



**Minutes of Trust Board meeting held on 21 July 2015**

<b>Present:</b>	Ian Black Laurence Campbell Charlotte Dyson 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
<b>Apologies:</b>	None	
<b>In attendance:</b>	Nette Carder Rachel Court Kate Henry Chris Jones Sean Rayner Diane Smith Dawn Stephenson Karen Taylor Bernie Cherriman-Sykes	Interim District Service Director, CAMHS and Forensic Services Non-Executive Director (designate) Interim Director, Marketing, Engagement and Commercial Devel. Non-Executive Director (designate) District Service Director, Barnsley and Wakefield Director of Health Intelligence and Innovation Director of Corporate Development District Service Director, Calderdale, Kirklees and Spec. Services Board Secretary (author)
<b>Guests:</b>	Chris Hollins	Publicly elected governor, Wakefield

**TB/15/46 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting. There were no apologies. IB introduced David Ogden, Therapy Manager, Art, at Newhaven, who supported the presentation of Dean’s story to Trust Board. Dean could not be present due to illness but his inspirational film was shown to Trust Board.

Following Dean’s story, IB thanked Helen Wollaston (HW) on behalf of Trust Board for her support and contribution over the last six years, which has helped the Trust to be where it is today. He then welcomed Rachel Court (RC) and Chris Jones (CJ) who would take up Non-Executive Director positions on 1 October 2015 and 1 August 2015 respectively.

**TB/15/47 Declaration of interests (agenda item 2)**

The following declarations were made over and above those made in April and June 2015 and considered by Trust Board.

Name	Declaration
<b>NON-EXECUTIVE DIRECTORS</b>	
Rachel Court	Non-Executive Director, Leek United Building Society. Chair, NHS Pensions Board (to note – this is a public appointment) Chair, PRISM (the charity’s purpose is primarily educational but does a small amount of healthcare work with young people, primarily avoidance of teenage pregnancy)
Julie Fox	Seconded from HMI Probation (Ministry of Justice) to Youth Justice Board Advisory Board Member for Peer Power, a social justice

Name	Declaration
	organisation supporting young people
<b>CHIEF EXECUTIVE</b>	
Steven Michael	Removal of the following from June 2015. <ul style="list-style-type: none"> <li>➤ Member, Leeds University Centre for Innovation in Health Management</li> <li>➤ Member, Leeds University Centre for Innovation in Health Management International Fellowship Scheme</li> </ul>

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by 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 RC had signed the declaration of independence for Non-Executive Directors and made a declaration that she meets the fit and proper person requirement.

**TB/15/48 Minutes of and matters arising from the Trust Board meeting held on 30 June 2015 (agenda item 3)**

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held on 30 June 2015 as a true and accurate record of the meeting.** There were no matters arising.

**TB/15/49 Chair and Chief Executive's remarks (agenda item 4)**

IB began by commenting on the session prior to the meeting with Deloitte to feedback from the independent review of the Trust's governance arrangements, which was very positive and constructive. Deloitte will issue a formal report and 'rating', which the Trust will be able to use to benchmark against other Trusts that have been through the same process. He also commented on the following.

- Board-to-Boards have been held with Calderdale and Huddersfield NHS Foundation Trust and Locala.
- As previously reported, the Trust has been involved with Locala in a bid for community services in Kirklees (Care Closer to Home). This was successful and Locala has been identified as the preferred provider with the Trust as a partner.

The Chief Executive (SM) covered the following in his remarks.

- Financial settlements for local authorities will present a significant challenge for the Trust, particularly if the outcome is a reduction in social care provision. The Trust is working closely with local authorities in its area and will need to align its transformation programme very closely as no assumption can be made of the social care contribution. The first challenge is the tender of 0-19 health and wellbeing services in Barnsley. The Trust held a very constructive meeting with Barnsley Council to build a working platform on a number of issues.
- In the Budget, £8 billion was committed by the Government (albeit in the last year of this Parliament) to the NHS in return for £22 billion of efficiency savings. This represents a huge challenge for the NHS, particularly as investment is towards the end of this Parliament.
- The Trust's involvement in Vanguard bids to develop and promote new models of care continues. The Trust is involved in three pilots (one in the upper valley in Calderdale and two in Wakefield). The bid in west Wakefield has successfully attracted £14 million of funding over four years. The Trust is also involved in a network bid across West

Yorkshire for urgent and emergency care. SM was part of the team that presented the bid the previous week to NHS England with partners, demonstrating a strong cross-agency approach.

- SM has met with seven MPs to date (Jo Cox (Labour, Batley and Spen), Mary Creagh (Labour, Wakefield), Dan Jarvis (Labour, Barnsley Central), Holly Lynch (Labour, Halifax), Jason McCartney (Conservative, Colne Valley), Barry Sheerman (Labour, Huddersfield) and Paula Sherriff (Labour, Dewsbury)). Child and adolescent mental health services (CAMHS) has been a recurring issue across MPs in Calderdale and Kirklees. The discussion with MPs has provided the opportunity to clarify the Trust's position in services for children and to demonstrate how it can contribute to the national agenda.
- Monitor and the Trust Development Authority will be jointly led working closely together in partnership to form NHS Improvement.

From the Chancellor's Budget, IB also highlighted the 1% public sector pay cap. As yet, there is no real detail to assess the implications for the Trust beside that the Treasury will allocate 1% per annum to the NHS for this.

## **TB/15/50 Strategic overview of business and associated risks (agenda item 5)**

Alex Farrell (AF) took Trust Board through key issues for the Trust in terms of its strategic direction and external environment.

### Political

- There is an increasingly 'hands-on approach' to the NHS from the Government.
- Uncertainty on what 'parity of esteem' means for mental health and what this would mean for the Trust.
- Increasing emphasis on system-wide working and the expectation that, in some areas, this will be mandated.
- The continuing attention on CAMHS both from the public and commissioners.

### Economic

- The expectation that the NHS will find £22 billion in efficiency savings.
- Continued uncertainty for specialist commissioning procurement and, in the interim, no additional service developments can be commissioned.
- Position of local authorities and how the Trust can work closely with councils as well as understanding what changes mean for the Trust socially and culturally.
- Continued demographic change.
- Changing public expectations.

### Technical

- Facilitating the sharing of information between agencies and how governance and legal issues around this can be addressed.
- Communication with service users and carers using technology.

### Legal/regulatory

- Monitor/Trust Development Authority merger.
- Future pricing and changes to mechanisms and structures.

### Environmental

- Use of technology to support sustainability.

Future reports to Trust Board will build on this assessment and set the context for business and risk meetings. SM commented that he attended a meeting with partners to look at the devolution agenda. In terms of health, this could include areas such as the approach to mental health urgent and emergency care across West Yorkshire.

Charlotte Dyson (CD) asked if the reports would also show how the Trust can mitigate or address issues identified. AF responded that it would.

## **TB/15/51 Performance reports month 3 2015/16 (agenda item 6)**

### TB/15/51a Performance and finance reports (agenda item 6.1)

Tim Breedon (TB) raised the following in relation to service delivery and quality.

- Development of the Quality Accounts will continue to be monitored through the Clinical Governance and Clinical Safety Committee and he suggested including the areas measured in the Accounts in the performance report.
- The Trust is consistently reporting over 100% of full rates for safer staffing; however, there are some occasions where rates have fallen below desired levels and these have been reviewed on a case-by-case basis.
- The external review of Horizon Centre is complete. An action plan will be developed and will be presented to the Clinical Governance and Clinical Safety Committee in September 2015.
- TB also reported on a complex service issue currently on Horizon, which is providing considerable challenge for the Trust's governance systems. An update will be presented to the Clinical Governance and Clinical Safety Committee. The Trust is working with the commissioner and NHS England to provide care for the individual. The Care Quality Commission (CQC) is aware.
- The newly established Quality Improvement Group held its first meeting on 8 July 2015.
- Managing violence and aggression training is currently reporting 'red'. TB assured Trust Board that a plan is in place to improve performance, focussing on clinical services before a move to support services.

AF 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 income and expenditure position is on track; however, CQUIN performance is not included. The Q1 position will be included in the month 4 report with a deterioration in the position expected.
- The year-to-date position is a small surplus of £0.16 million, which is £0.82 million ahead of plan due to underspend on pay.
- At month 3, the cost improvement programme is £0.19 million (9%) behind plan. This has been offset by release of provisions. Currently, £1.3 million (14%) of the plan remains rated as 'red', after mitigation.

AF confirmed that the full-year cost improvement programme is £9.6 million with £8.2 million identified, which means a £1.4 million shortfall. Work over the next two months will confirm how much can be realised and what will be substitutions. The plan will be achieved but some will be non-recurrent. The overall risk is currently £2.5 million, which includes £1.1 million of savings classed as 'red'. TB confirmed that substitutions will be considered through the Quality Impact Assessment process and reported through the Clinical Governance and Clinical Safety Committee.

- Capital spend to June 2015 is £2.28 million, which is £0.41 million (15%) behind plan. The Trust is confident of achieving the year-end capital spend and key business cases will be presented in September 2015. Laurence Campbell (LC) asked if there was any update on the position with Aberford Field. Alan Davis (AGD) confirmed that an update had been sent to the Estates Forum. The purchase of the Trust land was to go through the Miller Homes Board approval process in July 2015 and there is an expectation that the Exercise Notice will be served towards the end of the month with completion 20 working days thereafter.

➤ The cash position is £30.18 million, which is £1.32 million behind plan reflecting pressures in the system and how organisations are managing cashflow. LC asked whether local authorities operated to the same payment code as the Trust. AF responded that the current position is being escalated within the organisation currently. LC also asked if the £500,000 CQUIN risk is considered in the forecast. AF responded that it is included in provisions.

LC asked if there were any themes in the sickness absence figures. AGD responded that the sickness absence target was re-visited by the Remuneration and Terms of Service Committee. Using benchmarking, the Committee agreed 4.4% was a more realistic but stretching target across the Trust but with improvement trajectories across all BDUs. Forensic BDU is a key area and musculo-skeletal and stress are the two main reasons for absence. For the Committee, changing the target does not mean the level of importance is diminished and work must continue to bring sickness absence down. Julie Fox (JF) commented that there was evidence of excellent practice in occupational health and HR processes during a recent disciplinary hearing.

#### TB/15/51b Customer services report Q1 2015/16 (agenda item 6.2)

Dawn Stephenson (DS) introduced this item and began by highlighting a new publication from the Department of Health, "Making NHS patient feedback more inclusive", which will come through Trust Board processes in September 2015.

CD asked if the Trust asks service users whether their complaint was successfully resolved. DS responded that not all complaints can be resolved satisfactorily, for example, if an individual disagrees with a diagnosis; however, the Trust does try to work with complainants to ensure they are supportive of the Trust's response. JF commented that the increase in formal complaints was a concern. She also asked District Service Directors for assurance in relation to the increased delay in resolving complaints. Sean Rayner (SR) responded that any delays were usually due to capacity issues and will be addressed within the BDU. Karen Taylor (KT) concurred.

Jonathan Jones (JJ) asked how feedback is collated and whether there was a social media opportunity. DS responded that the Trust encourages individuals to use alternative media but feedback does tend to be by card or letter. There are ways the Trust can improve its use of social media and encourage people to use alternative methods.

SM commented that the first view of the Trust performance on the NHS Choices website is not positive but there is good feedback in this report not reflected on the site. He would like to see a plan at Trust Board to outline how the Trust will encourage more balanced reporting of the Trust. HW suggested monitoring the use of Twitter for feedback. DS confirmed that the Customer Experience Group includes customers/users of services.

SM also commented that, given recent feedback from a Chief Executive of a stakeholder organisation, he would like to see a regular update on areas affecting the Trust currently for stakeholders.

IB asked District Services Directors to identify which complaints they saw as most significant for their areas. Nette Carder (NC) responded that most of the CAMHS complaints focused on how the service is delivered not what is delivered. This is demonstrated in the action plan for commissioners. SR identified communication between providers and KT record keeping, which remains a priority.

#### TB/15/51c Exception reports and action plans – Child and adolescent mental health services progress report (agenda item 6.3(i))

NC took Trust Board through the progress report for Calderdale and Kirklees.

HW asked for an update on recruitment. NC responded that delays were not an internal process issue but due to availability of suitable candidates in the market; it is, therefore, unlikely that the Trust will recruit to all vacancies at once.

SM commented on the following.

- His recent visit to CAMHS showed a huge difference in the team, which is now very obviously well-led and there is a very different feel in terms of motivation and resilience.
- MPs are concerned and seeking detailed assurance around CAMHS, particularly ASD referrals.
- There is potential to explore training of front-line practitioners and the Trust will discuss with Huddersfield University how this can be taken forward.
- Commissioners have agreed for the Trust to use parity of esteem monies for development of the CAMHS crisis service and to tackle changing demographics.

IB added that he had had positive feedback from a Kirklees Councillor regarding the area and that he felt much better informed. JF commented that she will visit Barnsley CAMHS early in September 2015.

Adrian Berry (ABe) commented that, compared with other CAMHS across the country, this Trust is actually doing quite well, but that was no reason for complacency in the Trust's approach. On visiting the service recently, he found a very different atmosphere. He added that the quality network provided by the Royal College is worth approaching for a peer review but the Trust must not rely on it totally.

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

TB/15/51d Exception reports and action plans – Update on data quality (agenda item 6.3(ii))

AF commented that the point of the paper was to provide assurance regarding data quality in the future. TB added that, for clinical record keeping, the top ten themes emerging from the Quality Improvement day with a focussed action plan has been developed and will be presented to the Clinical Governance and Clinical Safety Committee. HW commented that this has been an issue for the Trust for some time and she would like to see a much tighter grip on action to address.

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

TB/15/51e Exception reports and action plans – Annual equality and inclusion report looking back to 2014/15 and forward to 2015/16 (agenda item 6.3(iii))

HW commented that each of the four priorities will have measureable outcomes with an identified Director lead monitored through reporting to the Equality and Inclusion Forum. DS added that there will also be an externally facing document to summarise the Trust's approach and priorities.

**It was RESOLVED to NOTE the progress made during 2014/15 and the key areas for focus on 2015/16.**

**TB/15/52 Nursing strategy and nurse re-validation (agenda item 7)**

AF commented that nursing spans more organisations than just this Trust and there must be links and synergies the Trust could make with others. She asked how this would be approached. TB responded that it is included in the strategy but does not have a high profile. JF commented that she would like to see the strategy be more explicit in terms of diversity, both in the communities the Trust serves and the staff it employs. HW commented that she would like see the strategy explain how the Trust will address and mitigate the risk

posed by demographic changes, particularly how it will work in partnership. TB responded that this may be more suited to inclusion in the workforce plan but he accepted the challenge.

In relation to nurse re-validation, ABe was asked how this corresponded to medical re-validation. He responded that it does present a risk for the Trust, some individuals may not be able to evidence compliance and there have to be systems in place to capture information; however, it is not the same as medical re-validation either in principle or in practice.

AGD commented that there will be an issue in relation to clarification of who is the 'employer' for bank staff and some unintended consequences such as the impact on terms and conditions if individuals are unable to retain nursing status due to their level of practice hours. What constitutes 'practice' will also need to be clear.

AGD added that, under the Care Certificate requirements, all clinical support workers are required to undertake a period of induction off ward areas, which has implications for resourcing and cover within services.

**It was RESOLVED to APPROVE the nursing strategy and NOTE plans to meet new nurse re-validation requirements.**

#### **TB/15/53 Monitor return quarter 1 2015/16 (agenda item 8)**

The following areas will be added to the report before submission:

- an update on CAMHS;
- a claim to the NHS Litigation Authority;
- information governance information;
- the review of the Horizon unit;
- an update on the well-led review; and
- a summary of serious incident information.

Subject to these additions, **it was RESOLVED to APPROVE the submission and exception report to Monitor.** IB asked that the final version of the report is circulated to Non-Executive Directors for information.

#### **TB/15/54 Assurance framework and organisational risk register 2015/16 (agenda item 9)**

DS introduced this item and confirmed that more work to develop the framework will be undertaken following the well-led review and sharing of best practice.

She highlighted an addition to the risk register in relation to local authority commissioning in light of the continued funding cuts. The risk posed around the transformation programme has been separated to reflect the Trust's own transformation programme, its implementation and staff engagement, and then the wider health economy transformation, and engagement and alignment with commissioners. DS also confirmed that the Executive Management Team (EMT) considered the suggestion to include a risk around nurse re-validation. On the advice of the Director of Nursing, EMT agreed that this did not present a sufficiently high risk currently to place on the register and that the position would be reviewed when guidance is issued in September 2015. IB commented that he was nervous of waiting until guidance is issued given the significant numbers of staff involved. SM responded that, in his view, the unclear position places the Trust at even greater risk. Until mitigating action can be identified through clarity on the proposals, he would like to see the risk included.

IB also asked if the Trust's financial position in relation to its cost improvement programme, capital receipts and presentation of the end-of-year outturn to Trust Board in October 2015 should be included on the register. AF responded that the current position would not result in a risk rating of 15 or above.

**TB/15/55 Date and time of next meeting (agenda item 10)**

The next meeting of Trust Board will be held on Tuesday 22 September 2015 in rooms 49/50, Folly Hall, Huddersfield.

**Signed .....**      **Date .....**