Minutes of Trust Board meeting held on 25 April 2017

Present:	Ian Black	Chair
	Laurence Campbell	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
	Chris Jones	Non-Executive Director
	Rob Webster	Chief Executive
	Dr Adrian Berry	Medical Director / Deputy Chief Executive
	Tim Breedon	Director of Nursing and Quality
	Mark Brooks	Director of Finance and Resources
	Alan Davis	Director of HR, OD and Estates
Apologies:	Julie Fox	Deputy Chair
	Rachel Court	Non-Executive Director
In attendance:	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Kate Henry	Director of Marketing, Communications and Engagement
	Salma Yasmeen	Director of Strategy
	Emma Jones	Integrated Governance Manager (author)

TB/17/30   Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting. Apologies were received as above. IB advised that one of the Governors, Michael Fenton had sadly passed away on 7 April 2017. The Trust Board and those in attendance observed a minute's silence.

Prior to the meeting, the Board received a session on the Mental Capacity Act 2005 and Mental Health Act 1983 (2007).

TB/17/31   Declaration of interests (agenda item 2)

There were no declarations over and above those made annually in March 2017 or subsequently.

TB/17/32   Minutes and matters arising from previous Trust Board meeting held on 28 March 2017 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 31 January 2017 and 28 February 2017 as a true and accurate record of the meetings.

TB/17/33   Chair and Chief Executive's remarks (agenda item 4)

IB highlighted that the elections to the Members' Council had taken place with six new governors elected and three governors re-elected. As part of the election the Lead Governor Andrew Hill was not re-elected and a process would commence at the Members' Council meeting on 28 April 2017 for Lead Governor nominations. He passed on his thanks for the diligent way in which Andrew had carried out his role as lead governor

With **all of us** in mind.

Rob Webster (RW) highlighted the following:

➢ A snap general election has been called for June 2017. The NHS will feature as an election issue and this will provide some leverage for the national representative bodies with Government. RW has written to NHS Providers, the NHS Confederation and others emphasising the need to work together. During the election period, there may be a delay in some decisions due to the "purdah" period and guidance on this has been circulated to the Board.
➢ The Five Year Forward View next steps document had been published. Subsequently Sustainability and Transformation Plan (STP) leaders had been asked to coordinate an initial list of developments which require capital investment. This process will deliver the investment highlighted in the last Budget by the Chancellor. RW also asked the Board to note that the South Yorkshire STP had been approached as one of the first STPs to be an "Accountable Care System" taking more local control of its own affairs.
➢ Final Care Quality Commission (CQC) reports have been published with the Trust rated "Good" overall. Face to face meetings had been held with staff and information sent to stakeholders on the day before publication.
➢ The Brief to staff next week would include a look back on 2016/17 to take stock of what has been achieved across the year. This included higher quality services according to CQC, delivery of our financial duties, transformation of services, and people working in different ways.
➢ NHS Improvement had advised that an additional payment would be made to the Trust for achieving and exceeding the required control total.

Charlotte Dyson (CD) asked if the results from the CQC inspection would be used to raise the Trust's profile nationally. Kate Henry (KH) commented that it provided an opportunity around both sharing our achievements and approaches to safety and innovation. There was little appetite from local and national trade media for covering moves to "Good" ratings.

Chris Jones (CJ) commented that continued focus on improvement was important and the Integrated Performance Report could be used as a self-assessment tool. Tim Breedon (TB) commented that the Clinical Governance and Clinical Safety Committee receive an annual report on internal visits, reporting against mock visits, and results from CQC inspections. Mock inspections would be themed into services and included in the quality reporting through the Integrated Performance Report.

It was RESOLVED to NOTE the content of the Chair's remarks and the Chief Executive's report.

TB/17/34   Strategic overview of business and associated risks (agenda item 5)
Salma Yasmeen (SY) report that the format of the paper had been changed to reflect and align with the risk register and priority programmes. The paper supports the Board in understanding the external environment and the Trusts readiness and strategic alignment. SY highlighted the following:

➢ PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis included the Five Year Forward View next steps document, impact on establishment of Accountable Care Organisations, change in market conditions such as IR35 rules, impact on partnership working in social care, targeted at system flow, and delayed transfers of care. Eight out of forty entries could be matched against risks that are being managed on the risk register, with the majority managed within the risk tolerance. It was important to note that not every entry constitutes a risk.

> SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis included the positive results from Care Quality Commission inspection, opportunities aligned and reviewed against emerging strategy and those through STPs, provider alliance arrangements that are beginning to demonstrate progress with integrated care agenda, and financial risks from contractual changes. Most entries could be matched against risks on the risk register with most managed within risk tolerance level.

RW commented that a direct association between the assurance framework and risk register and the PESTLE and SWOT was not possible to deliver. Instead, the assurance framework and risk register inform are informed by the PESTLE and SWOT, which interact. They also could be linked in with a private paper which looks at opportunities for the Trust. This information could then be used to inform the strategy and operational plan.

The Board discussed that it was useful for the report to be linked to strategic objectives and further work was need to clarify weaknesses, opportunities and strategies for improvement. Nothing within the paper this quarter's report suggested that the Trust needed to change direction. The next update would need to be updated to reflect the impact of the election.

Action: Salma Yasmeen

It was RESOLVED to NOTE the content of the report and that updates would be received every six months.

TB/17/35   Strategies (agenda item 6)
TB/17/35a Digital strategy (agenda item 6.1)
KH reported that the strategy outlined how the Trust could become digital to help enable its vision. The strategy had been developed through input from staff, service users, carers, the extended Executive Management Team, and specialists. The strategy focused on the use of digital technology to address current challenges and future goals and sets out principles that underpins how the Trust will engage:

> Digital health best practice – priority area in Sustainability and Transformation Plans (STPs).
> Digital in practice and support staff – ensuring staff have the skills to take it forward.
> Digital inclusion – for all people, including traditionally excluded groups including those over 65, disabled people, low income families, and those living in social housing.

Further work would take place to develop key performance indicators (KPIs) and an action plan during Quarter 1. Services would be identified for targeted focus and prioritising of resources, including services that are responsive and ready and areas of interest working with commissioners.

SY commented that work would take place with the leads of all strategies to identify clear actions that are measurable, will deliver the overall strategy, and have a better outcome for the end user.

The Board discussed that there should be measurable and ambitious KPIs linked to the three principles with clear milestones for achievement that are measurable. There were already several areas that were using digital technology and it was important to communicate those achievements, enable access, and provide support which fits in with the principles of the strategy.

It was RESOLVED to APPROVE the digital strategy.

TB/17/36   Performance reports (agenda item 7)
TB/17/36a Integrated performance report month 12 2016/17 including finance (agenda item 7.1)
TB highlighted the following in relation to quality:

➢   Data issues continue with the national collection around medicines omissions.
➢   Disappointing outcome on CQUINS and need to focus on a new area in 2017/18.
➢   Safety first incident reporting is within the anticipated range. However a report into the issues behind the downward trend in incidents would be prepared and would be received as part of the detailed Quarter 4 report.
➢   New system provisions to support the changes to the mortality review process have shown evidence of working well, awaiting further guidance on the requirements.
➢   Serious Incidents in Quarter 4 were higher than previous quarters, some due to pressure ulcers and Information Governance breaches.
➢   A review would take place on the percentage fill rates in specialist services by the safer staffing group.
➢   Care Quality Commission (CQC) reports received rated "good" overall and acute mental health showed areas of improvement, however rated "requires improvement" overall. Action plans underway to address "must do" and "should do" requirements. In comparison to 55 mental health and community trusts, we are in top quartile around safe domain.

CD asked for assurance that clinicians were comfortable reporting incidents. Alan Davis (AGD) advised as part of the staff survey they are asked if they know how to report incidents, if they have reported, and if they feel safe to. The significant majority of staff reported positive feedback here. The last area's result was below average for similar trusts and would be an area of focused work. TB commented that further feedback was received that after people reported an incident they were not receiving feedback on the outcome and work was taking place on how it could be reported back from operational groups as part of the patient safety strategy.

AGD highlighted in relation to workforce that an area for focus was around sickness absence in inpatient units and a health trainer had been appointed to do a significant piece of work. Further work was being done on hotspots around the completion of mandatory training and turnover rates.

CD asked how quickly the gap in completion of Mental Health Act and Mental Capacity Act training could be addressed. TB commented that the figures within the report would improve, however there would be a shortfall with an aim for completion before the end of Quarter 1.

CJ asked how mandatory training could be linked to behaviors and gave the example that while Information Governance training was compliant there was an increase in incidents. AGD commented that some areas are addressed in the staff survey and quality reporting and that increased awareness could also lead to an increase in reporting. RW commented that internal audit processes could also provide assurance.

Mark Brooks (MB) highlighted in relation to Information Governance (IG) that there had been an increase in incidents with two reported to Information Commissioners Officer. Actions were taking place included a focus on culture, impact for staff and service users, and system issues. There was not a set pattern of incidents and internal consequences for breaches may need to be considered in the future if they continue.

MB highlighted in relation to NHS Improvement matrix that there were areas that were showing improvement and further work taking place around data completeness for the new metric introduced during the course of the year.

MB highlighted the following in relation to finance:

➢ Revised control total delivered which enabled the Trust to receive matched funding.
➢ Overspend continuing on out of area beds. This has been reduced significantly with credit to staff for their ongoing work.
➢ Work is still continuing to address agency spend.

RW commented that it was important to maintain focus to ensure safe and sustainable services through discussion at the weekly risk scan and by the Executive Management Team. The CQC report showed two service lines that require improvement and a domain that requires improvement with the Quality Summit planned for June 2017 to explore some of the system issues with partners.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/17/36b Customer services report Q4 2016/17 (agenda item 7.2)
Dawn Stephenson (DS) reported that there was an ongoing focus around closing a number of complaints in line with indicators which was impacted by the availability of investigators. Working was taking place to ensure compliments are received in a timely manner, and the Friends and Family Test was showing an improvement to 87% recommend rate compared to 67% in the previous quarter.

IB asked about actions in place to improve areas of the Friend and Family Test. DS advised that a detailed report focusing on specific services and benchmarking could be provided to the Clinical Governance and Clinical Safety Committee.
                                                                                    Action: Dawn Stephenson

CD asked for further information regard the increase in complaints linked to values and behaviors. DS advised that while it was a small number and no trend had been identified it was an area of focus.

It was RESOLVED to NOTE the feedback received through Customer Services in Quarter 4 of financial year 2016/17.

TB/17/37   Governance items (agenda item 8)
TB/17/37a Audit Committee annual report 2016/17 (agenda item 8.1), including approval of the Terms of Reference and Work Programme for Trust Board committees
Laurence Campbell (LC) as Chair of the Audit Committee reported that the work on the risk processes and introduction of risk appetite had strengthened the relationship across the committees. A very thorough review of each committee's annual report and terms of reference had taken place prior to the review by the Audit Committee.

CJ commented that further assurance was received at the Mental Health Act Committee through external partners attending.

RW commented that he would discuss with IB how any areas for improvement could be incorporated into the Board development programme.
                                                                                    Action: Rob Webster / Ian Black

It was RESOLVED to RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through:

➢ **Committees meeting the requirements of their Terms of Reference;**
➢ **Committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and**
➢ **Committees can demonstrate added value to the organisation.**

It was RESOLVED to APPROVE the update to the:

➢ **Audit Committee Terms of Reference;**
➢ **Clinical Governance and Clinical Safety Committee Terms of Reference;**
➢ **Mental Health Act Committee Terms of Reference; and**
➢ **Remuneration and Terms of Service Committee Terms of Reference.**

TB/17/37b Draft annual governance statement 2016/17 (agenda item 8.2)
RW commented that the first draft had been reviewed in detailed by the Executive Management Team with the aim to make it shorter and more coherent. The text within the draft shaded in grey was mandated. The annual governance statement reflects the internal areas of control within the organisations and assurance through the scrutiny of the Board and its committees. The draft annual governance statement would be reviewed by the external auditors and the final version will be considered as part of the annual report and accounts for 2016/17.

It was RESOLVED to APPROVE the first draft of the Annual Governance Statement for 2016/17 and DELEGATE authority to the Audit Committee to approve a final version of the Statement as part of its approval of the Annual Report and accounts on 25 May 2017.

TB/17/37c Going concern basis (agenda item 8.3)
MB reported that there was a requirement for the directors of an organisation to confirm whether or not it is appropriate for the accounts of an organisation to be prepared on a "going concern" basis. The auditors of the Trust would require evidence with respect to how that conclusion has been derived with the principles to be followed outlined in the paper.

It was RESOLVED to APPROVE the preparation of the 2016/17 annual accounts and financial statements on a going concern basis.

TB/17/37d Guardian of safe working hours (agenda item 8.4)
Dr Adrian Berry (ABe) reported that regular quarterly reports would commence from June 2017 as a requirement under the new junior doctor contract. Whilst there were currently concerns about some working patterns, plans were in place will address most of these issues. Any unresolved issues would be included in the next quarterly report to the Board.

It was RESOLVED to NOTE the report.

TB/17/38   Assurance framework and risk register (agenda item 9)
DS reported that the assurance framework had been received by the Executive Management Team (EMT) including each of the objectives, principle risks and rationale, looking at both the internal and external environment. The risk register has been reviewed and the EMT were reviewing risks below 15 with a summary of those that are outside of the risk appetite included at the end of the risk register appendix.

The Board discussed that the election may have an impact which was currently unknown. Further discussion to be had by the Board after the election, in line with the next strategic overview of business and associated risks report.

Action: Dawn Stephenson / Salma Yasmeen

It was RESOLVED to:

➢ **NOTE the controls and assurances against corporate objectives for Q4 2016/17; and**
➢ **NOTE the key risks for the organisation subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.**

TB/17/39   Receipt of minutes of partnership boards (agenda item 10)

A list of agenda items discussed and Minutes where available were provided for the following meetings:

➢ Barnsley Health and Wellbeing Board held on 4 April 2017.
➢ Kirklees Health and Wellbeing Board held on 30 March 2017.
➢ Wakefield Health and Wellbeing Board held on 23 March 2017.

It was RESOLVED to NOTE the updates provided.

TB/17/40   Assurance from Trust Board committees (agenda item 11)

Audit Committee 4 April 2017
LC highlighted that the draft head of internal audit opinion showed significant assurance with minor opportunities for improvement.

Clinical Governance and Clinical Safety 11 April 2017
IB highlighted that different options need to be explored to address the waiting lists in Child and Adolescent Mental Health Services (CAMHS). RW commented that it would be discussed as part of the Quality Summit which will be held in June 2017. Across West Yorkshire, Mental Health providers have made it a priority area to work on reducing waits with local commissioners as it was a shared issue.

It was RESOLVED to NOTE the updates provided.

TB/17/41   Trust Board work programme 2017/18 (agenda item 12)

As discussed under agenda item 5, the work programme should be updated to receive the strategic overview of business and associated risks report every six months.

As discussed under agenda item 8.4, the work programme should be updated to receive a guardian of safe working hours report every quarter.

DS advised that guidance had been received from NHS Improvement for a Trust Board self-certification on compliance with NHS provider licence conditions due for submission at the end of May 2017. The annual item would be added to the work programme.

It was RESOLVED to update the work programme.

TB/17/42   Date of next meeting (agenda item 13)

The next meeting of Trust Board will be held on Tuesday 27 June 2017 in Rooms 49/50, Folly Hall, Huddersfield.

Signed   **Date** 27 June 2017