

Minutes of Trust Board meeting held on 28 June 2016

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| Present: | Ian Black Laurence Campbell Charlotte Dyson Chris Jones Jonathan Jones Rob Webster Adrian Berry Tim Breedon Mark Brooks Alan Davis | Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Director of Nursing, Clinical Governance and Safety Director of Finance Director of Human Resources and Workforce Development * |
| Apologies: | Rachel Court Julie Fox | Non-Executive Director Deputy Chair |
| In attendance: | Kate Henry Dawn Stephenson | Director, Marketing, Engagement and Commercial Development Director of Corporate Development (Company Secretary) (author) |
| Guests: | Claire Holden Bob Mortimer | Head of Partnership Team Publicly elected governor (Kirklees), Members' Council |

* Also interim Deputy Chief Executive

TB/16/34 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular; Rob Webster (RW), Chief Executive, who joined the Trust on 16 May 2016, and Mark Brooks (MB), Director of Finance, who joined the Trust on 1 June 2016. He also welcomed Claire Holden, Head of Partnerships Team, and Bob Mortimer, Members' Council. The apologies from Rachel Court (RC) and Julie Fox (JF) were noted. IB outlined his intention to focus a large part of the agenda on the performance part of the agenda and the Care Quality Commission (CQC) report.

TB/16/35 Declaration of interests (agenda item 2)

The following declarations were made over and above those made in March 2016 and subsequently.

| Name | Declaration |
|----------------------------|---|
| CHIEF EXECUTIVE | |
| Rob Webster | <ul style="list-style-type: none"> ➤ Independent Chair of Panel for assessing clinical commissioning group learning disability commissioning (NHS England) ➤ Visiting Professor, Leeds Beckett University ➤ Honorary Fellow, Queen's Nursing Institute ➤ Honorary Fellow, Royal College of General Practitioners ➤ National champion on adoption of innovation for accelerated access review |
| EXECUTIVE DIRECTORS | |
| Mark Brooks | No interests declared |
| OTHER DIRECTORS | |
| James Drury | No interests declared |

There were no comments or remarks made on the Declaration; therefore, it was

RESOLVED to formally NOTE the Declarations.

TB/16/36 Minutes and matters arising from previous Trust Board meeting held on 28 April 2016 (agenda item 3)

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 April 2016 as a true and accurate record of the meeting.** There were no matters arising.

TB/16/37 Chair and Chief Executive's remarks (agenda item 4)

IB began his remarks by referring to the European Referendum and noted that the NHS will not get an extra £350 million per week. There are 55,000 EU staff working in the NHS. RW has sent a message to reassure Trust staff, welcoming diversity and their contribution. Whilst the Trust will need to work through any potential impact, including any impact on, for example, the development of Castleford, Normanton and District Hospital (CNDH), the Trust will need to continue with its plans this year focusing on what it is able to control and influence.

IB went on to express his shock and sadness at the death of Jo Cox, MP for Batley and Spen. The Trust recognises her contribution as a strong, local politician. Her death is a great loss to the system, her family and the country. There is media speculation regarding the alleged perpetrator and the Trust is working with the relevant authorities as appropriate. The Trust has a PREVENT lead and Trust Action Group, which ultimately reports into Clinical Governance and Clinical Safety Committee. The Trust continues to provide training around the PREVENT agenda to staff alongside safeguarding training and also reports to NHS England on the uptake of PREVENT training.

IB noted he had also attended to Trust 'shadow board' the day before and received a number of insights into Trust and Trust Board performance.

RW updated on his recent attendance at the NHS Confederation conference, which brings together the whole system, along with politicians. He highlighted three key messages from the conference.

- The political focus from the Secretary of State for Health, Jeremy Hunt, was on hotspots in the system, which tend to be acute hospitals. Further work is needed to look at why people attend accident and emergency services to focus on getting the system to work for emergency care around hospitals supported by community and mental health services.
- The message from NHS Improvement (Jim Mackey) related to delivery and 'grip'. Providers know what to do and need to get on and deliver the five-year forward view. NHS Improvement is aiming to give a provider voice in the system.
- NHS England (Simon Stevens) focused on this year being about investment in the sustainability of acute hospitals to try and reset finances. One percent will be top sliced from commissioners to create a risk pool (£32 million in West Yorkshire) to cover trusts that do not hit their control totals. If acute finances are rebalanced, then investment can be made in the future in other areas such as prevention, primary care, mental health and community services.

RW also outlined the progress on the Sustainability and Transformation Plans (STPs). The Trust is involved in two planning footprints in both South and West Yorkshire and submissions are due this week. The priorities in both areas are very similar, including

mental health, digital and workforce. The next step is a meeting with NHS England, looking at closing the gap on health inequalities, care and finance. There is significant work to do to narrow the gap around finances, with formal submission of finance plans due in September 2016. The Trust has received a revised control total from NHS Improvement of £1.85 million, which it has accepted. This includes £1.35 million sustainability and transformation fund money. It was noted that, whilst this money is not available in respect of revenue expenditure, it does help the Trust's cash position.

TB/16/38 Care Quality Commission inspection report (agenda item 5)

Tim Breedon (TB) took Trust Board through the key points. Fourteen individual reports and an overall summary report were published on 24 June 2016 following a factual accuracy checking process. During this process, teams were addressing any immediate actions required. TB went on to outline the key messages from the reports.

- Without exception, staff were found to be caring.
- Two areas were found to be outstanding and 70% of areas as good.
- There were no inadequate scores, compliance actions or return visits by the CQC.
- Areas for improvement were areas the Trust raised at the start of the inspection around staffing, access to services and operability of the Trust's clinical information system, RiO.
- The Trust has been given an overall rating of 'Requires Improvement'. The Trust maintains a governance rating of green and financial risk rating of 4.
- The Quality Summit will take place later this summer and this is expected to be the week beginning 15 August 2016. *[This was subsequently amended at short notice to 14 July 2016.]* This will bring partners and stakeholders together with a focus on the Trust's action plan.
- The Trust is currently reviewing its existing action plans to ensure alignment with the CQC findings. This includes:
 - safer staffing, where the Trust already has a plan in place, which is scrutinised by the Clinical Governance and Clinical Safety Committee;
 - clinical supervision, where a passport has been developed and rolled out, which was reported to the Clinical Governance and Clinical Safety Committee;
 - detailed reports on child and adolescent mental health services (CAMHS) to Trust Board, with a robust and comprehensive action plan in place, which is monitored through the Clinical Governance and Clinical Safety Committee;
 - Mental Health Act/Mental Capacity Act training, which is now mandatory, and is scrutinised through the Mental Health Act Committee.

The Chair invited comments from Trust Board.

- IB commented that he was disappointed with the overall outcome as the Trust had been targeting a 'good' rating; however, it is important that Trust Board has a discussion at this meeting and reaches agreement on next steps.
- Laurence Campbell (LC) questioned the reaction from partners and staff. TB responded that most were surprised, given the number of 'green' ratings, that this has led to a 'requires improvement' rating. Most wanted to see specific detail regarding individual services. RW commented that, at briefing sessions, staff had acknowledged the areas identified as requiring improvement and liked the definition of 'requires improvement', meaning services are safe, some areas require improvement and the organisation has the capacity to improve.
- LC asked if the information was now in the public domain. IB replied it was and also on the CQC and Trust website. The publication date and the Quality Summit date are not in the Trust's control as these are set by the CQC.
- Charlotte Dyson (CD) asked if the Trust was doing enough in each of the areas requiring improvement, such as safer staffing. TB responded that action plans are in place for

each area, for example, a safer staffing plan is already in place with reports into the Clinical Governance and Clinical Safety Committee. RW commented that action plans are a reflection of the things the Trust needs to do differently, ensuring a stronger link between operational delivery and strategy.

- CD asked what briefings had been given to stakeholders. TB responded that key stakeholders had been briefed by both telephone and email in advance of the publication. The areas requiring improvement were recognised and there were no surprises. IB added that stakeholders were supportive, encouraging the Trust to make the required improvements. In the absence of a Lead Governor, IB advised that he had spoken to (or left messages with) three potential Lead Governor candidates. The Members' Council will be fully briefed at its next meeting on 22 July 2016.
- RW stated that the insight gained was invaluable in supporting the Trust to improve its services.
- Jonathan Jones (JJ) asked how Trust Board would have an overview of the plan and input into the monitoring progress. TB stated that the Trust continues its improvement journey incorporating any additional points raised by the CQC into existing action plans. A full draft will be presented to the Executive Management Team (EMT) and then the Clinical Governance and Clinical Safety Committee, with highlight report to Trust Board setting out progress against plan.
- Chris Jones (CJ) asked that Trust Board's thanks be passed on to all involved in the inspection process. He felt it had been managed well before, during and after the inspection. TB agreed to pass the message on to the teams.

It was RESOLVED to NOTE the update report.

TB/16/39 Performance reports month 2 2016/17 (agenda item 6)

TB/16/39a Performance report month 2 2016/17 (agenda item 6.1)

MB presented the new style report and it was noted that CJ and RC had been involved in its development. A combined monthly performance and finance report is under development, incorporating key quality metrics, aligned with Trust priorities. The report will be more forward looking identifying key hotspots. This includes the development of real time data through the data warehouse programme. IB asked for subsequent feedback to be sent direct to MB to ensure continuous improvement.

- CD stated she would like to see the report more linked to the Trust's strategic objectives with more assurance on 'red' areas with, possibly, a deep dive at a locality level. She felt it was important to see more outcome data included in the report and more assurance provided to Trust Board around data accuracy. RW responded that there would be stronger links to strategic objectives and a clearer approach to data quality.
- CJ confirmed he was happy to continue to work with the group and would like to see data owners for each key area.
- MB advised that the report would be refined over the next three months.

MB highlighted a number of issues.

- The Trust may fail the target for Improving Access to Psychological Therapies (IAPT) for three consecutive quarters, which may trigger NHS Improvement intervention with the potential to impact on the Trust's green governance rating. The main issue is in Barnsley relating to the recruitment and retention of staffing. The Trust is looking at short- and medium-term plans to attract and retain staff. IB asked about the national picture. TB noted other Trusts are struggling and are further away from target. MB stated that the Trust has seen improvements over recent weeks reaching over 80%. RW reported that the EMT was fully engaged with the issue and a recovery trajectory is

needed with a medium-term plan to address the underlying issues, which include looking at treatment models. IB asked if the Clinical Governance and Clinical Safety Committee was providing an overview. TB confirmed this was the case with a recent report highlighting staffing issues and providing assurances around recruitment plans.

- MB noted small risk around Care Programme Approach (CPA) review target; however, he believed it would be achieved in quarter 1.
- The Trust is currently not achieving its trajectory to meet the 'service users on CPA supported back into employment' target. The EMT has discussed the relevance of this indicator and is looking to undertake further work in this area to develop a more meaningful indicator that would cover all service users.
- Delayed transfers of care (DToC) in Barnsley have increased due to seven specific individuals and individual care plans are now in place.
- Trust Board noted the staffing issues in Wakefield, which had been added to the organisational risk register together with the mitigating actions being taken.
- Bed pressures are impacting on service delivery and levels of acuity are increasing, with a corresponding increase in violence against staff. Trust Board noted that this is in line with national trends.

It was RESOLVED to RECEIVE the report noting the specific issues and remedial actions being taken, and to SUPPORT the new format and vision for the report going forward.

TB/16/39b Finance report month 2 2016/17 (agenda item 6.2)

MB introduced the finance report. The Trust is £100,000 ahead of plan at month 2, with achievement of the cost improvement programme below plan. Calderdale, Kirklees and Wakefield BDUs are forecasting a year-end overspend, with underspends in support and specialist services. Further work will be undertaken to triangulate finance data with performance data to make sure the Trust delivers the year-end position in a more effective way. The Trust currently has a £2.89 million risk in delivery of its cost improvement programme with a contingency of £2 million in place. JJ expressed concerns over the £2.89 million 'red' rated cost savings and the need for more grip. MB responded that the weekly Operational Requirement Group meeting focuses on the 'red' and 'amber' schemes ensuring a lead is in place and progress is monitored against milestones. An update will be provided at the July Board.

MB highlighted the following.

- It is anticipated that the Trust will overspend against its agency cap if the current trajectory continues, although the Trust is below budget on total pay costs. The Trust has incurred high levels of agency spend in learning disability services due to the special needs of a small number of service users. The Trust is analysing the data around agency spend and will write to NHS improvement setting out its position. The Trust is aware that other trusts have been successful in negotiating a revised cap in order to maintain safe services. This will be supported by a clearer workforce plan by BDU.
- IB expressed his view that Trust Board needs to take a strategic approach rather than be driven by targets on individual lines in the income and expenditure account. The Trust places more significance on the achievement of the overall risk rating and control total.
- CD stated it was important to have a longer-term view. Alan Davis (AGD) agreed the need to make a stronger connection between the workforce plan and annual planning.
- Adrian Berry (ABe) outlined three approaches to the use of medical locums. Firstly, planned use, as in the case of learning disability services whilst undergoing transformation. Secondly, specialty doctors where there is national difficulty in recruitment. The Trust needs to change in its use of speciality doctors as part of its workforce strategy. Thirdly, there are specific specialties where there is difficulty in

recruitment, such as CAMHS, where it is made harder by the current tender position until the outcome is more certain.

- RW agreed with the hierarchy of targets with safety first. The Trust needs a sustainable and affordable workforce plan that is not reliant on agency staffing. This will be development through the EMT and presented to Trust Board as part of the wider work on workforce strategy being led by AGD.
- LC asked about service specific contributions to margins and overall fit with strategic objectives. RW responded that all business opportunities are reviewed by the EMT using a decision tree produced by James Drury around strategic fit. A draft Commercial Strategy will come to Trust Board in September 2016.
- RW noted that one Commissioning for Quality and Innovation (CQUIN) target for flu vaccine uptake was worth £350,000. He asked Trust Board to support best practice to support the health of the workforce and service users. Trust Board confirmed it was happy to be part of the vaccination programme at the September 2016 meeting.

It was RESOLVED to RECEIVE the report and NOTE the items highlighted and the plans in place to mitigate the issues.

TB/16/39c Exception reporting and action plans (agenda item 6.3) – Transformation update

MB introduced the paper prepared by James Drury and set out the key headlines.

The acute and community (mental health) consultation is complete and changes will be implemented from September 2016. Commissioners are moving towards reaching agreement on a proposed model for rehabilitation and recovery services. Learning disability services are now recruiting to new roles and the transformation board is now looking to move the programme into mainstream delivery. It was noted that transformation workstreams report to the EMT and a summary report setting out the highlights will be included in future Trust Board performance reports.

- CD asked how engaged staff were. RW reported that, through the staff listening events and service visits, the majority of staff were in agreement with the strategic direction and models of care and now wanted to see implementation move at pace. ABe stated there were some concerns from medical staff around specific implementation issues, which will require ongoing engagement in developing specific plans.
- AGD commented that he expected some good insight from staff when the current staff survey closes with over 2,000 responses and the ability to drill down to service lines.
- LC asked about the alignment with the Sustainability and Transformation Plans and any potential conflicts with Trust transformation plans. RW responded that this was not currently a specific issue. In general, there will be a need for more collaboration around specialist services, such as forensic services, and how services support a more joined up community offer.

It was RESOLVED to NOTE the progress and the next steps in each of the projects.

TB/16/39d Exception reporting and action plans (agenda item 6.4) – Incident management annual report

TB introduced the report highlighting the key points in the context of the patient safety strategy. The Trust is seeing an improvement in the reporting culture with a 13% increase in number of incidents reported over the previous year. The number of serious incidents (SI) has reduced from last year. The Trust has had no 'never events' or Section 28 Letters from the Coroner, which is significant given the Trust's size and complexity. The CQC feedback was positive in respect of learning lessons, closing the feedback loop and seeing the benefits of receiving feedback. The learning lessons report will be included in the future patient safety strategy report in the context of improving patient safety.

- RW asked what the Trust's ambition is in terms of being a high reporting organisation or 90% of staff saying they get feedback following an incident. TB responded that the Trust's aims are set out in the overarching Patient Safety Strategy and will be included in the annual report in future.
- JJ asked whether there was any learning from Southern Health NHS Foundation Trust that the Trust can take on board. MB responded the key is Board assurance that the Trust is learning lessons and embedding best practice across the organisation.
- RW queried the spike in incidents in Q4 and asked if this was due to the upgrade to RiO. TB responded that some were but not all. The last three quarters will be reviewed to identify any trends and any action required.
- RW asked if pressure ulcers were seen as a high priority to address. TB stated they are one of the Trust's top priorities within the patient safety strategy.
- IB asked TB if an update could be provided to Governors at a future Members' Council meeting on the Patient Safety Strategy.

It was RESOLVED to RECEIVE the annual report on incident management and NOTE the next steps.

TB/16/39e Exception reporting and action plans (agenda item 6.4) – Customer services annual report

Dawn Stephenson (DS) introduced the report, which provided an overview of issues raised through Customer Services during 2015/16 and set out how the Trust aims to improve the experience of people who use services by responding positively to feedback and resolving issues as they happen where possible. Processes are in place to allow the triangulation of service user Friends and Family Test results with those of staff.

- CJ asked that the section on actions taken is amended so that Trust Board could be assured that the individual actions have been completed and closed off.
- RW noted that more than half the complaints are around staff communication and staff attitude, which also came up at the listening events. This will need to be an area for improvement over 2016/17.

It was RESOLVED to RECEIVE the annual report and NOTE the management of issues raised through Customer Services during 2015/16.

TB/16/39f Exception reporting and action plans (agenda item 6.5) – Safety management and contingency planning annual report

AGD introduced the report, which brings together three previously separate reports around health and safety, fire safety, and security and emergency planning. The report provided updates on the work in train to update the director on-call arrangements, health and safety training and the action plans in place around the key health and safety risks identified in the report.

It was RESOLVED to APPROVE the Safety Management and Contingency Planning Annual Report and AGREE the action plans for 2016/17.

TB/16/40 Governance matters (agenda item 7)

TB/16/40a Annual report, accounts and quality accounts (agenda item 7.1)

IB identified that the Audit Committee, under delegated authority from Trust Board, reviewed and approved the annual report, accounts and Quality Report for 2015/16 at its meeting on 23 May 2016. These will be presented to the Members Council on 22 July 2016.

It was RESOLVED to RECEIVE and ADOPT the annual report, accounts and Quality Report for 2015/16.

TB/16/40b Corporate Governance Statement (agenda item 7.2)

DS introduced the report and, from the assurance provided, advised Trust Board that it was able to make the required self-certifications under its Licence conditions, the Risk Assessment Framework and the Health and Social Care Act 2016.

It was RESOLVED to CONFIRM that Trust Board was able to make the required self-certification in relation to the Corporate Governance Statement and training for governors, and NOTE the outcome of the self-assessment against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance.

TB/16/41 Assurance from Trust Board committees (agenda item 8)

TB/16/41a Audit Committee 23 May 2016 (agenda item 8.1)

LC reported the last meeting had considered and approved the Trust's annual report, accounts and Quality Report.

TB/16/41b Clinical Governance and Clinical Safety Committee 17 May and 14 June 2016 (agenda item 8.2)

CD reported on JF's behalf. The key areas were CAMHS waiting lists and data accuracy, and the focus required on these. A presentation received on the Duty of Candour, an update on safer staffing and the challenge's currently presenting in the system, and the challenge in Barnsley to meet the community services cost savings non-recurrently.

TB/16/41c Mental Health Act Committee 17 May 2016 (agenda item 8.3)

CJ reported on JF's behalf. The main items noted were the increased use of Section 49 (court orders) and its impact on the Trust and a presentation on the impact of the transformation of learning disability services on use of the Mental Health and Mental Capacity Acts.

TB/16/41d Remuneration and Terms of Service Committee 24 May 2016 (agenda item 8.4)

IB reported the Committee received an update on the management and administration review, and the Directors' performance related pay scheme. It had been agreed, in line with the agreed objectives and the outcome of the CQC report, that there would be no payment under the scheme for 2015/16.

TB/16/41e Estates Forum 7 June 2016 (agenda item 8.5)

JJ reported on the work on the capital plan for 2016/17, the development of community hubs and the non-secure estate development on the Fieldhead site.

TB/16/41f Equality and Inclusion Forum 21 June 2016 (agenda item 8.6)

IB updated on a pilot with other Trusts to increase BME representation on Boards through attendance at meetings, mentoring by Non-Executive Directors and increasing experience and exposure. The Trust is working with Gatenby Sanderson on the programme.

TB/16/41g Membership of Committees from 1 July 2016 (agenda item 8.7)

IB outlined the changes to Committee membership, which he had discussed and agreed with individual Non-Executive Directors as part of the annual review process. The revised arrangements are as follows.

Audit Committee – membership remains as it is currently pending a further review later in 2016. *Laurence Campbell (Chair), Chris Jones and Jonathan Jones*

Clinical Governance and Clinical Safety Committee – membership remains as it is currently; however, the Chair will review his membership later in the year with a view to ensuring

strong Non-Executive Director links between Committees. *Julie Fox (Chair), Ian Black and Charlotte Dyson*

Mental Health Act Committee – membership will remain as it is currently with a move to appoint Chris Jones as Chair from November 2016 or March 2017. *Julie Fox (Chair), Chris Jones and Jonathan Jones*

Remuneration and Terms of Service Committee – membership will remain as it is currently with a move to appoint Rachel Court as Chair from October 2016. *Ian Black (Chair), Rachel Court and Jonathan Jones*

Charitable Funds Committee – membership of this Committee will change from 1 July 2016 with the appointment of Charlotte Dyson as Chair and Ian Black and Laurence Campbell remaining as members.

There is no change to Executive Director membership of Committees at the current time.

IB also updated on the process for the appointment of the new Lead Governor.

It was RESOLVED to SUPPORT the changes proposed by the Chair.

TB/16/42 Use of Trust seal (agenda item 9)

It was RESOLVED to NOTE the use of the Trust's seal since the last report in March 2016.

TB/16/43 Date and time of next meeting

The next meeting of Trust Board will be held on Tuesday 19 July 2016 in the Boardroom, Kendray, Doncaster Road, Barnsley, S70 3RD.

Signed **Date**