



With all of us in mind

**Minutes of Trust Board meeting held on 30 June 2015**

<b>Present:</b>	Ian Black Laurence Campbell Charlotte Dyson Julie Fox Jonathan Jones Steven Michael Adrian Berry Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director 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
<b>Apologies:</b>	Helen Wollaston	Deputy Chair
<b>In attendance:</b>	Nette Carder	Interim District Service Director, CAMHS and Forensic Services (item 8.1)
	Kate Henry	Interim Director, Marketing, Engagement and Commercial Devel.
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Guests:</b>	Chris Hollins	Publicly elected governor, Wakefield
	Fiona Miller	Xerox
	Bob Mortimer	Publicly elected governor, Kirklees
	Steven Picken	Senior Manager, Deloitte (observer as part of well-led governance review)
	Jules Preston	Appointed governor, Mid-Yorkshire Hospitals NHS Trust

**TB/15/35 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting, including the visitors attending. The apology, as above, was noted. Helen Wollaston (HW) had given notes to the Chair prior to the meeting, which he would refer to as appropriate. IB commented that the meeting would be followed by Values into Excellence, celebrating and demonstrating the excellent work staff do and he asked all Board members to attend.

**TB/15/36 Declaration of interests (agenda item 2)**

The following declarations were considered by Trust Board.

Name	Declaration
<b>CHAIR</b>	
Ian Black	Chair representative, Mental Health Foundation Trust, NHS Providers' Board (from 1 July 2015)
<b>NON-EXECUTIVE DIRECTORS</b>	
Charlotte Dyson	Independent marketing consultant, Beyondmc (no clients engaged in NHS work) Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional) Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE
Chris Jones	Director, Chris Jones Consulting Ltd.

Name	Declaration
	Director and part-owner, Chris Jones Consulting Ltd. The business works primarily in the education and skills sector. Trustee, Children's Food Trust
<b>CHIEF EXECUTIVE</b>	
Steven Michael	Chair, Mental Health Network, NHS Confederation Trustee, NHS Confederation
<b>OTHER DIRECTORS</b>	
Kate Henry	No interests declared (although currently on secondment from NHS Improving Quality)

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 the two new Non-Executive Directors had signed the declaration of independence and all new Directors had made a declaration that they meet the fit and proper person requirement.

**TB/15/37 Minutes of and matters arising from the Trust Board meeting held on 28 April 2015 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 28 April 2015 as a true and accurate record of the meeting.** There were no matters arising.

**TB/15/38 Assurance from Trust Board committees (agenda item 4)**

TB/15/38a Audit Committee 7 April and 22 May 2015 (agenda item 4.1)

Laurence Campbell (LC) highlighted the following for Trust Board.

- Data quality is a continuing issue for the Trust and the Committee recognises the ongoing work to address the issues raised in an internal audit report. This will be considered again at the Committee's next meeting in July 2015.
- The Audit Committee annual report, a key item for the Committee, was presented to Trust Board in April 2015 and, under delegated authority, the Committee approved the annual report, accounts and Quality Accounts on 22 May 2015.
- In relation to reference costs, the Committee will consider the assurance provided on the methodology to calculate the costs at its meeting on 7 July 2015, which may subsequently come to Trust Board.
- The Committee currently has a concern about the construction of ratings from internal audits undertaken, which has been raised with KPMG for review in 2015/16. LC will report back on the outcome to Trust Board.
- Internal audit has been asked to consider 'culture' in its programme for 2015/16 and this will be reviewed when the outcome of the well-led governance review is known and an action plan developed.

The Chief Executive (SM) commented that he was unsure how an internal audit would align with the well-led review as there are limitations for an internal audit review areas in such as culture. Alex Farrell (AF) commented that it was more to do with scoping of the work after the well-led review and, in her view, it may focus more on performance culture and how performance information is used. Jonathan Jones (JJ) asked how the Trust will benchmark and AF responded that it is likely to be internal benchmarking and identification of areas of

good and poor practice. Alan Davis (AGD) added that there is a strong link to the wellbeing and engagement review and, therefore, it is important that any audit does not “reinvent the wheel”. The wellbeing survey has tangible outcomes and is externally benchmarked.

In relation to the annual report and accounts, IB thanked Trust staff involved for their support and contribution to the development and presentation of the annual report and accounts, which was commended by Deloitte in its report.

TB/15/38b Clinical Governance and Clinical Safety Committee 21 April, 12 May and 16 June 2015 (agenda item 4.2)

Julie Fox (JF) highlighted the following on behalf of HW.

- Child and adolescent mental health services (CAMHS) continues as a standing item on the Committee’s agenda.
- The Committee was advised of issues in relation to quality and values at the Horizon Centre and was concerned that these had not been identified through the Trust’s own internal visits programme. The Committee has asked for this to be reviewed.
- The Committee expressed a degree of frustration at the pace and lack of clinical leadership for the rehabilitation and recovery transformation workstream following a presentation from the programme manager at June’s meeting. JF added that clarity on the future was raised as an issue by staff during a recent Middleground module and the impact on motivation and morale and uncertainty for the future of the service.

With regard to Horizon, SM commented that this is a longitudinal values-based issue, which would not necessarily have been identified through a Trust internal visit. Tim Breedon (TB) added that the introduction of new leadership and management arrangements very quickly identified these issues and action to address these was immediately put in place.

Trust Board noted that JF would take over as Chair of the Clinical Governance and Clinical Safety Committee from its next meeting in September 2015.

TB/15/38c Mental Health Act Committee 12 May 2015 (agenda item 4.3)

Julie Fox (JF) highlighted the following.

- The Committee was disappointed with the outcome of an audit of consent to treatment and has asked for a repeat audit in six months’ time. The Medical Director and Director of Nursing were asked to bring an update on action taken in the interim to the next meeting and to provide sight of the terms of reference for the re-audit to the Committee.
- The new Mental Health Act Code of Practice has been published. This represents an extensive piece of work and there is an implementation plan in place, which includes training of staff. This work should be complete by the end of August 2015. TB commented that it is understood that the Care Quality Commission (CQC) will want to see that the Code of Practice has been embedded by the end of September/mid-October 2015 whilst appreciating the scale of the challenge for Trusts to implement.

TB/15/38d Remuneration and Terms of Service Committee 21 April 2015 (agenda item 4.4)

IB highlighted the following.

- The Committee approved the awards to Directors under the performance related pay scheme for 2014/15 on 22 June 2015.
- The Committee has agreed the Trust will no longer continue with the national scheme for Clinical Excellence Awards. Adrian Berry (ABe) commented that a scheme will continue but will be locally-determined to ensure the criteria for merit awards are linked to service quality development and improvement activities to support Trust service needs. He added that there is a lot of support and interest in the approach the Trust is taking. JJ

asked if clinicians were supportive of the new approach. ABe responded that the Trust is in dialogue with the British Medical Association in relation to its plans. JF asked if the national scheme was likely to be changed. AGD responded that national arrangements will not change and many Trusts have continued with the national scheme. He confirmed that the local scheme would not cost any more than currently and an upper limit will be set. The Committee will look at a revised scheme and IB commented that other Directors are welcome to see the scheme and to attend the Committee meeting when it is discussed.

- Trust Chairs have received a letter from the Secretary of State for Health, Jeremy Hunt, asking Trusts to provide information on very senior managers' (VSM) pay using the Prime Minister's salary without benefits as an upper limit. This may result in a national approval mechanism for any appointments over this amount, which has implications for recruitment and appointment to senior posts and for the autonomy of foundation trusts.

Charlotte Dyson (CD) asked whether there was a remit for the presentation to Trust Board on the Trust's commercial and marketing approach. SM responded that the presentation in September would be a general update on progress against objectives and SM will discuss with CD further to agree the purpose and remit.

The Chair invited JJ to raise any issues from the Estates Forum. JJ highlighted that this was a very busy agenda focussing on disposal of surplus estate, development of community hubs and optimisation of the Fieldhead site.

IB highlighted two areas from the Information Management and Technology Forum in relation to a practical demonstration of agile working supported by a benefits analysis, both quantitative and qualitative, and the Trust's clinical information system and developments for RiO and SystmOne, which will be supported by a post-implementation audit.

JF asked for feedback on the Phoenix contract to which AF responded that this had also been discussed at the Forum. There had been early teething problems, particularly in terms of legacy and backlog issues; however, feedback now is that the position has improved.

### **TB/15/39 Chair and Chief Executive's remarks (agenda item 5)**

IB raised the following.

- Deloitte will provide feedback from the well-led governance review to Trust Board in July. There has been positive informal feedback to date. Deloitte will also attend the Members' Council on 24 July 2015. A workshop for Trust Board and the Members' Council will be arranged.
- Induction arrangements for two new Non-Executive Directors are in place with Chris Jones starting on 1 August 2015 and Rachel Court on 1 October 2015.
- Non-Executive Director end-of-year appraisals are complete and IB thanked Executive Directors for their input. He will review membership of Committees after the three new Non-Executive Directors are in place.
- He ended by confirming his success in securing a place on the NHS Providers Board to represent mental health chairs.

SM covered the following in his remarks.

- There are a number of newly elected MPs in the Trust's area and the Trust has arrangements in place to meet with them to ensure they are aware of the Trust, its position and its issues. This complements the ongoing engagement with continuing MPs.

- Provider contact with Lord Prior of Brampton, Parliamentary Under Secretary of State for NHS Productivity.
- Current Vanguard pilots and the invitation for second wave bids. The Trust is working with partners to develop an emergency and urgent care mental health bid across West Yorkshire.
- SM personally thanked Carol McKenna, Chief Executive Officer of Greater Huddersfield Clinical Commissioning Group (CCG), as commissioning lead for CAMHS, for the thorough and professional work to bring partners together and ensure the matter receives appropriate attention. Transformation and staff engagement are important issues, which links to the work on engagement as a whole and is the focus of the Executive Management Team (EMT) time out on 16 July 2015.
- The visit from Monitor on 24 June 2015 was positive. The review of the Trust's annual plan focussed on the non-recurrent deficit and Monitor's interest is in the recovery position for 2016/17 and the trajectory for which the Trust was able to provide a robust response.
- There should be a formal announcement of the outcome of the Care Closer to Home tender exercise on 6 July 2015. There has been a great deal of media interest, both nationally and locally.
- SM chaired a CQC inspection in London, which was very helpful in terms of learning. He will open an internal Trust event on 8 July 2015 to provide feedback and learning.

**TB/15/40 Annual report, accounts and Quality Accounts 2014/15 (agenda item 6)**

**It was RESOLVED to RECEIVE and ADOPT the annual report, accounts and Quality Accounts for 2014/15.**

**TB/15/41 Strategic human resources framework (agenda item 7)**

AGD introduced this item and explained that the framework sets the context with three underpinning strands:

- the nature, size and shape of the workforce will have to change;
- the wellbeing of and engagement with staff; and
- leadership and management development.

The framework will be supported by a longer-term five-year Human Resources Strategy, which will come to Trust Board in September 2015.

The Chair invited comments and questions from Trust Board.

- JJ asked how the Trust will know the Strategy has been successful. AGD responded that key performance indicators and performance metrics will be tracked and progress monitored through the staff wellbeing survey. AF added that this would also become part of the annual planning process at team, BDU and Trust level in terms of experience, process and impact.
- JF commented that this was a good document but she would like to see more attention to equality and diversity. She also suggested including reference to Non-Executive Directors.
- SM commented that the Trust is judged by the outcomes of the national staff survey and it must use its own wellbeing survey to inform its approach and its response to the national outcomes. He added that the Trust will develop a suite of KPIs at all levels, which would also link to the outcome of the well-led review. He also suggested that the Trust should make use of technology to support staff engagement.

- SM also advised Trust Board that the Trust has retained its Customer Service Excellence award.
- JJ commented that he would like to see a shared objective in relation to leadership and management across the EMT included in the gateway objectives for the performance related pay scheme and it was agreed this would be discussed by the Remuneration and Terms of Service Committee.
- CD commented that staff need to see the Trust celebrating success. She advocated the use of 'crowd sourcing' to engage staff and commented that how the Trust markets itself as an organisation and as an employer to attract good candidates who want to work at the Trust is important.
- IB commented that Trust Board would keep appropriate human resources indicators and objectives reporting under review through the Remuneration and Terms of Service Committee and make adjustments to Trust Board reporting as required.

**It was RESOLVED to APPROVE the human resources strategic framework, staff engagement strategy and leadership and management development strategy, subject to consideration and development of the comments made.**

### **TB/15/42 Performance reports month 2 2015/16 (agenda item 8)**

#### TB/15/42a Exception reports and action plans – Child and adolescent mental health services recovery plan – progress report (agenda item 8.1(i))

Nette Carder (NC) took Trust Board through the progress report for Calderdale and Kirklees. It was noted that the Clinical Governance and Clinical Safety Committee received a full report on CAMHS across the Trust at its meeting on 16 June 2015. She also advised Trust Board that commissioners have approved additional funds for the service, which was welcomed by Trust Board.

IB asked what the biggest concern was currently. TB responded that ensuring the crisis and home-based treatment aspect of the service becomes a reality now additional investment is forthcoming. IB asked for an assessment of when this would be. NC responded by April 2016. Recruitment has started and development of this part of the service will begin to have an impact on the regular service. Progress will continue to be scrutinised by the Clinical Governance and Clinical Safety Committee.

JF asked what the implications were for re-commissioning of the service. NC responded that commissioners propose to work with the Trust to extend its contract for a further year to improve and develop the service and to develop a more outcome-based approach to commissioning of the service. JJ asked for clarity that, if the crisis part of the service is adequately commissioned and funded, the Trust would be willing to continue providing the service for a further year. IB asked Trust Board to take a view given the clinical and reputational risk on the basis that the Trust will work with commissioners to develop a revised specification for the service from April 2017.

- JF commented that the Trust should not 'walk away' before then to ensure the service remains in place for the individuals who use it and given the work by the Trust to develop the service to date.
- There was strong support from the Director of Nursing and Medical Director to continue for a further year on the current basis.
- AF added that the Trust does still need to consider the detail in terms of financial sustainability as well as clinical and operational sustainability and work with commissioners on transformation and the future view of the service for the national September deadline.

Trust Board was supportive of working with commissioners to extend the Trust's contract for a further year.

JF expressed concern about the continued strategic leadership when NC's contract ends. SM responded that he intends to ask the Remuneration and Terms of Service Committee to consider future arrangements at its meeting in July 2015. After she had left the meeting, JJ commented that he derived a great deal of assurance and comfort from the appointment and actions of NC. SM responded that he has agreed to retain NC until a substantive appointment can be made, which will be discussed at the Remuneration and Terms of Service Committee on 13 July 2015.

**It was RESOLVED to NOTE the progress report.**

TB/15/42b Exception reports and action plans – Incident management annual report 2014/15 (agenda item 8.1(ii))

TB took Trust Board through the key points in the report.

*JJ left the meeting.*

Trust Board noted that there were a number of areas (set out in the front sheet to the report) where the Clinical Governance and Clinical Safety Committee has asked for further analysis, which included the increase in the number of suicides. SM added that he would want the analysis to also consider how the Trust has learned from previous experience, how risk assessment has identified risk, and where and what the Trust can learn from this. HW had also asked IB to highlight to Trust Board that record-keeping is in the top three themes and is, therefore, an area where the Trust really needs to prioritise to really make a difference. AF commented on three strands in relation to record-keeping and it is important that Trust Board is aware of the action taken in relation to all three:

- clarity on clinical processes and the reasons the Trust requires information;
- the design of data capture makes it easy for staff; and
- ensuring individuals record data and are able to do so.

TB commented that there is a quality day arranged for 8 July 2015, which includes a self-assessment, identification of areas for improvement and how this can be delivered. A report will be presented to the next Clinical Governance and Clinical Safety Committee.

**It was RESOLVED to RECEIVE the report.**

*JJ re-joined the meeting.*

TB/15/42c Exception reports and action plans – Customer services annual report 2014/15 (agenda item 8.1(iii))

CD suggested incorporating what has changed as a result of complaints on the Trust's website. SM commented that, when beginning Trust Board with a story, it must be meaningful, add value and show where the Trust has learnt from experience.

**It was RESOLVED to NOTE the report.**

TB/15/42d Exception reports and action plans – Health and safety annual report 2014/15 and objectives 2015/16 (agenda item 8.1(iv))

Following introduction of this item, AGD confirmed that a report would be presented to the Clinical Governance and Clinical Safety Committee in September 2015 with a six month review of objectives and the outcome of the health and safety audit reports.

LC asked why health and safety training was lower than other training. AGD responded that not all health and safety training is 'badged' as such and staff do not always recognise it training as being health and safety training. A communications exercise is needed to ensure staff are aware.

**It was RESOLVED to APPROVE the health and safety annual report for 2014/15 and APPROVE the action plan for 2015/16.**

TB/15/42e Exception reports and action plans – Sustainability strategy 2015/16 to 2019/20 (agenda item 8.1(v))

On behalf of HW, IB asked whether the Trust measures food waste. Dawn Stephenson (DS) confirmed that it does and would include this in reports to Trust Board in future. JF suggested linking to the Estates Strategy in terms of sustainable travel and use of sustainable energy. HW also welcomed the decrease in travel and would like to see how use of technology can influence this in the future.

**It was RESOLVED to NOTE the progress made and APPROVE the five-year Sustainability Strategy.**

TB/15/42f Exception reports and action plans – Medical appraisal/revalidation annual report 2014/15 (agenda item 8.1(vi))

ABe advised that the first five-year cycle of revalidation comes to an end in 2016. The General Medical Council is likely to raise standards considerably for the next five-year cycle, which will have resource implications for the Trust both in terms of process and work needed to develop clinicians. LC asked if the Trust is ensuring that the people it employs are suitable. ABe responded that the Trust has robust pre-employment screening and checks in place.

TB also alerted Trust Board to the national proposals for nurse re-validation, which will be reviewed by the Clinical Governance and Clinical Safety Committee when guidance is issued in September 2015. IB asked the EMT to consider whether this should be placed on the Trust's risk register and SM asked that the Remuneration and Terms of Service Committee considers both issues.

**It was RESOLVED to NOTE the report and APPROVE the statement of compliance.**

TB/15/42g Performance and finance reports (agenda item 8.2)

AF highlighted that the format of the report and indicators are under review, trend analysis has been included in the report and more information has been included on contracting to reflect contract delivery and productivity. 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 year-to-date position is a net surplus of £0.2 million, which is £0.67 million ahead of plan. The forecast remains consistent with a planned deficit of £0.74 million.
- The cash position is £29.35 million, which is £3.15 million behind plan. This is primarily due to higher than planned debtors and further progress has been made to reduce this during June 2015.
- The capital spend to May 2015 is £1.24 million, which is £0.22 million (15%) behind plan.
- At month 2, the cost improvement programme is £0.28 million (21%) behind plan and, currently, £2.3 million (23%) of the plan is rated as 'red'.

JJ asked for clarification of current position that the cost improvement programme is offset by the release of provisions but in the longer-term either the 'red' rated cost improvements will no longer be 'red' or will have substitutions or mitigations in place. AF confirmed this



was the case but asked Trust Board to bear in mind that this was only month 2 of 2015/16. There will be a full stocktake and risk assessment with clear action agreed to close the gap and she expected a significant improvement in the next two months.

JJ also asked about the underspend on the capital programme. AGD responded that this reflects an invoicing issue, which will be resolved in month 3.

The position with the sale of Aberford Field was discussed in detail at the Estates Forum on 1 June 2015. Delegated authority was given by Trust Board at its meeting in March 2015 to the Chair of the Trust and Chief Executive to agree the terms of the payment with the purchaser. Both had confirmed to the Forum that they were happy to agree a revised proposal. The Forum had acknowledged and recognised the risk involved in the agreement and a risk remains that the funds will not be realised in 2015/16.

For October's Trust Board meeting, IB asked for the current position and anticipated end-of-year outturn positions for both the cost improvement programme and the capital programme with an update on the sale of Aberford Field. This would form part of the finance report for month 6 and the report on the end-of-year outturn.

TB raised the following in relation to service delivery and quality.

- Focus continues on supporting service users into employment and settled accommodation, including discussions with partners to seek to resolve.
- Clustering remains an issue and AF commented that the Trust is currently achieving 95% for service users assigned a cluster in the previous twelve months. Trust Board was asked to note that, of 4,000 service users, there is a shortfall of 36, which is being actively managed by the Trust.
- The focus on mandatory training also continues.

TB/15/42h Meeting the challenge and changes to Monitor's Risk Assessment Framework (agenda item 8.3)

**It was RESOLVED to NOTE the changes and implications for the Trust.**

**TB/15/43 Corporate Governance Statement 2015/16 and self-certification (agenda item 9)**

**It was RESOLVED to CONFIRM that Trust Board could make the required self-certification in relation to the Corporate Governance Statement and training for governors, and to NOTE the self-assessment against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance.**

**TB/15/44 Use of Trust seal (agenda item 10)**

**It was RESOLVED to NOTE the use of the Trust seal since the last report in March 2015.**

**TB/15/45 Date and time of next meeting (agenda item 11)**

The next meeting of Trust Board will be held on Tuesday 21 July 2015 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP. The dates for 2016 were also agreed.

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