



With all of us in mind

Minutes of Trust Board meeting held on 21 October 2014

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Julie Fox	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Steven Michael	Chief Executive
	Adrian Berry	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
Apologies:	Laurence Campbell	Non-Executive Director
	Jonathan Jones	Non-Executive Director
In attendance:	Sean Rayner	District Director, Barnsley and Wakefield
	Diane Smith	Interim Director of Service Innovation and Health Intelligence
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)
Guests:	Steve Ollerton	Clinical Lead, Greater Huddersfield CCG
	Vanessa Stirum	Lay Member, Greater Huddersfield CCG
	Nadeem Ghana	Badenoch and Clark

TB/14/61 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, particularly Adrian Berry (ABe), attending his first meeting as Medical Director. The apologies, as above, were noted.

TB/14/62 Declaration of interests (agenda item 2)

The following declaration of interests was considered by Trust Board.

Name	Declaration
DIRECTORS	
Dawn Stephenson	As part of role as governor on the Membership Council of Calderdale and Huddersfield NHS Foundation Trust, appointed to Remuneration and Terms of Service sub-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/14/63 Minutes of and matters arising from the Trust Board meeting held on 23 September 2014 (agenda item 3)

Tim Breedon (TB) asked for "in relation to incident reporting" to be added to the first bullet point under item TB/14/56b. Subject to this amendment, **it was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 23 September 2014 as a true and accurate record of the meeting.** There were two matters arising.

TB/14/53b Clinical Governance and Clinical Safety Committee 17 September 2014

Helen Wollaston (HW) confirmed that she and the Chair had agreed the response to staff following the Francis workshop. The Chief Executive (SM) commented that three priority areas had been identified for additional investment in staffing – Calderdale crisis team, low secure services and development of a peripatetic nursing team. Business cases will be taken through the Executive Management Team (EMT).

HW also suggested a review of the governance arrangements for charitable funds, particularly in terms of ensuring payment is made only after approval processes are complete and that a declaration of interests is received for those making awards. It was agreed to follow this up through the Audit Committee.

TB/14/56b Quarterly serious incidents report – independent investigation report

It was RESOLVED to DELEGATE AUTHORITY to the Chair, Deputy Chair, Chief Executive, Director of Nursing and Medical Director to formally agree the independent investigation report on behalf of Trust Board.

TB/14/64 Chair and Chief Executive's remarks (agenda item 4)

Under his remarks, IB raised the following.

- The Chair was pleased to announce that an 'outstanding' rating had been given to Barnsley palliative care team following a Trust planned visit to the service.
- The Care Quality Commission (CQC) recently issued its annual report. Of the 38 inspections undertaken, nine trusts were rated 'good', 24 'require improvement' and five were 'inadequate'. No trust was rated as 'outstanding'; however, since publication of the report, Frimley Park NHS Foundation Trust has been awarded an 'outstanding' rating. This reflects the cautious approach to the rating system. The CQC target to inspect all trusts by the end of 2015 remains. It was suggested that the Clinical Governance and Clinical Safety Committee considers the report in terms of themes and issues for mental health and general community services.
- After discussion with the Company Secretary, IB proposed that Trust Board becomes 'paperless' from 1 April 2015. This provides time to consult and review any concerns Directors may have and to test options available.
- In relation to the strategic outline case, the three partner Chairs (of this Trust, Calderdale and Huddersfield NHS Foundation Trust and Locala) wrote to commissioners. A response was received outlining the next steps they are to take, particularly for community services. It was agreed to circulate the letter with the minutes.

Under his remarks, SM raised the following.

- The Dalton review, currency development both locally and nationally, the Better Care Fund and the different approaches taken locally, and staff engagement events.
- The mental health summit held on 16 October 2014, which focused on acute and community mental health services. This was a very positive and constructive event with 120 staff attending. A clear articulation of the case for change was made, which will be shared with Trust Board, with the vision for the service model and how this aligns with commissioning intentions and primary care. A similar approach will be taken for children's services, dementia and general community services (in early December). The case for change was supported by a range of data and there are three areas the Clinical Governance and Clinical Safety and Mental Health Act Committees may wish to look at:
 - the relatively low numbers detained under the Mental Health Act;
 - gatekept admissions for crisis services; and
 - the numbers placed out-of-area in some localities.

Alan Davis (AGD) was asked to update on the industrial action that took place on 13 October 2014 in response to the national pay agreement. The action consisted of a four-hour strike and four days work-to-rule. There were no issues with the delivery or safety of services during the action.

TB/14/65 Performance reports month 6 2014/15 (agenda item 5)

TB/14/65a Quality performance report (agenda item 5.1)

TB highlighted the following.

- Safer staffing and the additional investment made by the Trust.
- The introduction of twelve-hour shifts across in-patient units and the reduction in mandatory training headroom, which will be monitored at a local level and assessed by BDUs on an ongoing basis.
- Friends and Family Test, which the Trust is required to undertake quarterly.
- Independent investigation report (delegated authority was given under agenda item 3).
- Development of a Patient Safety Strategy, which will be presented to the Clinical Governance and Clinical Safety Committee in February 2015 and Trust Board in March 2015.
- There are a number of issues with waiting times to access Trust services and variations across districts, which will be reviewed in detail by the Clinical Governance and Clinical Safety Committee in its consideration of quality priorities. HW commented that she would like to see where the 'hotspots' are across the Trust and she will agree the most appropriate timing for the Committee's consideration.
- There has been an increase in the number of instances where a bed is not immediately available for admission to Trust in-patient services. All instances have been reviewed for any themes or whether any specific intervention is required. The protocol will be reviewed to ensure it reflects the mitigating action required. The Trust must rely on clinical judgement on patient safety and this remains the Trust's first concern in any situation. SM commented that this reflects the need for the Trust to review the acute and community mental health pathway through its transformation programme and is an issue seen nationally.
- Sign-up to Safety campaign, which the Trust has signed-up to.

Peter Aspinall (PA) asked when the sickness absence rate would meet the target of 4% and what assurance is there that the Trust is working towards achieving the target. AGD responded that there had been a lengthy discussion at the Remuneration and Terms of Service Committee on 14 October 2014 and commented that sickness absence is a symptom of wider issues within services. IB added that the Committee received a detailed analysis of the sickness absence figures supported by plans to address areas of underperformance. The Committee also considered whether the Trust should continue with a target of 4%. The Committee was of the view that, as some service areas achieve 4% or lower, the target should remain as an aspiration for all areas. HW supported the Chair's comments and added that the detailed analysis provides assurance that the Trust is working to improve absence rates. AGD agreed to send PA the detailed analysis.

PA asked for clarification that the Trust is, therefore, aiming to achieve the target. AGD confirmed that this remains the target and that the Trust compares well with other organisations, particularly in the North. He will discuss access to data for trusts in the South, where absence rates are lower, with the Trust's external auditors. He also commented that the highest absence is in forensic services and the Trust is comparing itself against organisations without such services. He added that the target is stretching and the Trust's approach has driven improvement in most areas; however, it is unlikely that the Trust will achieve the target in 2014/15. IB suggested considering the target again during planning for 2015/16 and to also consider the trend, which does demonstrate improvement. Julie Fox

(JF) commented that she was assured; however, she would like to see the Trust continue to push to meet the 4% target and not accept the current level.

SM asked for clarity on whether assurance is provided through the Remuneration and Terms of Service Committee or through the full Trust Board. He added that the current rate is driven by one or two areas; the key for Trust Board should, therefore, be what management action is being taken to address sickness absence in these areas and this information is presented to the Committee at the request of Trust Board. JF commented that she would like to see more detailed information at the full Trust Board even though it has been through the Committee until the rate comes under the 4% target. IB responded that there is obviously insufficient information coming from the Committee through to Trust Board to provide assurance; however, he would like to continue with a detailed discussion at Committee level and include further narrative in the performance report presented quarterly to the business and risk Trust Board meetings.

Finance

Alex Farrell (AF) highlighted the following.

- The Trust is rated green (by Trust Board and confirmed by Monitor) with a continuity of services rating of 4 due to its strong financial position.
- Year-to-date, the Trust is £2.2 million above planned surplus at £4.2 million against a plan of £2 million, mainly due to underspend on pay.
- The year-end position is expected to meet the plan as the underspend on pay is not expected to continue and performance against the cost improvement programme will improve.
- The spend on out-of-areas placements continues at a higher level than the Trust would like. SM commented that this requires operational and clinical solutions to address the overspend and to ensure efficiency in the pathway in relation to the level of gatekept admissions, gatekeeping of discharges and single point of access.
- The overall forecast position for the cost improvement programme is £500,000 under the target of £12.8 million; therefore, the utilisation of provisions is broadly the same as month 5. There is a recurrent issue of £800,000 for 2015/16.
- Capital spend is behind plan due a delay in a number of schemes and there is a risk of the Trust breaching Monitor's 15% tolerance. The Trust will take advice and engage with commissioners on commissioning intentions, particularly in relation to community hubs and specialist commissioning.

AGD commented that, as part of assurance processes, there is close monitoring of the uptake of mandatory training as the overall figure may mask areas of underperformance and potential risk.

As discussed at Trust Board in September 2014, EMT asked for further assurance in relation to the impact on services as a result of the underspend on pay. A detailed piece of work was undertaken to assess what is driving the underspend and EMT was assured that this was not having an adverse effect on the quality and delivery of services. Sean Rayner (SR) commented that vacancy levels within BDUs range from 2.7% in Wakefield to 7.5% in learning disability and specialist services. Checks and balances are in place to review each vacancy, no trends are apparent, except in areas of known pressure, and mitigating action is in place to address these. SR assured Trust Board that it is quite clear that service delivery is not being compromised, and that checks and balances and assurance processes in place pick up and identify areas of risk and concern.

TB/14/65b Assurance on financial reporting (agenda item 5.2)

PA confirmed that this issue was discussed in detail at the Audit Committee on 7 October 2014 at the request of Trust Board. A key issue is personnel and the Trust has an

expectation that staff will behave in a way that meets professional standards and behaviours, and expects openness and transparency. One area of potential concern is whether staff are aware of appropriate opportunities to raise concerns and observations. AGD responded that a whistleblowing leaflet is circulated to all staff outlining how they can raise concerns at all levels not just through the formal whistleblowing policy but informally as well. A key part of the policy is that staff suffer no detriment or adverse treatment as a result of offering challenge.

AF commented that EMT is the forum that provides the appropriate level of challenge and triangulation of quality, finance and operations. The Trust is not reporting significant shifts in position or any surprises, providing assurance that systems and processes are in place and working effectively. SM added that Trust Board could take assurance from improved financial reporting, which is transparent and clear at all levels of the organisation.

It was RESOLVED to NOTE and SUPPORT the Audit Committee's recommendation that the systems and processes in place within the Trust provide the assurance sought by Trust Board.

TB/14/65c Customer services report quarter 2 2014/15 (agenda item 5.3)

Dawn Stephenson (DS) took Trust Board through the report. She particularly commented on the equality data, which, despite the efforts of the customer services team, has not improved from the last quarter. DS will work with HW to look at ways to encourage people to complete the information. She added that information was also provided on areas of feedback for forensic services as requested at the last meeting. SM commented that he was surprised there is not web-based tool for people to raise issues and provide feedback, which was noted by DS.

It was RESOLVED to NOTE the customer services report for quarter 2 of 2014/15.

TB/14/65d Exception reports and action plans – Equality Delivery System – update (agenda item 5.4(i))

DS took Trust Board through the report, which provides an update on progress against goals in the Equality Delivery System. She also alerted Trust Board to the planned event to increase the diversity of Non-Executive Directors and encourage people from diverse backgrounds to apply. HW encouraged Directors to use their networks to attract individuals to attend the event in January 2015.

HW also commented on training in relation to race and stressed that all staff must be confident in addressing and dealing with issues around race. JF suggested equality and diversity training for Trust Board and SM suggested including in a strategic session for Trust Board.

PA asked how the Trust will know where it is on its journey. DS responded that the Trust will use the framework in a progressive way and test how service users think the Trust is doing. This will be reported through the annual report on the Equality Delivery System. AF added that equality is an area of emphasis in annual plans for 2015/16 and TB that it is a focus in the quality priorities. HW urged the Trust to use its transformation programme to ensure inclusiveness and to mainstream practice.

It was RESOLVED to RECEIVE the update.

TB/14/65e Exception reports and action plans – Quality Academy review and action plan (agenda item 5.4(ii))

Following an introduction from SM, IB expressed a concern in relation to sharing of best practice. SM acknowledged that the Trust is not as good as it should be in this area. It is

the intention for the Director of Service Innovation and Health Intelligence going forward to address this shortfall. SR commented that, by demonstrating and evidencing differences between BDUs, staff will own the action to improve. IB added that the Trust does not publicise what it does and what it is good at sufficiently although action is in place to address this in the coming year.

It was RESOLVED to RECEIVE the report.

TB/14/66 Governance (agenda item 6)

TB/14/66a Members' Council evaluation (agenda item 6.1)

It was RESOLVED to NOTE the outcome of the Members' Council evaluation session.

TB/14/66b Changes to the Trust's constitution – electronic voting and annual members meeting quorum (agenda item 6.2)

It was RESOLVED to APPROVE the changes to the constitution as outlined in the paper.

TB/14/66c Audit Committee assurance on staff register of interests (agenda item 6.3)

PA commented on the poor response rate; however, he took assurance from the action planned for future declaration exercises.

It was RESOLVED to NOTE the Audit Committee's position as set out in the paper.

TB/14/67 Implementing the Estates Strategy – major capital schemes update (agenda item 7)

AGD outlined progress in two key areas – community hubs and Trust-wide decant facility and Fieldhead masterplan, linked to a compliance issue at Ryburn.

Trust-wide decant facility and Fieldhead masterplan

The solution identified has implications for the forensic BDU in terms of capital charges although some can be offset by staff efficiencies. However, he recommended to Trust Board that the Trust submits planning permission and continues financial modelling in the interim. If the business case does not present a reasonable solution, other options will be considered.

Community hubs

HW commented that she was disappointed at the lack of progress with the Wakefield hub as the community hub proposal was presented some time ago and she was concerned that the Trust was not progressing the direction of travel Trust Board had agreed through the Estates Strategy. She added that the Trust cannot always wait until the service position is fully developed to take estates changes forward.

AGD responded that he was surprised at the lack of suitable property in Wakefield and much work has been done to date to work towards the community hub principles, particularly around introducing agile working and reviewing the nature of accommodation. There are two properties in Wakefield that the team are currently investigating. SM commented that there had been a detailed discussion at the Estates Forum on the position.

IB asked that the risk around realising the capital programme in 2014/15 is included in the quarterly return to Monitor and he also agreed to take the business case for the Wakefield hub at the November strategy meeting.

It was **RESOLVED** to **NOTE** the Estates Strategy update and **APPROVE** the proposal to seek planning permission in relation to the Fieldhead site.

TB/14/68 Trust Board self-certification – Monitor quarter 2 return (agenda item 8)

JF asked if the outcome of the Calderdale substance misuse pre-tender exercise was a cause for concern. SM responded that it had come as a surprise to the Trust. The Trust has since reviewed its submission for robustness and it was of a good standard, responding to all the questions in a clear and strong way. He felt that the outcome reflects the trend for local authorities not to contract with NHS providers when tendering for services. The Trust's focus is to ensure it supports staff through this process and two staff engagement events have been held, facilitated by SM as Chief Executive, to set out the position and allay staff concerns.

It was **RESOLVED** to **APPROVE** the submission and exception report to Monitor.

TB/14/69 Assurance framework and organisational risk register quarter 2 2014/15 (agenda item 9)

The Audit Committee, at its meeting on 7 October 2014, recommended the inclusion of a further risk regarding the Trust's sustainability declaration in years three/four in its five-year strategic plan. It was agreed that it should be included as it is of sufficient importance to constitute an organisational risk.

It was **RESOLVED** to:

- **NOTE** the assurances provided for quarter 2 2014/15;
- **NOTE** the key risks for the organisation; and
- **APPROVE** inclusion of a risk in relation to the sustainability declaration made in the Trust's five-year plan.

TB/14/70 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Tuesday 16 December 2014 in the Boardroom, Kendray, Doncaster Road, Barnsley.

Signed **Date**