



## Minutes of Trust Board meeting held on 16 December 2014

<b>Present:</b>	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Julie Fox	Non-Executive Director
	Jonathan Jones	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
<b>Apologies:</b>	Laurence Campbell	Non-Executive Director
<b>In attendance:</b>	Diane Smith	Interim Director of Service Innovation and Health Intelligence
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)

### **TB/14/71 Welcome, introduction and apologies (agenda item 1)**

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

### **TB/14/72 Declaration of interests (agenda item 2)**

There were no declarations made over and above those made in March 2014 and subsequently.

### **TB/14/73 Minutes of and matters arising from the Trust Board meeting held on 21 October 2014 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 21 October 2014 as a true and accurate record of the meeting. There was one matter arising.

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

Tim Breedon (TB) confirmed that the delegated authority given 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 was used on 25 November 2014 and the report approved. The report should be published by NHS England early in January 2015 and will be formally presented to Trust Board in the public session at its January 2015 meeting.

### **TB/14/74 Assurance from Trust Board Committees (agenda item 4)**

#### TB/14/74a Audit Committee 7 October 2014 (agenda item 4.1)

Peter Aspinall (PA) alerted Trust Board to the internal audit on patients' property arrangements. This was discussed at length at the meeting and there was some debate on the level of assurance given; however, it was agreed to focus on the remedial action agreed and to ask Alex Farrell (AF) to take back to the Executive Management Team (EMT) for agreement of responsibility and accountability.

The Committee also considered the arrangements for internal and external audit as both services come to an end of the current contracts in 2015. The Committee agreed that it would provide unnecessary organisational stress to run two tender processes at the same

time. It was agreed, therefore, to undertake a tender exercise for external audit services as there was no ability to extend the contract further and to extend the contract for internal audit services for a further year. The Chair asked that the Members' Council was made aware of the Committee's decision and the timetable for both the tender and extension processes.

TB/14/74b Clinical Governance and Clinical Safety Committee 17 September and 11 November 2014 (agenda item 4.2)

Helen Wollaston (HW) highlighted the following from 11 November 2014.

- A key item for the Committee was an update on the recovery plan for child and adolescent mental health services (CAMHS), which was not as advanced as the Committee had planned.
- The Committee received a report from BDU Directors on the level of vacancies held by BDUs and the impact on services. The Committee took assurance from the report.
- The Committee received a presentation on tissue viability from Margaret Kitching, Director of Nursing and Quality, NHS England (South Yorkshire and Bassetlaw). A key point emerging was that the Trust appears to have a lower threshold for reporting incidents than other Trusts and this will be reviewed by the Trust. Margaret Kitching was very complimentary of the tissue viability services provided by the Trust.

TB/14/74c Mental Health Act Committee 21 November 2014 (agenda item 4.3)

Julie Fox (JF) raised the following.

- The Committee received a presentation on UNITED (understanding and interpreting trends with ethnic diversity), which analysed data in relation to ethnic groups within in-patient wards. The Committee found the presentation very useful, particularly in terms of the actions taken and asked whether these could be replicated elsewhere in the Trust.
- Section 136 suites and their use within the Trust, which has been the subject of increased focus nationally and a review by the Care Quality Commission (CQC). TB confirmed that the Trust would review its service in two areas:
  - liaison with the Police regarding the use of the services; and
  - funding of the suites.

He also commented that there is scrutiny currently on progress of organisations to sign-up to the Mental Health Crisis Concordat. TB assured Trust Board that the Trust is fully supportive and has signed up to both the West and South Yorkshire Concordats.

IB asked whether the issue with Section 136 suites relates to having two police forces covering the Trust. TB responded that, to some degree, it does create issues, particularly that the Trust has three suites to cover four BDUs and for transfer across police boundaries. SM added that this also links to the future configuration of crisis and acute services. The Trust needs to be able to articulate what constitutes acute and emergency mental health services and how these should be funded. The time may be right to look at opportunities to work on a network basis, particularly in West Yorkshire. IB asked whether the issue is that it is part of one system in West Yorkshire and one in South Yorkshire. TB responded that there is one protocol across both areas; however, issues arise in implementation. The Concordat compels organisations to work together and further development may involve networks.

- Ethnicity recording and the level of 'unknown' or not declared.
- Consent to treatment audit, which indicates a deterioration in recording of capacity. The Committee was clear that 100% of records should be complete and accurate and the Trust needs to address performance.

TB/14/74d Remuneration and Terms of Service Committee 14 October 2014 (agenda item 4.4)

There were no issues raised from the meeting on 14 October 2014; however, IB did comment on the Committee's ratification of the substantive appointment of Diane Smith (DCS) as Director of Health Intelligence and Innovation from 1 January 2015 at its meeting prior to Trust Board.

**TB/14/75 Chair and Chief Executive's remarks (agenda item 5)**

IB took Trust Board through a summary of staff successes and achievements, and highlighted:

- what the Trust has done well, in particular Creative Minds, which won the Health Service Journal award for compassionate care, which was presented by Jeremy Hunt;
- Values into Excellence, which will culminate in a celebration event in March 2015 where a panel of judges will select a 'winner of winners';
- Governor reviews in January/February 2015; feedback is welcome from members of Trust Board to him as Chair; and
- appointment of two new non-executive directors to replace PA and HW starting with an initial event on 15 January 2015.

Under his remarks, the Chief Executive (SM) commented on the following.

- Calderdale and Huddersfield NHS Foundation Trust position.
- Dalton Review, which links very closely to the Five-year Forward View for the NHS produced by Simon Stephens. Jonathan Jones (JJ) asked if there was anything the Trust needed to do. SM responded that the Trust is in active dialogue and positioning with commissioners and GPs in each district.
- All Party Policy Group on creativity.

He ended by informing Trust Board that the successful appointment of Adrian Berry (ABe) as Medical Director has left an operational gap in forensic services, which, coupled with sickness absence at a senior level in CAMHS, led him to seek and identify interim cover at Director-level from the first week in January 2015.

**TB/14/76 Performance reports months 7 and 8 2014/15 (agenda item 6)**

TB/14/76a Performance reports (agenda item 6.1)

AF commented that there were no major changes from month 6 and highlighted the following.

- Mental health currency and clustering – a robust change management process was agreed by the EMT last week.
- The financial forecast is on plan for the end-of-year outturn; however, the current significant underspend driven by the underspend on staffing should be eroded in the next quarter bringing performance in line with forecast.
- There are two capital schemes that will not proceed in 2014/15 in relation to the Wakefield hub and the Fieldhead masterplan. A capital programme of £8.5 million will be spent, which is a significant investment. The issue was flagged with Monitor at quarter 2.

TB commented on the take-up of mandatory training, where there are a number of areas of potential concern. Activity is underway to ensure action is in place to address. Alan Davis (AGD) commented that the performance report provides a global position but provides no

assessment of risk. Work has begun to make a risk-based assessment of take-up. TB also confirmed that the planned review of the impact of changes to shift patterns and reduction in mandatory training headroom has begun. JF commented on two issues raised in services regarding mandatory training in relation to cancelled training due to lack of participants and services unable to release staff at the last minute. The Trust needs to be able to find ways to address both.

IB commented that he would like to see measures and 'traffic lights' on the dashboard to demonstrate performance and progress in future reports.

AGD commented that national benchmarking of sickness absence demonstrates that the Trust is performing well and that there is a clear North/South divide. The Trust will use internal audit to try to understand its position and the outcome will be presented to the Remuneration and Terms of Service Committee in due course. SM commented that it would be useful to get comparative data and metrics, and understand factors behind the figures. PA commented that the Trust's performance against the sickness absence rate of 4% is now going backwards. His continued challenge to the EMT is whether it has the skills and expertise to address what is such a high cost area. One clear example is following and interpreting human resources policies and whether such policies are appropriate for the Trust. IB responded that sickness absence is discussed in detail at the Remuneration and Terms of Service Committee. The 4% target is set and is achieved in some parts of the Trust. He accepted the Trust's comparative position but Trust Board wants to see an absence rate consistent with the financial plan and the setting of next year's budget. He will ensure this is discussed in detail at the Committee's next meeting. AF added that consultation has begun with KPMG on the internal audit plan for 2015/16 and she will ensure sickness absence benchmarking is included.

#### TB/14/76b Exception reports and action plans – Data breaches (agenda item 6.2(i))

Dawn Stephenson (DS) explained the context and the Trust's response to a Freedom of Information request. SM commented that the organisation, Big Brother, seeks to identify areas where there is over-intervention or excessive bureaucracy on the part of 'the state'. It was unclear what the motivation was behind the Freedom of Information request given the subsequent medial reporting.

PA was supportive of the Trust's position and commented that continued learning must surely result in a decrease in incidents. DS responded that the principle is to learn from incidents and this should result in a decrease. IB commented that it also demonstrates how seriously the Trust takes such breaches and he was assured by the commitment to learning. JF suggested a reinforcing message for the weekly staff briefing.

**It was RESOLVED to NOTE the Trust's approach to release of information in response to a Freedom of Information request.**

#### TB/14/76c Exception reports and action plans – Customer Services Policy (agenda item 6.2(ii))

**It was RESOLVED to APPROVE the amended policy.**

#### TB/14/76d Exception reports and action plans – Care Quality Commission – Duty of Candour (agenda item 6.2(iii))

HW asked how the duty of candour will be met through engagement with relevant people. TB responded that this will be managed through professional networks and individual briefings for staff through appraisal and clinical supervision arrangements. It was agreed to bring a report back to the Clinical Governance and Clinical Safety Committee. In relation to learning lessons, AF commented that the key is effectiveness of dissemination of learning. TB concurred and, with the Medical Director, he will review 'closing the loop' on learning

through BDU governance groups, which will be reported through to the Clinical Governance and Clinical Safety Committee in April 2015.

PA asked whether the criminal offence was corporate or individual and how this fits with the Trust's human resources policies. TB agreed to clarify; however, AGD commented that it would usually be organisational liability although a wilful or deliberate act would be individual as currently observed by the Health and Safety Executive.

**It was RESOLVED to NOTE the CQC Duty of Candour and the action taken/planned by the Trust in response.**

**TB/14/77 Use of the Trust seal (agenda item 7)**

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

**TB/14/78 Date and time of next meeting (agenda item 8)**

The next meeting of Trust Board will be held on Tuesday 27 January 2015 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield. There is also a joint meeting with the Members' Council on Friday 30 January 2015.

**Signed .....** **Date .....**