



With all of us in mind

Minutes of Trust Board meeting held on 23 October 2015

Present:	Ian Black Laurence Campbell Rachel Court 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 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:	Kate Henry Dawn Stephenson Bernie Cherriman-Sykes	Interim Director, Marketing, Engagement and Commercial Devel. Director of Corporate Development Board Secretary (author)
Guests:	Simon Dale	EMIS Health

TB/15/66 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular, Rachel Court (RC) attending her first meeting as a Non-Executive Director of the Trust. There were no apologies.

IB introduced Alison Dixon and Deborah Newman, Clinical Manager, Paediatric Speech and Language Services, Barnsley. Alison spoke about her son and the family's experience of the Trust's paediatric speech and language service in Barnsley. Trust Board was also shown a film that describes the family's journey, which is also on the Trust's website.

IB went on to confirm that the Chief Executive (SM) will take voluntary early retirement at the end of March 2016. Staff, the Members' Council and stakeholders were informed the previous day and IB had also informed Monitor. He asked for the thanks and appreciation of the Board to be formally recorded.

TB/15/67 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	Non-Executive Director, Invesco Perpetual Life Ltd.
Julie Fox	Daughter has been appointed as an Independent Associate Hospital Manager for the Trust (<i>it should be noted that Julie Fox took no part in the interview or appointment process</i>)
COMPANY SECRETARY	
Dawn Stephenson	Chair, Kirklees Active Leisure

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/15/68 Minutes of and matters arising from the Trust Board meeting held on 22 September 2015 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 22 September 2015 as a true and accurate record of the meeting. There were no matters arising.

TB/15/69 Assurance from Trust Board committees (agenda item 4)

TB/15/69a Audit Committee 6 October 2015 (agenda item 4.1)

Laurence Campbell (LC) highlighted the following.

- The Committee was disappointed with the lack of assurance and evidence that the patients' property policy has been embedded and consistently followed. Tim Breedon (TB) responded that the revised policy and procedure are in place. Sean Rayner, District Service Director for Barnsley and Wakefield, has agreed to lead implementation and provide assurance of its embedding and application across BDUs.
- The Committee received an update on Trust action to improve the quality of clinical information and five priorities have been identified, which will be scrutinised by the Clinical Governance and Clinical Safety Committee. The Audit Committee did ask how the priorities had been arrived at and whether they were the right areas. TB responded that the priorities were identified in terms of two drivers – areas that were identified as needing improvement and areas to support compliance. 'Trios' within BDUs will be responsible for taking these forward in the drive to improve the quality of clinical information.
- As part of its assurance on counter fraud arrangements, the Committee has asked to receive a report on the controls in place for the management of drugs at a future meeting.

TB/15/69b Feedback from Trust Board Forums – Equality and Inclusion Forum (agenda item 4.2)

IB commented that the terms of reference and membership have now been confirmed. The Forum identified four priorities for 2015/16, which were approved by Trust Board in July 2015 (new training which equips staff and managers to be effective champions of diversity, improving representation from BME communities in the workforce, targeted community engagement and increasing the percentage of service users in employment). The Forum will move to the design of a set of indicators to be measured to assess progress on a longer-term basis.

TB/15/70 Chair and Chief Executive's remarks (agenda item 5)

IB commented 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 and SM presented to the judging panel on 9 October 2015. He also commented on the recent Board-to-Board with Locala and encouraged other Non-Executive Directors to attend Board-to-Board meetings with partners.

The Chief Executive covered the following in his remarks.

- The appointment of Stephen Dorrell as Chair of the NHS Confederation, which is seen as a good appointment in a challenging time.
- The appointment of Jim Mackey as Chief Executive of NHS Improvement, which is also seen as a good appointment.

- The Trust has been informed by the Care Quality Commission (CQC) that it will undertake an inspection starting in March 2016. A communications and engagement plan is in place and the first tranche of information requested was sent to the CQC on 21 October 2015. The inspection process is very much a ward-to-board exercise and the CQC will focus on services and front-line staff. Julie Fox (JF) commented that she would like to see the message to staff continue to be about improving practice not about 'passing' the inspection. IB added that he would like more indication of when the outcome of the inspection visit will be known.

SM went on to outline changes to Executive Management Team (EMT) roles. The Remuneration and Terms of Service Committee approved a split of the Deputy Chief Executive/Director of Finance role (currently occupied by Alex Farrell (AF)). AF will focus on the Deputy Chief Executive role in terms of development of the Trust's plan and associated contracting linked to marketing and pricing strategy, and would, therefore, relinquish Director of Finance responsibilities. An interim appointment will be made to provide cover and this will not commit the organisation or the new Chief Executive to a new Director of Finance. IB, LC and SM are leading on the interim appointment. Alan Davis (AGD) will lead the process for recruitment of the Chief Executive and Director of Finance with support from recruitment consultant, Harvey Nash. It is intended to interview for the Chief Executive in early February 2016 followed by interviews for the Director of Finance in which the new Chief Executive can be involved.

Jonathan Jones (JJ) commented that this would mean the new Chief Executive would not be in post before SM retires. IB responded that this was likely and that the Trust would look at an interim arrangement. Both JF and JJ asked why it would take so long to reach the interview stage, particularly as the advertisement would appear in the Health Service Journal on 4 November 2015. JJ was also unsure that the Trust should have two posts filled on an interim basis at the same time. AGD responded that the timings were suggested by Harvey Nash; however, he took on board Trust Board's concerns and he would discuss the timescales further with Harvey Nash.

SM also commented on the Barnsley Healthy Child Programme (0-19 services). The Trust's bid was unsuccessful as it was out-with the price indicated in the tender specification. No other bids were received and the tender was, therefore, abandoned. Barnsley Council has begun discussions with the Trust as the incumbent provider. The Trust's approach remains that it will only provide a safe service and will not compromise on safety standards.

AF commented on the development of performance reporting, which was part of the recommendations made by Deloitte as part of the well-led review and will involve Non-Executive Directors and senior managers. She will provide an update at the next meeting.

TB/15/71 Strategic overview of business and associated risks (agenda item 6)

AF introduced the paper commenting that it highlights the external and internal environment in the context of the Trust's strategic plan and stratification of Trust services. It also outlines key internal risks.

JJ commented that it implies a strong expectation of the Vanguard programme. AF responded that the expectation nationally is that Vanguards will be 'scaleable' in a short space of time to engender systems change. Their success will very much depend on the capability and capacity of local leadership to drive change. SM added that the £30 billion challenge set for the NHS and the development of new organisational forms, particularly

accountable care organisations, will influence the system. He believes that the Trust is responding in the right way through its four-tier model.

JJ commented that there is a danger that Boards will 'vote with their feet' as the system changes. AF added that the local authority position will also have a big impact on the sustainability of the health and social care economy and, therefore, the Trust. Chris Jones (CJ) asked if there was any value in looking at integrated solutions such as that in Manchester. SM responded that discussions have begun but there are different approaches and stages of development. Charlotte Dyson (CD) commented that the Trust needs to be clear on what its offer is and what part of community needs it provides.

TB/15/72 Human resources and workforce development (agenda item 7)

AGD commented that this paper builds on and underpins the previous paper and outlines the major challenges for the workforce.

JJ asked whether there were any implications of a sickness target of 4.4%. AGD responded that the Trust is using the Bradford Index to identify the focus for management action. LC asked if managers are consistently good at managing sickness. AGD responded that key to the Trust's approach is a good wellbeing structure, which supports managers and provides a solid foundation for practical and constructive engagement with staff. JJ commented that this had not, however, affected a change in sickness absence over the years. AGD responded that, on the contrary, sickness absence has been on a downward trend and the Trust does well when compared to other NHS organisations but he accepted not necessarily against the private sector, which should now be the benchmark the Trust looks to. JF commented that the occupational health service forms a key part of the Trust's approach and she was impressed with the Trust's service.

Two 'red' areas were identified in relation to the registered nursing age profile and speciality doctor recruitment. JF commented that she would like to see the second as an area for Trust focus with a dedicated project in place as there are some organisations who do successfully recruit to such posts. This was supported by CD.

In relation to the four areas identified as 'amber' and 'red', IB asked to see the national picture, the specific issues for the Trust and what action the Trust is taking.

In summary, IB commented that Trust Board could take the following from the discussion on items 6 and 7 that:

- finance is under more pressure going into planning for next year than in previous years;
- quality is paramount;
- the CQC inspection will test the dual hypothesis that efficiency will improve quality.

He would like to see this picked up in the budget and planning for 2016/17. He was particularly uneasy that one aggregate rating from the CQC for the Trust across all services will impact on the Trust's position and its reputation. SM responded that the value is to look below the overall/aggregate outcome and at individual service ratings, which would form the basis of contract negotiations. The outcome can also be used as a strategic tool to identify services where, potentially, the Trust should not be providing a service and it would be better provided elsewhere.

TB/15/73 Assurance framework and risk register (agenda item 8)

Dawn Stephenson (DS) began by reminding Trust Board that the well-led review recommendations suggested that the Trust reviewed its assurance framework and the revised format was presented at this meeting. This does, however, represent work-in-progress and she will discuss further with lead Directors and with the Chairs of Committees and Forums for presentation at the quarter 3 point.

Trust Board supported the development of the framework, which it felt was easier to read, capturing and summarising the risks facing the Trust. CJ commented that he would find it useful to see a rationale for the current assurance level.

It was RESOLVED to NOTE the controls and assurances against corporate objectives for 2015/16 and to NOTE the key risks for the organisation.

TB/15/74 Performance reports month 6 2015/16 (agenda item 9)

TB/15/74a Quality performance report (agenda item 9.1)

TB raised the following.

- The detail of nurse re-validation has now been published and the impact and implications for the Trust will be assessed. No major issues are anticipated currently.
- He drew Directors attention to the end-of-life care provided in forensic services and the CQC visits to Waterton and Elmdale wards.
- He also advised that the Trust was re-introducing a ward managers' network to foster and improve engagement and communication.

TB/15/74b Finance report (agenda item 9.2)

AF commented on the following.

- The Trust financial risk rating is 4 against a plan of 4 and it is anticipated that the Trust will retain this rating to the end of the financial year.
- The year-to-date position is £0.6 million surplus. Supported by the use of provisions, the Trust is anticipating a small surplus at the year-end and this will be reflected in a revised plan to Monitor.
- The capital spend to September 2015 is £5.47 million, which is £0.61 million (10%) behind plan.
- The cost improvement programme is £121,000 behind plan and, overall, a full-year value of £1.2 million remains rated as 'red' after mitigation. The Trust is working to identify recurrent substitutions to ensure the impact on 2016/17 is minimised.
- There is an assumption in relation to the Aberford Field receipt made in the current position. Agreement has been reached regarding the sale and it is assumed that the receipt will materialise by the end of the financial year. The Trust will discuss the position with Monitor if this becomes a significant risk. Mitigation of the position would be considered through the release of balance sheet provisions to ensure a surplus. AF confirmed that, to recognise the receipt in this financial year, the Trust would be required to provide sufficient evidence for the auditor to ensure there is no misstatement of the accounts (such as, receipt before signature may be acceptable).

Trust Board was supportive of the revision to the Trust's year-end forecast to provide for a small surplus. AF was confident of achievement based on the current cost improvement programme position and any improvement would result in a higher surplus. JJ asked what was being done to address the shortfall in the cost improvement programme, particularly in Barnsley. AF responded that there has been an incremental increase in cost improvement achievement and BDUs are reviewing the potential for savings that could be made that

would not adversely affect the end-year position. She would anticipate a shortfall but it would be under the £1 million currently rated 'red' but it is difficult to assess the split between recurrent and non-recurrent savings. She also confirmed that using balance sheet provisions offers the Trust the opportunity to maintain flexibility in how it addresses its financial position and is seen as prudent financial management.

LC asked why there was no data for managing aggression and violence training. TB responded that sickness absence had affected the delivery of training; however, this has now been addressed. LC also asked what 'mandatory training' actually meant. AGD responded that there is a mandatory training policy in place; however, the Trust's approach has to be risk-based and this is not reflected in the reported figures. IB commented that he would like to see more detail in the budgeting and planning round.

CD remarked that there were still no figures for the improving access to psychological therapies (IAPT) target. AF clarified that a new national dataset will be introduced from quarter 3 and she will ensure a note is included to reflect this. AGD also agreed to follow up information on vacancy rates.

TB/15/74c Customer services report (agenda item 9.3)

JF commented that the report was really well presented, easy to read and clear on key messages. CD commented that she would like to see more information coming back to Trust Board on learning from complaints where staff attitude has been identified as an issue. DS agreed to work with TB to include in a future report.

IB commented that he would like to hear a patient/service user story at Trust Board where the experience has not been as good as the Trust would have liked. Although uncomfortable for Trust Board, he felt this would enable Directors to also reflect on where the Trust's service has not been as good as it should have been.

TB/15/74d Exception reports and action plans – Child and adolescent mental health services progress report (agenda item 9.4(i))

TB introduced the paper on behalf of Nette Carder (NC) and **it was RESOLVED to NOTE the progress report.**

TB/15/74e Exception reports and action plans – Well-led review update (agenda item 9.4(ii))

It was RESOLVED to NOTE the update and progress against the recommendations arising from the independent review of the Trust's governance arrangements.

TB/15/75 Board self-assessment of operational, clinical and quality risks (agenda item 10)

Additional areas for inclusion in the report were suggested.

JJ asked if Monitor could change the Trust's risk assessment given the changes at Chief Executive and Deputy Chief Executive level. IB responded that it could; however, the Trust has informed Monitor of the position, has provided assurance that robust and clear arrangements are in place and Trust Board has not identified the situation as a risk. JJ commented that, for Non-Executive Directors, this does represent a concern given the current challenges and a smooth transition will be vitally important. He would like to see, therefore, the recruitment process for the Chief Executive and Director of Finance expedited swiftly.

Trust Board also asked to receive the formal report and detail of the action the Trust is taking following the IT virus in August 2015.

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

IB returned to consideration of the organisational risk register and asked Trust Board to consider whether any of the items discussed at this meeting would warrant inclusion. He asked that EMT considers the specific workforce issues identified and whether these were of a sufficient level to be included. He also suggested that these are reviewed in more detail at the Remuneration and Terms of Service Committee to provide assurance to Trust Board. It was noted that AGD and AF are developing a framework to look at management and administrative costs, and value for money arrangements.

TB/15/76 Date and time of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 22 December 2015 in rooms 49/50, Folly Hall, St. Thomas Road, Huddersfield, HD1 3LT.

Signed **Date**