



With all of us in mind

Minutes of Trust Board meeting held on 22 December 2015

<b>Present:</b>	Ian Black	Chair
	Laurence Campbell	Non-Executive Director
	Rachel Court	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Deputy Chair
	Chris Jones	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Steven Michael	Chief Executive
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
<b>Apologies:</b>	None	
<b>In attendance:</b>	Jon Cooke	Interim Director of Finance (designate)
	Kate Henry	Director, Marketing, Engagement and Commercial Devel.
	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Guests:</b>	Peter Adu	Member of the public
	Dave Himmelfield	Huddersfield Examiner
	Bob Mortimer	Publicly elected governor (Kirklees), Members' Council

**TB/15/77 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting, in particular, Jon Cooke (JC), who will take up post as Interim Director of Finance on 4 January 2016. There were no apologies.

*Alex Farrell joined the meeting.*

**TB/15/78 Declaration of interests (agenda item 2)**

The following declaration was made over and above those made in April 2015 and subsequently.

Name	Declaration
<b>NON-EXECUTIVE DIRECTORS</b>	
Charlotte Dyson	Member, Local Advisory Committee for Clinical Excellence Awards, Bradford Teaching Hospitals NHS Foundation Trust

There were no comments or remarks made on the Declarations; therefore, **it was RESOLVED to formally NOTE the Declaration.**

**TB/15/79 Minutes of and matters arising from the Trust Board meeting held on 23 October 2015 (agenda item 3)**

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held on 23 October 2015 as a true and accurate record of the meeting.** There were no matters arising.

## **TB/15/80 Assurance from Trust Board committees (agenda item 4)**

TB/15/80a Audit Committee 6 October 2015 (agenda item 4.1)

Feedback was taken at the October 2015 meeting and there was no further update.

TB/15/80b Clinical Governance and Clinical Safety Committee 2 November 2015 (agenda item 4.2)

The following areas were raised.

- The Committee proposed that Trust Board undertakes basic managing aggression and violence training, which will be developed as a bespoke package for Directors. This was supported by Trust Board.
- Tim Breedon (TB) commented on the challenge event held in Kirklees, which looked at arrangements in place within agencies with responsibilities for safeguarding children. The Trust was scored highest of the twelve agencies that attended the event, providing assurance of the arrangements in place within the Trust.
- The Committee received a report on nurse revalidation and asked for further detail at the next meeting on what happens if a member of staff was not revalidated.

Jonathan Jones (JJ) asked whether the Committee would review the report on learning disability services provided by Southern Health, on behalf of Trust Board, as he would derive assurance from the Committee that learning points have been considered and addressed. TB provided background for Trust Board and confirmed that the initial, draft report has been reviewed. The Trust does comply with national frameworks as demonstrated in reports such as the quarterly and annual incident management reports to both Trust Board and the Committee, and the learning lessons report (item 7.3(iii) on this agenda). He added that there may be additional work identified when the final report is published and reviewed in detail. A report will come back to Trust Board.

Adrian Berry (ABe) commented that Southern Health was criticised for the processes in place for reporting and recording incidents and that care should be taken in interpretation of data until the full report is published. JJ responded that he appreciated that the Trust has mechanisms in place to report and review incidents; however, he was looking for assurance that recommendations are implemented and lessons learnt. TB responded that assurance is provided through the annual incident management report to Trust Board, independent audits, BDU governance groups, where there is a particular focus on 'closing the loop', and the strengthening of incident management and learning processes undertaken during 2015. ABe added that incident reports submitted to commissioners and are consistently rated highly.

The Chief Executive (SM) made four points.

- The publication of the report will put providers of mental health and learning disability services under greater scrutiny. Trust Board must be prepared for this and offer support to this area of Trust services.
- The Trust needs to ensure that the standard of investigation and reporting is robust and strong and Trust Board should take assurance from the Clinical Governance and Clinical Safety Committee in this regard.
- There will be further scrutiny on what aspects of care for people with learning disabilities should be provided by the NHS and this will impact on the Trust's plans for transformation of its services.
- Trust Board should acknowledge the view of the Trust's commissioners and Coroners of Trust investigations and reporting, and seek assurance through review by the Clinical Governance and Clinical Safety Committee. IB asked that the incident management annual report includes more detail of the external view of Trust reports.

SM added that communication and follow up with families was also highlighted as an issue for Southern Health and this is an area the Trust works hard to ensure is undertaken in a positive, proactive and constructive way.

#### TB/15/80c Mental Health Act Committee 10 November 2015 (agenda item 4.3)

Julie Fox (JF) raised the following.

- The Committee received a report on the outcome of an audit of the in-depth pathway leading to Mental Health Act admissions in Kirklees (which was also reported to the Equality and Inclusion Forum). A number of recommendations were made and a follow up report will come back to the Committee.
- There were a number of Care Quality Commission (CQC) visits in relation to the Mental Health Act reported to the Committee. A recurring theme from the visits is clinical record keeping and the Committee acknowledged and understood the work within the Trust to improve in this area.

#### TB/15/80d Remuneration and Terms of Service Committee 17 November 2015 (agenda item 4.4)

IB commented on the recruitment of the Chief Executive and the application process, which closed on 18 December 2015. The current list has some very strong candidates. Interviews will be held on 11 February 2016. The Trust is also recruiting a substantive Director of Finance, which is running in parallel to the Chief Executive's recruitment.

JJ asked if the Executive Management Team (EMT) was satisfied that arrangements are in place to effect an orderly handover between Alex Farrell (AF) and JC. SM confirmed that it was and that the new Chief Executive will be involved in the recruitment of a substantive Director of Finance, particularly in shortlisting and the interviews. He also confirmed that arrangements are in place to ensure responsibility for end-of-year figures and budgets for the coming year. IB added that he was confident that the recruitment process will meet Trust timescales but it will depend on notice periods required. There will undoubtedly be interim arrangements and SM commented that these will depend on the length of the gap between 31 March 2016 and the start date for the new Chief Executive, which will be reviewed when the appointment is made in February 2016. IB was clear that there should only be one interim Chief Executive and who this is will be will reflect the length of interim arrangements needed.

The Committee also supported the Trust's commitment to the Living Wage at its meeting in July 2015 and noted that it had been introduced with a commitment to implement increases on 1 April each year. The Trust's internal auditor, KPMG, has offered support, free of charge, to look at establishing a commitment for the Trust to work only with contractors and suppliers who also implement the Living Wage.

#### TB/15/80e Estates Forum 9 December 2015 (agenda item 4.5)

JJ reported that there has been much progress on the development of community hubs with the completion of Laura Mitchell House in Halifax and New Street in Barnsley. Work has begun on the hubs in Wakefield and Pontefract. Alan Davis (AGD) added that Laura Mitchell House was handed over to the Trust on 18 December 2016 and that the EMT held its weekly meeting there on 17 December 2015. It is an excellent building and members of Trust Board were welcome to visit.

The Forum noted that the Trust is confident that the receipt from the sale of Aberford Field will be received in this financial year. Laurence Campbell (LC) asked what the implications were if the receipt did not materialise. AGD confirmed the receipt is likely in this financial year as Miller Homes is confident that the option will be exercised. The Trust will then receive its money in 20 working days, which would be within this financial year. AF

commented that Monitor's expectation is that, if the Trust has forecast a surplus, then it must achieve this irrespective of any movements in the financial position and a contingency plan is in place if the £2.7 million receipt does not materialise.

JJ also commented that capital spend is on plan, which represents an excellent effort by all involved.

#### TB/15/80f Equality and Inclusion Forum 14 December 2015 (agenda item 4.6)

IB commented on a letter the Trust recently received from Touchstone, a charity that provides a number of mental health services, including some specialised services for black and ethnic minority people. The organisation has undertaken some research into NHS Trust recording of the ethnicity of its service users and commended the Trust for reaching a level of 92% over recent months, which puts it into the top half of providers of specialist mental health services nationally on this measure.

Charlotte Dyson (CD) asked if Trust Board receives information on 'service users into employment'. AF responded that it is a public sector outcome measure and is, therefore, reported through Trust Board performance reports. IB added that the report from Sean Rayner (SR) to the Forum related to the pilot in Barnsley to support people back into employment. JF commented that it was heartening to see the extent of the work being undertaken in Barnsley, which the Trust may be able to replicate in other areas.

#### **TB/15/81 Chair and Chief Executive's remarks (agenda item 5)**

IB began by congratulating Helen Pye from the Forensic Child and Adolescent Mental Health Service (CAMHS) team who won Mental Health Social Worker of the Year and overall Social Worker of the Year at the national Social Worker of the Year awards. Abdullah Kraam, Consultant Child and Adolescent Forensic Psychiatrist, and Paula Phillips, Service Manager/Nurse Consultant in Forensic CAMHS also won Outstanding Collaborative Leadership of the Year at the Regional Leadership Recognition Awards.

He also commented on the visit on 15 December 2015 by Dame Gill Morgan, Chair of NHS Providers. She visited secure services on the Fieldhead site and the psychiatric liaison services at Pinderfields. She was also very interested in the Trust's position and was candid and helpful with the Chair and Chief Executive on a number of national NHS matters.

Lastly, IB provided feedback from the Members' Council Co-ordination Group, which considered the joint meeting with Trust Board on 12 February 2016. More information will be sent to Directors and support will be needed from Trust Board.

SM covered the following in his remarks.

- The CAMHS 'summit' on 18 December 2015 was positive with recognition from commissioners that the position has moved from one of recovery although this does remain a challenge for the Trust. The Trust has agreed with commissioners that it will continue to deliver CAMHS for a further year whilst a review of the specification is undertaken. One area for continued focus is the waiting times for Autism Spectrum Disorder (ASD).
- No decision on commissioning intentions for Tier 4 CAMHS is expected from NHS England and the development with Priory is, therefore, on hold. He confirmed that this is not an area the Trust could seek to develop speculatively given the national view of bed-based services despite the need identified at national level.
- This has implications for Castleford, Normanton and District Hospital (CNDH). The Trust's aim has always been to maintain a health legacy in Eastern Wakefield. The Trust does have an option to dispose of the entire site, which would provide an opportunity to

invest in community health services in conjunction with commissioners and other partners. IB commented that the Trust needs a new 'Plan A' and asked when this would come back to Trust Board. SM advised February 2016.

- SM has undertaken site visits over the last few weeks. He observed that acuity has increased in Trust units; however, management of capacity and activity has improved, which means there has been very limited use of placements out-of-area supporting the Trust's aim to provide services for people as close to home as possible.
- The CQC inspection takes place in the week beginning 7 March 2016. Detailed preparation is in place, led by TB as Director of Nursing. The final report is likely within two to three months following a Quality Summit with the Trust. If any areas are seen as 'outstanding' or as requiring immediate attention, the CQC will inform Trust Board at the closing meeting at the end of the inspection week. JJ asked if it were possible that the outcome would affect whether the new Chief Executive would wish to join the Trust. IB responded that, alongside the independent well-led review, it will provide the new Chief Executive with a clear, independent view of Trust services and a blueprint for the way forward. As such, it must be seen as an advantage.

AF provided feedback to Trust Board on the national planning event on 4 December 2015. Key messages include four 'must do's' in relation to achieving financial balance, eliminating clinical variation, meeting constitutional standards and service re-design. Financially, this will mean an efficiency saving of 2% with an uplift of 3.06% representing 1% net impact. Although £1.8 billion of settlement will go to Trusts in deficit, there was a very strong message that the NHS needs to manage the deficit collectively.

## **TB/15/82 Transformation – update on progress and current position (agenda item 6)**

AF introduced this paper.

LC asked if the productivity project commissioned from Meridian was something the Trust was unable to do itself. SM responded that it arose from a concern about the pace of transformation and the skills needed in clinical areas to support and engender change. Meridian is working alongside staff and the challenge has been welcomed. Community services offer a further opportunity for this work to support the pace of transformation. AF added that the Trust will be much clearer on the outcome and impact of transformation by the next Trust Board.

JF asked how the Trust is engaging and involving stakeholders, and, as there is an impact on social care, how it is ensuring a joined-up approach. SM responded that alignment with different agendas is very important and the Trust must ensure it contributes to the wider transformation in the health and social care economy. Discussions with different stakeholders so far have been constructive and positive. AF added that there are a number of forums in place, including local authority Overview and Scrutiny Committees, to work with commissioners and stakeholders to take change forward. SM suggested a presentation to Trust Board of the Trust's plans for engagement with stakeholders to provide assurance that arrangements are in place and are happening.

Rachel Court (RC) commented on her experience at a recent Middleground session, which demonstrated what a tough challenge it is to ensure staff feel engaged and involved. AGD responded that this is a key part of the staff engagement strategy with a focus on better alignment between consultation and implementation, which is beginning to be seen.

Chris Jones (CJ) asked whether the Trust was on track to achieve its milestones for transformation. AF responded that revised models of service should be implemented by the

beginning of April 2016 although issues remain with rehabilitation and recovery services. General community services are an area where work is needed to speed up the process. Forensic services are not included in the report as service development is tied in with national commissioning intentions. The Trust's approach, supported by Meridian, is now more focussed, which is reaping results in terms of pace.

SM added that transformation is more complicated and intricate than the report shows and the organisational development work involved should not be underestimated.

CD asked whether stakeholder views of Trust plans were supportive and that she would welcome a more detailed update. SM responded that this is very much tied in with stakeholder understanding of what the Trust does and the scale of the challenge the Trust is undertaking. AF added that there has been much discussion with commissioners on Trust plans for transformation and the impact of commissioning intentions as a result.

RC commented that she would like to see reports focus not just on timescales and money but also on outcome measures. AF responded that this is very much the focus of the work with Meridian to ensure patient experience and the patient journey is improved.

## **TB/15/83 Performance reports month 8 2015/16 (agenda item 7)**

### TB/15/83a Performance report (agenda item 7.1)

IB invited comments from Trust Board.

- Trust Board asked that performance on improving access to psychological therapies is scrutinised by the Clinical Governance and Clinical Safety Committee.
- CJ asked if there was any risk for the CQC inspection in relation to workforce metrics. AGD responded that mandatory training will be a key area and managers are aware that staff should be up-to-date with their training. An improvement in performance against the indicator is expected.
- LC commented that the surplus indicator shows a downward trend. AF responded that this reflected a small movement and is not material.
- SM asked Trust Board to note that sickness levels in Barnsley are 4.2%, which demonstrates that levels can be brought below the target. AGD added that the accessibility of workforce information at all levels of the organisation has been an important factor for managers and the improvement in Barnsley demonstrates the approach within an individual BDU where management focus has been to improve performance. AGD added that specialist services are also showing a huge improvement due to the additional support the Trust has given in these areas. There is also a greater joint ownership and responsibility for sickness absence between managers and staff.

### TB/15/83b Finance report (agenda item 7.2)

AF highlighted 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 revised surplus planned is £100,000 and the year-to-date position is £0.02 million ahead of this revised plan.
- The cash position is £28.91 million, which is £1.65 million ahead of plan.
- The capital spend to November 2015 is £7.14 million, which is £0.14 million (2%) behind plan.

There are two key issues in relation to cost improvement programme performance and income. In terms of income, the Trust is forecasting a CQUIN income shortfall of £1.1 million, mainly in relation to a shortfall in mental health clustering. Recovery plans are in

place within BDUs to meet trajectories and the Trust will negotiate with commissioners to improve the process to allow for recognition of what has been achieved by the Trust. In relation to the cost improvement programme, the Trust will utilise provisions to counter the shortfall; however, the risk to the Trust currently in terms of non-recurrent cost improvements is £2.7 million.

LC asked what will happen if the Aberford Field receipt does not materialise. AF responded that the Trust will look at release of contingency provisions, redeployment of discretionary spend, mainly linked to investment in information management and technology, and a review of balance sheet provisions, which take a prudent view currently.

TB/15/83c Exception reports and action plans – Child and adolescent mental health services progress report (agenda item 7.3(i))

TB introduced the paper. Following a discussion at the Clinical Governance and Clinical Safety Committee, JF asked whether it was intended to continue reporting into Trust Board or to delegate to the Committee to continue to scrutinise. SM responded that the outcome of the 'summit' made the proposal feel very sensible; however, JJ was not as persuaded. SM provided assurance that Nette Carder (NC) would remain in post until Carol Harris (CH) starts and he has confidence in the senior team in place to support both NC and CH.

CJ commented that he would like to see some metrics in the report and some improvement in these metrics, particularly for service users. He would be happy for this to be reviewed in the Clinical Governance and Clinical Safety Committee but would like a further report to Trust Board at some point. JF suggested that she could include specific comment on metrics in her feedback from the Committee to Trust Board. Trust Board supported the proposal for monitoring to continue through the Committee.

AF confirmed that CAMHS remains on the organisational risk register and will be reviewed by the EMT following the 'summit' and then Trust Board in January 2016.

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

TB/15/83d Exception reports and action plans – Serious incidents report Q2 2015/16 (agenda item 7.3(ii))

LC asked if there was a continued focus on Kirklees. TB responded that there had been a review in Q1, which was presented to the Clinical Governance and Clinical Safety Committee, and this has continued in Q2, which will also be reported to the Committee.

IB expressed a concern at the number of lessons learnt extracted from incident reporting and how these could all be addressed. TB responded that these are collated into themes, which translate into the learning lessons report (see agenda item 7.3(iii)).

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

TB/15/83f Exception reports and action plans – Learning lessons from incidents (agenda item 7.3(iii))

TB explained that the purpose of the report is to provide assurance that the Trust is using learning to improve services and make them safer.

IB asked if the Trust was good at sharing learning across BDUs and services. TB responded that the report highlights how this has improved over the last eighteen months and how services learn from each other. CJ asked if there were instances where the same lesson has to be learnt. TB responded that any more than once is too many; however, there are some areas, particularly communication between agencies, that recur. A piece of work is in place to improve interoperability of systems between different organisations.

JF asked that the report includes information on ethnicity and TB agreed to take this forward.

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

TB/15/83g Exception reports and action plans – NHS community mental health survey (agenda item 7.3(iv))

Dawn Stephenson (DS) highlighted the three areas of significant improvement and the two areas of decline, and confirmed action was in place to address these areas.

IB commented that he would have liked to have seen more statistical analysis of this Trust's performance and felt there was a real lack of hard information. JJ added that a sense of the Trust's ambition does not come across in the report and the outcome confirms the Trust is 'average'. SM responded that the survey outcome and report represents a snapshot of how the Trust benchmarks and there is a wealth of benchmarking information that the Trust can use to support its ambitions.

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

TB/15/83h Exception reports and action plans – IT virus incident – update report (agenda item 7.3(v))

LC asked if the Trust was targeted and AF responded that there was nothing uncovered to suggest this was the case. CD sought assurance on how the Trust remains up-to-date on emerging threats. AF responded that this was a prime reason why an external report was commissioned, which found the Trust is as well prepared as it can be. The support service is contracted to a specialist provider specifically to provide this type of expertise.

LC asked whether the Trust had determined its risk appetite for the protection of different types of data. AF responded that information governance is prescribed for NHS organisations, and the Trust is assessed against the associated toolkit, which is reviewed by internal audit.

AF also reported that business continuity processes were tested when the Trust's clinical information system (RiO) was upgraded in November 2015, which showed a more robust process is now in place, which the Trust will continue to review and improve. AGD added that this also tested service continuity plans and a number of areas for improvement have been identified.

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

**TB/15/84 Terms of reference for Executive Programme Board with Locala (agenda item 8)**

**It was RESOLVED to APPROVE the draft terms of reference.**

LC asked who would respond to PR/media enquiries. SM responded that communication leads would discuss and agree any joint response required. SM commented that the work with Locala also provides an opportunity to explore the sharing of back-office functions although this has not yet begun.

**TB/15/85 Use of Trust seal (agenda item 9)**

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



**TB/15/86      Date and time of next meeting (agenda item 10)**

The next meeting of Trust Board will be held on Friday 29 January 2016 in the conference room, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield, HD2 1YF.

**Signed .....**      **Date .....**