

Minutes of Trust Board meeting held on 25 October 2016

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| Present: | Laurence Campbell Charlotte Dyson Rachel Court Julie Fox (Chair) Rob Webster Dr Adrian Berry Tim Breedon Mark Brooks Alan Davis | Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director / Deputy Chief Executive Director of Nursing and Quality Director of Finance and Resources Director of HR, OD and Estates |
| Apologies: | Ian Black Chris Jones Jonathan Jones | Chair Non-Executive Director Non-Executive Director |
| In attendance: | James Drury Kate Henry Dawn Stephenson | Interim Director of Strategic Planning (item 7) Director of Marketing, Communications and Engagement Director of Corporate Development (Company Secretary) (author) |
| Guests: | Bob Clayden Bob Mortimer | Publicly Elected Governor (Wakefield), Members' Council Publicly Elected Governor (Kirklees), Members' Council |

TB/16/69 Welcome, introduction and apologies (agenda item 1)

The Deputy Chair Julie Fox (JF) welcomed everyone to the meeting, in particular Bob Clayden and Bob Mortimer elected governors from the Members' Council. Apologies were noted as above.

TB/16/70 Declaration of interests (agenda item 2)

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

TB/16/71 Minutes and matters arising from previous Trust Board meeting held on 20 September 2016 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 20 September 2016 as a true and accurate record of the meeting.

There was one matter arising. Alan Davis (AGD) updated on the newly launched Black Asian Minority Ethnic (BAME) staff network. The findings of the recently published 2015 Workforce Race Equality Standard (WRES) data analysis report for Trusts shows that there is still work to do to narrow the gap in experience and outcomes between white British and BAME NHS staff.

Acting as a collective voice articulating the experience of their members, staff networks can devise solutions to help close the gap between white British and BAME staff, offer support to members and create a safe space for discussions on issues of inequality and discrimination. The Trust's BAME staff network will be run by the staff; elections for key roles are currently underway. Themes from the network will be fed into the Executive Management Team (EMT) and the Equality and Inclusion Forum ensuring progression and monitoring of key issues.

TB/16/72 Chair and Chief Executives Remarks (agenda item 4)

JF began her remarks by noting the new requirements for submission of two year plans by December 2016 and agreement of centrally set control totals. She noted that a member of staff she had met recently had reflected that it has been a difficult year and so it is particularly important that we recognise the positive contribution and great work of our staff through our Excellence Awards being held on 7 November 2016. Charlotte Dyson (CD) commented positively on the judging process, the standard and variety of submissions from across the Trust.

JF provided feedback from the Yorkshire Chairs meeting she had attended on behalf of Ian Black (IB). Agenda items covered the need to address the gender gap at Board level to set the tone for the organisation, aiming for a 50/50 split by 2020. It was noted that the Trust was looking at the broader diversity of the Board through involvement in the Gatenby Sanderson Insight Programme. Dawn Stephenson (DS) stated she had been in contact with their identified candidate for a Trust placement who will attend Members Council, Board and relevant sub-committees as part of their development programme. Other opportunities to broaden the diversity of the Board through the development of individuals included unpaid associate Non-Executive Directors (NEDs) and the on-going development of trust governors. JF reported that the Shadow Board feedback was positive, individuals gaining confidence, knowledge and insight into what the Board does.

JF updated the Board on the Annual Members' meeting to be held on the 21st November 2016 at Barnsley Civic Theatre. She congratulated Dr Adrian Berry (ABe) on his appointment to the deputy Chief Executive role.

Rob Webster (RW) provided an update to his written report:

- Strong focus nationally on financial health and getting back into balance. Unlikely to be any new NHS funding in Autumn Statement, possibly additional social care funding, recognising systemic issues which are having a material impact on the wider system.
- British Medical Association (BMA) suspended strikes. Unfortunately Jeremy Hunt's message about becoming "self-sufficient" in medical staffing and a boost to the numbers of doctors in training has led to a row that this undermines our much valued overseas staff. The Trust's position had been clarified by RW through The View, his weekly communication with staff.
- Sustainability and Transformation Plans (STPs) have been submitted. NHS England and NHS Improvement (NHSI) have been requesting that plans are not published until quality assurance process completed. Plan for West Yorkshire is to publish w/c 31 October, to include a public facing easy read version, a summary of recent engagement activity and a short film that RW has made with Healthwatch. South Yorkshire are potentially going to publish in November.
- Planning guidance has significant impact for the Trust which sees elements of our autonomy as a Foundation Trust (FT) eroded.
- West Yorkshire has been designated as an "Acceleration Zone" for Urgent and Emergency Care and is the only one in England. This is a programme to ensure that the 95% target is met by February 2017 and that a 20% transfer of 111/999 calls to the "right service" is achieved by the end of March 2017. There may be additional resources available.
- Service reconfiguration plans for Calderdale and Huddersfield NHS Foundation Trust (CHFT) – both Calderdale and North Kirklees CCGs have agreed to move to the next phase, developing a full business case for changes to urgent and emergency care in Huddersfield and Halifax.

- Mid Yorkshire oversight and assurance executive meeting (of which we are a member) has been postponed until November, no further update available.

TB/16/73 Operational plan guidance and process (agenda item 5)

Mark Brooks (MB) introduced the report and raised the following:

- Our draft plan needs submitting by 24 November 2016 including agreement or not of control totals and the Trust's position around the nine "must do" priorities included in the planning guidance.
- STP / Trust finance and operational plans need to be aligned. There is a possible issue for our Trust re. CQUINS – 0.5% of our CQUIN income reliant on STP delivering on the collective control total.
- Settlement fixed for 2 years based on 2.1% uplift in tariff with a 2% efficiency deflator. Further pressures around out of area placements, commissioners retendering contracts and potential redundancy costs which means that it has been reported some Trusts will need to deliver a 4-6% efficiency requirement.
- Contracts need agreeing by 23 December 2016 at the same time as plan submissions. We have received commissioning intentions from Barnsley and meetings underway with WY Clinical Commissioning Groups (CCGs), formal responses required by 4 November. MB will update the Board through e-mail on a weekly basis.
- Laurence Campbell (LC) raised concerns that we will be submitting a plan with five months of the current year still to go, with further uncertainty around the underpinning baseline. MB stated we need to be very explicit about what our underpinning assumptions and risks are in the submission.
- JF asked how confident could we be in delivering the control total? MB stated the financial control total we have been set of £2.4m for 2017/18 is £1.9m above the 2016/17 control total, this added to required efficiencies and system unknowns around ACOs, will be very challenging.
- RW added commissioners and providers are having more open conversations now as part of the STP process re. money and as an EMT, we have been discussing our contract negotiation principles to ensure a robust approach on behalf of the people we support. Yorkshire and Humber CEO's network took place last week – Claire Murdoch, National Director for Delivery of 5 Year Forward View for Mental Health and Chris Hopson, CEO of NHS Providers, attended. Claire was fully apprised of our position regarding impact of the national focus on acute providers at the possible detriment of primary, community and mental health care and is keen to make sure it is understood nationally.
- CD noted that we also need to make sure we keep a focus on our day to day work, what we need to deliver this year and keeping staff engaged and informed.
- JF stated an additional private board meeting has been planned for 15 November 2016 to ensure the Board is fully involved in the submission of the draft plan and agreement of the control total.

It was RESOLVED to NOTE the summary of the planning guidance for 2017/18 and 2018/19, associated timescales and the further work required over the next two months.

TB/16/74 Single Oversight Framework (agenda item 6)

MB introduced the paper, key points to note:

- The Single Oversight Framework (SOF) introduced on 1 October 2016 replaces existing governance and financial risk frameworks. Trusts are segmented 1 – 4, based on performance. Segment 1 allows maximum autonomy, segment 4 applied to Trusts in special measures.
- An agency metric has been included that considers performance against the agency cap, which has implication on our use of resources score. Our current performance is well outside the cap. Noted that MB had corresponded with NHS Improvement on the inclusion of this metric with the need to balance efficiency and safety, whilst delivering complex packages of care.
- Given our CQC rating of “requires improvement” and our weak performance against the agency metric, we have been placed in segment 2 of “requiring targeted support”. Clarity required on what exactly this might look like. Under the previous reporting arrangements the Trust was rated at 4 (highest rating).
- RW asked what the impact might be of not accepting our control total on our segmentation. MB stated this had not been made explicit, but felt likely to remain a 2.
- TB stated we have the opportunity to be re-rated by CQC, if the visit is before 23 December 2016 (six months from report publication). Beyond that, due to changes in the CQC regime, it is less clear how the rating would be changed.
- From October (November Board) reporting will be against the new Single Oversight Framework.

The Board RESOLVED to NOTE the introduction of the Single Oversight Framework and the initial segmentation of 2 – receiving targeted support.

TB/16/75 Strategic overview - business and associated risks (agenda item 7)

James Drury (JD) took the Board through the key items:

- Updated PESTLE and response re-revised SWOT analysis. The Trust is currently undertaking a strategy refresh through a process of listening and engaging with service users, staff and other key stakeholders. This will lead to the publication of a refreshed strategy in December 2016, subject to Board approval.
- A key element of our refreshed strategy will be our approach to place based planning and new models of care, possibly enacted through Accountable Care Organisations (ACOs). We need to agree a set of principles and answer a number of critical questions as set out in the paper. We will be focusing on service delivery, partnership approach, potential role in an ACO and what is our core business.
- Rachel Court (RC) queried the SWOT opportunities section. The first three are opportunities but the later ones are more our internal to do list and not necessarily opportunities. This was accepted and following a discussion, it was agreed JD to consider and amend, adding further opportunities.

Action: James Drury

- CD thought the report was a good piece of analysis. He would like more on how we differentiate ourselves, what our Unique Selling Points (USPs) are, what we want to be known for and how positioned in the marketplace. CD agreed to share her views with JD in the next 4 weeks.

Action: Charlotte Dyson / James Drury

- LC noted our segmentation of services, often depicted in a “triangle” of services from specialist at the top to locality based at the bottom, shows clearly what our different services are and we now need to understand alignment with STP priorities and financial contributions. JD agreed to bring updated information to the Board strategy session in November.

Action: James Drury

- CD agreed with the above and the need to understand pros and cons and our locality differences. This report provides a good context in which to have those conversations.
- RW noted that stakeholder research is underway at the moment to help inform this work. CD was very pleased this work is happening as a key piece of information to underpin our work.
- JF summarised the debate stating it was a good overview and helped contribute to a shared view of the Trust’s strategic positioning.

It was RESOLVED to NOTE the progress to date and the further pieces of work to contribute to the board strategy session in November 2016.

TB/16/76 Strategies for approval (agenda item 8)

TB/16/76a Organisational development (OD) strategy (agenda item 8.1)

AGD provided an overview of the strategy, co-produced through staff engagement. The OD strategy uses a locally adapted version of the McKinsey 7S model, covering a period of 18 months, ensuring alignment with the Trust’s strategy and financial plans currently under development.

- RC asked what would change and be different as a result. AGD stated we are doing a lot already, but staff feedback shows that sometimes we have lots of initiatives in train that aren’t always aligned and there can be internal friction. The framework will help align our systems and processes and improve our use of resources. The changes that will be delivered as a result are show in the local descriptions of the “7S”
- LC asked how we would communicate the strategy effectively. AGD responded that it would connect to the engagement around our annual planning processes, linking to the communications and engagement agenda.
- RW thought it provided clarity about what we needed to do and how, with a consistent set of messages running through all we do.
- CD said she struggled with our local definition of strategy; the intent is right, but not fully articulated. CD to consider alternative and share with AGD.

Action: Charlotte Dyson

- IB comments (through JF) – the strategy is long, would like to see more on deliverables and measurable change. AGD stated this would be addressed through the outcome measures and the plan.

- CD asked what had happened to the work on system descriptors re. macro, meso, micro systems. AGD replied that we were still committed to the work on micro systems through the Jonkoping work, but staff felt that the language used could be a barrier within the organisation.
- JF asked if the cover sheet could be more diverse and include young people. AGD to work with Kate Henry (KH) to redesign.

Action: Alan Davis / Kate Henry

It was RESOLVED that the Board APPROVED the strategy subject to amending the strategy definition.

TB/16/76b Communications, engagement and involvement strategy (agenda item 8.2)

KH presented the paper which sets out the Trust's ambition over the next 3 years to effectively communicate, engage and involve people. The paper set out the four high level objectives which are relevant to all stakeholder groups. DS updated on membership strategy plans which will be co-produced through the Members Council, enabling local people to have a sense of ownership of the Trust and a greater say in how services are provided in the areas the Trust serves. As a Foundation Trust we are accountable to our members and need to ensure services take account of local need.

- RW noted that we now have a template being used for consistency across all strategies and the implementation of Equality Impact Assessments as standard.
- CD was pleased with consistent approach and linkages across strategies. Need to understand the context that this sits in and the strategy of the organisation, so that we can articulate the right messages in an engaging way.
- RC stated that we need to spend time on measurement and outcomes. RW agreed and that we need two to three high level measures / indicators for each of the strategic objectives to feed into the balanced scorecard.

It was RESOLVED to APPROVE the strategy subject to the comments above.

TB/16/77 Performance reports month 6 2016/17 (agenda item 9)

TB/16/77a Integrated performance report month 6 2016/17, including finance (agenda item 9.1)

MB introduced the new format which combines quality, workforce and finance. Following discussion with RC and Chris Jones (CJ), who had provided input into the new format, it was recommended that the format be adopted and reviewed in six months' time. Further work was required on outcomes and comparison of performance against strategy, this is being worked on.

- LC queried the tracking of the annual plan and transformation deliverables. MB stated these are being covered separately for now. Conversations with JD around how we do this in future are ongoing, to address how we reshape the report to align with our strategic objectives, after we've refreshed our strategy. It was noted that CD and RC have offered to help develop transformation metrics.

Tim Breedon (TB) updated on quality:

- Clarification was provided on the results of the Mental Health safety thermometer where the medicine omissions relate to refusal to take medication at any one time, more work is underway during quarter 2 to address this issue. ABe commented that we have improved

over the same quarter last year. More work is required as the CQUIN has been set at a more challenging level.

- Safer staffing, where the Board was asked to note that the detail of reporting has improved as requested, with provision of further detail around fill rates, challenged services and hotspots. It was noted that average staff fill rates were 108% in September. Yorkshire and Humber Nursing directors are looking at standardising reporting to enable benchmarking and sharing of best practice. Board confirmed they were satisfied with level of detail now about fill rates and exception reporting. RW noted the very high fill rates in specialised services are due to service users who require additional support over and above the planned levels. We have written to NHSI setting out our rationale for excluding this element in the calculation of expenditure contributing towards the agency cap.
- CQC meeting held on 22 September confirmed our action plan was approved. If action plans are completed by 23 December then there is an opportunity for re-rating. It was noted that CQC can come in at any time to do an unannounced visit.
 - The Board noted that we need to assess our position in relation to re-rating and that a recommendation is going to EMT on 3 November, prior to CQC meeting on 9 November. TB agreed to circulate decision to Board.

Action: Tim Breedon

- Key issues in relation to delivery against the action plan are around a clinic room fridge system / temperature, work related to RiO, recording of consent and capacity assessments.
 - Updated action plan will go to Clinical Governance and Clinical Safety (CG&CS) Committee in November 2016. Internal visits scheduled over coming months – planned and unannounced.
- RC commented re. re-rating that it would be good if we have delivered against all of the actions and to make sure we've revisited the key points / issues raised by CQC and that our actions have fully addressed them. TB agreed and stated that the Governance Group is assessing this.
- CD asked about the Flu CQUIN and if staff understood the financial importance. TB reported uptake is currently at 30% of front line staff three weeks in to programme, need to reach 75% by end of December 2016. Main messaging based on our insight work is not about the money. It focuses on myth busting, emphasising effective / evidence based, right thing to do re. protecting our service users, staff and family members. The financial consequences are understood, though this has caused some problems where some staff believe the driver is purely financial.
- JF asked if we would expect to see an improvement in the % of service users on CPA in employment as a consequence of the project in Barnsley. DS stated that because of the acuity levels of this group of service users it will take some time to see that figure changing. The operating plan guidance for 2017/18 and 2018/19 include a requirement to increase placement support for people with serious mental illness in secondary care by 25% by 2018 against a 2017/18 baseline. We are not currently funded for this and would need to work with the CCGs on how to take this forward. RW noted that we have had similar Board conversations in the past and need to recognise it is unlikely we will achieve the target this year. Next year we need to develop a credible plan that we can stick to and be held to account for delivery.
- RW asked if the Board were content with the level of detail regarding the nine incidents last month, resulting in severe harm and death. JF noted the detail was submitted and discussed at CG&CS Committee. TB noted the numbers were within similar levels to previous months and that the Board will be presented with more detail in future months in a new format. RW emphasised the need for "safety first" on the agenda and suggested that Board also looked at number of low / no harm incidents improving trajectories

through increased reporting. Where we have serious harm / death, the Board requires positive affirmation from TB/ABe that any immediate issues and lessons are being picked up. TB/ABe provided this, with reference to strong weekly risk scanning and action, weekly EMT discussions and the scrutiny of CG&CS Committee.

AGD introduced the workforce element of the report, key areas:

- Slight reduction in sickness this month to 4.8%. We are seeing positive improvements in specialist services and Barnsley BDU, with work on-going to support the other BDUs. KPMG (internal auditors) are under taking an internal audit report re. local management of sickness in BDUs and comparison with best practices.
- Caution required re. extrapolation of six month turnover rates due to recent TUPE transfers across to another provider for staff in Barnsley and Wakefield. Our underlying turnover rate stands at 9.8% excluding exceptional items.
- Audit of appraisal figures underway, current lag in updating system, focus on updating figures at end of month 6.
- Governance training group set up to look at risk based approach to mandatory training.

MB introduced the workforce element of the report key areas included:

- The Trust is marginally ahead of plan at month 6, and Sustainability and Transformation Fund monies are expected to be received for Quarter 2. The position remains challenging and requires action to focus on delivery of non-recurrent and amber rated cost improvement plans (CIPs) and improved delivery of CQUIN schemes.
- The “in month” financial performance deficit is £375k more than plan, due to a number of factors including redundancy payments arising from decommissioning of Health and Well Being services in Wakefield and those required to support the Trust’s CIPs having a net impact of £600k. Also overspend of £400k in month on “out of area” spend for inpatient beds. On current projections, we won’t qualify for our Q3 Sustainability and Transformation Funding, but will in Q4. Urgent work is underway with BDUs to improve our trajectory re. Q3 to ensure STF is received.
- We also need to ensure that our capital programme is funded and the consequences for our cash position are managed. We are currently looking at cash requirements and capital commitments over next two years.
- The Trust currently has a financial risk rating of 4 (good) under the Risk Framework in place as at Q2. From month 7 (October 2016) the Trust will be regulated under the new Single Oversight Framework. The impact of the breach of the Trusts agency cap by more than 50%, means that the Trust can only score a maximum of 3 overall on finances.

It was RESOLVED to RECEIVE the integrated performance report for September and Quarter 2.

TB/16/77b Customer services report Q2 2016/17 (agenda item 9.2)

DS presented the paper highlighting:

- New metrics around speed of response in handling complaints and focus on compliments will be going into the integrated performance report as part of the quality measures.
- There has been a positive Trust-wide increase in compliments and now capturing recording compliments between health professionals.

- No new Public and Health Service Ombudsman (PHSO) requests to review complaints during Quarter 2. Three complaints were upheld or partially upheld by the PHSO. The impact and consequences of these decisions are now shared with our Executive Management Team (EMT) re. action plan and lessons learnt.
- Key complaint themes this quarter include access for ASD / autism assessments. We are working with partners to address pathway issues and capacity.
- Newton Lodge involvement survey results were presented and it was noted that these are being taken through service user group, update to be provided in Quarter 3.
- CAMHS data is now broken down by district to highlight potential hot spots. RC queried having the right CAMHS action plans in place, given the number of complaints in certain districts and demand for services rising. JF outlined the reporting mechanisms into the Clinical Governance and Clinical Safety (CG&CS) Committee. TB stated metrics agreed with commissioners about where we want to get to, using those for our CG&CS Committee progress reports. Progress has been made in a number of areas, but need to look at speed of progress and can we better share learning across districts. RW stated good to have CAMHS data split by locality. Need to be clear with commissioners, particularly where retendering underway, what we are commissioned to deliver. The Board asked that we spread learning from Barnsley, where the picture was more positive.

Action: Tim Breedon

- Results of Mental Health Acute Inpatient survey results are included in the report. Key performance areas will be addressed through BDU and lead directors, as applicable. Working with Picker Institute to undertake benchmarking against other areas, learning from best practice.

It was RESOLVED to NOTE the feedback received through Customer Services for Quarter 2.

TB/16/78 Standing financial instructions (SFI) update (agenda item 10.1)

MB introduced the item. LC informed the board that the SFIs had been reviewed at Audit Committee and they were happy with the proposed updates.

- RW queried when we were due to review the scheme of delegation. DS responded that proposed revisions would be going through EMT December / January 2017, then into Audit Committee, Trust Board and Members Council.

It was RESOLVED that the Board APPROVED the updates to the Trusts Standing Financial Instructions.

TB/16/79 Assurance framework and risk register (agenda item 11)

DS presented the paper, key points to note:

- A revised approach to Red/Amber/Green RAG rating was included in the report which should ensure a greater consistency of internal reporting. The Board agreed to adopt the recommended approach subject to further refining the definition of red rating. There needs to be a distinction between being off track and being unable to deliver the target. EMT had reviewed the existing risks to ensure they reflected the Trust's current position and strategic objectives. They had also identified a number of possible new risks which will be reviewed in the next iteration of the organisational risk register.

- LC commented on the framework diagram re. strategic objectives and asked if these will be reviewed as part of the strategy refresh. RW responded that these would form part of the refresh.
- RW asked if the BAF / risk register reflected the concerns of Board members, including “what keeps us up at night”. The Board reflected that this was broadly right, with the BAF showing quality amber and green which feels accurate, but finance more amber and red which again feels accurate. The risks on the Organisational Risk Register and those outside of the Trust’s risk tolerance felt like the right issues. RW suggested that the arrangements with sub group scrutiny of risks above risk tolerance would support better Board challenge of risk.

It was RESOLVED that the Board NOTED both the controls and assurances against the strategic objectives for Q2 and the key risks for the organisation.

TB/16/80 NHS Improvement Q2 returns and Board self-certification (agenda item 12)

DS noted that Quarter 2 was the last quarter under the old Risk Assessment Framework which is being replaced by the Single Oversight Framework. NHS Improvement have advised that due to the change in regimes they won’t be requiring Quarter 2 governance returns. The Board in line with good governance was provided with an overview of the items that would normally have been included in the quarterly return.

It was RESOLVED that the Board NOTED the contents of the report and APPROVED delegated authority to the Chair/Deputy Chair and Chief Executive to APPROVE the submission and exception reporting to NHS I, should a return be required.

TB/16/81 Developing a Freedom to Speak Up Guardian Network (agenda item 13)

AGD presented the report which outlined the proposal to establish a network of freedom to speak up guardians as part of the staff governors’ roles. This would reinforce the connection to staff membership and governance, enhancing their impact within the organisation.

The Board RESOLVED to SUPPORT the development of a pilot Freedom to Speak up Guardian network, with a six month review and APPROVED the reporting arrangements for a summary report of formal whistleblowing cases to go into CG&CS Committee every 6 months.

TB/16/82 Independent investigation report 2014/25273 (agenda item 14)

TB informed the Board that the report had not yet been published, therefore no further update available.

It was RESOLVED to NOTE the current position.

TB/16/83 Assurance from Trust Board committees (agenda item 15)

TB/16/83a Audit Committee 4 October 2016

LC noted the Cyber risk presentation from Deloitte and the actions being taken forward. He also highlighted that the level of materiality for audit has moved from £2.3m to £4.4m this year.

TB/16/83b Equality and Inclusion Forum 10 October 2016

CD reported that Equality Impact Assessments are on target to be completed / refreshed by the end of March for existing services. As reiterated that the BAME network had held their first meeting and work was underway to progress the Board equality work around encouraging more diversity at Board level.

TB/16/84 Date of next meeting

The next meeting of Trust Board will be held on Tuesday 20th December 2016, Rooms 49/50 Folly Hall, Huddersfield.

A handwritten signature in black ink, appearing to be 'J. Bell', written over a horizontal line.

Signed

Date 20 December 2016