



With all of us in mind

Minutes of Trust Board meeting held on 22 September 2015

Present:	Ian Black Laurence Campbell Charlotte Dyson Julie Fox Chris Jones Jonathan Jones Steven Michael Adrian Berry Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director Non-Executive Director Deputy Chair 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:	None	
In attendance:	Nette Carder	Interim District Service Director, CAMHS and Forensic Services (item 7.3(i))
	Rachel Court	Non-Executive Director (designate)
	Kate Henry	Interim Director, Marketing, Engagement and Commercial Devel.
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)
Guests:	Nasim Hasnie	Publicly elected governor, Kirklees
	Bob Mortimer	Publicly elected governor, Kirklees

TB/15/56 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. There were no apologies. IB introduced Jane and Simon Burton, Recovery College Co-ordinator, Kirklees. Jane’s inspirational film was shown to Trust Board and she explained her journey and the help and support she received from the Recovery College based at Pathways in Mirfield. The film is also on the Trust’s website.

TB/15/57 Declaration of interests (agenda item 2)

The following declarations were made over and above those made in April 2015 and subsequently.

Name	Declaration
NON-EXECUTIVE DIRECTORS	
Rachel Court	Magistrate, Calderdale Governor, Calderdale College
Charlotte Dyson	Marketing consultancy work for Royal College of Surgeons, Edinburgh (from September 2015)
Jonathan Jones	Trustee, Hollybank Trust (from 1 October 2015)

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.**

TB/15/58 Minutes of and matters arising from the Trust Board meeting held on 21 July 2015 (agenda item 3)

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held on 21 July 2015 as a true and accurate record of the meeting. There were no matters arising.

IB went on to comment that, following the recommendation from Deloitte as part of the well-led review that there should be more distinction between the three Trust Board meetings in the quarterly cycle, he and the Chief Executive (SM) had given some thought to the focus of each meeting. The strategy meetings will remain as now to focus on the strategic direction of the Trust. There will be a quarterly performance and monitoring meeting, which will focus on the Trust's performance, and a quarterly business and risk meeting, which will be forward looking; however, this will not preclude urgent and/or significant items being taken in a timely manner.

Jonathan Jones joined the meeting.

TB/15/59 Assurance from Trust Board committees (agenda item 4)

TB/15/59a Audit Committee 7 July 2015 (agenda item 4.1)

Laurence Campbell (LC) highlighted the following.

- Service line reporting continues as a standing item on the Committee's agenda and there will a presentation to Trust Board in October 2015.
- Further consideration has been given to the proposed internal audit on 'culture' and a proposal will be presented to the Committee in October 2015.

TB/15/59b Clinical Governance and Clinical Safety Committee 16 June and 8 September 2015 (agenda item 4.2)

Julie Fox (JF) highlighted the following.

- The Committee was assured by the report presented on the Horizon Centre. A concern remained, however, that the issues had not been identified earlier through the Trust's own internal systems and process.
- A report was received on the Trust's preparation for a Care Quality Commission (CQC) inspection visit. Tim Breedon (TB) commented that activity in train is aligned to existing practice, systems and processes to ensure the Trust shows its services in the best possible light during the inspection. SM added that the CQC is aiming to complete all inspections by June 2016.

TB/15/59c Mental Health Act Committee 4 August 2015 (agenda item 4.3)

JF highlighted the following.

- The Trust is considering the consultation on the Mental Capacity Act and Deprivation of Liberty Standards, which closes in early November 2015. The Trust will review the implications of the new guidance when it is formally published.
- The Committee welcomed the completion of estates issues raised during CQC Mental Health Act visits. The Committee has an expectation that any actions arising from such visits, both clinical and estate related, should be completed within three months with a clear rationale for any longer period of time.
- Local authority pressures could impact on the Trust if community support in relation to the Mental Health Act is affected. This is an area the Committee will continue to review.

- The level of ethnicity reporting continues as a concern for the Committee. TB commented that progress has been made and will be shown in the next report to the Committee in November 2015.

JF also confirmed the appointment of eight new Hospital Managers following a recent interview process, which will increase the diversity of the pool.

TB/15/59d Remuneration and Terms of Service Committee 13 and 24 July 2015 (agenda item 4.4)

IB highlighted the performance related pay scheme for Directors and commented that the Trust is unusual in having such a scheme, which has been in place since 2010. The gateway objectives for 2015/16 include staff and stakeholder engagement (a key recommendation arising from the well-led review). It also includes the provision that no award will be made if the Trust is found not to be 'good' or 'outstanding' following its CQC inspection if it takes place within this year. It is, therefore, a stretching and challenging target and the Committee did not underestimate how difficult it will be to achieve. Only 20% of Trusts currently achieve good/outstanding CQC ratings. SM added that the Trust would not find 'requires improvement' acceptable as 'normal' even though there is discussion within the NHS that this is 'normal' with 70% of inspections achieving this rating.

TB/15/59e Changes to Audit Committee terms of reference (agenda item 4.5)

It was RESOLVED to APPROVE the proposed amendments to the Audit Committee terms of reference.

IB then invited feedback from the Trust Board Forums.

Information management and technology

The IT virus was managed well and quickly with a good partnership between operations, Phoenix and the IM&T team. There will be a full review in terms of emergency planning, which will report back to the Clinical Governance and Clinical Safety Committee as well as the Forum. The virus also impacted on the roll-out of the latest version of the Trust's clinical information system (RiO), which has been delayed until 11 November 2015.

Estates

Jonathan Jones (JJ) reported the Forum has a full agenda. Good progress has been made with the Halifax and Barnsley community hubs and progress continues with Pontefract and Wakefield community hubs, and the Castleford, Normanton and District Hospital site. There is an ongoing issue in relation to the timing of the receipt from the sale of Aberford Field. Alan Davis (AGD) commented that this is a complex situation and involves more parties than just this Trust. An independent valuer is now involved, who will report by mid-December 2015, making completion very close to the end of the financial year. There is a possibility that monies will be received in the next financial year. Alex Farrell (AF) added that Monitor will be advised of the position and this will form part of the review of the Trust's position at month 6, which will look at scenarios and options for the Trust in terms of the end-of-year outturn. LC asked if there was flexibility to retain the forecast position through use of provisions and contingencies and AF responded that this would be tested at the mid-year point.

The Forum also looked at options for the Fieldhead site.

IB asked if the Forum was coming to the end of its remit. JJ responded that he thought it would be another full year before this could be considered as much investment needs to be approved and started before this could happen. The Forum provides assurance from the Executive Management Team (EMT) to Trust Board and should remain in place. SM added that estate is central to the strategic position of the Trust and also links to its position as a

systems leader, where estate is a critical consideration. AGD added that the environment has changed radically since the Estates Strategy was approved in 2012 and the Forum has helped focus debate and discussion.

The changes to the Committee and Forum membership were supported by Trust Board. The Chair will review in March/April 2016, which will include chairing arrangements.

TB/15/60 Chair and Chief Executive's remarks (agenda item 5)

IB commented on the annual members' meeting held on 9 September 2015, which was an excellent event and well supported by service users, carers, staff and stakeholders.

The Chief Executive covered the following in his remarks.

- The Trust has discussed its position at Savile Park View House with Wakefield Council Overview and Scrutiny which is supportive of the Trust's position. Individual packages of care are to be developed for the remaining four service users.
- Developments on the Eastern Wakefield side of the Trust's area continue and SM met with the local MP who was supportive of the Trust's plans.
- SM also updated briefly on the Vanguard initiatives the Trust is involved in.
- He ended by referring to the letter received from Monitor asking foundation trusts to reconsider their forecast budget position. The Trust's budget forecasts a non-recurrent £700,000 deficit to allow for investment during 2015/16. This has been revised through use or release of provisions to forecast a £100,000 surplus.

IB went on to advise that the Trust has been shortlisted for the Health Service Journal awards in two categories – forensic child and adolescent mental health services in the Specialist Services Re-design category and for Board leadership. He was pleased the Trust was sufficiently confident to put itself forward for such awards and, particularly, that it had then been shortlisted.

TB/15/61 Transformation update (agenda item 6)

IB commented that there had been a fair observation by Deloitte as part of the well-led review that Trust Board has spent little time in comparison with other areas on transformation. It will become a standing item on the Trust Board agenda. He invited SM to introduce this item.

SM began by saying that the transformation of services is predicated on the Trust's mission, which will support the Trust to remain sustainable and viable. Services such as recovery colleges are key to the transformation of the Trust's offer. AF then took Trust Board through the paper, which acted as background for the discussion. She highlighted the following points in summary.

- The mental health workstream is the most advanced, which is appropriate given this is the largest element of Trust services. New models of service for acute and community, memory assessment, and rehabilitation and recovery are planned for implementation in 2015/16 in order to align with annual planning and cost improvement assumptions. A key enabler is the agreement by commissioners to new service models and the reflection of these in 2015/16 contracts.
- The transformation of learning disability services is at the full business case stage for planned implementation in 2016. The key enabler is commissioner agreement to the model and funding.

- For forensic services, the priority is preparation for national procurement to demonstrate an effective operational model and develop a clinical network and pathway approach with partners.
- The plans for transformation of general community services will be tested in 2015/16 through tender or revised service specification for intermediate care, integrated care and 0-19 services. Workstreams will be aligned with tender activity and annual planning for 2016/17.

IB invited questions and comments from Trust Board.

- Rachel Court (RC) commented that the report was really helpful and would be so on an ongoing basis. She asked if the financial benefits for each workstream would be included in business cases. AF responded that they would be clear.
- LC asked if there was a view of the plan for 2016/17 and how transformation would shape this. AF responded that this is currently under development and the opportunities, benefits, financial opportunities and workforce will be re-visited to develop the plan at a detailed level aligned to commissioner intentions.
- JJ asked if transformation plans were 'scaleable'. SM responded that there are opportunities, for example, through the West Yorkshire acute and emergency care Vanguard, to develop standard models of care and to learn from other areas. It will be a real advantage for the Trust if it can facilitate this. JJ commented that it would be a real opportunity for the Trust to develop an offer it can share with or deliver for others.
- JF commented that she had no feeling for where each workstream was in terms of priorities and key elements. She would like a clear picture of the Trust's position, what needs to be achieved and the timescales for Trust Board to be clear of the Trust's position. AF agreed but commented that the purpose of this paper was not to monitor progress but to enable Trust Board to understand the current position to each workstream.
- JF also commented on the need for clear messages on the models of service. AF responded that communication and engagement with service users, carers, staff and commissioners is key part of transformation work with messages tailored for each audience.
- RC asked what business change resource the Trust has. AF responded that the Project Management Office is responsible for co-ordinating activity with programme managers acting as dedicated business change managers. Other staff, including clinical staff, are seconded to work on transformation to ensure operational, clinical, financial and workforce are covered. SM added that development of models of care is clinically-led with strong clinical ownership within services.
- Charlotte Dyson (CD) commented that the Trust should promote 'quick wins'. AF responded that an element of this is to re-badge what the Trust does already, such as working with commissioners to reduce the number of service users sent out-of-area. She added that the next three months were critical to ensure convergence between internal transformation work and wider system integration and alignment. This will be a key factor in annual planning for 2016/17.
- JJ asked how the Trust would budget for this and AF responded that transformation underpins the Trust's cost improvement programme for next year.
- Chris Jones (CJ) commented that developing tools for Trust Board to monitor progress will be challenging, particularly in terms of monitoring return on investment. He also asked if there was a similar process for business support services. AF responded that the Dalton Review encourages Trusts to look at alternative ways to deliver support services such as estate and IM&T. This will form part of the annual planning process with an analytical review of overheads, the level of which is determined by services.
- IB commented that he would find a subjective view of progress across each workstream helpful. SM suggested bringing this back to Trust Board now the position has been

explained more clearly, particularly in terms of return on investment; however, he was wary of 'rating' progress.

SM highlighted three concerns that form a backdrop to the transformation programme that:

- existing 'processes' remain in place but with a different 'badge';
- the environment, particularly that of local authorities, becomes the driver, which obstructs any transformation the Trust intends; and
- use is not made of the drive for alternative organisational forms.

TB/15/62 Performance reports month 5 2015/16 (agenda item 7)

TB/15/62a Performance report (agenda item 7.1)

IB invited questions and comments from Trust Board.

- JF asked why there was no data available for key performance indicators in relation to managing aggression and violence. TB responded that the Trust's recording system, DATIX, was not closed down in time for inclusion in this report. JF asked if TB had a feel for the current position and TB responded that this was awaited; however, he had asked for a full review of the current position, which is high due to two particularly challenging individuals within Trust services.
- LC commented on the increase in C Difficile cases. TB responded that the projection is within target at the year-end. Serious incidents are recorded where cases are considered to be 'avoidable'.
- CD asked if the Trust assesses whether treatment provided under improving access to psychological therapies (IAPT) services are successful. AF responded that the Trust measures individuals through to recovery but does not routinely report re-admissions and re-referrals for the service. A key area for transformation is to review patient flows, which will include re-admissions and re-referrals.
- SM suggested a review of the elements of the performance dashboard to align service delivery, transformation, key performance indicators and reporting, measuring existing services and fitness for the future, aligned to corporate objectives to inform the assurance framework. AGD added that this should include workforce and wellbeing metrics. IB commented that the dashboard must enable Trust Board to form an objective and informed view of how the Trust is performing and the review would fit with the recommendations arising from the well-led report, representing a longer-term piece of work. It was agreed to set up a small working group involving Non-Executive Directors, particularly those recently appointed, to support AF in development of reporting. *[It should be noted that RC has volunteered.]*

TB/15/62b Finance report (agenda item 7.2)

IB invited questions and comments from Trust Board.

- JJ asked how confident the EMT was that the capital programme and cost savings would be delivered. AF responded that IM&T capital spend is behind plan currently but this is a matter of timing of contracts and should not impact on the end-of-year spend. A bigger issue is capital attributed to estate during 2015/16, which is likely to underspend. JJ asked if this would translate into a greater surplus. AF responded that the Trust is working through the options in terms of its cash and liquidity position.
- For the cost improvement programme, £900,000 remains 'red' and this is the focus for the Operational Requirement Group (ORG) over the next few weeks; however, this is not very different from the position this time last year. AF would expect to see substitutions, some of which will be non-recurrent, to ensure the programme is achieved. This will have a corresponding impact on 2016/17 adding to the level of cost savings required.

- JJ asked what the difficulty was to identify cost savings. AF responded that it is more to do with the impact and it is more difficult to find recurrent cost savings now that can be delivered by the year-end.
- LC asked if there was the same level of attention to this year's position or whether the focus has moved to next year. SM responded that this was not the case and the focus for ORG is both current operational performance, substitutions and mitigation, and development of plans for the coming year.
- RC asked what the level of next year's cost improvement programme was and AF responded that the outline figure is £10 million; however, Trust Board also has to consider the impact of cost pressures, any pay award and use of surplus. For example, this year the Trust has £11 million of investment as well as a cost savings programme to accelerate transformation through IM&T and safer staffing to deliver transformation efficiencies.

TB/15/62c Exception reports and action plans – Child and adolescent mental health services progress report (agenda item 7.3(i))

Nette Carder (NC) outlined the key points from the report. A report on child and adolescent mental health services (CAMHS) across the Trust was scrutinised in detail at the Clinical Governance and Clinical Safety Committee.

SM was asked if the summit on 18 September 2015 was the last. He responded that the Trust has worked with commissioners and local authorities to move from recovery to implementation and there would be a further meeting in December 2015 to assess progress. He reported that the previous day, Kirklees Council had indicated that it wished to undertake a detailed safeguarding review of Tier 3 CAMHS in its area. TB added that this had been an unexpected announcement and he would have expected the review to be wider than Tier 3 services given their interconnectedness. The Trust will work with any potential review team under an independent chair when the decision of the Kirklees Safeguarding Board is known on 25 September 2015. An update will be provided to Trust Board when the detail is known.

CJ asked when the Trust will begin to see an impact on outcomes. NC responded that detailed monitoring on improvement is reported through the Clinical Governance and Clinical Safety Committee and is beginning to show improvement. She would expect to be able to undertake a stocktake of outcome measures next April. RC asked if objectives and milestones were in place. NC responded that work to develop metrics is in place and reporting against these has started. The first aim was to stabilise the service, including capacity modelling for a service with increasing demand.

JJ asked how long NC would be with the Trust. She responded that part of her role has been to develop robust arrangements to pass on to her successor. SM confirmed that a job description was in place and an advert will appear next week for a BDU Director for CAMHS, forensic and specialist services. This represents a like-for-like replacement. NC will remain in post in the interim period and an appointment by the end of 2015 is anticipated.

It was RESOLVED to NOTE the progress report.

TB/15/62d Exception reports and action plans – Safer staffing (agenda item 7.3(ii))

TB outlined the background to the report and the key highlights. He reiterated that the Trust has only one set of safer staffing levels and these are publicly reported. He added that the peripatetic staffing business case has been approved by the EMT, subject to some further work to align with bank staffing arrangements. AGD commented that there is a high level of vacancies within in-patient services and the Trust has to balance this with development of a peripatetic workforce. SM also commented that the CQC will triangulate with other measures, such as the number of occasions escorted leave is cancelled, to come to a view as to whether safer staffing levels are in place.

It was RESOLVED to RECEIVE the paper as assurance that the Trust is meeting safer staffing requirements.

TB/15/62e Exception reports and action plans – Making service user and carer feedback more inclusive (agenda item 7.3(iii))

CJ asked about the scale of the challenge of the introduction of the accessible information standard. Dawn Stephenson (DS) responded that this is a big piece of work but there are good foundations in place to take it forward. IB added that it is important for the Trust to improve what it currently does.

It was RESOLVED to NOTE the update and the work to understand the service user and carer experience using this information to improve services.

TB/15/63 Governance matters (agenda item 8)

TB/15/63a Well-led governance review (agenda item 8.1)

The report and action plan were noted. IB observed that the outcome of the review is to improve services for the people who use them. The review shows the Trust has the basics in place on which it can develop and improve. He added that Deloitte's view is closely aligned to Trust Board's view, which demonstrates self-awareness of the Trust's position. SM commented that it is positive that Trust Board shows such awareness; however, the CQC emphasis will be on delivery at service level rather than 'Board-to-Ward' and vice versa.

It was RESOLVED to NOTE the outcome of the independent review of the Trust's governance arrangements.

TB/15/63b NHS Constitution (agenda item 8.2)

It was RESOLVED to RECEIVE the paper as assurance that the Trust meets the requirements of the NHS Constitution.

TB/15/64 Use of Trust seal (agenda item 9)

It was RESOLVED to NOTE the use of the Trust's seal since the last report in June 2015.

TB/15/65 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Friday 23 October 2015 in the boardroom, Kendray, Barnsley, S70 3RD.

Signed **Date**