



## Minutes of Trust Board meeting held on 23 September 2014

<b>Present:</b>	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
<b>Apologies:</b>	Julie Fox	Non-Executive Director
<b>In attendance:</b>	Adrian Berry	Director of Forensic Services
	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)
<b>Guests:</b>	Bob Mortimer	Governor, publicly elected, Kirklees

### **TB/14/50 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting. The apology, as above, was noted.

IB began by noting that this was Nisreen Booya's (NHB) last Trust Board meeting. He thanked NHB for her significant contribution during a time of considerable challenge and change. He went on to say that there had been a robust interview process for the post of Medical Director involving service users, directors and staff over two days. The involvement of both a service user and the Chief Executive of another Trust at the final interview for all five candidates was especially useful and he was pleased to confirm the appointment of Adrian Berry (ABE) as Medical Director from 1 October 2014.

### **TB/14/51 Declaration of interests (agenda item 2)**

There were no declarations over and above those made in March 2014 and at subsequent meetings.

### **TB/14/52 Minutes of and matters arising from the Trust Board meeting held on 22 July 2014 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 22 July 2014 as a true and accurate record of the meeting. There were no matters arising.

*Nisreen Booya joined the meeting*

### **TB/14/53 Assurance from Trust Board Committees (agenda item 4)**

#### **TB/14/53a Audit Committee 8 July 2014 (agenda item 4.1)**

Peter Aspinall (PA) commented that the item on staff declarations of interests had been deferred to the October meeting. He also commented on the 'training' item, which arose from the Committee self-assessment earlier in the year. KPMG and Deloitte, as the Trust's

internal and external auditors, have been asked to put together a series of sessions around Audit Committee effectiveness, transformation, key issues and priorities in relation to the Committee's responsibilities, and triangulation between financial numbers and activity. Piers Ricketts from KPMG will facilitate a session on characteristics of a successful transformation at the next meeting on 7 October 2014 and there is an open invitation to Trust Board members to attend.

PA also commented on the IM&T Forum the previous day. The Forum received a paper on ongoing investment plans to support transformation and change. The Forum continues to seek assurance that IT is a partnership eliminating the view that IT is developed in isolation, takes note of user feedback and provides added value for patients and service users and service development. Steven Michael (SM) commented that identifying capital that can be invested linked to transformation represents a prudent approach, which meets the Trust's needs. Jonathan Jones (JJ) added that this is as much a cultural journey as an IT journey, particularly around winning hearts and minds to ensure the benefits of technology are harnessed. Alan Davis (AGD) added that the IT plan links strongly to the Estates Strategy and the development of agile working.

TB/14/53b Clinical Governance and Clinical Safety Committee 17 September 2014 (agenda item 4.2)

Helen Wollaston (HW) highlighted the following.

- A key item for the Committee was the recovery plan for child and adolescent mental health services (CAMHS).
- A detailed response to staff following the Francis workshops was presented to the Committee. It was agreed that IB and HW would sign-off a concise summary letter on behalf of Trust Board, including a reminder of how to raise concerns and signposting the detailed response.
- The Committee received an update on unplanned visits, which very much take the middle ground in terms of assessment. The Committee was keen to see examples of excellent and outstanding services where appropriate, whilst accepting there will always be areas for development even when excellent practice is identified. She also encouraged Trust Board members to participate in the visits. SM commented that the Care Quality Commission (CQC) will come to a view on a rating and, therefore, the Trust needs to be prepared for this. Current ratings represent a cautious approach but there are areas of excellent and outstanding services within the Trust.

SM also commented on CAMHS and the following points were made.

- There is active dialogue with commissioners in Calderdale and Kirklees on the position and the recovery plan. Commissioners acknowledge that the recovery plan is having an effect.
- SM attended an engagement and listening event with staff the previous day, which was much in line with Trust values with an open and candid discussion.
- The report from the independent review was excellent and has produced a set of recommendations and observations that will be shared with staff. The Trust has asked the reviewers to return in six months to assess the action taken.
- IB encouraged Trust Board to attend the Insight evening events on CAMHS in each BDU area.
- AGD also commented on the correlation between areas with service issues and levels of sickness absence, which is demonstrated in CAMHS in Calderdale and Kirklees. Addressing underlying issues are a key part of the recovery plan.
- SM has asked for areas that can be fast-tracked in the recovery plan to be expedited as a matter of urgency.

- He also commented that, in terms of commissioning, there are gaps in the service and, as a Board, Directors need to be aware of where these are. The independent review was to have compared the service in Calderdale and Kirklees with that in Wakefield; however, a comparison was difficult due to the differences in the level of investment.
- He added that the Trust must learn from the due diligence experience. Alex Farrell (AF) concurred and added that a key area for due diligence in the future would be to seek the views of the people who use services.
- Tim Breedon (TB) reminded Trust Board why the Trust bid for the services in the first place. A Trust-wide footprint minimises the risk in the transition between child and adult services and enables the Trust to demonstrate to commissioners where investment is needed to strengthen services.

#### TB/14/53c Mental Health Act Committee 5 August 2014 (agenda item 4.3)

On behalf of Julie Fox, TB raised the following.

- The impact of the Cheshire West judgement regarding the admission of informal patients may increase the numbers of individuals detained, which will be monitored closely.
- There has been an improvement in data quality and the information presented to the Committee.
- There will be a detailed summary of local approaches to the Mental Health Crisis Concordat and use of Section 136 suites at the next meeting of the Committee. SM commented that the Better Care Fund is charged with reducing emergency admissions by 3.5%. There could be an emerging crisis with the emergency mental health pathway and there is, therefore, a need for parity of esteem in national and local plans.

#### TB/14/53d Remuneration and Terms of Service Committee 14 July 2014 (agenda item 4.4)

IB commented on:

- the appointment of an interim Commercial Manager for a three-month period prior to a full recruitment exercise commencing September 2014;
- the continued detailed scrutiny of the human resources performance report by the Committee; and
- approval of Directors' performance related pay scheme for 2014/15.

In relation to the off-payroll item, PA asked whether there was a risk of which Trust Board should be aware. Dawn Stephenson (DS) responded that the Trust is required to report in its annual report and accounts on off-payroll arrangements. The report to the Committee provided assurance that the Trust is adhering to HM Treasury requirements and action is in place to address any gaps or areas of weakness.

#### **TB/14/54 Chief Executive's remarks (agenda item 5)**

Under his remarks, SM raised the following.

- The meeting with Monitor on the Trust's quarter 1 return and five-year strategic plan was positive and Monitor was supportive of the Trust's plans given the current uncertainty and challenge. Feedback confirmed level 4 and a green governance rating.
- The Dalton review (Hospital Change Review) provides a focus on potential provider configurations and models. The work to date confirms that the Trust approach represents a good response to future sustainability.
- The Health Service Journal (HSJ) commissioning summit.
- The different approaches locally towards the Better Care Fund, which represents a potential risk in terms of Trust services included in local bids and uncertainty of the detail of some plans.
- Trust and staff recognition is a priority for the Chair and Chief Executive this year to celebrate and recognise the Trust and its staff. SM highlighted a number of areas where

staff have been recognised. This included the Trust's inclusion in the HSJ top NHS organisations in which to work. The Trust appears in the top 100 (out of 371 organisations) and it is clear from the list that the Trusts in the 'top ten' publicise, promote and market themselves. The Trust needs to do more of this.

AGD was asked to update on potential industrial action by health unions, which have announced the intention to ballot members on industrial action in response to the national pay agreement (with the exception of the BMA and Royal College of Nursing). UNISON members have voted in favour of strike action; however, it was noted that the turnout was very low at 14%. The impact on Trust services is not clear. Other unions are currently balloting members. No date has yet been set for the action and the Trust will receive a minimum seven days' notice. Contingency plans will be in place for services and risk assessments undertaken. Dialogue with staff side continues and the priority is to protect patient care. SM commented that the Trust could be faced with the scenario that services are left unsafe. AGD responded that the Trust will work with staff side locally to ensure services would not be left in an unsafe position. AGD was asked to inform Trust Board if any urgent risks emerge and provide an update to the Remuneration and Terms of Service Committee on 14 October 2014.

#### **TB/14/55 Appointment of Responsible Officer (agenda item 6)**

**It was RESOLVED to APPROVE the change in Responsible Officer for the Trust from 1 October 2014 and for Barnsley Hospice until 15 January 2015 from Nisreen Booya to Adrian Berry.**

JJ asked about the plans to replace ABe as Director of Forensic Services. ABe responded that the detail has to be agreed. The Medical Director role precludes operational responsibility for a service. He will still maintain an externally focussed strategic involvement role in forensic services to utilise knowledge and expertise; however, operational responsibility has still to be agreed. Additional capacity is in place in the interim to ensure BDU Director level management and clinical lead responsibilities are covered. An update will be provided to Trust Board in October 2014 and in SM's report to the Remuneration and Terms of Service Committee. SM confirmed that ABe would retain responsibility until arrangements are confirmed. NHB added that very few organisations have such a seamless transfer from one Medical Director to another. She commented that it is essential that ABe retains his national and regional portfolio at a strategic level.

#### **TB/14/56 Performance reports month 5 2014/15 (agenda item 7)**

TB/14/56a Performance report (agenda item 7.1)

Three areas were highlighted.

##### 1. Data quality and mental health currency

TB commented that there is an improving trajectory in this area due to two key developments, namely the establishment of a Director-led data quality group with a clinical focus, and payment by results data. There are also a number of areas for close monitoring in terms of training and he assured Trust Board that action is in place to address these.

##### 2. Movement in the financial position

AF commented that, in month 4, the year-to-date position was a slight overspend as the re-valuation of land at Aberford Field had not materialised, which masked the £1.4 million underspend on pay. The month 5 year-to-date position is a £2.1 million underspend as the re-valuation has occurred and the full underspend on pay is visible. There is a £1.8 million underspend in pay (against an underspend of £1.4 million in month 4). The Executive

Management Team (EMT) has agreed it needs be assured that vacancies have no adverse impact on services and will feedback to Trust Board in October 2014.

The forecast is improving within operational BDU budgets and less provision is required to manage this position moving from £1.5 million in month 4 to £637,000 in month 5. The net surplus position, which is £1.8 million above plan, will reduce to the forecast position due to phasing of cost improvements and the erosion of the current underspend.

The overall forecast on the cost improvement programme is a shortfall of £782,000 as schemes planned for later in the year are not yet finalised, particularly for management of pay (mandatory training headroom), medical staffing and shift patterns. Substitutions of £2.1 million, both recurrent and non-recurrent, have been identified and a final position will be presented to Trust Board at the month 6 point in October 2014.

SM commented that the operational requirement group and EMT continue to review the 'RAG' rating of the cost savings and there will be a review of the position by Deloitte in October 2014.

AGD confirmed that revised shift patterns 'go live' on 13 October 2014. Consultation with staff is complete although there is a small number of staff in a formal process for re-deployment.

The following comments were made in the subsequent discussion.

- JJ commented that the position appears to be broadly on plan. For the review in October, he would like to see that EMT is broadly confident and comfortable with the plan to March 2015 and beyond. SM responded that the transformation of services plays a key role in the Trust's sustainability and the mental health summit on 16 October 2014 will translate the vision to operational implementation taking the programme through to 2015/16. Provision has also been made for safer staffing pressures, particularly around Calderdale crisis services, Bretton Centre and a peripatetic nursing team.
- JJ commented that he would like to see examples of what has been achieved in terms of efficiency and transformational savings in October's report.
- PA commented on the complexity of the task for this year, which the Trust will need to do again next year. Deloitte will report on the Trust's position and the implications.
- In relation the vacancy factor, HW asked whether the Trust is just not recruiting to vacant posts without the quality impact assessment other cost savings have been subjected to. AF responded that the movement in forecast is due to a detailed analysis of the vacancy position to provide a realistic assessment of vacancies and the impact on pay. She also commented that there is a weekly review of vacancies, chaired by Karen Taylor, to ensure essential posts are filled quickly.
- Laurence Campbell (LC) commented that the change in shift patterns represents a big move for the Trust, particularly if done all at once, and asked whether this will form a 'big bang' or be piloted in one or two areas. AGD confirmed that the majority of staff will move to twelve-hour shifts. Issues for staff were identified in the quality impact assessment and the impact on staff of twelve-hour shifts already operational in other parts of the Trust reviewed. The ongoing impact on staff will be monitored closely. TB commented that part of the quality impact assessment looked at areas where twelve-hour shifts had already been implemented. There are conflicting views nationally on the impact on staff and this will be monitored both in the short- and longer-term in terms of the impact on staff and services.
- IB asked how Trust Board can seek assurance that controls and governance are in place to ensure 'surprises' such as those making headlines do not happen at this Trust. He would like to see an explicit explanation of how Trust Board receives such assurance and suggested that the Audit Committee looks at this. JJ commented that he is happy

that structures are in place and he would expect internal and external audit to identify any concerns or risks. SM commented that the original due diligence in the Foundation Trust application required the Trust to improve its financial and non-financial reporting, which has led to detailed and transparent reporting to Trust Board. He suggested that the Company Secretary undertakes an historical review of the consistency of financial reporting linked to operational reporting to Trust Board. Trust Board agreed this should be taken through the Audit Committee in October with feedback to Trust Board later in the month. IB suggested that one outcome may be to bring the Trust's governance review forward. HW commented that a review of governance in charitable funds may also be useful to give Trust Board assurance on the checks and balances, and governance processes in place.

### 3. Workforce metrics

AGD commented on sickness and highlighted two areas of concern, Calderdale and Kirklees CAMHS, which is part of the recovery plan, and low secure services. Performance against the appraisal target is not meeting the original target set of 90% of staff in bands 6 and above to have appraisals in quarter 1 and 90% of staff in bands 5 and below in quarter 2. However, the Trust is meeting the national benchmark and a further report will be presented to the Remuneration and Terms of Service Committee.

#### TB/14/56b Exception reports and action plans – Quarterly serious incidents report (agenda item 7.2(i))

TB commented on the following.

- There is a slightly increasing trend in relation to incident reporting, which is indicative of a positive reporting culture.
- The Clinical Governance and Clinical Safety Committee received a detailed report on the tissue viability service in Barnsley at its September meeting, including high and local level action plans in place to address issues.
- There has been an increase in the number of suspected suicides; however, no trend has been identified following review and analysis by the AMD for Patient Safety. The Clinical Reference Group will examine trends and broader issues regarding patient safety and the outcome will be presented to the Committee in November 2014. The AMD for Patient Safety will also make a presentation to the Committee.
- A draft report on the outcome of the independent investigation has been received for a factual accuracy check. A date for receipt of the final report for presentation to Trust Board is awaited from Veritas.

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

#### TB/14/56c Exception reports and action plans – Francis workshops – Trust Board response (agenda item 7.2(ii))

This item was covered under agenda item 4.2.

#### TB/14/56d Exception reports and action plans – NHS Constitution (agenda item 7.2(iii))

DS introduced this item and commented that it might be useful in future to include detail on the Trust's website both in terms of how the Trust meets its responsibilities but also to highlight the rights and responsibilities of staff and service users.

In response to a query from LC, TB commented that there are certain criteria the Trust has to meet in terms of mixed sex accommodation. A declaration is made by Trust Board each year that it meets the requirements and he assured LC that the Trust meets these currently.

**It was RESOLVED to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the NHS Constitution.**

TB/14/56e Exception reports and action plans – Care Quality Commission fit and proper person's test (agenda item 7.2(iv))

Trust Board noted that this will form part of the annual declaration of interests exercise in future. **It was RESOLVED to NOTE the CQC's fit and proper person's requirement and to APPROVE the proposal to undertake a retrospective declaration for Trust Board, agreeing this should be part of the annual exercise for reporting to Trust Board in March 2015.**

TB/14/56f Exception reports and action plans – Building a Trust health intelligence resource to support transformation and decision-making (agenda item 7.2(v))

Diane Smith (DSm) introduced this paper. PA asked how the Trust will measure 'success'. DSm responded that this would involve triangulation of information the Trust already has and ensuring the information is applied to support BDUs provide and improve services to the benefit of patients.

IB asked for a follow up report in six months to Trust Board to demonstrate how this has been developed and to demonstrate the benefits to the Trust.

LC asked if resource was available and DSm responded that this has still to be clarified with the Chief Executive. SM added that key is to harness talent that already exists within the organisation through matrix working. He also commented that the Trust spends a deal of time satisfying policy, commissioning and regulatory requirements; however, it needs to also apply intelligence for its own benefit and to improve services.

**It was RESOLVED to NOTE the report and to RECEIVE an update report in six months.**

**TB/14/57 Implementing the Estates Strategy (agenda item 8)**

TB/14/57a Barnsley hub – New Street business case (agenda item 8.1)

AGD introduced this item. LC asked whether there is a risk that the transformation agenda will threaten hub development. AGD responded that the community hub structure supports transformation to move delivery of services closer to the communities the Trust serves and improve the productivity of staff, which is vital to transformation. IB suggested a review of how hubs are working in twelve months. AGD responded that there is a formal process of review for each capital development at the twelve-month point and IB suggested that this could inform a review of hubs collectively for Trust Board in October 2015.

AF commented on three areas that require further work before implementation in relation to the disposal of Queen's Road, the movement of staff and agile working assumptions.

AGD confirmed that the refurbishment would take place in this financial year.

**It was RESOLVED to APPROVE the business case to refurbish the New Street Health Centre.**

**TB/14/58 Charitable funds annual report and accounts 2013/14 (agenda item 9)**

**It was RESOLVED to APPROVE the annual report and accounts for charitable funds 2013/14.**

**TB/14/59 Use of Trust seal (agenda item 10)**

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

**TB/14/60 Date and time of next meeting (agenda item 11)**

The next meeting of Trust Board will be held on Tuesday 21 October 2014 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

**Signed .....**      **Date .....**