

Minutes of Trust Board meeting held on 20 December 2016

Present:	Ian Black Julie Fox Laurence Campbell Charlotte Dyson Rachel Court Chris Jones Jonathan Jones Rob Webster Dr Adrian Berry Tim Breedon Mark Brooks	Chair Deputy chair Non-executive director Non-executive director Non-executive director Non-executive director Non-executive director Chief executive Medical director / deputy chief executive Director of nursing and quality Director of finance and resources
Apologies:	Alan Davis	Director of HR, OD and estates
In attendance:	Dawn Stephenson Kate Henry James Drury Carol Harris Sean Rayner Karen Taylor Emma Jones	Director of Corporate Development (Company Secretary) Director of marketing, communications and engagement Interim Director of Strategic Planning District Director – Forensic and Specialist Services District Director – Barnsley and Wakefield District Director – Calderdale and Kirklees Integrated Governance Manager (author)
Guests:	Nasim Hasnie Jeremy Smith Mike Doyle Kiran Bali	Publicly Elected Governor (Kirklees), Members' Council Publicly Elected Governor (Kirklees), Members' Council Deputy Director of Nursing The Insight Programme

TB/16/85 Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting, in particular the observers. Apologies were noted as above.

TB/16/86 Declaration of interests (agenda item 2)

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

TB/16/87 Minutes and matters arising from previous Trust Board meeting held on 25 October 2016 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 25 October 2016 as a true and accurate record of the meeting.

TB/16/88 Chair and Chief Executive's remarks (agenda item 4)

IB reported that it was Jonathan Jones' (JJ) last meeting as a Non-Executive Director of the Trust. JJ served two full terms and at the request of the Board served an additional period. IB thanked JJ for his diligence and focus on estates, contracts and finance. IB advised that the Nominations Committee agreed to not replace JJ at this stage and aim to recruit in summer 2017. Due to this there will be the following changes to membership of Committees: Julie Fox (JF) would be a member on the Audit Committee, Charlotte Dyson (CD) would be a member on the Remuneration & Terms of Service Committee, and IB

would be a member on the Mental Health Act Committee. The committee memberships would be reviewed in summer 2017.

IB reported that the Barnsley integrated community equipment service were recently featured on BBC TV's The One Show. The team were also shortlisted for an Excellence award for 'improving the use of resources'. The service demonstrates how the Trust is interested in sustainability and how much the staff enjoyed their jobs.

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

- By way of introduction RW highlighted themes from service visits in the last fortnight that reflect the breadth and nature of our services, their impact on people's lives and the fundamental importance of supporting our staff:
 - Visit to the Care Navigation/Telehealth Service in Barnsley which supports patients with a long term condition through the deployment of four innovative care pathways; Care Navigation, Health Coaching, Telehealth Vital Sign Monitoring and Post Crisis Support. The aim of the service is to empower patients to better self-manage through positive behaviour change.
 - Visit to the health integration team who support the healthcare needs of refugees and the homeless. The team have worked closely with local GPs to help address the significant increase in TB cases and with third sector partners to help support vulnerable refugees.
 - Guest speaker at the Kirklees Mental Health Carers Forum on 12 December 2016 included feedback regarding staff that was mostly positive. It highlighted that carers also believe staff work in a system that is "broken" and that we don't always get our communications right when changes happen. The forum provided a real opportunity to work with carers to help shape the system.
 - Visit to see the impact of the fire on our estate, where a huge amount of credit should go to Trust staff for the management of the fire at Trinity 2 in Wakefield and its aftermath.
- There continues to be significant and sustained requests from the NHS and the broader public sector to tackle issues in social care funding, with the most recent speculation suggests that councils may be given greater powers to raise funds for social care through an increase in the "precept". This "precept" gives them an option for a 2% council tax levy to be applied.
- CQC have published findings of their review into the way NHS organisations review and investigate the deaths of patients in England. The report, entitled *Learning, candour and accountability*, includes a series of recommendations. They include the creation of a new standardised national framework for identifying potentially avoidable deaths and guidance on reviewing and learning from the care provided to people who die, particularly those with a learning disability or mental health problem. There will be several actions for Trusts to implement from April 2017.

It was RESOLVED to AGREE that the Director of Quality & Nursing acts as the Executive lead and the Chair of the Clinical Governance and Clinical Safety Committee as the Non-Executive Director lead in relation to any actions from the CQC Learning, candour and accountability report.

- The focus of STPs will shift from planning to engagement and implementation. This includes a suggestion that they should be seen as "implementation partnerships" with changes to governance that reflect this. The details of Transformation Funding arrangements have emerged with access to these funds through a bidding process, linked to STPs. In West Yorkshire, we are looking to coordinate the bids through the STP.

- Locally there have been some significant changes in leadership at the Barnsley Hospital NHS Trust and Wakefield Metropolitan District Council.
- The Brief monthly communication to all Trust staff has been included as an appendices and sets out current contextual issues, delivery updates, risks and priorities.

TB/16/89 Update on Health & Wellbeing Strategies (agenda item 5)

Karen Taylor (KT) introduced the paper which highlighted the status of Health & Wellbeing Strategies across Barnsley, Calderdale, Kirklees and Wakefield.

Laurence Campbell (LC) asked how the Health & Wellbeing Strategies align with the Sustainability and Transformation Plans (STP) and Accountable Care Organisations (ACO). RW confirmed that the West Yorkshire STP was built on the six local Health & Wellbeing Strategies, including those in front of the Board, and it would be expected to include any ACO arrangements. The South Yorkshire STP was similar in approach.

Following a question about the different status of SWYPFT on each of the Health and Wellbeing Boards (HWBB), RW advised that when HWBBs were originally created they were seen as commissioner boards between CCGs and Local Authorities. Following a national intervention, there was a requirement to engage providers. This is left to local discretion and we have a mixed status as a result.

Sean Rayner (SR) highlighted that the draft Health & Wellbeing Strategy for Barnsley had been provided for ratification by partner boards. Three priorities in the strategy were in line with the Trust's strategic direction: reducing the incidence of smoking; improving early help for those suffering from mental ill health; and joining up services for supporting older people (focusing on dementia and falls). The Strategy has been written so that it was easy to understand and the Health & Wellbeing Board would develop a detailed action plan which would also come to partner boards for ratification.

The Trust Board discussed the good alignment between the strategy and the discussions about the future of the trust. The Board agreed that it should support the strategy, reflecting that the Trust should have an expectation that the Health & Wellbeing Strategies are reflected in the commissioning intentions about service scope and the joining up of services. It was agreed that the Chair should write to commissioners.

Action: Ian Black

It was RESOLVED to ACCEPT the attached Health and Wellbeing Strategies for Calderdale, Kirklees and Wakefield for information only and REQUEST that any updates come to the Trust Board for approval. It was AGREED that the Board should accommodate feedback from Health & Wellbeing Boards into its governance structure.

It was RESOLVED to APPROVE the revised Barnsley Health and Wellbeing Strategy (2016-20).

TB/16/90 Strategy refresh (agenda item 6)

James Drury (JD) presented the paper on the draft Strategy refresh for the Trust Board to note the progress to date and the intended process for completion. The Strategy refresh document brings together the learning gained from the recent engagement and insight exercises with stakeholders. This has included discussion sessions, online surveys, social media, and workshops with Members Council, Trust Board, and the Extended Executive Management Team. The Trust's service model is to provide integrated care to people in their community, all services are focused on principles of recovery and co-production, working with the strengths of each person and those of their carers and wider community.

The Trust's strategic goals are:

- Improve people's health and wellbeing.
- Improve the quality and experience of all that we do.
- Improve our use of resources.

The Trust's strategic choices have been identified as:

- We will take a place-based approach to the delivery of care. Except where a service based approach over a wider area is more appropriate e.g. forensic mental health.
- We will continue to be a combined provider of care with expertise in prevention, physical healthcare, learning disabilities and mental health.
- We will act as a system integrator, and in some places we may host accountable care partnerships. We will do this alongside our service delivery activities.
- We will become an exemplar of co-production, valuing both the service user and clinical perspectives.

In order to make a marked difference in delivery of the Trust's mission and strategy, the Trust has set the following ambition for the next five years: **"Become the leading operator of accountable care systems in West and South Yorkshire, by co-producing with people a holistic and recovery focused approach to improving health outcomes for everyone"**.

The Trust Board discussed the refreshed strategy, confirming it reflected the discussions in recent Board sessions and the feedback from stakeholder events. The Board felt that there was a need to better explain the strategy across the organisation and suggested a simplified public facing version. This would be supported by the branding and communication work in development.

Action: James Drury / Kate Henry

It was RESOLVED to NOTE the progress made with the strategy refresh and the process and timescale for completion.

TB/16/91 Performance reports month 8 2016/17 (agenda item 7)

Integrated performance report month 8 2016/17 including finance (agenda item 7.1)

Mark Brooks (MB) presented the paper and highlighted that despite a range of pressures the Trust was green on the majority of NHS Improvement indicators.

The revised format, following involvement by Non-Executive Directors was agreed as the right way forward. The chair also noted how well the revised format of reporting to Governors was received at their November meeting.

Tim Breedon (TB) outlined the key quality headlines:

- NHS Safety Thermometer - Medicines Omissions is an indicator within the CQUINs for the west and has been identified as at risk of achievement.
- Whilst agency spend reduced by £0.1m in the month it remains well above both ceiling and forecast. Further work is under way to understand and control the use of agency staff.
- Safer staffing fill rates by BDU were at 113% in October 2016, which was a good position. TB informed the Board that this was sometimes achieved through a dilution of registered to non-registered staff, which was used to maintain safe staffing levels. This is now routinely reported to the Board, where a trigger point of 80% [check] of registered staffing is met. Three wards fell below the threshold for registered nurses, but overall were over 100% and had been scrutinised by quality team.
- This is part of the revised risk scan approach conducted on a monthly basis on CQC themes which helps inform conversations at Trust Board in addition to a weekly risk scan received by the Executive Management Team.
- A national review by the CQC has found that the NHS is missing opportunities to learn from patient deaths and that too many families are not being included or listened to when an investigation happens. The report will be considered by the Trust Board in 2017.
- The CQC have re-visited our core services that required improvement or have a regulatory breach. The inspectors have revisited the teams within the community mental health services for older people, long stay rehabilitation and recovery, inpatient wards for older people, Forensic services, LD community services and CAMHS. We await feedback from the CQC as to the findings of the visits. No immediate concerns have been raised.
- The first year of the Trust's sign up to safety plan has recently been reviewed and a number of positive outcomes identified around the reduction in harm. A report will be presented to the Clinical Governance & Clinical Safety Committee.

The Board sought assurance of monitoring of the increase in incidents. TB advised that a quarterly incident report is received by the Clinical Governance & Clinical Safety (CG&CS) Committee which focuses on the categories, locations, numbers and any themes and trends. A learning report identifies key themes and actions. The Executive Management Team also received a weekly risk scan. TB confirmed that there were no other items for escalation to the Board at this point.

The Board discussed how the scrutiny of clinical risks, in line with the risk tolerance, would be supported by the CG&CS subcommittee. This was in line with the work presented by Deloitte to the Board as part of our internal audit.

MB outlined the key NHS Improvement (NHSI) headlines:

- Majority of NHSI metrics show the Trust meeting targets.
- New metrics were introduced as part of the Single Oversight Framework which includes the recording of data around employment, school attendance and accommodation. This data has not been recorded previously and an action plan would need to be agreed on how it was addressed.
- Below target on one of the IAPT metrics in Barnsley and Kirklees with work commencing with GPs to understand why referrals were not progressing into recovery.

JD outlined the key transformation headlines:

- A number of transformation projects were nearing completion.

- Acute and community care mental health transformation was currently implementing the 'core and enhanced' community pathways which have been devised through this project. This is due to be completed in Q4 of 2016/2017.
- Barnsley community nursing transformation was currently mobilising workforce changes required to move the service to a six neighbourhood model and supporting new ways of working. Implementation commenced 1 October 2016. Rebranding of the service to 'Neighbourhood Nursing Service' has taken place and communications held with primary care practices.
- Specialist adult learning disability services transformation has moved to a benefits realisation phase. A project closure report is being prepared for submission to EMT in January 2017 which will focus on benefits identification, measurement, timetabling and tracking and on post implementation quality impact assessment.

MB outlined the key finance headlines:

- The NHS Improvement financial risk rating remains capped at level 3 due to the agency metric rating of 4. Given the in-month deficit position ratings associated with underlying financial performance (and performance against plan) have deteriorated from 1 to 2.
- November 2016 financial performance is a normalised deficit position of £566k compared to planned surplus of £181k, cumulative surplus of £964k is £718k below plan. The main factors being continued and increased cost pressures on Out of Area beds and CQUIN income. Action is being taken to reduce expenditure and whilst forecast remains in line with plan there is a real risk this will not be achieved.
- Agency expenditure in November 2016 is £0.7m which represents a £0.1m reduction compared to October. Spend has reduced across nursing and non-clinical staff but has increased for medical staff. Year to date this position is 85% over the NHSI cap.
- The Trust cash position is £1.5m less than plan at month 8 due to the level of accrued income and higher creditor payments.
- Capital expenditure is behind plan at October by £1m excluding VAT reclaims.

The Board discussed the approach to managing finances for this year. The Board supported the significant action in place to reduce expenditure and contain costs. The Board agreed that further Non-Executive Director involvement in Executive Management Team meetings would strengthen the degree of constructive challenge and assurance.

MB outlined the key workforce headlines:

- There is a risk around IG training compliance with almost 2,000 staff due to complete mandatory training by end of January 2017. This is a consequence of the cycle of training and could be exacerbated by the national changes to e-learning packages. TB explained that the Trust deadline of end of January was intended to help deliver compliance by the statutory deadline of 31 March.
Action: Mark Brooks / Alan Davis
- Reporting against Mental Health Act/Mental Capacity Act training compliance would be available from January 2017.

It was RESOLVED to NOTE the Integrated Performance Report, strengthen the Non-Executive Director involvement in the appropriate Executive Management Team meetings and continue with the current format through until March 2017 before further review.

TB/16/92 Governance matters (agenda item 9)

Approval of the Operational Plan 2016/17 and 2017/18 (agenda item 9.4)

JD introduced the paper which summarised the process undertaken in developing the operational plan and enable the approval of that plan for submission to NHS Improvement on 23 December 2016.

MB reminded the Trust Board of a few key points in considering the plan:

- That the control total had been reduced from £1.4m to £1m (pre any STF funding).
- The income included in the plan was based on what was currently known, which was subject to contract negotiations.
- All of the national guidance and assumptions had been taken into account including the 0.1% increase based on the latest advice from commissioners.
- There was a risk of a of £1.5m for 2016/17 which may have an impact on our ability to meet the control total as well as a further degree of risk around out of area beds.
- Since the paper was written, a further potential saving of £500-800k has been identified in 2017/18.

A Non-Executive Director sought clarification on the impact of not agreeing the control total. MB confirmed that possible implications if the control total is not accepted would be an impact on the Trust's risk rating, no access to external finances, withholding of the £1.4 million STF-funding, and further scrutiny by NHS Improvement (NHSI). This would also mean the Trust would not be operating at a surplus, which would put pressure on cash availability and the ability to invest in our services and meet capital investment needs.

Non-Executive Director members of the Trust Board would be invited to the Executive Management Team meetings where the operational plan is discussed for further understanding of the detail behind the cost improvement programme.

It was RESOLVED to APPROVE the public facing summary in principle and the Board REQUESTED an Easy Read version be available.

It was RESOLVED UNANIMOUSLY to CONFIRM the *conditional* acceptance of the control totals pre Sustainability and Transformation Funds of £1.02m for 2017/18 and 2018/19 based on the assumptions identified in the plan.

It was RESOLVED to APPROVE the submission of the operating plan subject to changes agreed at the private session of the Trust Board.

It was RESOLVED to DELEGATE the approval of the final document to the Trust Chair and Chief Executive for final submission in line with the timescales outlined.

TB/16/93 Exception reporting (agenda item 8)

TB/16/93a 2015 Community Mental Health survey (agenda item 8.1)

Dawn Stephenson (DS) introduced the paper on the annual survey conducted by the CQC of people over 18 in the service between February and March 2016. The response rate for the Trust was 32% which was above national average of 29%. The Executive Management Team have agreed three themes for focus, looking at best practice internally and externally, which may be incorporated into the Integrated Performance Report for monitoring:

- Service users being involved in decisions about their own care.
- Service users being provided with information around peer support.

- Service users being provided with information around finding support for financial advice or benefit.

The Board debated the results of the survey and agreed the focus suggested by the Executive.

It was RESOLVED to NOTE the content of the report.

TB/16/94 Governance matters (continued, agenda item 9)

TB/16/94a Compliance with NHS Constitution (agenda item 9.1)

DS introduced the paper which provides assurance to Trust Board that the Trust meets the rights and pledges set out in the NHS Constitution in relation to patients and staff, and that it is mindful of the commitments in the NHS Constitution in delivering, planning and developing its services.

It was RESOLVED to APPROVE the paper which demonstrates how the Trust is meeting the requirements of the Constitution.

TB/16/94b CQC well-led review update (agenda item 9.2)

TB introduced the paper which describes the Trusts understanding of the well-led review revisit process and the work required to ensure that the Trust can explain how we have responded positively to our CQC report, in a manner consistent with our desire to improve and aim to be outstanding. The Trusts approach is also consistent with our strategic objective to improve the quality and experience of all that we do. A briefing session for the Trust Board would be scheduled when the inspection plan was received from the CQC.

It was RESOLVED to NOTE the update.

TB/16/94c Agency staff self-certification (agenda item 9.3)

Dr Adrian Berry (Abe) introduced the paper on the NHS Improvement agency self-certification checklist submitted on 30 November 2016. The Board discussed the self-certification process at previous meetings and this paper clarified the submitted paperwork.

The Board discussed how the self-certification process allowed for the description of current control measures in place and further proposed actions. This will ensure that there was a robust operational grip on agency usage together with a strategic plan for more effective resource utilisation. The process also ensured that there was clear executive level accountability for reducing specific areas of agency spend. Specific challenge was given to plans that were outlined with regard to governance and accountability, the timely use of data, adopting robust process for approving and reducing agency use and working within the wider health economy.

The Board sought a continued focus on reporting this issue.

It was RESOLVED to NOTE the submission of the self-certification which was completed in accordance with the required timescale.

TB/16/94d Trust Board work programme 2017 (agenda item 9.5)

IB highlighted that it was important for the Trust Board to have a work programme in place which identifies key Board considerations and actions required in a year. The work programme ensures allocation to relevant meetings and allows for both management and the Board to be aware of the planned approach. The work programme links to the

organisational risk register and assurance framework, addressing principal risks to the delivery of the Trust's strategic objectives.

The Trust Board discussed further items that could be incorporated into the work programme including progress on IM&T, regular review of mortality, a forward look on performance and monitoring, and reporting from external Committees. It was important to ensure the correct sequencing of timing of items from Committees through to the Board.

Action: Dawn Stephenson

It was RESOLVED to AGREE the work programme for 2017.

TB/16/94e Membership of Wakefield Multi-Speciality Community Provider Committee in Common (agenda item 9.6)

DS introduced the paper which describes the plan to establish a Multispecialty Community Provider (MCP) to serve the population of Wakefield Metropolitan District. It was requested that the Board agree that the Trust be a member of the Wakefield New Models of Care Partnership Board, established as a "Committee in Common" (CiC), as the first stage of the governance arrangements for the new MCP organisation which aligns with the ambition of the Trust's strategy.

It was RESOLVED to SUPPORT the Trust being a member of the Wakefield New Models of Care Partnership Board and the creation of a Multi-Speciality Community Provider, serving the population of Wakefield CCG.

It was RESOLVED to AGREE that the Chief Executive works with partner organisations in the development of the details regarding the Committee in Common, and that the Chief Executive provides timely updates to the Board, including ratification of any final form of the Committee.

TB/16/95 Assurance from Trust Board Committees (agenda item 10)

The Trust Board discussed how further assurance could be provided rather than an outline of matters discussed and agreed that risks should be identified with assurance on the actions being taken.

TB/16/95a Remuneration and Terms of Service Committee 4 November 2016

RC reported that the Committee discussed the final metrics in the Directors Performance related pay scheme and the results of the staff wellbeing and engagement survey and action plan.

TB/16/95b Clinical Governance and Clinical Safety Committee 8 November 2016

JF reported that the Committee received an update on Child and Adolescent Mental Health Services (CAMHS) through an in-depth report with a single point of access (SPA) in place. Concern was raised around waiting times. The CQC action plan was discussed along with the NICE InPhase assurance and QI monitoring system to assist with NICE compliance and the Quality Impact Assessment (QIA) of the cost improvement programme.

TB/16/95c Estates Forum 15 November 2016

JJ reported that the Forum discussed hospital sites in Barnsley. The current estate continues to be evaluated to ensure areas are fit for purpose and if services were located onto one site what would happen with the vacant sites.

TB/16/95d Mental Health Act Committee 15 November 2016

CJ reported a risk around the compliance with the Mental Health Act Code of Practice and requested that it be an area of focus by the Executive Management Team. Another risk identified was around ability to analyse data by ethnicity.

TB/16/95e Nominations Committee 13 December 2016

IB reported as advised under the Chair and Chief Executive's remarks the Nominations Committee agreed to not replace JJ at this stage and look to recruit in summer 2017

TB/16/96 Use of Trust seal (agenda item 11)

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

TB/16/97 Date of next meeting (agenda item 12)

The next meeting of Trust Board will be held on Tuesday 31 January 2017 at Fieldhead, Wakefield.



Signed

Date 31 January 2017