



Minutes of Trust Board meeting held on 27 January 2015

Present:	Ian Black Peter Aspinall Laurence Campbell Julie Fox Jonathan Jones Helen Wollaston Steven Michael Adrian Berry 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:	Nette Carder Sean Rayner Diane Smith Dawn Stephenson Karen Taylor Bernie Cherriman-Sykes Georgina Fenton	Interim District Director, CAMHS and forensic services District Director, Barnsley and Wakefield Director of Health Intelligence and Innovation Director of Corporate Development District Director, Calderdale, Kirklees and Specialist Services Board Secretary (author) Member of the public
Guests:		

TB/15/01 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular, Nette Carder (NC), attending her first Trust Board meeting as interim District Director for child and adolescent mental health services (CAMHS) and forensic services. There were no apologies.

TB/15/02 Declaration of interests (agenda item 2)

It was noted that Karen Taylor (KT) is no longer a Trustee at Barnsley Hospice. There were no declarations made over and above those made in March 2014 and subsequently.

TB/15/03 Minutes of and matters arising from the Trust Board meeting held on 16 December 2014 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 16 December 2014 as a true and accurate record of the meeting. There were no matters arising.

TB/15/04 Chair and Chief Executive's remarks (agenda item 4)

IB began his remarks by commenting that Trust Board will lose twelve years of experience later this year when Peter Aspinall (PA) and Helen Wollaston (HW) come to the end of their terms of office. The recruitment process formally begins with an advertisement in the Sunday Times on 8 February 2015. An informal information event was held on 15 January 2015 and IB was very impressed by the quality and variety of potential candidates who attended. The Chief Executive (SM) commented that there was a diverse range of people with a wide range of skills, experience and backgrounds. HW added that it was heartening that so many people had shown an interest in the roles and the majority were genuinely interested candidates. IB went on to say that the Trust is particularly seeking more diversity on the Board to fill the two vacancies.

IB also commented on the policy announcement from Nick Clegg, the Deputy Prime Minister, on the Detroit model. The Trust spends much time and effort investigating and reviewing suicides of people who have used Trust services; however, there are suspected suicides in the wider community that are not investigated with similar rigour. He is involved in a piece of work co-ordinated by NHS Providers to assess the level of incidents where an individual has not accessed secondary mental health services and how they should be investigated.

Under his remarks, SM commented on the following.

- The outstanding rating given to musculo-skeletal services at Mount Vernon, Barnsley, following a Trust planned visit. Palliative care services and the stroke rehabilitation unit in Barnsley also achieved an outstanding rating. Sean Rayner (SR) commented that this recognised the commitment of staff and the nature of the culture and approach of all involved in the services. IB asked that the Trust Board's thanks are passed on to staff.
- Five-year forward view and the form of organisations that could emerge as a result.
- The Trust is discussing forms of service delivery with commissioners and partners in each of its districts although these take a different form in each. This includes ideas such as employment of GPs and a multi-specialist provider model.
- He also commented on the Provider Alliance in Wakefield, the Care Closer to Home work in Kirklees in partnership with Locala to develop a service model and discussions in Calderdale regarding an appropriate model for future service delivery. He also commented on the Prime Minister's Challenge fund aimed at improving access to primary care.
- Local authority funding pressures continue to present challenges in the system.
- The Mental Health Crisis Concordat, its relationship with Trust Section 136 suites and the letter from Norman Lamb, Minister of State for Care and Support, and Mike Penning, Minister for Policing, Criminal Justice and Victims. HW commented that this had been discussed in both the Clinical Governance and Clinical Safety and Mental Health Act Committees and is also seen as an issue for discussion with commissioners.

IB asked about the state of the Trust's preparedness for the planned industrial action. Alan Davis (AGD) responded that there is further action planned over twelve hours on 29 January 2015. The Trust has good dialogue with staff side to ensure service users and staff are safe. The Trust needs to balance the legitimate right of staff to take industrial action with the provision of safe services. He confirmed that services are covered and care will not be compromised. A planned 24-hour action will present additional issues, particularly with continuity of care. The arrangements in place were supported by the Director of Nursing, the Medical Director and BDU Directors.

TB/15/05 Performance reports month 9 2014/15 (agenda item 5)

TB/15/05a Quality performance reports (agenda item 5.1)

Tim Breedon (TB) introduced this item and advised Trust Board of the ratings for the Quality Accounts indicators awaiting data and particularly asked Trust Board to note that significant progress had been made on the red rated area (CAMHS in Barnsley – patients seen within five weeks of initial referral). There will be a further review of the rating when the figures are validated for quarter 3.

TB also referred to the following.

- Safer staffing – a detailed analysis and review of the implementation of twelve-hour shifts will be presented to the Clinical Governance and Clinical Safety Committee on 3 February 2015, which will include an outline of the proposed tool for assessing safer staffing levels.

- Department of Health physical interventions benchmarking – the Trust is reviewing its seclusion figures and the way it reviews and records interventions. This will be reported to the Clinical Governance and Clinical Safety Committee.
- There has been a positive improvement in the performance for Ward 19, Priestley Unit, Dewsbury and District Hospital, which reflects the hard work of staff.
- The Care Quality Commission (CQC) themed review of crisis services in Barnsley has been postponed by the CQC. The CQC review of services for looked after children and safeguarding in Barnsley in November 2014 has now reported and, although there is no grading attached to the review, the comments made by the CQC were positive with many examples of good practice. A multi-agency service improvement plan is in place, which the Trust will contribute to.

TB went on to highlight a number of performance areas, including:

- data quality (a clear message has been sent to clinicians regarding data recording and quality imperatives through the 'trios' with a review by Practice Governance Coaches);
- mandatory training;
- gatekept admission (the model of service has changed and crisis services are covered by more services than solely crisis teams; therefore, the Trust will review how it measures gatekeeping);
- Friends and Family figures from NHS England will be aggregated with the Trust's results and reported to Trust Board in March, including benchmarking with similar Trusts.

TB went on to update Trust Board on CAMHS in Calderdale and Kirklees. Strengthened general management capacity is now in place supported by NC to address operational issues, which will include the ability to measure activity and provide performance data. Jonathan Jones (JJ) asked what will happen at the end of the interim Director-level appointment. NC responded that part of her remit was to advise the Trust on the optimum management structure and support required for the service. SM added that the issue for the Trust is to ensure a sustainable model is in place on which CAMHS is commissioned and part of this is to articulate what a well-specified service looks like. He clarified that part of NC's work during the six-month appointment is to agree a structure to manage the service. NC confirmed that this would be based on the 'trio' arrangements already in place adopting the principle of clinical, general management and practice governance partnership. SM added that the Trust recognises the shortfalls in the service specification and, therefore, will need to prioritise where the current level of resource is directed. HW confirmed this is a standing item on the agenda for the Clinical Governance and Clinical Safety Committee.

Alex Farrell (AF) took Trust Board through the key points relating to the Trust's financial position.

Vacancy factor

AGD commented that the Trust continues to review the vacancy factor given its potential impact on services. The Trust will also re-visit the 10% rate as this was set during the foundation trust application process. Laurence Campbell (LC) asked whether the issue was the length of time between a vacancy occurring and filling it. AGD responded that the process does need to be leaner although it has been rationalised over time and there is sometimes a delay before the recruitment process starts; however, it is more pertinent to ensure the Trust recruits the right people. He assured Trust Board that there is no moratorium on recruitment or a policy of holding posts; however, there is a tendency to consider workforce changes as a result of transformation prior to the move to fill a vacancy.

Sickness absence

IB commented that this had been reviewed in detail at the additional Remuneration and Terms of Service Committee the previous day. The Committee reviewed Office of National Statistics (ONS) information in relation to sickness absence, an analysis of Trust performance and benchmarking against other Trusts. He would like to see a more relevant target rather than a blunt 4% and would, therefore, wish to see an evidence-based target for 2015/16 based on:

- what is realistic;
- Deloitte's comments on this as part of its review of the Trust's plan for 2015/16;
- plans to implement.

This would be considered through the Committee and it may be that a different target is set.

Capital expenditure

The current position was discussed in detail at the Estates Forum on 21 January 2015. AGD reported that there is a £3 million shortfall on the capital programme of £11.78 million. This was mainly due to underspend on the Wakefield community hub and the inability to find a suitable property, and the Fieldhead masterplan.

IB commented that there is a perception of a poor history of forecasting capital and estates expenditure and he would, therefore, like to review this in the context of the quarter 3 return to Monitor. JJ responded that the Trust's Estates Strategy is complex and demanding and the Trust could have spent funds inappropriately to meet its capital plan. Instead, it has adopted a sensible approach in reviewing and deferring expenditure for the good of Trust services.

TB/15/05b Customer services/patient experience report quarter 3 2014/15 (agenda item 5.2)

Dawn Stephenson (DS) outlined the key points from the report and explained that it demonstrates how the Trust has adopted best practice as set out in the House of Commons Select Committee report. The Trust will review the detail of the report to ensure its reporting approach reflects best practice.

She went on to report to Trust Board that the Trust now explains to service users and carers why it collects equality monitoring information and what use it makes of it. Work has begun through the Partnerships Team to identify best practice and whether there is any other action the Trust can take to improve its recording, such as training for staff or further information for service users.

PA asked if there are learning points for the effectiveness of the system where complaints are referred to the Ombudsman. DS responded that the Trust learns lesson where it is found not to have responded appropriately.

HW asked if service users are involved in the Patient Experience Group or in its review. DS responded that the review will include looking at service user and/or carer involvement, the involvement of BDU 'trios' and the involvement of the Members' Council.

Julie Fox (JF) commented that customer services seems very process-driven and she would like to see a more outcome-focussed approach.

It was RESOLVED to NOTE the report.

TB/15/05c Exception reports and action plans – Independent investigation report (agenda item 5.3(i))

It was RESOLVED to NOTE the publication date of the report and action plans, which will include publication on the Trust's website, and the monitoring process for the action plans.

The following comments were made.

- TB commented that, now the process is complete, the Trust will contact NHS England to express its concern at the length of time the process has taken.
- SM commented that the report demonstrates that the Trust's review of caseloads is the right approach to ensure that the Trust does not retain individuals on caseloads unnecessarily, which then has the effect of leading other agencies to assume that an individual is receiving some form of care.
- PA expressed surprise that the Trust was not aware of an individual's criminal history. He commented that multi-agency co-operation and arrangements are a recurring theme and he was disappointed that there seems to be no progress or a catalyst to make co-operation happen. TB responded that there are some areas, such as safeguarding and the Mental Health Crisis Concordat, where this is happening. The Trust should make use of opportunities where it can support development of co-operative arrangements and overcome information governance issues between partners.

TB/15/05d Exception reports and action plans – Potential development of Tier 4 CAMHS (agenda item 5.3(ii))

HW asked what the timescales might be for this development and Adrian Berry (ABe) responded that this was likely to be the summer of 2016.

It was RESOLVED to NOTE the ongoing development work and APPROVE the preparation of a formal business case to be presented for future Trust Board consideration.

TB/15/05e Exception reports and action plans – Monitor well-led framework governance review (agenda item 5.3(iii))

IB commented that this is a significant piece of work for Trust Board and, in future, organisations will be credentialised, based on Monitor's risk assessment and CQC ratings. There is no confirmation of when the CQC inspection will take place and, therefore, this piece of work will also provide evidence in relation to one part of the CQC inspection criteria.

It was RESOLVED to NOTE the Monitor well-led framework for governance reviews and APPROVE the timescales proposed.

TB/15/05f Exception reports and action plans – Wakefield integration programme – business rules for partners (agenda item 5.3(iv))

JF commented that there seems to be a gap in terms of equality and diversity and she would like to see this included.

IB commented that, if this is a good idea, why is it not replicated across all districts and will each district develop something similar but with specific differences. SM responded that the district approaches are currently very different and there is no suggestion that this will change. AF added that aspirations contain common themes; however, where there is difference is in partner arrangements to develop frameworks and how issues are resolved. SR commented that having a framework provides consequences if a provider does not work within the principles and business rules. KT added that if the Trust can show collaborative approaches work well in some districts then it can influence other districts to adopt different practices.

It was RESOLVED to SUPPORT the Wakefield Clinical Commissioning Group business rules.

TB/15/06 Strategies for approval (agenda item 6)

TB/15/06a Risk Management Strategy (agenda item 6.1)

DS commented on the annual risk management training undertaken prior to Trust Board.

HW commented that there appears to be a gap regarding equality and diversity as some groups are at higher risk than others. DS responded that the Trust has individual policies in place that relate to clinical practice. IB suggested that, next year, the Trust looks to develop a shorter document and takes a fresh look at its approach to risk. SM responded that, as Accounting Officer, the Strategy provides him with one lens on how the organisation runs and is managed, and this is not the only review of risk at Trust Board level.

It was RESOLVED to APPROVE the Risk Management Strategy.

TB/15/06b Treasury Management Strategy (agenda item 6.2)

LC confirmed that the Audit Committee was supportive of the Strategy and Policy but had asked for the signatory requirements to be clarified on page 12. IB also asked that it is made explicit that the Trust only invests in sterling.

Subject to these two amendments, **it was RESOLVED to APPROVE the Treasury Management Strategy.**

TB/15/07 Monitor quarter 3 return 2014/15 (agenda item 7)

It was agreed to include the following:

- the visit from the Health and Safety Executive to Newton Lodge (AGD assured Trust Board there was no action as a result of the visit);
- an explanation of CASH/GUM services;
- the review of gatekept admissions; and
- the proposal to re-appoint the Chair.

It was RESOLVED to APPROVE the submission and exception report to Monitor, subject to the changes and additions, and to make the declaration regarding the capital plan.

TB/15/08 Assurance framework and risk register quarter 3 return 2014/15 (agenda item 8)

DS explained that the assurance framework had been 'RAG' rated at the request of the Chief Executive to help inform his quarterly reviews with Directors. Further work will be undertaken with Directors to refine the assessment. AF suggested that Trust Board might find it useful to receive guidance on what positive assurance is expected and what gaps in control remain.

In terms of the risk register, IB suggested that the ratings for the risks are reviewed as a result of the comments made during the risk training prior to Trust Board, particularly around recognition of the 'top five' risks identified earlier as CAMHS, the Trust's sustainability position, the overall financial envelope, particularly any impact following the General Election, the commissioning environment and the changing provider environment. AF suggested moving to the beginning of the agenda for the next meeting and a review of the

top five issues for discussion. It was also suggested that key sensitivities from external sources, such as Monitor, Deloitte and KPMG, should inform this review.

It was RESOLVED to NOTE the assurances for quarter 3 2014/15, and NOTE the key risks identified.

TB/15/09 Date and time of next meeting (agenda item 9)

The next meeting of Trust Board will be held on Tuesday 31 March 2015 in the Boardroom, Kendray, Doncaster Road, Barnsley.

Signed **Date**