



Minutes of Trust Board meeting held on 24 June 2014

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| Present: | Ian Black | Chair |
| | Peter Aspinall | Non-Executive Director |
| | Laurence Campbell | Non-Executive Director |
| | Jonathan Jones | Non-Executive Director |
| | Helen Wollaston | Deputy Chair |
| | Steven Michael | Chief Executive |
| | Nisreen Booya | Medical Director |
| | Tim Breedon | Director of Nursing, Clinical Governance and Safety |
| | Alan Davis | Director of Human Resources and Workforce Development |
| | Alex Farrell | Deputy Chief Executive/Director of Finance |
| In attendance: | James Drury | Deputy Director, Strategic Planning |
| | Bronwyn Gill | Head of Communications and Customer Services |
| | Diane Smith | Interim Director of Service Innovation and Health Intelligence |
| | Dawn Stephenson | Director of Corporate Development |
| | Bernie Cherriman-Sykes | Board Secretary (author) |
| Apologies: | Julie Fox | Non-Executive Director |
| Guests: | Adrian Deakin | Governor, Members' Council (staff elected, Nursing) |
| | Nasim Hasnie | Governor, Members' Council (publicly elected, Kirklees) |
| | Bob Mortimer | Governor, Members' Council (publicly elected, Kirklees) |
| | Kevan Riggett | Governor, Members' Council (publicly elected, Barnsley) |
| | Jeremy Smith | Governor, Members' Council (publicly elected, Kirklees) |
| | Tony Wilkinson | Governor, Members' Council (publicly elected, Calderdale) |

TB/14/29 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. He welcomed Laurence Campbell (LC) to his first meeting following the approval of his appointment by the Members' Council. The apology from Julie Fox (JF) due to family illness was also noted. IB received a number of comments on agenda items, which he would raise at the appropriate point.

IB congratulated the Chief Executive, SM, who was awarded an OBE in the Queen's Birthday Honours list for services to healthcare. He has also been recognised in the Health Service Journal's 'Care Integration 50', which identifies the 50 most influential people involved in the integration of health and social care services nationally, where he was ranked in the top ten at number six. IB commented that this represents recognition for SM personally and also for the Trust. SM commented that this was a real privilege and an honour to be recognised.

IB also commented on the change to Trust Board's committee structure. He will join the Clinical Governance and Clinical Safety Committee from 1 June 2014 to the end of this calendar year; LC will join the Audit Committee from 1 June 2014 with a view to assuming the Chair from Peter Aspinall (PA) at an appropriate point; and he will review Non-Executive Director membership of Committees again once their reviews are complete. LC will also attend all committees in the next quarter as part of his induction.

TB/14/30 Declaration of interests (agenda item 2)

| Name | Declaration |
|--------------------------------|---|
| NON-EXECUTIVE DIRECTORS | |
| Peter Aspinall | Member, Disciplinary Pool, Institute and Faculty of Actuaries |
| Laurence Campbell | Treasurer and Trustee, Kirklees Citizens' Advice Bureau and |

| Name | Declaration |
|------------------------|---|
| | Law Centre |
| CHIEF EXECUTIVE | |
| Steven Michael | Member, Academic Advisory Council, International Institute of Organisational Psychological Medicine |

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. There were no other declarations made over and above those made in March 2014.

TB/14/31 Minutes of and matters arising from the Trust Board meeting held on 29 April 2014 (agenda item 3)

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held on 29 April 2014 as a true and accurate record of the meeting.** There were two matters arising in relation to the Equality report (TB/14/25e). Helen Wollaston (HW) reminded Trust Board of the prioritisation of people in ethnic minority communities. She also informed Trust Board of a piece of work to be undertaken jointly with Calderdale and Huddersfield NHS Foundation Trust (CHFT) aimed at widening the pool of applicants for Non-Executive Director and governor positions. A planning meeting will take place in August 2014.

TB/14/32 Chief Executive's report (agenda item 4)

IB commented on the annual visit from Monitor on 23 June 2014. The focus for him as Chair was on governance through Trust Board and the Members' Council and the level of challenge provided by Non-Executive Directors and governors. For Non-Executive Directors (PA and Jonathan Jones (JJ) were seen) the focus was on the way committees work and level and degree of challenge. SM commented the focus for the Executive was the role of Trust Board in setting the strategic direction, links to the Members' Council, and priorities for the annual plan and the role of Trust Board in shaping this agenda.

SM also covered the following.

- The support from Monitor for the Trust-developed mental health classification and clustering methodology.
- Trust Board has approved a proposal for the Trust to be a co-signatory to support the Outline Business Case for Calderdale and Greater Huddersfield in partnership with CHFT and Locala. Liaison services and integrated care of physical and mental health services are within scope but not the complete range of Trust services, which will form an additional case to be developed over the next year.
- A significant deficit has been uncovered at Barnsley Hospital NHS Foundation Trust. The Trust will work in partnership to support the recovery plan. The Trust has been assured that the position will have no negative impact on services provided by this Trust in the short-term; however, there may well be an impact on the allocation and/or division of resources in the medium-term.
- The Trust has received confirmation that it will receive its full budget allocation for forensic services in 2014/15 after the earlier concerns regarding an arbitrary reduction of £618,000.
- Local authorities in Calderdale, Kirklees and Wakefield wish to work with the Trust to understand the opportunities to develop alternative community capacity to support health and social care.
- A key issue for developments under the Better Care Fund is parity of esteem for mental health services and the Trust is working to ensure this is realised.

- Staff engagement continues on a wide range of issues currently facing the Trust.

Five-year strategic plan 2014/15 to 2018/19

James Drury (JD) took Trust Board through the development and content of the plan. A key part of the plan is a declaration of sustainability required from the Trust over one, three and five years. Alex Farrell (AF) explained that the current 'as is' model, based on the two-year operational plan agreed by Trust Board in March 2014, provides for a cost improvement programme for 2014/15 and 2015/16 of over 5% each year. This level is unsustainable in subsequent future years; therefore, the Trust has to consider a model that includes national assumptions on pay and non-pay, and tariff and internal cost pressures. At year 3, the Trust breaks even and, by years 4 and 5, it is no longer in surplus. The Trust also has to consider operational and clinical sustainability. Without doing something very different, the Trust will not be sustainable in its current organisational form in the longer-term.

SM commented that:

- a number of Trusts are beginning to struggle although this Trust is not yet in this position; therefore, there is a challenge to providers across the board;
- the priority for years 1 to 3 is to get the Trust in the best possible shape to face future challenges and this requires a re-definition of models of service and delivery on transformation;
- the Trust has to consider its organisational configuration beyond year 3 to support a sustainable organisation and platform for the future.

Work over the next two to three years will identify the partners the Trust needs to work with to meet the challenge and inform development of a sustainable organisation. IB invited comments from Trust Board.

- LC commented that he would like to see the Trust in a broader, national context making best use of its skills base forming a 'top-down' view.
- JJ asked if the Trust thought its regulators would encourage the approach the Trust will take in leading organisational reconfiguration. SM responded that there is a recognition nationally that health and social care will become closer and providers need to come together to consider and develop local solutions. He would see the Trust, therefore, 'pushing at an open door'.
- AF added that consolidation on a bigger geographical footprint would provide increased resources and the efficiencies needed would be correspondingly smaller, and a bigger organisation would be more sustainable.
- JJ asked what such a model could look like and SM responded that its basis would be on four levels.
 - Specialist services on a regional footprint.
 - Mental health and community services on a sub-regional footprint.
 - A local footprint for integrated services with social care based on district-by-district affordability.
 - Work within districts for defined communities.
- HW commented on the Trust's role in building community capacity. SM responded with the concept of the Trust as an enabler and developer of social value and that the Trust has a leadership role to support capable communities. How it is structured to do this and who funds it would need to be agreed. Tim Breedon (TB) added that this fits with the Trust's clinically-led transformation work and fit with the Trust's quality priorities with a sustainable workforce fit for the future.
- Nisreen Booya (NHB) commented that the key to the Trust's sustainability is the development of community capacity and capability, and enabling communities; however, the challenge will be how this role is defined given that the Trust is a statutory body.

- On behalf of JF, IB commented that she was supportive of the plan and sustainability declaration although concerned about its five-year nature.
- IB commented that:
 - Trusts are required to prepare the five-year plan;
 - Trusts will have to ensure fit with the NHS plan, expected in October, and this may mean that the Trust has to revise its plan;
 - there are significant changes at year 3, which will be reflected in other Trusts' plans but to different timescales, often shorter;
 - following the General Election in 2015, the plan assumes a broadly similar structure and funding nationally; however, the reality may be very different.

AF alerted Trust Board to two areas that still require adjustment in the plan, namely the decision by Trust Board at today's meeting and alignment with commissioners' views in terms of the declaration of sustainability. JJ asked if the Trust would be asked to do this each year. AF responded that it is likely that Monitor will continue to request a long-term strategic plan and detailed operational plan to a shorter time period.

In terms of the declaration of sustainability, IB asked Trust Board to support a positive response to the declaration for one year and three years. For five years, the response would be negative and will include a form of words to explain the Trust's position. IB asked that this narrative is circulated to Trust Board for comment by close of play on Thursday 25 June 2014 with delegated authority for IB, SM and AF to agree the final form of words.

Given the importance of this item IB asked for a formal vote and **it was unanimously RESOLVED to APPROVE the five-year strategic plan 2014/15 to 2018/19 for submission to Monitor by 30 June 2014 and to DELEGATE AUTHORITY to the Chair, Chief Executive and Director of Finance to approve the final narrative in relation to the declaration of sustainability.**

TB/14/33 Assurance from Trust Board Committees (agenda item 5)

Clinical Governance and Clinical Safety Committee 15 April, 13 May and 9 June 2014 (agenda item 5.1)

HW highlighted that TB is developing an action plan in response to the comments made by staff following the Francis workshop. TB added that the messages have been taken seriously and a formal response will be made to participants. SM commented that this reflects the open culture of the organisation, which reflects Trust values.

HW also commented on the planned visit to community services at Fox View. The visit was a great learning opportunity, reflecting the excellent services provided by the Trust and the level of care provided by staff; however, it also demonstrated how difficult some staff find the balance between providing a level of care and meeting the requirements of clinical record keeping. SM added that it also demonstrates how the provision of care should be seen in an holistic way.

Mental Health Act Committee 13 May 2014 (agenda item 5.2)

On behalf of JF, IB highlighted four areas:

- the High Court ruling on Deprivation of Liberty Standards, which has implications for informal patients;
- the Committee was not assured following a consent to treatment audit and asked that it is undertaken again with a report back to the Committee in November 2014;
- the cost of the Committee to ensure value for money (NB this was raised as an issue by all Committees through the self-assessment process and it has been agreed that Dawn Stephenson (DS) will undertake a review on behalf of the Chair of the Trust);

- acute trust representation has been suggested on the Committee.

Remuneration and Terms of Service Committee 1 April 2014 (agenda item 5.3)

IB commented on the increase in the appraisal target to 95%, which he was pleased to see given the improvement in achievement over the last few years and it represents an expectation that all staff will have an appraisal.

Audit Committee 8 April and 23 May 2014 (agenda item 5.4)

PA highlighted two areas in relation to the receipt by the Committee of the annual reports of Trust Board risk committees in April 2014 and approval of the annual report and accounts and Quality Report under delegated authority from Trust Board in May 2014.

TB/14/34 Annual report, accounts and Quality Report 2013/14 (agenda item 6)

It was RESOLVED to RECEIVE and ADOPT the annual report, accounts and Quality Report for 2013/14.

TB/14/35 Performance reports month 2 2014/15 (agenda item 7)

TB/14/35a Performance report (agenda item 7.1) and finance report (agenda item 7.2)

AF highlighted the following.

- The Trust is on target to meet its financial plan requirements.
- The Trust is currently meeting its cost improvement programme and action is in place to meet the £1.2 million shortfall.
- There is a forecast underspend on the capital programme, which will be addressed by the end of quarter 2. The Trust will, however, breach the 15% tolerance allowed by Monitor at the end of quarter 1 and this will be reported to Monitor in July. This was raised with Monitor at the annual visit on 23 June 2014 and is unlikely to have serious consequences.
- CQUINs will be embedded to ensure achievement.
- Data quality and maintenance of requirements for mental health currency are a priority. TB added that this area is fundamental for the development of payment by results and currency implementation. Each BDU has developed a plan to improve data quality, which is fundamental to clinical delivery, and these are monitored closely. He also confirmed that Monitor did not require the Trust to re-state its position on 7-day follow up; it does, however, require the Trust to achieve the target in quarters 1 and 2 in 2014/15.

HW commented that sickness appears to be increasing in a number of areas. Alan Davis (AGD) responded that there are no trends or themes although there is much change and pressure in the system. The wellbeing survey will highlight any underlying reasons for performance and the position will be monitored closely for underlying trends.

TB/14/35b Exception reports and action plans – Customer services annual report 2013/14 (agenda item 7.3(i))

DS introduced this item. TB commented that it is also important that the Trust captures compliments. PA added that, as a learning organisation, it is good to see instances where action has been taken and demonstrates that the organisation has learned. IB asked if there was any plan to share the report with the Members' Council and DS responded that this would be through the Members' Council Quality Group.

It was RESOLVED to NOTE the management of issues raised through Customer Services in 2013/14 and to NOTE this in the broader context of ongoing work in relation to understanding service user experience.

TB/14/35c Exception reports and action plans – Appraisal/revalidation annual report 2013/14 (agenda item 7.3(ii))

NHB introduced this item. On behalf of JF, IB commented that items such as this tend to go through alternative forums, such as Committees, prior to Trust Board. NHB responded that the requirement was to present the annual report to the organisation's board. The revalidation report has been audited by internal audit and has been used as best practice in a number of forums.

It was RESOLVED to RECEIVE the report and to APPROVE the statement of compliance confirming that the organisation is a designated body to comply with the regulations.

TB/14/35d Exception reports and action plans – Hard Truths commitments regarding the publishing of staffing data (agenda item 7.3(iii))

All Trusts are required to publish staffing data; however, there is no evidence-based tool for mental health and learning disabilities, therefore, the Trust has tried to develop a tool that can be adjusted for any tool published nationally at the end of the year. An evidence-based tool is available for community services in Barnsley (Safer Nursing Care Tool).

In the report, there are a number of areas where the actual does not meet planned. Some of these have mitigating factors; for other areas, there will be scrutiny of BDU plans to address, mitigate and resolve.

HW commented that she could also provide assurance following scrutiny by the Clinical Governance and Clinical Safety Committee. The tool can also be used to provide assurance regarding the impact on quality of the transformation programme. The Committee has also asked for the same process to be undertaken for mental health community services.

SM observed that the report does correlate with the concerns expressed by staff in the Francis workshop and does demonstrate the transparency of the organisation, which will be covered by the narrative to accompany the figures. AGD commented that staffing levels must be closely monitored both in terms of the numbers and skills mix, and understanding of the clinical needs in each in-patient area.

JJ asked if the position would be exacerbated as the Trust moves to transform its services. AGD responded that there are two considerations. Firstly, efficient use of the current configuration and, secondly, in-patient services may require investment in the future to support quality of care. There are also differences between wards providing the same or similar services, which need to be reviewed and, if necessary, addressed allowing for the availability of resources locally.

PA asked about the escalation process. AGD responded that any cause for concern would escalate through the management chain and logged on DATIX if any risk identified. This position does need further scrutiny and is most likely to result in re-investment in certain areas. SM added that it is the individual shift manager's responsibility to ensure wards are staffed and managed safely.

IB commented that he was happy that this is scrutinised through the Clinical Governance and Clinical Safety Committee and he would leave it to HW as Chair of the Committee to decide when to bring a further report back to Trust Board.

It was **RESOLVED** to **NOTE** the report.

TB/14/36 Trust Board self-certification – Corporate Governance Statement, certification on AHSCs and governance, and training of governors (agenda item 8)

It was **RESOLVED** to **CONFIRM** that Trust Board is able to make the required self-certification in relation to the Corporate Governance Statement and training for governors.

TB/14/37 Calderdale community hub – full business case (agenda item 9)

Following an introduction from AGD, HW asked if there was flexibility in the building given the uncertainty in relation to services. AGD provided assurance that the building will have opportunities for adjustment. It will also include sustainable and environmentally-friendly provisions. IB reminded Trust Board that the funding is already identified in the capital budget and the paper represents the detail of the scheme. He added that this is a good location for public transport, close to Halifax bus and rail stations, and it was the right proposal to 'knock down' the existing building and re-build in order for the Trust to have a building that is designed as fit for purpose, rather than altered to fit.

It was **RESOLVED** to **APPROVE** the construction of a hub in Halifax.

TB/14/38 Use of Trust seal (agenda item 10)

It was **RESOLVED** to **NOTE** the use of the Trust's seal since the last report in March 2014.

TB/14/39 Date and time of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 22 July 2014 in conference room 3, Al-Hikmah Centre, Batley, WF17 7AA. The meetings for 2015 were agreed as follows:

Tuesday 27 January
Tuesday 31 March
Tuesday 28 April
Tuesday 30 June
Tuesday 21 July
Tuesday 22 September
Friday 23 October
Tuesday 22 December

Signed **Date**