



Minutes of Trust Board meeting held on 31 March 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:	Rob Adamson Nette Carder Bronwyn Gill Dawn Stephenson Bernie Cherriman-Sykes	Head of Finance Interim District Service Director, CAMHS and Forensic Services (from item 7.2(i)) Head of Communications and Customer Services Director of Corporate Development Board Secretary (author)
Guests:	Jonathan Hayden Bob Mortimer Jeremy Smith	Otsuka Pharmaceuticals Governor, publicly elected, Kirklees Governor, publicly elected, Kirklees

TB/15/10 Welcome, introduction and apologies (agenda item 1)

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

TB/15/11 Declaration of interests (agenda item 2a)

The following declaration was considered by Trust Board.

Name	Declaration
DIRECTORS	
Nette Carder	Director Athena Leadership and Management Ltd.

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 a conflict of interests. There were no other declarations made over and above those made in March 2014.

TB/15/12 Declaration of interests policy for Directors, including the fit and proper person requirement (agenda item 2b)

It was **RESOLVED to APPROVE** the revised declaration of interests policy for Directors of the Trust Board, including the fit and proper person requirement.

TB/15/13 Minutes of and matters arising from the Trust Board meeting held on 27 January 2015 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 27 January 2015 as a true and accurate record of the meeting. There were no matters arising.

TB/15/14 Assurance from Trust Board Committees (agenda item 4)

TB/15/14a Audit Committee 20 January 2015 (agenda item 4.1)

Laurence Campbell (LC) informed Trust Board that the Committee received a presentation from the Trust's external auditor, Deloitte, on what a 'good' Audit Committee looks like. A number of action points were identified and, as a result, some minor amendments will be made to the Committee terms of reference and brought back to Trust Board for approval.

TB/15/14b Clinical Governance and Clinical Safety Committee 3 February 2015 (agenda item 4.2)

Tim Breedon (TB) updated Trust Board on the development of a Patient Safety Strategy, which was scheduled for presentation at this meeting. To enable alignment with the 'Sign Up to Safety' national initiative, there has been a longer consultation period and the Strategy will now be presented to Trust Board at its April 2015 meeting.

TB/15/14c Mental Health Act Committee 24 February 2015 (agenda item 4.3)

Julie Fox (JF) raised the following.

- The Department of Health has published the revised Mental Health Act Code of Practice. This has implications for the Trust in terms of administration of the Act and for review and revision of Trust policies and procedures.
- The Committee received a report on an audit of Section 132 Patients' Rights in community services and questioned the different approach in Barnsley. As Chair of the Committee, JF has asked for the audit to be repeated in six months.
- With regard to Care Quality Commission (CQC) Mental Health Act visits, the Committee has agreed an expectation that issues raised should be resolved within a three-month period. The Committee will also expect an explanation from individual services where actions are not completed within this timescale.
- The Committee expressed its concern with the continued level of ethnicity recording.

TB/15/14d Remuneration and Terms of Service Committee 26 January and 10 February 2015 (agenda item 4.4)

From 26 January 2015 meeting, IB commented that this demonstrates the detailed scrutiny by the Committee to address Trust Board concerns in relation to sickness absence. He added that Peter Aspinall (PA) attended the meeting and he reiterated an invitation to Non-Executive Directors to attend other Committees if they are not a member and this should be arranged with the relevant committee chair in advance.

From the February 2015 meeting, IB asked Trust Board to note the update on Directors' performance in relation to the performance related pay scheme, which the Committee receives at each meeting.

Establishment of a Diversity and Inclusion Forum

Following a discussion with the Chief Executive (SM), Helen Wollaston (HW) asked Trust Board to consider the establishment of a short-life (anticipated as one year) Forum for diversity and inclusion along the lines of the two current Board-level Forums covering information management and technology, and estate. HW will Chair the initial meeting with a review of who assumes the Chair when new Non-Executive Directors are in post in the

context of a broader review of Committee membership. The aim is to ensure and provide assurance that diversity and inclusion are embedded in all aspects of Trust activity to support delivery and improvement of services. Dawn Stephenson (DS) commented that this will move diversity and inclusion from the compliance agenda and embed both in the culture of the organisation and delivery of services.

It was RESOLVED to APPROVE the establishment of a Diversity and Inclusion Forum.

TB/15/15 Chair and Chief Executive's remarks (agenda item 5)

SM began his remarks with feedback from the NHS Confederation Mental Health Network annual conference. The keynote speech was given by Simon Stevens, Chief Executive of NHS England. The issue of parity between physical and mental health services underpinned his list of nine priorities that mental health leaders could lead on over the coming year. This included:

- access standards;
- crisis care;
- child and adolescent mental health services;
- liaison psychiatry in emergency care;
- the physical health of people with severe and enduring mental health problems;
- getting the care models conversation 'right';
- commissioning models;
- capitalising on the technology enabled transformation of care; and
- the health and wellbeing of front-line staff.

He went on to comment on the following.

- The meeting with the Chief Constable of West Yorkshire Police and mental health trust Chief Executives in West Yorkshire came to a common agreement to develop a vision for crisis care linked to the Mental Health Crisis Concordat for trusts, the Police and the ambulance service. He would aim to replicate this in South Yorkshire.
- The strategic meeting of Trust Board on 3 March 2015 provided a framework to contextualise the Trust's strategy and how enabling strategies support the Trust's service strategy.
- The Trust is working closely with Locala on development of a tender for Care Closer to Home in Kirklees.

Alan Davis (AGD) confirmed that an application for outline planning permission for the Castleford, Normanton and District Hospital site has been submitted to Wakefield Council. An engagement event was held for local residents on 24 February 2015 and there was general support for development of the site and for the legacy of health services to remain. The future of Savile Park View House is subject to ongoing discussion with commissioners.

IB covered the following in his remarks.

- Out of 242 NHS provider organisations, he was pleased to announce that SM was in the top 50 leaders. This was a great acknowledgement for SM, and very much deserved, and for the Trust and its staff as a whole.
- Two new Non-Executive Directors will be appointed in April 2015 to replace PA and HW. Six excellent candidates have been shortlisted for interview on 27 April 2015.
- Following a tender process, Deloitte has been selected to undertake an independent review under the well-led framework, reporting to Trust Board and the Members' Council in July 2015. Deloitte will interview all Trust Board members. This is seen as a

developmental and challenging process from which the Trust will aim to develop and improve the arrangements it currently has in place.

- Heads of Terms have been agreed with Priory to provide a Tier 4 child and adolescent mental health service (CAMHS).
- Lastly, he informed Trust Board that he has put himself forward for the Board of NHS Providers.

TB/15/16 Corporate objectives 2015/16 (agenda item 6)

SM introduced this item and commented that approval will be followed by a process with Directors to develop meaningful objectives, which will support achievement of the Trust's strategy in 2015/16. The objectives will also link to the Board assurance framework.

LC suggested inclusion of an explanation of how the corporate objectives enable the Trust to meet external requirements, HW suggested inclusion of diversity, which should underpin the objectives, and JF suggested that the objectives should be more outcome-focussed. DS agreed to take these suggestions forward.

It was RESOLVED to APPROVE the strategic framework and underpinning delivery and organisational development objectives.

TB/15/17 Performance reports month 11 2014/15 (agenda item 7)

TB/15/17a Performance reports (agenda item 7.1)

TB highlighted two key areas.

- Data quality with assurance to Trust Board that plans are beginning to show improvement and
- mandatory training and the development of an approach to ensure a focus on key service areas. JF asked whether there is clarity on what constitutes mandatory training. AGD responded that there is a clear policy. What the Trust is now doing is to ensure training is prioritised in service areas, taking a risk-based approach. This will be monitored from Q1 in 2015/16.

Alex Farrell (AF) took Trust Board through the key points relating to the Trust's financial position. She confirmed that the Trust was on target to achieve its financial plan and highlighted the following.

- The re-valuation of assets and offset of impairment, which has improved the Trust's position.
- The healthy cash position.
- The underspend on capital. This will be a key area of focus in 2015/16 to ensure the Trust's estate is fit for purpose and meets service needs.

SM commented on the Trust's performance for service users on care programme approach supported into employment and settled accommodation. This will form a key part of the Trust's transformation of services for this to improve. This also demonstrates the need to improve relationships and links with employers and housing providers, linked to recovery work.

AF also confirmed the Trust achieved the 95% information governance training target on 30 March 2015.

TB/15/17b Exception reports and action plans – Child and adolescent mental health services recovery plan – progress report (agenda item 7.2(i))

TB introduced this item and reminded Trust Board of the context and background. Nette Carder (NC) went on to outline progress to address the recovery plan.

In response to a concern expressed by PA, SM responded that the Trust is sustaining a service under extreme pressure in its current form. The Trust is, therefore, continuing to maintain safety in delivery; however, this position is unsustainable in the long-term.

A business case has been submitted to commissioners for investment in crisis and intensive home-based treatment and Trust Board has set a deadline of the end of April 2015 for a response and/or decision. *[It should be noted that a further summit has been arranged for 8 May 2015 and the future position will be discussed and agreed at this meeting.]* Trust Board's position is that, if a decision is not made by then, this position is unsustainable.

IB commented that this reflects a national concern regarding investment in CAMHS and the position in Calderdale and Kirklees means it is a focus for this Trust. He reiterated that the Trust has invested £500,000 and commissioners £300,000 this financial year. SM responded that there has been significantly more investment in Wakefield for example than in Calderdale and Kirklees. Being able to identify what a 'good' service looks like provides a comparison for the service the Trust wants to be able to deliver and he was sure this position is replicated in other areas of the country.

TB commented that the Trust cannot continue to invest at the level it is doing over and above the contract value. AF added that the Trust is looking at the current run-rate and, therefore, how much delivery of the service would cost over and above the contract value. Given the trajectory for recruitment, the Trust could use additional development monies from commissioners to non-recurrently to meet the gap. This would provide commissioners with time to agree how to bridge the funding gap for investment in 2016/17.

JF asked if the additional funding was less than needed or none was forthcoming what the Trust's plan would be. AF responded that the Executive Management Team will come back to the April 2015 meeting with an outline of options. TB suggested one approach would be the establishment of a quality surveillance-type mechanism to provide a cross-system risk scan to enable the Trust to flag and escalate concerns. AF confirmed that the Executive Management Team will also check the notice required and that the current contract ends on 31 March 2016. SM reiterated the need to find a joint solution between partners before any escalation or the need for Trust Board to consider termination of the contract. It was agreed to receive a further update at April's meeting with an articulation of action the Trust is taking and planning to take in the short- and long-term.

Non-Executive Directors offered support in the process if required and this was noted.

It was RESOLVED to SUPPORT the position outlined and SUPPORT the request to commissioners for urgent resolution to the crisis and intensive home-based treatment position by the end of April 2015.

TB/15/17c Exception reports and action plans – Information Governance Toolkit 2014/15 (agenda item 7.2(ii))

It was RESOLVED to APPROVE the Trust's information governance submission.

TB/15/17d Exception reports and action plans – Eliminating mixed sex accommodation declaration of compliance (agenda item 7.2(iii))

It was RESOLVED to APPROVE the compliance declaration.

TB/15/17e Exception reports and action plans – Serious incidents report Q3 2014/15 (agenda item 7.2(iv))

TB commented that the end-of-year figures for 2014/15 are slightly higher but broadly similar to previous years. A full analysis will be undertaken to inform learning and will be reported to Trust Board in June 2015 with the presentation of the annual report. For 2015/16, reporting will be aligned for detailed scrutiny at the Clinical Governance and Clinical Safety Committee prior to Trust Board.

It was RESOLVED to NOTE the report.

TB/15/18 Approval of annual budget 2015/16 (agenda item 8a)

AF introduced this item and commented that the approval sought today provides a framework to enable the budget to be set for 2015/16. The final submission of the annual plan for 2015/16 to Monitor will be made by the deadline of 14 May 2015 and will be presented to Trust Board in April 2015. Following Trust Board approval of the budget, the Trust will submit its financial plan to Monitor by 7 April 2015.

AF continued that the Trust is predicting a bottom-line deficit of £734,000. This includes a reasonable review of the delivery of the cost improvement programme of £9.6 million (4.4%) and an additional £11 million of cost pressures, significantly above that anticipated, for investment in services split between £8.6 million recurrent spend and £4.2 million non-recurrent. The Trust remains in recurrent surplus at £3.5 million and is planning for a small surplus in 2016/17.

The external, independent review of the Trust's financial plan should provide assurance to Trust Board that savings are achievable. The paper presented also sets out areas of additional investment. The plan includes a capital plan of £16 million in 2015/16 and the Trust will continue to achieve a continuity of services risk rating of 4 (out of 4).

IB referred to the separate Trust Board session on 24 March 2015 and also the private session of Trust Board where more detailed consideration had been given.

It was RESOLVED to DELEGATE AUTHORITY to the Chair and Chief Executive to approve any changes to the plan in relation to changes in income for the submission to Monitor on 7 April 2015.

IB commented on the independent review by Deloitte, which demonstrated an improved level of BDU ownership, a robust quality impact assessment process and that the external review of risk was broadly similar to the Trust's own assessment.

He would like to see Trust Board focus on 'investment' in 2015/16 as well as scrutinising progress against the cost improvement programme. SM commented that the annual planning and budget setting process demonstrated the Trust's use of the financial freedoms and flexibilities afforded to foundation trusts to ensure it is relevant today, ready for tomorrow, and enables the Trust to undertake its transformation programme, making improvements to its services to benefit people who use its services.

It was unanimously RESOLVED to APPROVE the annual budget for 2015/16, including the capital plan, subject to the approval of the final submission of the annual plan to Monitor at April's meeting, and APPROVE the submission of the annual budget to Monitor on 7 April 2015 under the delegated authority outlined above.

TB/15/19 How the organisation runs – part 2 (agenda item 8b)

The outline of the how the organisation runs (second phase) was noted by Trust Board.

TB/15/20 Vision for volunteering, engagement and involvement (agenda item 9)

DS introduced this item. HW was supportive of the focussed approach and asked for additional assurance that volunteers would not replace staff or fill staff posts. This was given. JF commented that national accreditation would provide a good framework for the scheme and she asked that the Trust works to involve young people through universities and further education colleges, who are promoting volunteering to students.

DS responded to a number of questions from Trust Board.

- The intention is to launch the scheme from 1 May 2015 supported by communications and training. This will be through a celebration event for volunteers.
- The Trust will look at other measures of success, such as time and location, as well as the number of volunteers, which would be just one measure of success.
- The number of volunteers to be recruited (250) is an ambitious target; however, DS was confident that the Trust would move quickly to this figure through a focussed piece of work to recruit volunteers.
- Part of the planned work is to recognise staff who take on a voluntary role.

It was RESOLVED to NOTE the progress to date and SUPPORT the ongoing journey to recruit and support Trust volunteers to add value to the current service offer.

TB/15/21 Use of Trust seal (agenda item 10)

It was RESOLVED to NOTE the use of the Trust’s seal since the last report in December 2014.

TB/15/22 Date and time of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 28 April 2015 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

Signed **Date**