC publication it highlighted that children should be involved in the planning of their care which may be an area to focus on. TB commented that within the CQC report there were a number of things familiar to the Trust, particularly in relation to Child and Adolescent Mental Health Services (CAMHS). The Trust had seen an improvement and it was recognised as a system wide issue with commissioners and within the national health sector. RC commented that the visit to the CAMHS service had been helpful and it was important how the information and lessons learned were brought together.

**It was RESOLVED to NOTE the Chair's remarks and the Chief Executive's report.**

## **TB/17/61 Risk and assurance (agenda item 5)**

### TB/17/61a Assurance framework and risk register (agenda item 5.1)

DS reported that she had met with each of the Directors to review the principle risks, controls in place, and sources of assurance. The assurance framework had been discussed in detail by the Executive Management Team (EMT) with the overall current assurance level of amber/green. The paper details the rationale and links any gaps in control back to the organisational risk register, internal audit reports, results of the Care Quality Commission (CQC) re-inspection, Integrated Performance Report and priority programmes. The Corporate/Organisational risk register also includes those that are below 15+ that were not meeting the risk appetite. Risks have been aligned to committees for review and assurance. It was noted that some targets may be more aspirational than achievable and they would continue to be reviewed by the EMT. An internal audit has commenced a review of the assurance framework and risk register with examples of best practice in relation to risk appetite requested.

LC commented that the alignment of risks to committees was a positive step forward as it allowed for deeper discussion and consideration. It was important that risk appetite continued to be embedded across the Trust down to ward level and enable emerging risks to be identified. TB commented that a lot of work had been done in relation to the clinical risk scan and incident processes and a reporting culture needed to continue to be encouraged. CD commented that it was important that risks within services were clear and that they be linked to innovation. TB commented that areas of innovation were discussed as part of the transformation board.

Chris Jones (CJ) asked what actions were taking place around the workforce strategic risk under the improving care objective. AGD commented that a lot of initiatives were in place including actions from the wellbeing survey and Workforce Strategy. Due to the work taking place the RAG rating was considered amber/green, however it was still identified as an area of concern on the risk register.

JF asked if there were any further actions that could be done in relation to the risk around changes to national funding arrangements. Rob Adamson (RA) commented that it was important to continue conversations with partners in the system and collective conversations as part of the Sustainability and Transformation Plans may assist this.

**It was RESOLVED to:**

- **NOTE the controls and assurances against the Trust's strategic objectives for Quarter 1 2017/18; and**
- **NOTE the key risks for the organisation subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.**

TB/17/61b Exception report - fire safety (agenda item 5.2)

AGD reported that a verbal update was given at the Trust Board meeting in June 2017 and the exception report provided formal assurance to ensure the Board was full sighted on all of the issues. He highlighted the following:

- The Trust's overall position is good, however we need to continue to be vigilant.
- Although the Trust was already compliant a number of areas were retested with sites on more than one floor revisited which showed the assessments were still appropriate.
- Work was taking place around the application of the smoking ban and banned items list through the Acute Care Forum.
- Mandatory fire training would be increased to 95% adherence for inpatient areas.
- New builds and any major refurbishment included sprinkler systems as a standard, looking at potential of retrofitting sprinkler systems in inpatient areas.

TB commented in relation to sprinkler systems, any potential retrofit would go through a ligature risk assessment process which was a shared approach across the North East and Humber and the Trust received a positive response from the CQC in terms of the application of the process. In relation to banned items, we need to ensure people understand what they can and can't bring in our services and continue to review our approach to searching. Work was taking place across the system in relation to smoking bans and there may be learnings to be shared from other areas.

**It was RESOLVED to NOTE the contents of this report.**

## **TB/17/62 Strategies (agenda item 6)**

### **TB/17/62a Equality strategy (agenda item 6.1)**

DS reported that the strategy was consistent with legislation in order to deliver our equality duties. It was important that staff live the Trust's values and there were some good examples around dementia facilities and services for children. The strategy had been coproduced with staff, carers, Equality and Inclusion Forum members and the British. Black, Asian, and minority ethnic (BAME) staff network and identified links with other strategies including Communication, Engagement and Involvement and Workforce. It included high level objectives with TB would take the strategy forward as lead Director and supported by AGD around the workforce elements.

**It was RESOLVED to APPROVE the updated Equality Strategy.**

## **TB/17/63 Performance reports (agenda item 7)**

### **TB/17/63a Integrated performance report month 3 2017/18 including finance (agenda item 7.1)**

TB highlighted the following in relation to quality:

- Medicines omissions data from national system shows progress for early part of the quarter however indicates an increase in June 2017 which is being investigated.
- Complaints to be discussed under agenda item 7.2
- Prone restraint met the target in June 2017 which is a target set by the Trust to reduce the amount of time people are in restraint.
- Falls reduction on track
- Un-outcomed appointments data will be available for the next report.
- Safety first work on mortality reporting continues, review work meeting with Mazars and other Trusts to ensure policy was fit for purpose across. Good conversations with acute colleagues in terms of managing the process.
- Increase in Serious Incidents however within normal range, one specific incident will require a review.
- Fire safety, is an important issue for us as discussed under agenda item 5.2.
- Safer staffing remains pressured and may need targeted support to maintain full rates with plans in place.
- NICE guidance had a positive response to our work from commissioners and the CQC.
- CQUINs have been set with the exception of minor points and enhanced monitoring was in place.

Karen Taylor (KT) highlighted in relation to the NHS Improvement national metric around data completeness, that guidance was awaited from NHS England about requirements. The Trust was confident around the data collected for ethnicity with issues around the collection of accommodation and employment data understood.

KT highlighted the following in relation to locality:

- Out of Area Beds showing some spikes with a lot of continued working taking place to ensure those numbers are as small as possible. Children and young people in adult beds can also impact out of area placements.
- Improving Access to Psychological Therapies (IAPT) on target for quarter one after a lot of hard work.
- New perinatal service fully functional from September 2017.

IB asked about what actions were taking place to address children and young people on adult wards. TB commented that when it occurs it is assessed and agreed as the least worst option that that time. It is considered a serious issue by the Trust as it means the right service was not available and it may also not help that individual with their recovery. The matter has been raised with NHS England and was being discussed across the local system.

Salma Yasmeen (SY) highlighted in relation to transformation and priority programmes:

- Acute & Community Mental Health - Final report to the Executive Management Team with a significant section on lessons learned.
- Work was taking place in relation to benefits realisation and post implementation reviews to increase visibility.
- Older Peoples Mental Health - early stages of the design phase with strong community development.
- Rehab and recovery - A community service model is agreed in principle with local CCGs and has been implemented in Wakefield. Implementation in Calderdale is expected in 2017/18.
- Priority programmes section under development and proposed that the transformation programmes are picked up as part of priority programmes and the section be merged.

RA highlighted the following in relation to finance:

- Month 3 results were better than planned with a small surplus which followed trends in months 1 and 2.
- Improvements in Out of Area Beds and Agency spend
- Small risks around CQUIN and STF.
- NHS Improvement rating was 1, last year the Trust was rated as 3 largely due to agency spend.
- Cash lower than planned, partly due to late STF receipt for 2016/17.
- Capital plans continuing to progress schemes
- CIPs year to date performance was ok however some risks and important to focus on driving additional savings.

AGD commented that the management and focus on out of area beds and agency spend has delivered significant benefits in managing the cost with a lot of work taking place through the Operational Management Group. It was also important to recognise areas of pressure that may have an impact and recognised that they made need some additional expenditure which could mean we are above the agency cap.

AGD highlighted the following in relation to workforce:

- Sickness absence was above 0.5% reduction on last years, with schemes in place and reduction part of all managers objectives and performance better than average compared to others.
- Appraisal target is 95% of band 6, current performance is 75.6%, KT commented that work is taking place with each of the BDUs on a trajectory for completion.
- MHA/MCA training - MCA now at 81% hard work of everyone to get to that target, 74% on MHA training.

**It was RESOLVED to NOTE the Integrated Performance Report and AGREED that the transformation section of the report be amalgamated with the priority programmes section for future reports.**

TB/17/63b Customer services report quarter 1 2017/18 (agenda item 7.2)

DS reported that in quarter 1 there were 106 formal complaints, 72 compliments, 393 general enquiries and staff contacts were responded to and there were 78 requests to access information under the Freedom of Information Act. Most complaints contained a number of issues; the most frequently raised issues were access to treatment / medication, values and behaviours, patient care, communication, admission and discharge and clinical treatment. There has been a good improvement in the Friends and Family Test and positive feedback received around the compassion of staff and commitment to the services they provide.

**It was RESOLVED to NOTE the feedback received through Customer Services in Quarter 1 of financial year 2017/18.**

**TB/17/64 Governance items (agenda item 8)**

TB/17/64a South Yorkshire and Bassetlaw (SYB) Health and Care Working Together Partnership - Memorandum of Understanding "Agreement" (agenda item 8.1)

SY reported that the paper provided an update on the role of the Trust within the South Yorkshire & Bassetlaw Sustainability & Transformation Plan (SYBSTP). The Memorandum of Understanding (MOU) had been confirmed and agreed with NHS England and NHS Improvement. In response to the Trusts request to be changed from a partner to a core member, the lead for the SYBSTP has written formally to confirm that we would remain a partner and acknowledged our continued commitment. Arrangements would be reviewed in March 2018.

The Board discussed what further work could be done between now and March 2018 to further assist the review of the Trusts role and that it was hoped there would be further clarity around risk and reward share in relation to control totals prior to this date.

**It was RESOLVED to NOTE the final version of the South Yorkshire and Bassetlaw Accountable Care System MOU (the 'Agreement') and SUPPORT conversations to continue on the partnership status currently allocated to the Trust.**

TB/17/64b Scheme of delegation update (agenda item 8.2)

DS reported that as part of the review and approval of the Trust's Constitution and Scheme of Delegation in January 2017, the Executive Management Team requested that a further review of the Scheme of Delegation take place. The further amendments include areas of delegated authority that are in place have been stated, documents cross referenced and updated to reflect current guidance, and duplications removed to make it easier to read. The proposed amendments have been considered by the Executive Management Team and Audit Committee who support their approval.

**It was RESOLVED to APPROVE the update to Scheme of Delegation and SUPPORT its approval by the Members' Council on 26 July 2017.**

TB/17/64c Equality annual report 2016/17 (agenda item 8.3)

DS reported that the annual report provides an overview of Trust activity in 2016/17. It highlights work to ensure an approach that is about culture not compliance, promoting an agenda of inclusivity and respect and valuing the diversity of the communities we serve and of the staff we employ. As part of the Equality Strategy, TB would take the strategy forward as lead Director and supported by AGD around the workforce elements.

CJ asked if there were gaps in quality data and the actions in place to address them. AGD commented that a detailed report was on the Trust's website and Annual Report and Accounts in relation to a number of key equality areas. DS commented that detailed reports were received by the Equality & Inclusion Forum.

**It was RESOLVED to RECEIVE the Equality Report 2016/17.**

TB/17/64d Medical appraisal/revalidation annual report 2016/17 (agenda item 8.4)

SThi reported that the paper included an update on the progress in achieving satisfactory medical appraisal and revalidation and assurance to support the signing of the Statement of Compliance as required by NHS England. SThi highlighted the following:

- 141 doctors had a prescribed connection with the Trust as at 31 March 2017.
  - 89% successfully completed the appraisal process during 2016/17.
  - 10.5 % had an agreed postponement in line with the medical appraisal policy.
- 6 revalidation recommendations were required from 1 April 2016 to 31 March 2017.
  - 5 doctors had positive recommendations made.
  - 1 doctor had a recommendation of deferral.
  - All recommendations made were upheld by the General Medical Council (GMC).
  - Item 1.3 in the paper was in error, no issue in 2016/17.
- The Trust continues to strengthen its appraisal and revalidation processes. A key risk identified was the voluntary status of the appraisers and if under pressure from other areas of work, doctors could withdraw from this role, thus threatening the appraisal process.

The Board discussed strands to continue to strengthen the process including 360 degrees feedback, staff wellbeing survey to identify any hotspots working with clinical leads in trios to address any concerns, and medical leaders advisory group raising any professional concerns and hotspots.

**It was RESOLVED to ACCEPT the report and APPROVE the statement of compliance confirming that the organisation is a designated body as in compliance with the regulations.**

**TB/17/65 Receipt of minutes of partnership boards (agenda item 9)**

A list of agenda items discussed and Minutes where available were provided for the following meetings:

- Barnsley Health and Wellbeing Board (next meeting scheduled for 8 August 2017).
- Calderdale Health and Wellbeing Board (next meeting scheduled for 17 August 2017).
- Kirklees Health and Wellbeing Board (next meeting scheduled for 28 September 2017) - SY advised the Wellbeing Plan was on the agenda under item 9.1, with Kirklees working towards a single commissioning agenda around integration and out of hospital care.
- Wakefield Health and Wellbeing Board 20 July 2017 - KT advised that a positive discussion was being had around the autistic spectrum which was a system wide issue.

**It was RESOLVED to NOTE the updates provided.**

TB/17/65a Kirklees Health & Wellbeing Plan (agenda item 9.1)

SY reported that the Kirklees Health & Wellbeing Board had approved their local place based plan which would contribute to Sustainability & Transformation STP and sets out their vision for health and social care.

The Board discussed areas of noting for the Trust with the Plans 'triple aim' in line with the Trust's objectives, including Child & Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT) around pregnancy with the implementation of the Trusts perinatal service in September 2017. The Board requested that a letter to the Health & Wellbeing Board included clarification of resources to support their plan.

**Action: Salma Yasmeen**

**It was RESOLVED to NOTE the Kirklees Health and Wellbeing Plan 2017–2020 and REQUEST that the Trust writes to the Kirklees Health and Wellbeing Board to confirm our organisational commitment to the Plan.**

**TB/17/66 Assurance from Trust Board committees (agenda item 10)**

Audit Committee 18 July 2017

LC highlighted the following:

- Charitable funds annual report and accounts 2016/17.
- Scheme of delegation update.
- Future Focussed Finance (FFF) accreditation process to support financial skills and integration with other areas of the organisation.
- Internal audit - Data Quality – Clinical Record Keeping - TB commented that since the audit work had taken place by the Operational Management Group and a report would go to the Clinical Governance & Clinical Safety Committee and Audit Committee to summarise the actions that had taken place.
- Internal audit - Programme management office (integrated change team) understanding that the processes were changing and proposed to do a further review next year.
- Corporate/organisational risk register.

Nominations Committee 11 July 2017

IB highlighted that recommendations made by the committee would be discussed by the Members' Council on 26 July 2017 in relation to the appointment of Non-Executive Directors and Deputy Chair / Senior Independent Director.

Remuneration & Terms of Service Committee 11 July 2017

RC highlighted the following:

- Workforce strategy action plan with ongoing reports to be received by the committee.
- Sickness absence and agency spend positions.
- Wellbeing survey.
- Clinical excellence awards process.
- Progress on workforce risk register.
- Confidential items for assurance would be updated to the Trust Board via email.

**TB/17/67 Trust Board work programme 2017/18 (agenda item 11)**

**It was RESOLVED to NOTE the work programme.**

**TB/17/68 Date of next meeting (agenda item 12)**

The next meeting of Trust Board will be held on Tuesday 3 October 2017, Rooms 5 & 6, Laura Mitchell House, Halifax.

A handwritten signature in black ink, appearing to be 'J. Bell', written in a cursive style.

**Signed**

**Date 3 October 2017**