



**Minutes of Trust Board meeting held on 28 April 2016**

<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
	Alex Farrell	Interim 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
<b>Apologies:</b>	Jonathan Jones	Non-Executive Director
<b>In attendance:</b>	Kate Henry	Director, Marketing, Engagement and Commercial Development
	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Rob Webster	Chief Executive (designate)
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Guests:</b>	Bob Mortimer	Publicly elected governor (Kirklees), Members' Council
	Michael Smith	Publicly elected governor (Calderdale), Members' Council

**TB/16/22 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting, in particular, Rob Webster (RW), Chief Executive (designate) who will formally join the Trust on 16 May 2016. The apology from Jonathan Jones (JJ) was noted.

IB invited Julie Fox (JF) to update Trust Board on the story of Mr. D, previously an in-patient on Chantry, Fieldhead, Wakefield. JF reported that Mr. D was very impressed with the developments and improvements undertaken. He welcomed the feedback from Trust Board and appreciated that there were a number of issues still for discussion, such as uniforms. He very much felt he had been listened to and would like to join the patient-led assessment of the care environment (PLACE) inspection team. Rachel Court (RC) commented that she would hope that anyone who approaches the Trust with a concern or issue is listened to in the same way. Dawn Stephenson (DS) responded that the Trust offers a direct response to anyone who raises concerns and issues. The Trust will not always be able to resolve an issue in a way an individual would like but it will explain why it is unable to do so.

**TB/16/23 Declaration of interests (agenda item 2)**

There were no declarations made over and above those made in March 2016.

**TB/16/24 Minutes of and matters arising from the Trust Board meeting held on 29 March 2016 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 29 March 2016 as a true and accurate record of the meeting. There was one matter arising.

TB/16/17 Annual plan and budgets 2016/17

IB confirmed that the Chair, Deputy Chair, interim Chief Executive and interim Director of Finance had approved the final version of the operational plan and the budget (as approved

by Trust Board on 29 March 2016) under delegated authority on 18 April 2016 for submission to NHS Improvement.

## **TB/16/25 Assurance from Trust Board committees (agenda item 4)**

### TB/16/25a Audit Committee 5 April 2016 (agenda item 4.1)

The following were raised.

- There was nothing to indicate that there would not be a Head of Internal Audit Opinion of significant assurance.
- Regarding a recent prosecution for corporate manslaughter, the Committee had been assured that a piece of work had been undertaken by the Trust's Legal Services Team to assess the implications and risk, and this will be reviewed on an ongoing basis. No further action was deemed necessary at this time.
- There will be greater emphasis on the difference Committees make for the annual report in 2016/17. Tim Breedon (TB) commented that evaluation of the work of Committees will be testing and there will need to be serious consideration of how this is done. It may be that a set of proxy indicators to test the difference and impact Committees make could be developed.
- Both the internal audits of medicines management and job planning provided an opinion of 'requires improvement'. For medicines management, a series of recommendations have been made, which will be monitored by the Drugs and Therapeutics TAG led by Adrian Berry (ABe) and the Chief Pharmacist. For job planning, recommendations will be implemented and followed up during 2016 again led by ABe.
- The Committee also received an update on progress with the audit of the Quality Accounts local indicator (care programme approach). TB confirmed there had been a number of issues raised by Deloitte; however, these have been resolved and will be reported through the Members' Council Quality Group and the Clinical Governance and Clinical Safety Committee.
- The Committee also considered the requirements of enhanced auditor reporting and agreed that this was unlikely to add value to the process or aid understanding of the Trust's financial position. The Committee agreed not to propose early adoption of the requirements.

### TB/16/25b Clinical Governance and Clinical Safety Committee 18 April 2016 (agenda item 4.2)

The following areas were raised.

- The Committee received a further update on the Trust's approach to suicide prevention and an update on the Trust's participation in local Vanguard.
- In relation to child and adolescent mental health services (CAMHS), issues with data and the establishment of a dashboard remain. The Committee will continue to monitor closely.
- The Committee received a report on a pilot in Barnsley to support service users into employment. The Committee was particularly pleased to see the progress made and would like to see the work replicated in other BDUs. IB asked if the Trust should consider putting the pilot up as an exemplar of best practice. JF responded that the approach was not yet at that stage but it may be possible as work develops in conjunction with partners. Charlotte Dyson (CD) commented that this is an excellent example of an organisation that does things differently. Chris Jones (CJ) asked whether there was any tracking of how long individuals stay in employment and, therefore, show that the Trust's approach is sustainable. The aim should be for the Trust to support people into long-term employment.

#### TB/16/25c Information Management and Technology Forum 18 April 2016 (agenda item 4.3)

IB reported that a key issue for the Forum was the upgrade to the Trust's clinical information system (RiO) and the continuing difficulties for staff in using the system. The Forum was advised that there will be a 're-launch' of the system. JF commented that this had been raised by the 'shadow board' and that it remains problematic and frustrating for staff. IB confirmed that an independent report has been commissioned by DS, as Company Secretary, and the Trust is considering its position with regard to the supplier.

The following comments were made as part of the discussion.

- JF commented that it is recognised that the Trust is communicating with staff but this needs to continue.
- Jon Cooke (JC) reported that the Trust met with the Managing Director of Servelec the previous day and progress has been made. An underlying issue was identified, which will be tested and a resilient solution found.
- JC also reported that Servelec has indicated that it would wish to be part of the re-launch in partnership with the Trust.
- CD commented that it is important training is in place for staff and Alex Farrell (AF) responded that there is an ongoing programme in place, which is targeted at specific teams.
- CJ asked if there were any patient safety risks as a result and, if so, how these are managed. AF responded that the situation affects staff ability to record clinical information. The Trust is doing as much as it can through advice and support to staff to minimise risk in terms of clinical record keeping as well as reviewing incidents on DATIX in relation to RiO. ABe added that the ongoing issues are not obviously patient safety issues and there is a well-established protocol in place for record keeping when RiO is not available; however, this is a time consuming process.
- It was generally felt that, from discussions with Servelec, it is not fully appreciated how the Trust uses and relies on the system.

#### **TB/16/26 Chair and Chief Executive's remarks (agenda item 5)**

IB began his remarks by referring to the elections for the Members' Council. There will be two elections; one in Calderdale, where five candidates are seeking election to two seats, and Kirklees, where five candidates are seeking election to three seats. This is a democratic process, which means the Trust has no influence over the process and, potentially, loses skills and experience gained over time. The Trust is not able to provide a statement of how much an individual's contribution is appreciated even though annual appraisals are undertaken for all governors.

He went on to comment that this is AF's last meeting. Performance across the Trust can be attributed to her diligence and expertise and, on behalf of Trust Board, he thanked AF and wished her the best for her retirement. In response, AF thanked Trust Board for an interesting and challenging six years. She went on to comment on the following.

- The Trust submitted its operational plan by the required date. The Trust has not accepted the control total of £1.2 million and is forecasting £500,000 surplus. In the follow up call, NHS Improvement did not particularly challenge the Trust's position; however, there was much interest in the Trust's capital plan in terms of reviewing the capital plan and benefits of investment. The Trust is clear as to the benefits of its planned capital investments; however, the capital plan may be subject to review by NHS Improvement. When the Care Quality Commission (CQC) report is received, there will be a further review of the Trust's financial position by Trust Board.
- The Trust is involved in the development of Sustainability and Transformation Plans (STPs) in South and West Yorkshire. Each has overarching workstreams and key

priorities for the region, including mental health. The Urgent and Emergency Care Vanguard in West Yorkshire offers a platform to support the STPs in terms of the acute pathway. STPs are required by 30 June 2016, setting out ambitions to meet outcomes, improve care and quality, and address financial gaps to improve health and wellbeing through partnership working. An update on the submissions will come to the June meeting.

- In terms of contracting, the Trust is not in arbitration with any of its commissioners. The inflation uplift has been achieved, and inward investment secured on key national priorities relating to early intervention in psychosis and CAMHS, as well as additional investment for S136 police liaison in Calderdale and Kirklees. The focus is now on agreeing deliverable and attainable Commissioning for Quality and Innovation (CQUIN) targets.
- In relation to 0-19 services in Barnsley, the Trust has issued a formal statement and informed stakeholders of its position. The current contract has been extended by three months to 30 June 2016. Barnsley Council's statement highlights the level of Trust overheads and the Trust will ensure that the clinical aspects of its position are fully understood.
- CAMHS are improving; however, they continue to be an area of concern. A report from the Children's Society, based on information from 2014/15, has been published and a meeting has been arranged, involving the Chair of the Trust, to demonstrate the progress made since then. The position continues to be monitored at Board level.

JF reported back from the shadow board meeting the previous day. Ten people were selected and it was a very positive and constructive meeting. The group will shadow the strategy meeting in May and the public board meeting in June.

ABe reported that the Trust has provided assurance to Trust Board (following a short meeting on 18 April 2016 involving the Chair, Deputy Chair, interim Chief Executive, Medical Director, interim Director of Finance and Director of Human Resources) and to the Department of Health that it has robust and effective plans in place to address any pressures caused by the junior doctors planned industrial action. The Trust has relatively few junior doctors and its services do not particularly rely on junior doctors in contrast with trusts in the acute sector. Plans are in place, therefore, to ensure junior doctors' work is not scheduled for the periods of industrial action or that alternative cover is provided. To date, there has been minimal impact to the Trust's planned services. Two-thirds of junior doctors took part in the action on 26 and 27 April 2016. Robust contingency plans were in place and there was very little disruption to services.

TB reported that the CQC is still working to its original timescales with the Trust receiving a draft report in early May 2016 and the final report on 7 June 2016. No further visits have been made to services or requests for information received.

IB confirmed that the strategy meeting in May would focus on how the Board works together using an external facilitator. This will include a session on the draft CQC report.

## **TB/16/27 Strategic overview of business and associated risk (agenda item 6)**

AF took Trust Board through the report and comments were invited from Directors.

- JF commented that it might be useful for the Trust to consider external factors relating to the European Union/US trade agreement and the impact of the reduction in funding nationally for training, and internal relating to engagement with the medical workforce.

- CD commented on feedback from Middleground relating to transformation 'happening' to staff with little or no engagement and it is important that this is a 'bottom up' process. Alan Davis (AGD) responded that this is a key strand in the staff engagement strategy.

The report was noted by Trust Board.

### **TB/16/28 Audit Committee annual report 2015/16 (agenda item 7)**

Laurence Campbell (LC) introduced this item and particularly highlighted the re-appointment of KPMG as the Trust's internal auditor for a further year supported by a process for a tender exercise during 2016.

**It was RESOLVED to RECEIVE the report and to SUPPORT the view that the Committee can provide assurance that, in terms of the effectiveness and integration of risk Committees, risk is effectively managed and mitigated through assurance that Committees meet their terms of reference, their workplans are aligned to the risks and objectives of the organisation, and they can demonstrate added value to the Trust.**

### **TB/16/29 Performance reports month 12 2015/16 (agenda item 8)**

#### TB/16/29a Quality performance report (agenda item 8.1)

TB highlighted the following.

- The visit from the Nursing and Midwifery Council, which provided a positive response in relation to the Trust's arrangements.
- There is significant pressure in some in-patient services in Wakefield in relation to recruitment and retention of staff. Mitigating action is in place to manage any risk.
- The first meeting of the internal risk panel supported a revised approach to managing serious incidents processes to ensure there is focus in the right areas.
- The Trust is at the lowest risk rating for CQC intelligent monitoring.

AGD commented that the Trust is retaining momentum in relation to mandatory training and other HR indicators following the CQC visit and continued monitoring will take place through the Remuneration and Terms of Service Committee.

In response to a comment from the shadow Board, AGD confirmed that exit interviews are undertaken and work is underway to offer enhanced interviews, including the opportunity for discussion in a more confidential setting.

CD commented on the Trust's position in relation to the agency cap and sought assurance that this would be maintained. JC responded that, in 2016/17, the cap is significantly lower than expenditure in 2015/16. This represents a real challenge for the Trust in this financial year. This is a focus for the Executive Management Team (EMT) and fully integrated in monitoring processes through the Operational Requirement Group. The implications of exceeding the cap are currently not clear. IB suggested inclusion on the organisational risk register. CD commented that there is a distinction between the cap and actual spend and she would want to see some concerted action to reduce spend on agency staff. AF responded that the Trust needs to understand what drives spend on agency staff and the action the Trust can take to address this.

CJ asked how the end-of-year performance position impacts on what is reported in 2016/17. AF responded that there is a review through EMT in relation to what is key to the Trust in terms of its objectives and what should, therefore, be reported. A draft report will be circulated to Trust Board in May 2016 and will include, for example, revised reporting on

CAMHS and sickness absence. IB commented that performance reporting must be in a form that supports the Trust to take action and helps Trust Board make decisions. RC commented that she would like to see an assessment of whether performance exceeds risk tolerance and, therefore, what is important for scrutiny at Board level. CJ added that there should be more emphasis on 'so what' and the implications of non-achievement.

TB/16/29b Finance report (agenda item 8.2)

JC advised the following.

- The Monitor risk rating has returned to level 4 at the year-end as a result of the sale of an asset prior to the month-end.
- Under-performance on the cost improvement programme is in line with previous reporting.
- There has been an under-delivery on CQUINs and this has been recognised during negotiations with commissioners to ensure achievability in 2016/17.
- Over 96% of non-NHS invoices have been paid on time.

IB commented that, in 2016/17, he would wish to see financial reporting in conjunction with other performance. It should not be the focus for Trust Board but considered in the round.

TB/16/29c Customer services report Q4 2015/16 (agenda item 8.3)

LC asked if there were any themes behind the increase in complaints in CAMHS. DS responded that most related to access and environment and she would expect this to fall following the move the Laura Mitchell House in Halifax.

RC asked what proportion of complaints is upheld. DS responded the Trust considers every issue and complaint raised to be valid and it is investigated. There is no 'right' or 'wrong' and, therefore, the terminology 'upheld' is inappropriate. If an individual is dissatisfied with the Trust's response, they can raise with the Parliamentary Health Service Ombudsman. RC commented that, whilst she appreciated this, she would like a view of the spectrum of complaints and whether Trust Board should have any concerns. DS responded that it was very much a personal perspective and would be subjective to report in a meaningful way; however, she would review if and how this could be reported. IB added that it would also very much depend on the definition of 'upheld'. He would find some analysis useful, however.

IB also commented that, although he welcomed this form of reporting, he wondered what 'good' would look like. He asked if there could be some form of benchmarking or quality assessment to assist in interpretation of numbers. It was agreed to receive a more detailed report on one particular area at each meeting and an example would come to Trust Board in July 2016.

TB/16/29d Exception reports and action plans – Risk assessment of performance targets, etc. (agenda item 8.4(i))

LC asked for an assessment of the shortfall on CQUIN performance. AF clarified that the current risk assessment is £800,000 for 2016/17 and work will be undertaken during the year to reduce this figure.

**It was RESOLVED to NOTE the report, assessment of risk and actions planned to mitigate risk.**

TB/16/29e Exception reports and action plans – Annual report on planned visits (agenda item 8.4(ii))

In introducing this report, TB commented that this is one part of delivering the governance framework and it gives services the opportunity to take stock, identify what they do well and

identify areas for improvement. The programme represents a mix of routine and risk-based visits. Comments and questions were invited from Trust Board.

- RC commented that this was a good process, which adds value in terms of both process and outcomes. She would welcome a verbal briefing for people new to the process.
- CD asked whether risks identified were followed up. TB responded that they are followed up immediately during the visit if appropriate or within defined timescales.
- LC asked if there is a similar level of recording of incidents on DATIX across services. TB acknowledged that there is a difference. Higher demands on services and higher levels of acuity mean that risk tolerance tends to be higher and the threshold for reporting higher. Work is ongoing with service to address this through training and awareness.
- CJ asked if grading is helpful or if it gets in the way of improvement. TB responded that the original aim was to ensure services are ready for and understand the CQC process. Experience is that services tend not to take as much note of the gradings. Whether this impacts on driving improvement is not clear.
- CJ asked whether weekend visits are included in the programme. TB responded that evening and night visits are included and he will look to include weekend visits.
- IB asked that 'good with concerns' is taken from the ratings as it indicates an inability to agree an actual outcome consistent with CQC ratings.
- TB confirmed that, where visits find that actions from previous visits have not been actioned or completed, actions are escalated to general manager/deputy director level to ensure actions are taken forward in a timely manner.

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

TB/16/29f Exception reports and action plans – Volunteer accreditation (agenda item 8.4(iii))

IB asked if there tended to be a backlog in matching. DS responded that the process ensures volunteers are matched to the right role and the Trust does keep in touch with individuals during this time.

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

TB/16/29g Exception reports and action plans – Well-led review action plan (agenda item 8.4(iv))

AF commented that the Trust has made good progress in meeting the actions agreed in response to the recommendations. Whilst it has aimed to meet the timescales agreed by Trust Board, this has not always been possible.

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

TB/16/29h Exception reports and action plans – Trust Board self-certification – compliance with Licence conditions (agenda item 8.4(v))

**It was RESOLVED to CONFIRM that Trust Board was able to make the required self-certification in relation to compliance with the terms of the Trust's Licence.**

TB/16/29i Exception reports and action plans – Trust visual identity (agenda item 8.4(vi))

The revised visual identity was welcomed as an innovative and inclusive approach. IB commented that there was a risk in being the first to comply with new national guidelines and in being used as a national case study. Kate Henry (KH) responded that, although there could be an element of financial challenge, she assured Trust Board that this will be implemented with minimum cost. IB was also concerned that the Trust would be asked to change its new identity. He commented that the Trust cannot afford any after the event criticism and wanted confirmation that the approach was supported by NHS England. KH responded that there had been consultation throughout the process with NHS England and

the Trust will not implement any changes unless formally signed off by NHS England. AF added that there will be a managed introduction internally and externally, and with stakeholders. JF asked if there could be clarity on how much this has cost. KH responded that £3,000 had been spent, including an amount to an external agency on the creative concept. IB also asked for the detail of the cost associated with the re-brand.

**It was RESOLVED to SUPPORT the revised visual identity.**

### **TB/16/30 Items for approval (agenda item 9)**

#### **TB/16/30a Information Management and Technology Strategy (agenda item 9.1)**

LC asked whether the STPs would impact on the Strategy. AF responded that digitisation is a key workstream in both STPs in relation to how services are accessed and sharing of information. The Trust is fully involved and this has been considered in development of this Strategy.

CJ asked if it was costed and affordable. IB added that he was comfortable this was within budget; however, this was an area that may require more capital funding in future. AF responded that it was included in the capital plan and frontloaded in the next few years.

LC commented that there is a difficult balance between quality and security and he asked that security is in place where it is needed. AF responded that information governance arrangements should not be a barrier to access or to sharing information. She confirmed that service users are engaged and involved in shaping and implementing systems.

**It was RESOLVED to APPROVE the Strategy.**

### **TB/16/31 Monitor Q4 2015/16 return (agenda item 10)**

AF advised that the Information Commissioner's Office will take no further action at this point in relation to the Trust's undertaking; however, this will remain under review. A provision for a possible fine was made in the accounts. Her recommendation is that this is retained given that the undertaking remains in place. This represents a post-balance sheet event reported to the Auditor. Trust Board supported this approach.

*Julie Fox left the meeting at this point.*

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

### **TB/16/32 Assurance framework and risk register (agenda item 11)**

RC commented that she would find a one page 'heat map' useful providing an overarching view of where Trust Board should focus its scrutiny. LC commented that it would be useful to combine both into one document. DS agreed to set up a small sub-group to look at how the assurance framework and risk register can be presented to Trust Board in Q1 of 2016/17 in July 2016.

**It was RESOLVED to NOTE the controls and assurance against corporate objectives in Q4 2015/16 and to NOTE the key risks for the organisation.**

AGD advised that the Trust's Fire Officer has raised a concern regarding an increased risk as a result of the Trust's smoking policy. ABe responded that there is a need to ascertain whether the level of fire-related incidents has changed and whether these are related to the Trust's smoke-free policy. The policy itself should not be the focus of any review; it should



be on safety in relation to fire on in-patient units. The EMT was asked to make an assessment once the review is complete.

**TB/16/33 Date and time of next meeting (agenda item 12)**

The next meeting of Trust Board will be held on Thursday 28 June 2016 in rooms 3 and 4, Laura Mitchell House, Great Albion Street, Halifax, HX1 1YR.

**Signed .....** **Date .....**