



With all of us in mind

Minutes of Trust Board meeting held on 29 January 2016

Present:	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
	Jon Cooke	Interim Director of Finance
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive
Apologies:	None	
In attendance:	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Bernie Cherriman-Sykes	Board Secretary (author)
Guests:	Nasim Hasnie	Publicly elected governor (Kirklees), Members' Council
	Bob Mortimer	Publicly elected governor (Kirklees), Members' Council
	Jo Sygrove	Engagement Officer, HealthWatch, Calderdale

TB/16/01 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular, Jon Cooke (JC) attending his first meeting as Interim Director of Finance. There were no apologies.

TB/16/02 Declaration of interests (agenda item 2)

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

Name	Declaration
EXECUTIVE DIRECTORS	
Jon Cooke	No interests declared although on secondment as Chief Finance Officer, Yorkshire and Humber Commissioning Support Unit

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

TB/16/03 Minutes of and matters arising from the Trust Board meeting held on 22 December 2015 (agenda item 3)

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

TB/16/04 Assurance from Trust Board committees (agenda item 4)

TB/16/04a Information Management and Technology Forum 5 January 2016 (agenda item 4.1)

The key points raised and discussed were noted.

TB/16/05 Chair and Chief Executive's remarks (agenda item 5)

IB began by updating Trust Board on the process to appoint a new Chief Executive. Shortlisting takes place after today's Trust Board meeting following an evaluation of longlisted candidates by Harvey Nash. The formal interview process takes place on 10 and 11 February 2016 with a series of meetings with stakeholder groups on 10 February 2016 (service users and carers, senior clinical staff, senior staff and staff side representatives, and Non-Executive and Executive Directors). This will be followed by a formal interview on 11 February 2016. The interview panel will consist of Ian Black, Chair of the Trust (and Chair of the interview panel), Julie Fox, Deputy Chair of the Trust, Stephen Dalton, Chief Executive, Mental Health Network, NHS Confederation (External Assessor), Michael Smith, publicly elected governor for Calderdale and Lead Governor, and Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group. The Members' Council will be asked to ratify the appointment at its meeting on 12 February 2016.

IB went on to congratulate Paula Phillips, Service Manager/Nurse Consultant in Forensic Child and Adolescent Mental Health Services (CAMHS), who was honoured in the New Year's Honours with a MBE. The Trust's previous Medical Director, Nisreen Booya, was also honoured with a MBE for services to healthcare, particularly mental health.

He also commented on a recent NHS Providers Board meeting where its strategy for the next twelve months was reviewed. It is clear that this is a very challenging environment for the NHS as a whole and for the trade body that represents NHS provider organisations. IB also attended an engagement event for Chairs on the bringing together of Monitor and the NHS Trust Development Agency as one organisation under the name NHS Improvement. The event set out the objectives, aims and approach of the new organisation as well as the planned structure and forward strategy; however, that this is to be implemented against a 30% reduction in budget is a potential cause for concern.

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

- The Prime Minister has repeated his message that mental health is a priority for the NHS; however, the Department of Health has since confirmed there will be no additional funding. The Trust will, therefore, have to strongly negotiate a fair apportionment for mental health to support the commitment to parity of esteem. The Trust will work with commissioners to ensure there is no reduction in Trust funding, which will be a challenge. This is not just a Trust issue; it is part of a multi-agency and partnership approach affecting many other organisations. Parity of esteem was also a key issue for discussion at the recent NHS Confederation Mental Health Network meeting.
- SM and Tim Breedon (TB) met with the Care Quality Commission (CQC) in advance of its inspection, which will take place in the week beginning 7 March 2016. The inspection will be chaired by Dr Paul Lelliott, the CQC's Deputy Chief Inspector of Hospitals (mental health) and a consultant psychiatrist by background. The inspection lead will be Jenny Wilkes, Head of Hospital Inspection (mental health). In advance of the inspection, the CQC will ask a range of stakeholders for feedback about the Trust and its services and, during the inspection itself, the team will visit all mental health wards, a third of mental health community teams and a cross-section of general community services. The inspectors will be looking for clinical care to carry on as normally as possible. The CQC does appreciate, however, that the visit places an extra burden on services and inspectors expect the Trust to have additional staff on duty to accommodate the visit. This will enable inspectors to spend time talking to as many staff as possible, without causing too much disruption to services. The CQC will expect the Trust to show what it does well as well as looking at more challenging areas of Trust services where the focus will be on how well the Trust manages such situations for the benefit of the people who use its services. The Trust expects to receive the draft reports in May 2016 to comment

for factual accuracy before the reports are published in June 2016. A Quality Summit event will be held over the summer.

- SM went on to comment that the consultation on accident and emergency services provided by Calderdale and Huddersfield NHS Foundation Trust (CHFT) will have implications for the Trust although it is unlikely that the Dales, where in-patient mental health services are provided by this Trust in Calderdale, will be included in the re-configuration plans. He added that the urgent and emergency care system is currently under serious pressure with a 'gold command' process instigated. The Trust is linked into the process through Karen Taylor.

Jonathan Jones (JJ) asked about the timescales for the Chief Executive's appointment in relation to the CQC inspection. IB responded that it is the intention to make an appointment on 11 February 2016 for the Members' Council to ratify on 12 February 2016; therefore, the Trust will have made a substantive appointment by the time of the CQC inspection. Alan Davis (AGD) added that the appointment will be subject to references and the outcome of employment checks, including the Fit and Proper Persons' Test, and any need to seek Treasury approval for the level of remuneration. IB went on to advise that he would hope to have an individual in post by mid- to end of May 2016.

JJ also sought assurance regarding the appointment of a substantive Director of Finance. IB responded that it is intended that the new Chief Executive will be involved in shortlisting and will chair the interview panel. JJ went on to ask if the new Chief Executive would be in place to 'own' the CQC report and any action plan arising from the inspection. IB confirmed that they would and this would be a priority in the first few months following appointment.

JJ went on to ask about the standing of the strategic direction agreed by Trust Board. IB responded that there has to be a balance between Trust Board setting the strategic direction and the ability of a new Chief Executive to influence this. The strategic approach will be a key area for the interview panel to probe on 11 February 2016.

Chris Jones (CJ) asked about the implications for the Trust in the longer-term from the position with CHFT. SM responded that it is imperative that the Trust seeks a fair funding settlement from commissioners. Whilst the Trust is supportive of its acute provider partners, it must not be to the detriment of this Trust's services or its plans.

TB/16/06 Strategic overview of business and associated risks (agenda item 6)

Alex Farrell (AF) took Trust Board through the key strategic business and associated risks, particularly the challenges at national and regional level. JC outlined the priority areas identified at national level to turn the forecast deficit position around. He assured Trust Board that, for this Trust, it is business as usual as the Trust is looking at these areas already. SM commented that this is a very interesting situation and demonstrates greater control centrally; however, this Trust is a foundation trust and must continue to maximise its use of resources to meet its aims and objectives for the benefit of the care it provides to people who use its services.

AF went on to comment that capital to revenue transfers will pose problems for Trusts and auditors in terms of fundamental accounting principles. She reminded Trust Board that the Trust had been asked to identify any flexibility in its capital programme and that it had offered Monitor £500,000; however, this has not been taken up. She assured Trust Board that this would have had no effect on Trust finances as the funds would be returned through a reduction in the Public Dividend Capital payment (although she was unsure how this would be achieved). Monitor has since indicated that the focus currently is on Trusts with major

deficit positions. The Trust, therefore, will not seek to follow up the offer. AF then outlined the impact on risk and IB asked for comments and questions from Trust Board.

- IB began by commenting that the financial position is dominating the NHS agenda and asked whether other areas were suffering as a result. AF responded that use of bank and agency to achieve safer staffing levels is driving financial and recruitment pressures currently. SM added that the Trust's prime objective is the quality and safety of its services. TB added that as 'balancing the books' becomes harder, the Quality Impact Assessment process becomes even more important to ensure the safety and quality of Trust services and to maximise efficiency and productivity gains; however, at some point, the Trust will have to consider its discretionary activity and be clear what it is providing, how and how its resources are utilised to achieve this.
- Supporting Charlotte Dyson's (CD) comments that the Trust needs to be clear on its service offer and ensure this is clear in the health and social care economy, AF commented that the Trust needs to be clear on its service offer, robust in its negotiations with commissioners to get the best offer and manage opportunities to ensure it provides the best quality services safely, effectively and efficiently.
- TB commented that, whilst the Trust may manage its own risk and implications, it has to be mindful of the risk and challenges in the wider system. This also needs to be discussed with commissioners.
- JJ asked if there were any clinical or reputational risks for the Trust in terms of partnerships with 'failing' organisations. AF responded that the sustainability of an organisation is part of the assessment of whether to partner or not. There is currently no indication that this is the case with any of the Trust's partners.
- Julie Fox (JF) asked about the impact of competition, particularly that from the private sector. AF responded that competition is particularly strong in the forensic sector, where there is a high level of private sector investment; however, this is affected by a concern about national commissioning intentions. Competition also applies to health and wellbeing services and Tier 4 CAMHS. The impact will also be felt in the third sector and there will be a need for some form of co-ordination to ensure people are signposted to the services they need.

AF then outline the key internal risks for the Trust in relation to sustainability of cost savings delivery, predicted shortfall in CQUIN income, alignment of transformation work with the requirements of the annual plan, ensuring appropriate focus and participation in system-wide transformation, ensuring the Trust is prepared for the 2016/17 contracting round and the impact of bid activity and mobilisation on day-to-day services.

AGD commented that, in relation to workforce, the Trust must ensure that the focus is on quality, particularly at the front-line. The need for change is widely accepted and the workforce will be based on a very different model with very different ways of working in future. The wellbeing and engagement agenda for staff remains a top priority for the Trust. Further work is needed on workforce plans, particularly in terms of the radical change needed to support transformation.

TB/16/07 Performance reports month 9 2015/16 (agenda item 7)

TB/16/07a Quality performance report (agenda item 7.1)

IB invited comments from Trust Board.

- CD asked for an update on improving access to psychological therapies. AF responded that the data collection has been reviewed and the position has improved as a result. For 18 weeks, the Trust has achieved 99.37% against a target of 95%. For six weeks, the Trust has achieved 71.6% against a target of 75%. Under-performance on this target raises concerns if the Trust reports non-achievement in three consecutive quarters. The

under-performance relates to difficulties with staff capacity and recruitment; however, the indication from a review of January 2016 data is that the six-week access target is on target to be achieved in month 10 presenting no long-term concern.

- JF commented that the vacancy rate is still missing from the report. AGD agreed to follow this up for next month's report.
- AGD also confirmed that a detailed analysis of sickness absence would be presented to the Remuneration and Terms of Service Committee on 9 February 2016.
- IB asked why there was such a large proportion of 'don't know' in terms of recommending the CAMHS to friends and family. Dawn Stephenson (DS) responded that sometimes users of Trust services do not feel able to determine whether they would recommend services. IB commented that this does not appear to be the case for other Trust services. He asked DS to establish the reasons for this and report back to Trust Board.
- CJ added that 12% of people responding 'not likely' to recommend CAMHS does not provide much assurance. SM responded that without understanding the figures by district and service, it makes it very difficult to interpret and to come to conclusions. He felt a more detailed analysis would be useful as it was not clear from the figures what, if anything, Trust Board should be concerned about. Adrian Berry (ABe) added that the high response rate for CAMHS is also interesting. JF also asked for the detailed review to include trend information to demonstrate improvement. It was agreed that a full report on the Friends and Family Test by district and service, with benchmarking information and trends should be presented to the Clinical Governance and Clinical Safety Committee. This should also include a detailed analysis of the staff Friends and Family Test outcome.
- SM commented that he would like to see a more detailed report on progress with supporting service users into employment and a briefing for Trust Board on improving access to psychological therapies across all districts whether provided by the Trust or not. He was happy for this to be presented to the Clinical Governance and Clinical Safety Committee but should also be circulated to all members of Trust Board.

TB/16/07b Finance report (agenda item 7.2)

JC highlighted the following.

- The year-to-date position at month 9 is a £200,000 surplus, which is £90,000 ahead of the Trust's revised plan.
- Following a thorough review of the forecast and provisions, JC was confident that the Trust would deliver the revised forecast position (£100,000 surplus).
- There was also a positive indication that the Trust will realise the receipt from the sale of Aberford field in this financial year.
- The capital spend to December 2015 is £7.82 million, which is £0.6 million (7%) behind plan; however, there is confidence the outturn position will be realised.
- At December 2015, the cost improvement position is £890,000 behind plan. Overall, a full value of £1.4 million (15%) has been rated 'red'; however, this position is included in the reported position for month 9 and does not, therefore, pose an additional risk.

Laurence Campbell (LC) commented that the release of provisions at month 9 has helped the overall position. He also asked if JC was comfortable with the impairment position. JC responded that this was still to be worked through but he was comfortable that the reduced valuation of the Fieldhead site would be compensated by an overall increase in the value of other Trust estate with no impact on the bottom line.

LC commented that he still had a concern about the continuing issue with payment of an invoice to one particular local authority. JC agreed to provide an explanation to LC outside of the meeting.

TB/16/07c Customer services report (agenda item 7.3)

DS asked for feedback on the revised presentation of information.

JF asked why it took so long in some cases to allocate a lead investigator. DS responded that this largely relates to capacity and availability of staff within BDUs. Work is ongoing to improve the position.

TB/16/07d Exception reports and action plans – Potential implications for the Trust arising from Southern Health NHS Foundation Trust concerns (agenda item 7.4(i))

TB introduced the paper. SM commented that, in relation to communication and contact with families, the customer services report supports the investment the Trust makes. The Patient Safety Support and Customer Services teams work closely together to engage with families.

JJ commented that this was an excellent paper and he derived comfort and assurance from it.

CJ asked whether the Trust should do more than supported reading. TB responded that supported reading often results in other support or signposting to alternative advice and guidance. ABe added that families are involved at the start of and throughout the investigation process and in forming the recommendations as a result.

CJ asked if there was anything for the Trust to learn from the Southern Health report. TB responded that there was nothing new as such; however, there has been a sharper focus on thresholds for reporting. There may also be some recommendations that come back to all Trusts from the Department of Health.

IB commented that the paper focuses on service users in contact with Trust services; however, there are serious incidents that occur, for example, suicides, where there has been no contact with Trust services. The paper provides reassurance for this Trust but he was still concerned about other incidents. He asked if there was anything missing from the Trust's referral processes for example. TB reminded Trust Board of the ongoing discussion with Coroners, taken as a first step to gather more information on incidents outside of Trust services. Development of a suicide prevention strategy through the Urgent and Emergency Care Vanguard will help to develop a system-wide approach. SM added that development of the health intelligence manual will provide information on the wider system position, which will help inform commissioning approaches. TB suggested taking into the Clinical Governance and Clinical Safety Committee for a more detailed discussion.

It was RESOLVED to NOTE the assurance provided in the report.

TB/16/07e Exception reports and action plans – Care Quality Commission inspection preparation plan (agenda item 7.4(ii))

It was RESOLVED to NOTE the report.

TB/16/07f Exception reports and action plans – Governance arrangements – arm's length organisations (agenda item 7.4(iii))

It was RESOLVED to NOTE the report.

TB/16/08 Items for approval (agenda item 8)

TB/16/08a Risk management strategy (agenda item 8.1)

A number of areas for clarification had been raised in the risk management training prior to the formal meeting. These will be reviewed and included as appropriate. LC asked that the aim to minimise risk includes a statement that this would be dependent on resources and

that the statement on risk appetite needed to be clearer. Rachel Court (RC) added that she would like to see an overarching statement on the appetite for risk such as cautious or neutral with some key risk indicators for levels of different types of risk.

It was RESOLVED to APPROVE the strategy subject to the consideration and inclusion of the comments made. Trust Board delegated authority to SM to approve the final version.

TB/16/08b Customer services policy (agenda item 8.2)

It was RESOLVED to APPROVE the policy.

TB/16/09 Board self-certification and assessment of operational, clinical and quality risks (agenda item 9)

DS outlined the additions to be made to the quarter 3 to Monitor. LC asked whether there was a concern at the increase in the risks identified by the CQC in its Intelligent Monitoring report. TB responded that seven risks are now shown. One elevated risk relates to a risk that the CQC will remove. The Trust has questioned two areas of risk identified with the CQC as the data appears to be incorrect.

JJ commented that there are a number of vacant seats on the Members' Council. He asked what the Trust intends to do to attract people to stand. DS responded that the Trust is working with Electoral Reform Services to communicate and engage with members and to use examples of best practice. The Members' Council also has a role to engage and encourage individuals to stand for election. JJ commented that he would like to see a concerted social media effort to attract individuals. IB added that there is a natural turnover within public governors and people do stand for re-election; however, it will make for stronger representation to fully appoint to the vacancies.

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

TB/16/10 Assurance framework and organisational risk register (agenda item 10)

DS invited comments from Trust Board on the assurance and escalation framework.

The revised version of the assurance framework was welcomed and seen to be a good way to document the current position in relation to assurance and risk.

It was agreed to add a risk in relation to the implementation of RiO V7. IB asked if there was sufficient reflection of the external environment in the risk register. There was a general consensus that there was and DS advised that this is discussed in detail by both Trust Board and the Executive Management Team.

RC asked how the target levels for mitigated risk reflected the Trust's risk appetite. CJ felt that it reflected the fact that there are occasions where a risk level has to be tolerated or accepted.

It was RESOLVED to NOTE the controls and assurances against corporate objectives for 2015/16, to SUPPORT the assurance and escalation framework, and to NOTE the organisational risk register.

TB/16/11 Date and time of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 29 March 2016 in rooms 3 and 4, Laura Mitchell House, Great Albion Street, Halifax, HX1 1YR.

Signed **Date**