



With all of us in mind

Minutes of Trust Board meeting held on 28 April 2015

Present:	Ian Black Laurence Campbell Julie Fox Jonathan Jones Steven Michael Adrian Berry Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director Non-Executive Director Non-Executive Director 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:	Peter Aspinall Helen Wollaston	Non-Executive Director Deputy Chair
In attendance:	Nette Carder Sean Rayner Diane Smith Dawn Stephenson Karen Taylor Bernie Cherriman-Sykes	Interim District Service Director, CAMHS and Forensic Services District Service Director, Barnsley and Wakefield Director of Health Intelligence and Innovation Director of Corporate Development District Service Director, Calderdale, Kirklees and Specialist Svcs. Board Secretary (author)
Guests:	Emma Foreman Nadeem Ghana Hazel Walker	Senior Manager, Deloitte (observer as part of well-led governance review) Badenoch and Clark Governor, publicly elected, Wakefield

TB/15/23 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. There apologies, as above, were noted.

IB commented that this would be Peter Aspinall's last meeting as a Non-Executive Director following his retirement from Trust Board on 30 April 2015 after two full terms of office. He commended PA's contribution and support for the Trust and for the vast difference he made to the way the Audit Committee has offered scrutiny and monitoring of the Trust's governance arrangements, systems and processes. This provided a degree of rigour which has been enormously valuable. On behalf of Trust Board, he wished Peter well with a debt of gratitude for the real difference he has made.

TB/15/24 Declaration of interests (agenda item 2)

The following declarations were considered by Trust Board.

Name	Declaration
CHAIR	
Ian Black	Non-Executive Director, Benenden Healthcare (mutual) Non-Executive Director, Seedrs (with small shareholding) Private shareholding in Lloyds Banking Group PLC (retired member of staff) Chair, Family Fund (UK charity) Chair, Keegan and Pennykidd (insurance brokers) Member, Advisory Group for the Point of Care Foundation's development of a report on health service leadership and management Member, Whiteknights, a charity delivering blood and organs on behalf of hospitals in West and North Yorkshire

Name	Declaration
NON-EXECUTIVE DIRECTORS	
Peter Aspinall	No interests declared
Laurence Campbell	Treasurer, Kirklees Citizens' Advice Bureau and Law Centre, includes NHS complaints advocacy for Kirklees Council
Julie Fox	Currently on secondment to the Youth Justice Board; however, this is not likely to conflict with the non-executive director role
Jonathan Jones	Member, Squire Patton Boggs (UK) LLP Member, Squire Patton Boggs (MENA) LLP Spouse, Company Secretary, Zenith Leasedrive Holdings Limited and its subsidiaries Spouse, shareholder, Zenith Leasedrive Holdings Limited
Helen Wollaston	Director, Equal to the Occasion Ltd. (consultancy) Director, WISE, a (Women in Science and Engineering), a social enterprise promoting women in science, technology and engineering
CHIEF EXECUTIVE	
Steven Michael	Member of Huddersfield University Business School Advisory Board Member, Leeds University Centre for Innovation in Health Management Member, Leeds University Centre for Innovation in Health Management International Fellowship Scheme Partner, NHS Interim Management and Support Trustee, Spectrum People NHS Confederation elected Chief Executive representative, Mental Health Network Board Health and Wellbeing Boards, Wakefield and Barnsley Involvement in Care Quality Commission mental health inspection arrangements
EXECUTIVE DIRECTORS	
Adrian Berry	No interests declared
Tim Breedon	No interests declared
Alan Davis	No interests declared
Alex Farrell	Spouse is General Practitioner partner, City View Practice, Leeds
COMPANY SECRETARY	
Dawn Stephenson	Voluntary Trustee for Kirklees Active Leisure
OTHER DIRECTORS	
Nette Carder	Director, Athena Leadership and Management Limited
Sean Rayner	Member, Independent Monitoring Board for HMP Wealstun Trustee, Barnsley Premier Leisure
Diane Smith	No interests declared
Karen Taylor	No interests declared

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

TB/15/25 Minutes of and matters arising from the Trust Board meeting held on 31 March 2015 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 31 March 2015 as a true and accurate record of the meeting. There were no matters arising.

TB/15/26 Chair and Chief Executive's remarks (agenda item 4)

IB began his remarks by updating Trust Board on the process to recruit two new Non-Executive Directors to replace Peter Aspinall and Helen Wollaston. The process has been managed through an independent recruitment consultant (Penna) and began with a very successful awareness event in Wakefield in January 2015. The interviews were held the day before and the panel made up of IB as Chair, Michael Smith, publicly elected governor for Calderdale and Ruth Mason, appointed governor for Calderdale and Huddersfield NHS Foundation Trust as well as Stephen Winter (service user) and Carol Irving (carer). The panel interviewed six candidates and one candidate was found to be below the line. The panel recommended the appointment of three candidates to the Nominations Committee:

- Charlotte Dyson from 1 May 2015;
- Chris Jones from 1 August 2015; and
- Rachel Court from 1 September or 1 October 2015.

The Trust's Constitution allows for an additional Non-Executive Director (that is, six plus the Chair) and, given the calibre of the remaining candidates, the Nominations Committee approved the appointment of three candidates, rather than two, who will all bring something different and add value to Trust Board. This was thought to be particularly appropriate given the challenge and volume of work currently for Non-Executive Directors.

IB briefly outlined the rationale for appointing the three candidates. Charlotte Dyson was a very strong candidate and will bring a wealth of experience around marketing with strong commercial experience and skills currently missing from Trust Board arrangements. She also has previous experience as a Non-Executive Director in the NHS and will be the first 'starter' given Trust Board's current agenda. Chris Jones was a strong and thoughtful candidate and had very obviously researched the Trust. He was previously Chief Executive of Calderdale College, which he 'turned round' during his tenure to an outstanding OFSTED rating. He also brings experience of partnership working and has experience of mental health issues. Rachel Court will bring human resources and customer service experience and she also has Non-Executive Director experience at a building society and as Chair of the NHS Pensions Agency.

It was noted that ethnic diversity on Trust Board had not been addressed through these appointments and it was agreed that the Trust needs to do more to attract suitable candidates. It was noted that a number of applications were received but these were not of sufficient calibre to come through to interview stage.

IB also commented that he has put his name forward to sit on the NHS Providers Board as part of his objective to play a bigger role at national level.

IB also commented on the Board-to-Board meeting held with Locala as part of developing the partnership bid for Care Closer to Home in Kirklees. Jonathan Jones (JJ) asked what the implications would be for the Trust if the bid in partnership with Locala was unsuccessful. The Chief Executive (SM) responded that the commercial contractual risk is fairly minimal; however, strategically, an adverse outcome would diminish opportunities for the Trust to work with Locala on a wider footprint.

SM went on to cover the following in his remarks.

- The Trust's Care Quality Commission (CQC) inspection is unlikely to be in 2015; however, the Trust is maintaining its readiness and preparation activity. The Trust will receive 90 days' notice and the visit will involve a team of up to 100 over a week reporting within three months. Tim Breedon (TB) added that the focus for the Trust is on quality improvement rather than purely compliance and the visit will present an issue for

the Trust in terms of ensuring continuity of service delivery whilst undergoing such an intensive inspection. SM added that Trust Board's decision to undertake the well-led review now will support the CQC inspection.

- The Trust is a partner in three Vanguard bids, a national initiative to pilot and promote new models for delivery of care, two in Wakefield and one in Calderdale and the Trust's focus will be to ensure integration and inclusion of mental health.
- GP communities.
- Mental health developments nationally.

TB/15/27 Audit Committee annual report to Trust Board 2014/15 (agenda item 5)

It was **RESOLVED** to **RECEIVE** the annual report from the Audit Committee and to **SUPPORT** the view that the Committee can provide assurance that, in terms of the effectiveness and integration of risk Committees, risk is effectively managed and mitigated through assurance that Committees meet the requirements of their Terms of Reference, Committee workplans are aligned to the risks and objectives of the organisation within the scope of their remit and Committees can demonstrate added value to the organisation.

TB/15/28 Strategic overview of business and associated risks (agenda item 6)

SM explained that the paper set out a general overview of the Trust's position and associated risks with cross-reference to the organisational risk register. It demonstrates clearly what a volatile environment the Trust is operating in and Trust Board understanding of risk, the Trust's service offer and how and where its key partnerships are.

JJ commented that this emphasises the difficult environment the Trust operates in and how challenging this is. Transformation and the effective and efficient use of estate and technology are key to ensuring the Trust remains viable and sustainable. Alan Davis (AGD) commented that this should also include other forms of technology, such as advances in medicines and pharmaceuticals, and how these could impact on Trust services or that the Trust could lead on. TB commented that the paper also demonstrates the level of complexity and amount of time expended to maintain and enhance the Trust's position, particularly at senior level.

Trust Board confirmed that the risks presented were appropriate and relevant. Julie Fox (JF) asked if Barnsley should be added to the risk around child and adolescent mental health services. Nette Carder (NC) responded that the risk currently refers to particular circumstances in Calderdale and Kirklees. Other areas do not carry such a significant level of risk to escalate to the organisational risk register; however, this position will be monitored closely by the Clinical Governance and Clinical Safety Committee.

TB/15/29 Assurance framework and risk register (agenda item 7)

IB asked whether there were any gaps in control that concerned the Executive Management Team (EMT) more than others. Dawn Stephenson (DS) responded that it would be clinical record keeping and IB suggested a paper to July's Trust Board and discussion at the Clinical Governance and Clinical Safety Committee in June to inform the Trust Board paper and discussion.

It was **RESOLVED** to **NOTE** the assurances provided for Q3 of 2014/15, **NOTE** where gaps in assurance have been identified through the Trust-wide risk register and **NOTE** the key risks for the organisation.

TB/15/30 Performance reports month 12 2014/15 (agenda item 8)

TB/15/30a Quality performance report (agenda item 8.1)

TB highlighted the following.

- The Clinical Governance and Clinical Safety Committee had asked for clarification of the discrepancy in ethnicity coding between the Quality Accounts and analysis reported to the Mental Health Act Committee. TB explained that the Quality Accounts measure includes 'not known' responses, which the Trust is working to eliminate and ensure ethnicity is recorded.
- The Trust has undertaken a retrospective review of the use of restraint and seclusion in August 2014 and confirmed that this month was an outlier due to extreme pressures across the system at the time. Figures since have been in line with expectations but the position will be carefully monitored.
- The Trust has introduced a pilot education programme for police officers in Calderdale and Kirklees on mental health services and police liaison posts are now in place. This supports the Trust's partnership work in relation to the Mental Health Crisis Concordat. SM added that mental health provider Chief Executives in West Yorkshire met with the Chief Constable and Police and Crime Commissioner for West Yorkshire to discuss the partnership approach and there has been a subsequent discussion with the Yorkshire Ambulance Service. It is hoped to replicate the discussions and arrangements in South Yorkshire.
- Trust Board noted the change at national level in the serious incident framework to remove grading of incidents and introduce a single timescale of 60 working days for reporting. JF commented that she would like to see the Trust continue to aim for the current 45 days for the benefit of the service users and their families. TB confirmed that the Trust would continue to work to the 45 days as the rule and 60 days as the exception.
- Trust Board also noted that the Clinical Governance and Clinical Safety Committee had suggested that the Trust's approach to enabling service users into employment is included in the remit of the new Equality and Inclusion Forum.

Alex Farrell (AF) added that she is reviewing the performance framework with Directors to reflect revised objectives and related key performance indicators for introduction and reporting at the end of Q1. The Trust will look at the practice of other sectors and design principles would be welcome from Non-Executive Directors to inform development.

Financial position

AF then took Trust Board through the key points relating to the Trust's financial position.

- The Trust has achieved a financial risk rating of 4 against a planned rating of 4.
- The outturn position for 2014/15 is a net surplus of £3.1 million, which is £0.5 million ahead of plan.
- The income position has improved, mainly due to better CQUIN achievement than anticipated (£100,000 against forecast £500,000), lease cars and Altogether Better.
- There has been a significant underspend in pay, which was £3.4 million at the year-end. The EMT, supported by the Operational Requirement Group, asked for a detailed analysis to understand the reasons for this and any impact on quality and safety. No issues with service quality were identified; however, this will be monitored closely during 2015/16.

- Additional investment in information management and technology was made non-recurrently.
- Provisions have increased to £2.4 million, of which £2.1 million is provided for redundancies.
- The capital spend to March 2015 is £6.13 million, which is £1.93 million (24%) behind the revised plan. JJ commented that Trust Board agreed in March 2015 to monitor and scrutinise the capital programme in the same way it does the cost improvement programme. SM confirmed that the finance report will include a one-page summary tracking capital spend and investment for Trust Board from month 2. AF added that, for other Trusts, spend on the capital programme will reflect the availability of cash, which affects the ability to spend capital.

Laurence Campbell (LC) commented that debtors are higher than planned. AF responded that the main factor is with local authorities and, as their funding forms a bigger proportion of Trust income, it has a larger effect on debtors.

Workforce

AGD commented that the Remuneration and Terms of Service Committee reviewed the workforce indicators in detail at its meeting in April 2015 with particular focus on child and adolescent mental health services. The sickness target has not been achieved but does still compare well with other Trusts. The Committee has agreed to review the target for 2015/16.

TB/15/30b Customer services report quarter 4 2014/15 (agenda item 8.2)

IB asked if the Trust could look at its approach from a carer's point of view, particularly in terms of data protection, carer access to information and confidentiality of service user information. He suggested that the Trust should be able to explain its position in a better way that it currently does, which sounds legalistic and defensive. Adrian Berry (ABe) responded that this is a very complex area with competing views between services users and carers. Legislation and the frameworks within which the Trust is required to work are very clear; however, more could be done to support services to explain why information cannot be shared and how this message is delivered to carers.

ABe also highlighted the significant improvement in the number of compliments in forensic services over the last two quarters.

TB/15/30c Exception reports and action plans – Child and adolescent mental health services recovery plan – progress report (agenda item 8.3(i))

TB and NC took Trust Board through the update paper.

JJ asked for a view of the outcome of a CQC assessment currently. SM responded that it would be one of 'requires improvement'. Trust Board reiterated its position stated in March 2015 that, if there is no substantial change to the current situation, the position is unsustainable without further investment. This will be discussed further at the summit on 8 May 2015 and the Trust will work with commissioners to come to a joint solution; however, if this is not forthcoming, Trust Board will have to consider whether the Trust can continue to deliver the service.

JJ commented that his fear is that NHS inertia will delay any decision and that this inertia would have to come to an end on 1 April 2016 when the Trust's current contract comes to an end. IB asked for an update at the May strategic meeting for Trust Board to consider the outcome of the summit and agree any action required in advance of a formal update to June's meeting.

JF commented that the number of referrals is increasing and asked that the Trust continues to monitor this. IB added that any other issues Trust Board would wish to see raised at the summit on 8 May 2015 should be passed to TB.

AF commented that there have been discussions on how the business case could be funded and she was confident that the Trust could manage the investment in the interim to make it sustainable through additional development money. SM added that there is an increased focus nationally on mental health and, in particular, children's mental health services to support the Trust's position.

It was RESOLVED to NOTE the progress report.

TB/15/30d Exception reports and action plans – Risk assessment of performance and compliance targets 2015/16 (agenda item 8.3(ii))

IB asked if commissioners budgeted to award the CQUIN payments as inconsistencies between providers and commissioners would be an issue at NHS aggregate level. AF responded that guidance states that CQUINs should be set at a level that is stretching but achievable; commissioners should, therefore, budget accordingly. She also confirmed that CQUINs are in the Trust's contracts and in commissioners' budgets.

It was RESOLVED to NOTE the risk assessment and actions to mitigate risk.

TB/15/30e Exception reports and action plans – Trust visit programme annual report 2014/15 (agenda item 8.3(iii))

The following points were raised and discussed.

- AF asked if there was any evidence of progress or triangulation in relation to the quality of record keeping and care planning as it would be useful to identify areas of best practice for services to learn from. ABe also suggested matching areas of best practice with areas where practice could be improved.
- AGD suggested including information on the outcome of the staff wellbeing survey and friends and family test in the information pack for visit teams.
- IB was keen that the programme in 2015/16 includes governors. TB responded that members of the team require a level of technical understanding and he would see governors as making an effective contribution to the 15 Steps Challenge process. SM commented that the inclusion of governors brings a broader perspective to the visit teams and IB added that he wished to see governors explicitly included in the coming year.
- JF commented that the Trust cannot know whether its benchmark is that of the CQC. She suggested that an external review might be useful but not on the scale of the full inspection arrangements.

It was RESOLVED to NOTE the report and SUPPORT the Trust visit plan for 2015/16.

TB/15/30f Exception reports and action plans – Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation (agenda item 8.3(iv))

SM commented that the paper sets out a sensible response to the review, particularly of where decisions can be taken within the organisation fostering flexibility and a timely approach to decision-making, particularly in areas such as recruitment.

It was RESOLVED to APPROVE the approach and timetable for reviewing the Standing Orders, Standing Financial Instructions and Scheme of Delegation.

TB/15/31 Strategies for approval (agenda item 9)

TB/15/31a Patient Safety Strategy and Sign up to Safety improvement plan (agenda item 9.1)

AF commented that the Strategy will be cross-referenced to the development of the performance framework.

It was RESOLVED to APPROVE the Patient Safety Strategy, to NOTE the Trust’s Sign up to Safety improvement plan and APPROVE the submission of the plan for review and feedback.

TB/15/31b Leadership and Management Development Strategy update (agenda item 9.2)

Asked for a BDU perspective, Sean Rayner (SR) commented that there is evidence that some developments are moving at pace, such as the establishment of trio arrangements, and that these are beginning to impact favourably on services. Karen Taylor (KT) added that deputy BDU directors are working together as a cohesive team and work well with trios as evidenced in the independent report on the Trust’s financial plan and how it was developed. AF added that Quality Academy deputies are offering an integrated offer to BDUs.

Linked to the previous item, SR added that the review of the Standing Financial Instructions and Scheme of Delegation should be much more than a technical review and it is important to match decision-making and empowerment across the organisation at all levels.

It was unanimously RESOLVED to NOTE the update on development of the Strategy and to have a more detailed discussion at the strategic meeting in May 2015.

TB/15/32 Annual Governance Statement 2014/15 (agenda item 10)

It was RESOLVED to APPROVE the Annual Governance Statement for 2014/15. It was noted that the Statement may be subject to change following review by the Trust’s external auditors as part of the audit of the Trust’s annual report and accounts. **It was, therefore, RESOLVED to DELEGATE AUTHORITY to the Audit Committee to approve the final version of the Statement.**

TB/15/33 Trust Board self-certification – Monitor quarter 4 return 2014/16 (agenda item 11)

AF informed Trust Board that an internal audit report on data quality identified anomalies within the early intervention services target. Given this was a small sample, the EMT commissioned a full review of the caseload to ensure reporting against the target. Monitor and Non-Executive Directors will be informed of any implications for the Trust as a result of the detailed review. She assured Trust Board that this was not a contracting issue.

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

TB/15/34 Date and time of next meeting (agenda item 12)

The next meeting of Trust Board will be held on Tuesday 30 June 2015 in the Boardroom, Kendray, Doncaster Road, Barnsley.

Signed Date