



With all of us in mind

Minutes of Trust Board meeting held on 22 July 2014

Present:	Ian Black Peter Aspinall Laurence Campbell Julie Fox Jonathan Jones Helen Wollaston Steven Michael Nisreen Booya Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director Director of Nursing, Clinical Governance and Safety Director of Human Resources and Workforce Development Deputy Chief Executive/Director of Finance
Apologies:	None	
In attendance:	Adrian Berry Sean Rayner Dawn Stephenson Bernie Cherriman-Sykes	Director of Forensic Services District Service Director, Barnsley and Wakefield Director of Corporate Development Board Secretary (author)
Guests:	Jonathan Hayden	Otsuka Pharmaceuticals

TB/14/40 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. There were no apologies.

TB/14/41 Declaration of interests (agenda item 2)

The following declaration of interests was considered by Trust Board.

Name	Declaration
NON-EXECUTIVE DIRECTORS	
Helen Wollaston	Cousin, Sarah Wollaston, is Chair of the Health Select Committee

There were no comments or remarks made on the Declaration, therefore, **it was RESOLVED to formally NOTE the Declaration of Interest.** It was noted that the Chair had reviewed the declaration made and concluded that it did not 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/14/42 Chair and Chief Executive's remarks (agenda item 3)

IB began by his remarks with the announcement by the Medical Director (NHB) of her decision to retire at the end of September 2014. IB wished NHB well and commended her contribution to and support for the Trust in her role as Medical Director. The Chief Executive (SM) advised Trust Board that a process has been agreed through the Remuneration and Terms of Service Committee. He and Alan Davis (AGD) have agreed a detailed plan to ensure recruitment of a replacement in time for Trust Board approval of the Responsible Officer at its meeting on 23 September 2014 and to ensure a smooth handover. It was agreed to include the announcement in the quarterly return to Monitor. SM commented that NHB has been a loyal and great supporter for him personally over the years. He will miss her wise counsel and hard work behind the scenes.

Under his remarks, SM also raised the following.

- The national picture, in particular, the Dalton review, Monitor's position on payment by results, integration work and work to develop health intelligence.
- The five-year strategic plan and declaration of sustainability (agenda item 7).
- Local partner position.
- How the Trust is maintaining safe, effective and efficient services, reflected in the agenda for today's meeting. The priority for the Trust is to 'keep the base safe' whilst maintaining an awareness of the external and partner environment.

IB asked whether the Trust has reviewed its procedures and practice following the stabbing of a member of staff at 2gether Trust in Gloucestershire. SM responded that psychiatric intensive care units (PICU) can often present a riskier position than secure services; however, the Trust has to balance the nature of PICU services with the security of units. Tim Breedon (TB) added that information has been circulated to teams and will be considered by the Clinical Reference Group. The Trust will consider the outcome of the formal review when published for learning and best practice.

TB/14/43 Minutes of and matters arising from the Trust Board meeting held on 24 June 2014 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 24 June 2014 as a true and accurate record of the meeting. There were no matters arising.

TB/14/44 Performance reports month 3 2014/15 (agenda item 5)

TB/14/44a Quality performance report (agenda item 5.1)

TB introduced this item and commented that development of the report continues with a focus on quality and underpinning metrics and links. The headline section attempts to draw key strands together to provide a focus for Trust Board. He highlighted the following.

- Children's and adolescents' mental health services (CAMHS) in Calderdale and Kirklees – SM has written to the chief officers of clinical commissioning groups (CCGs) and local authorities to convene a roundtable discussion on the current position. There has been no response so far.
- Safer staffing levels.
- Staff Friends and Family Test.
- Following the death of a patient on Beamshaw ward, Kendray, Barnsley, an independent investigator has been appointed to conduct the investigation given the serious nature of the incident.
- Care Quality Commission (CQC) compliance action Trinity 2, Fieldhead, Wakefield – a recent review has confirmed that all actions are complete with one exception related to the refurbishment of the ward. A return inspection visit from the CQC is expected. The report following the visit to Fox View, Dewsbury, shows the Trust as compliant against the outcomes inspected. The Trust has raised with the CQC the length of time it took to provide the report to the Trust, and how and when the CQC will be able to confirm actions at Trinity 2 are complete and the enforcement actions can be removed.
- Quality priorities – the Clinical Governance and Clinical Safety Committee will review each priority in detail linked to the transformation programme.

AGD explained that two questions have been included in the wellbeing survey to collate data for the staff Friends and Family Test. Initial results show that over 60% of staff would be likely or extremely likely to recommend the Trust as a place to work and over 70% would

recommend the Trust as a place to receive care and treatment; however, NHS England will use a 'net promoter' score, which will change the outcome. This information will be included in the presentation on the staff surveys to the Members' Council on 25 July 2014. The questions will be repeated in future wellbeing surveys thus enabling the Trust to analyse trends and to compare with other Trusts.

Sickness absence

Peter Aspinall (PA) commented that sickness absence is currently 4.8% against a target of 4%. Given the management effort over the last twelve months, he asked what else the Trust can do to meet the target. AGD responded that the figure does include a significant increase in CAMHS in Calderdale and Kirklees. The Trust continues to develop its approach to staff health and wellbeing through the occupational health service, ensuring rapid access to occupational health and working with managers to ensure staff are able to return to work quickly.

PA asked whether the Trust would consider bringing in external support. AGD responded that it was known that this would be a challenging target; however, the Trust continues to compare well with like Trusts in the region. SM added that the Trust needs to understand the reasons behind sickness absence at team level. IB commented that one of the major issues for the Remuneration and Terms of Service Committee is the variability across the Trust as opposed to the consolidated figure of 4.8%. Absence is monitored and scrutinised in detail by the Committee but this does not resolve the issue. SM added that the granular detail is taken through the Committee and into Trust Board with articulation of management action taken at ward/unit level.

Helen Wollaston (HW) commented that the rate is increasing in forensic, Barnsley and Kirklees BDUs and this should be the focus for Trust Board. AF responded that the Executive Management Team (EMT) has asked for a trajectory for each BDU to demonstrate when management action will begin to take effect. This will be presented to EMT in August 2014 and the performance report to Trust Board in September 2014.

Bank and agency expenditure

AGD commented that there has been a significant increase in agency expenditure. He asked what the impact of this was and what the Trust could do about it. Sean Rayner (SR) responded that part of this is covered by non-recurrent monies from commissioners and he had asked for this to be shown separately in the report to give a true picture of agency spend.

Medical agency costs in mental health services in Barnsley are a cause for concern. NHB commented that this is a matter of custom and practice and, in other parts of the Trust, BDUs follow Trust policy and procedures to avoid use of agency staff.

TB/14/44b Customer services/patient experience report quarter 1 2014/15 (agenda item 5.2)

Dawn Stephenson (DS) introduced this item and comments from Trust Board were invited.

- HW commented that there is a relatively low level of compliments in forensic services. Adrian Berry (ABe) responded that it is difficult to compare forensic services with other Trust services and it is unsurprising that compliments are rare. IB asked if there was alternative comparative data and AF asked if the Trust could use feedback from unannounced visits. SM added that feedback from service user and carer groups, which is, on the whole, more positive, would be a good source of information. IB commented that it would be useful to use qualitative data to support the raw data. DS and ABe will review for future reports.

- Julie Fox (JF) asked whether the complaint themes in Wakefield were a cause for concern. SR responded that there are no specific threads or themes; however, there is an increasing number of complaints in relation to access to treatment in the crisis team.
- IB was concerned at the lack of information on ethnicity and sexual orientation. DS agreed to re-look at the national guidance and best practice; however, she conceded that the Trust does struggle to address this issue.
- NHB commented that the report shows the value of the complaints process, which demonstrates a considerable improvement due to the responsiveness and face-to-face approach of the Customer Services Team. The Trust could have far more referrals to the Ombudsman than it does.

TB/14/44c Exception reports and action plans – Care planning update (agenda item 5.3(i))

SR assured Trust Board that BDU Directors are working with teams to improve performance. HW asked how Trust Board would receive assurance of improvement in this area. In her view, the report does not provide sufficient assurance. AF responded that care planning is reviewed by the EMT. There is a recognition that this is part of delivering safe, effective and efficient services and there is a need to align effective care planning, record keeping and caseload management. There is a co-ordinated approach to working with teams to address poor performing areas of data quality to inform care planning and service line management.

IB commented on the gap in service user perception that they have a care plan. DS responded that the findings of a recent survey demonstrated that 42% of in-patients and 75% of community patients responded positively, supported by a positive response to questions related to involvement, engagement and support in care and treatment but there is strong evidence that service users are not being given a copy of their care plan.

JF added that the findings show that some service users do not recognise what a care plan is. The care plan on the Trust's clinical information system (RiO) is not easily understood and she wondered if there was a better way to present this to enable service users to understand the information. SM commented that there is a long history behind this. Not giving a service user a care plan does not reflect the Trusts' values. There has to be a balance between compliance and culture in having a meaningful plan. Transformation provides a platform through recovery colleges to communicate and engage with service users and staff to develop a better approach. TB added that there are opportunities to learn from the learning disability pathway where much work has been done to improve care planning.

PA commented that there were no timescales in the report and the report gives the impression that the Trust is not clear on what it needs to do. SM responded that the first step is to engage with service users and ensure that Trust practice reflects their needs.

It was RESOLVED to NOTE the report.

TB/14/44d Exception reports and action plans – Incident management annual report 2013/14 (agenda item 5.3(ii))

TB introduced this item and took Trust Board through the highlights of the report. Detailed scrutiny will be undertaken by the Clinical Governance and Clinical Safety Committee in September 2014.

HW commented that the report provided assurance that robust systems and processes are in place and she had more confidence that the Trust is making progress in learning lessons from incidents. She would like to see a more detailed report on pressure ulcers and whether the Trust is providing the best service it can in relation to tissue viability. She would also like a more detailed review of the increase in suicides.

NHB commented that there are recurring themes from incidents and these can be addressed through the transformation programme and consistent implementation of Trust policies and procedures across all BDUs is essential in ensuring patient safety.

It was RESOLVED to RECEIVE the report.

TB/14/44e Exception reports and action plans – Health and safety annual report 2013/14 and objectives 2014/15 (agenda item 5.3(iii))

AGD advised that the health and safety objectives had been approved by the Clinical Governance and Clinical Safety Committee to ensure the Trust can progress these in a timely way. He asked Trust Board to note that the annual report links to other areas and reports, such as managing aggression and violence, clinical audit, slips, trips and falls, and infection prevention and control. The action plan demonstrates a risk-based approach to monitoring in 2014/15.

JF asked for an explanation of the reduction in incidents in forensic services. ABe responded that there was no apparent reason for this and it did actually correspond to a time of increasing acuity for the service.

TB commented that the Patient Safety Strategy, which will be presented to the Clinical Governance and Clinical Safety Committee, will bring these strands together.

It was RESOLVED to NOTE the report and AGREE the action plan for 2014/15.

TB/14/45 Policies and strategies for approval (agenda item 6)

TB/14/45a Policy for the development, approval and dissemination of policy and procedural documents (agenda item 6.1)

SM commented that Trust policies determine Trust standards and how the Trust expects staff to behave.

In response to a query from Jonathan Jones (JJ), IB commented that Trust Board received a series of reports regarding harmonisation and integration of policies and considered that this had been effectively achieved. It was confirmed that any staff transferring under TUPE operate to existing Trust policies. Clinical and operational policies are integrated with the exception of areas where there are specific operational or clinical reasons for a difference in policy and/or approach and this is specifically reflected in such policies.

PA asked if staff and managers understand and comply with policies. AGD responded that there is support for staff to understand their rights, responsibilities and accountabilities in relation to workforce policies, and training and development is available in areas such as grievance and appraisal. Managers understand their responsibilities in relation to policy compliance. NHB added that clinical and operational policies are consistently developed, approved and applied with a high level of clinical and managerial involvement through appropriate approval mechanisms.

It was RESOLVED to APPROVE the Policy on Policies for a further two-year period to July 2016 and to NOTE the minor changes to the Equality Impact Assessment.

TB/14/45b Procurement Strategy (agenda item 6.2)

AF confirmed that the Strategy had been reviewed by both the EMT and the Audit Committee. PA highlighted two issues of concern for the Audit Committee in relation to ensuring BDU responsibilities for procurement are clear and an issue with Agresso system processing where small discrepancies arise. The Committee was assured that the Strategy addresses the first; however, it has asked for further assurance on progress with the second.

HW commented that she would like to see the Strategy focus more on what the Trust can do to use its procurement to support service users into employment and to regenerate local communities.

It was RESOLVED to APPROVE the Procurement Strategy.

TB/14/46 Five-year strategic plan 2014 to 2019 (agenda item 7)

SM commented on the plan, recognising the difficulty in pulling together the different strands of information and commending the work done to develop the plan. He considered that it sets out a sensible position for the Trust. Two key areas are an assessment of the strategic planning capability and capacity within the Trust, and the sustainability declaration. The strategic direction set out is supported by milestones and timescales. The plan also highlights the need for the Trust to have a strong influence in determining the future organisational configuration and ensuring that Trust services are not marginalised.

JF commented that this was a good, clear document. IB suggested inclusion of an executive summary as this is intended to be a public document and he would also like to see other Trusts' plans when available. AF responded that all foundation trusts have been asked to submit a shorter, public version of their plan, which will be on Monitor's website in due course.

It was RESOLVED to NOTE the five-year strategic plan submitted to Monitor following formal Trust Board approval in June 2014.

TB/14/47 Monitor quarterly return quarter 1 2014/15 (agenda item 8)

DS reported that the Trust would declare green governance and financial risk ratings and a continuity of services risk rating of 4. She will circulate the quarter 1 results when available. The Medical Director's planned retirement will be included and the section on CAMHS strengthened. Further information will be provided to the Members' Council Quality Group on AWOL incidents.

Capital plan

AGD outlined the reasons for the underspend in quarter 1 and the breach of Monitor's 15% tolerance. Monitor was alerted to the position during its annual visit in June. The revised capital plan is included in the detailed financial return for quarter 1.

It was RESOLVED to APPROVE the submission and exception report to Monitor and to APPROVE the revised capital programme.

TB/14/48 Assurance Framework and organisational risk register (agenda item 9)

IB asked Trust Board to consider inclusion of partnering commercial arrangements in relation to the lack of experience within the Trust to negotiate commercial agreements and the risk to the Trust's reputation. He also suggested inclusion of the Trust's assessment of sustainability at the year 3 point of the five-year strategic plan and was assured that this was covered under the risk in relation to the wider health economy.

It was RESOLVED to NOTE the assurances provided and to NOTE the key risks for the organisation.

TB/14/49 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Tuesday 23 September 2014 in seminar room 2, Textile Centre of Excellence, Huddersfield.

Signed **Date**