

Minutes of Trust Board meeting held on 27 June 2017

Present:	Ian Black Julie Fox Laurence Campbell Charlotte Dyson Chris Jones Rob Webster Dr Adrian Berry Tim Breedon Mark Brooks Alan Davis	Chair Deputy Chair 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 Director of HR, OD and Estates
Apologies:	Rachel Court	Non-Executive Director
In attendance:	Dawn Stephenson Kate Henry Sean Rayner Salma Yasmeen Emma Jones Julie Eskins	Director of Corporate Development (Company Secretary) Director of Marketing, Communications and Engagement District Director – Barnsley and Wakefield Director of Strategy Integrated Governance Manager (author) Assistant Director of Patient Safety (item 6.1)

TB/17/46 Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting. Apologies were received as above.

TB/17/47 Declaration of interests (agenda item 2)

There were no declarations over and above those made in the annual return in March 2017 or subsequently.

TB/17/48 Minutes and matters arising from previous Trust Board meetings held 25 April 2017 and 23 May 2017 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 25 April 2017 and 23 May 2017 as a true and accurate record. There were no matters arising discussed.

TB/17/49 Chair and Chief Executive's remarks (agenda item 4)

IB highlighted the following:

- The Insight Programme - Kiran Bali completed her shadow meetings with Trust and would now be continuing the Gatenby Sanderson programme with Mid Yorkshire. Two new candidates had been identified and are due to shadow the Trust Board and committee meetings from July 2017.
- Non-Executive Director recruitment - 78 applications were received, long listed to 15. The Nominations Committee agreed a shortlist of 6 candidates for the final interview stage which would include service user/carer and BAME network panel discussions. It was intended to appoint two new Non-Executive Directors from 1 August 2017 and the

Nominations Committee would make a recommendation to the Members' Council meeting on 26 July 2017.

- Lead Governor - Nominations Committee would make a recommendation at the Members' Council meeting on 26 July 2017.

Rob Webster (RW) highlighted the following from his written report:

- The Brief sets out contextual issues, delivery updates, risks and priorities and is circulated to all staff and followed up with a face to face meeting within 10 days.
- We are operating in a highly political time following the Election. A letter has been sent to all local MPs reconfirming our commitment to continue to have strong relationships with them.
- RW attended the NHS Confederation conference and chaired a panel around engagement. There was a strong theme at the Conference about the importance of delivering the Five Year Forward View through collaboration and the Sustainability and Transformation partnerships. RW also highlighted the renewed national focus on the workforce.
- Developments in the South and West Yorkshire Sustainability and Transformation Partnerships that will impact upon the Trust. Alongside this was a national push for providers of specialist services to be responsible for changing the way services are delivered and the Trust had been engaged in successful bids to do this.
- A series of listening events for staff and the results of the Robertson Cooper Survey are taking place and are a good way of engaging with staff. Some consistent themes have been identified which will support specific actions within the workforce plan.
- Financial performance is showing a good start to the year, which is positive result for staff who are working hard on improvements.
- Following the Grenfell fire in London we can confirm that all our buildings are up to date with fire inspections to current standards.. The Executive Management Team sign off fire certification of compliance each year and our team are made up of experienced former fire service personnel. RW also updated the Board that all Trusts were asked to submit a return and conduct fire inspections working with the fire services in the last week to consider new information following the Grenfell fire. Initial work suggests ,based on the information available, any cladding within our buildings is of a higher standard and the relevant fire breaks are in place.

Charlotte Dyson (CD) asked how staff can be empowered to take ownership of the staff survey results. RW commented that an area of focus within Organisational Development and Workforce plans was devolving decision making to the front line to enable people to make decisions and change. Alan Davis (AGD) commented that part of that was developing clinical leaders and management, providing them core leadership skills. RW commented that it was important that we support staff around change and an importance part of that is working with commissioners around decommissioning.

LC asked if there were any lessons learned from the ward fire. AGD commented that the Trust's fire officers were very experienced and it was important to reinforce our mandatory fire training and ensure everyone is up to date. Further work was needed around banned items and the Trusts Fire Policy. A decision was made previously by the Board that all new builds would be fitted with sprinkler systems and we are now looking at any existing areas to potentially retrofit sprinklers to older estate. This issue had been discussed at Executive Management Team who were working to continually assure themselves that lessons form fires within our services and any lessons from Grenfell are being picked up.

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

TB/17/50 Performance reports month 2 2017/18 (agenda item 5)

TB/17/50a Integrated performance report month 2 2017/18 including finance (agenda item 5.1)

Mark Brooks (MB) reported that following discussion at the Trust Board Development Session, metrics have been identified for each of the Trust's objectives in order to create a simple summary balance scorecard. Some areas were still in development and some were reported quarterly rather than monthly.

The Board discussed and supported the new format and agreed that it would also be helpful to do a deep dive on any emerging risks on a quarterly basis.

Tim Breedon (TB) highlighted the following in relation to the quality:

- Information Governance (IG) breaches – there have been a slow reduction in breaches in relation to IG, none were reportable to the Information Commissioner's Office.
- Safety first - work on mortality review continues across the northern region and within the Trust.
- Safer staffing - staffing is pressured however levels continue to be maintained. A staffing summit took place with the Director of Delivery to ensure that we are progressing the delivery of recruitment and retention programmes.
- Falls reduction – there has been a slight increase in falls, overall we are on track to meet our targets as part of Sign up to Safety.
- Prone restraint - focus on reducing the amount of time people are in prone restraint continues.
- Quality summit - presented our progress to our partners with focus on areas that require system wide support.

Chris Jones (CJ) asked about mandatory training in relation to PREVENT. TB advised that there was a revised briefing as part of PREVENT guidance with further work needed with leads from NHS England. No specific matters have been picked up through the risk scan.

Charlotte Dyson (CD) asked if there was any impact of the mental health transformation on community suicides. TB advised there was continued focus on caseloads and transfers as part of team changes with no specific issues identified. RW commented that the National Audit into Homicide and Suicide showed that for mental health inpatients there is a higher level of risk around the third day following admission and the first weeks after discharge. The Audit also shows a significant proportion of people who are not deemed at risk take their lives. The Trust is leading on the development of a West Yorkshire suicide prevention strategy which draws on such evidence.

MB highlighted the following in relation to the finance:

- Better than expected at month two with a small surplus achieved.
- Overspend on beds compared to plan, stabilised to a degree compared to September 2016 - February 2017. Offset largely by pay savings and reduced agency spend.
- Use of resources risk rating of 1 given the improved agency position
- CQUIN risk is reflected in the the figures for the first two months.
- Cash is below forecast, some due to Microsoft licensing and timing of STF funding received, and the slow pace of receiving information in relation to the alliance contract in Barnsley. The national funding of Microsoft licences has ended and promptly action by EMT was required to ensure that the Trust remained safe and to secure a saving. Details were provided to IB and Laurence Campbell (LC) as chair of the Audit Committee about why the decision was required to be made by the Executive Management Team outside of the normal decision making process and of the cost pressure this shift in funding from national to trust sources. To help reduce costs, the

number of licences and computers will also be looked at with the aim to reduce this by 10%.

- Cost Improvement Programme (CIP) is slightly below plan.
- Decommissioning risks persist and the Board has been briefed.

Following discussion, RW commented that there was a process for triggering a Quality Impact Assessment (QIA) when there were concerns around the performance of services in year. He also advised that as part of the Director of Delivery role, Karen Taylor was working with BDU directors and corporately to consider how the gap in the forecast can be addressed.

LC asked about the impact of IR35 rules. MB commented that there had been a couple of unintended consequences due to changes from the original guidance that we are addressing, and is confident that we are meeting the requirements.

AGD highlighted the following in relation to Workforce:

- Sickness absence - area of focus as part of the “operational excellent” programme and staffing summit with a task and finish group to be put in place. It is now also within all managers’ objectives.
- Turnover - the Trust was been invited to take part in a retention support programme with NHS Improvement. The decommissioning of services and impact of TUPE transfer last year puts the Trust below average and we have made NHS Improvement aware that this statistical blip may be the issue.
- Fire training - continues to be reported to Board.
- Mental Health Act/Mental Capacity Act training - quality checks are taking place on the recording of training numbers and ensuring that BDUs have the information to assist with staff release. TB commented that sufficient training was in place to reach the required target and the release of staff was being monitored by the Operational Management Group. CJ commented that it was an area of focus of the Mental Health Act Committee.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/17/51 Exception reporting (agenda item 6)

TB17/51a Incident management annual report 2016/17 (agenda item 6.1)

TB reported that the annual report provides assurance that robust arrangements are in place, an overview of incidents, and informs our improvement activity. The report has been reviewed and discussed in detail by the Clinical Governance and Clinical Safety Committee and Executive Management Team. Early findings from the annual report were used to inform quality priorities for 2017/18

Julie Eskins (JE) highlighted the following:

- 13,126 incidents reported, 5% increase in reporting on 2015/16, 89% of incidents resulted in no/low harm.
- 65 serious incidents reported in 2016/17, serious incidents account for 0.4% of all incidents reported, reduction in serious incidents in 2016/17 from 2015/16.
- Highest category of serious incidents is apparent suicide, there will be a focus review of apparent suicides of people aged under 35. No homicides and no Never Events were reported.
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture.

- Decrease in pressure ulcers reported.
- 10 Information Governance breaches, with a focus on acting to address this.
- Serious Incident Investigation reports are quality assured by commissioners, many positive comments have been received regarding the quality and depth of the reports.
- Some incident investigations have not been signed off, however all required actions have been completed.
- Learning report completed, issues highlighted around record keeping, staff education and training, communication with actions in place.
- 308 Duty of Candour incidents were applicable in 2016/17 (2.3% of all incidents reported), process continuing to be developed.

Julie Fox (JF) commented that the report was received by Clinical Governance and Clinical Safety Committee and areas of clarification provided. The increase in reporting was showed a positive culture and was within the anticipated range. An internal audit also provided significant assurance around the processes in place.

CJ asked if there was a system wide approach to lessons learned. TB highlighted that there were good systems in place as evidenced through the internal audit. Learning was being shared locally and there needs to be a more systematic process to enable the sharing Trust-wide.

IB asked about the system wide approach to suicide prevention. RW commented that within the Sustainability and Transformation Plans (STPs) there was discussion around a zero suicide approach with interventions in place to reduce these, understand trends, and work with police and transport authorities to support these. Within the Five Year Forward View commissioners are required to make an investment towards mental health and part of this could be used to this work in conjunction with primary care. Work is taking place on a suicide prevention strategy which would come to Trust Board for endorsement.

RW asked about falls prevention and the impact on the individuals of multiple falls in our care. TB advised that there was a risk of falls for frail people within our services. The bone health group was considering the issue and areas are tracked through Sign Up to Safety. Falls prevention is a quality priority for 2017/18. JE advised that daily safety huddles are being piloting on four inpatient wards with one ward focusing on falls.

It was RESOLVED to RECEIVE the annual incident management report, with the assurance from the Clinical Governance and Clinical Safety Committee and the next steps identified.

TB17/51b Customer services annual report 2016/17 (agenda item 6.2)

Dawn Stephenson (DS) reported that the Trust Board reviews feedback received via the Customer Services report on a quarterly basis and key performance indicators (KPIs) on complaints management in the Integrated Performance Report. DS highlighted the following in relation to 2016/17:

- The number of formal complaints decreased by 37% compared to 2015/16, with people being supported to resolve their issues at service level.
- There was a significant increase in comments and concerns (up 45% on the previous year) as a consequence of complaints being dealt with at service level.
- The Trust results for the Friends and Family Test in 2016/17 showed 73% of people using mental health services who completed the Test would recommend them, with 98% recommending community health services. BDUs respond to feedback.

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

TB/17/52 Governance matters (agenda item 7)

TB17/52a Update on annual report, accounts and quality account 2016/17 (agenda item 7.1)

MB reported that all documents were subject to significant oversight and scrutiny by the Trust Board and submitted to NHS Improvement in accordance with the required deadlines. With regard to the Accounts, Deloitte issued an unmodified audit opinion with no reference to any matters in respect of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources, or the Annual Governance Statement. With regard to the Quality Account, the Trust was issued with the Limited Assurance report, that is a requirement of the quality account process, and minor recommendations were made to further improve the quality of our data with action plans in place.

It was RESOLVED to:

- **NOTE the update on the process relating the annual report, accounts and quality account process and submissions; and**
- **RECEIVE the external audit reports relating to the annual accounts and quality account and comment accordingly.**

TB17/52b NHS England managing conflicts of interest guidance (agenda item 7.2)

AGD reported that NHS England had issued new guidance for the NHS organisations on managing conflicts of interests. The Trust's Standard of Business Conduct policy is compliant with the new guidance on managing conflicts of interest. However, there are differences in terminology and the new guidance does give helpful examples of where conflicts can arise and what to do in those circumstances. A review would take place of the policy and would come to a future Trust Board meeting for approval.

It was RESOLVED to NOTE that there is new guidance issued by NHS England on managing conflicts of interest; and that the Trust's Standards of Business Conduct policy will be updated to ensure the terminology is consistent and relevant examples are incorporated.

TB17/52c Safe working hours: Doctors in training quarterly report (agenda item 7.3)

ABe reported that as part of the new contract for doctors in training a quarterly report was now needed on safe working hours. In relation to rotas there are eight in place which includes doctors in training and one was identified as not compliant with new contract requirements. Exception reports have now been put in place so that concerns can be raised with a low level of reporting compared to other Trusts. The impact of the new contract has not been sufficiently felt although it highlighted challenge with the on call rota in Calderdale with work taking place with the trainees on how the rota can be made more sustainable. This remained a risk and was being managed accordingly.

It was RESOLVED to NOTE the report and receive confirmation of the resolution of rota issues through the risk process.

TB17/53d Customer services policy (agenda item 7.4)

DS reported that as part of the Care Quality Commission (CQC) action plan the Trust was asked to include a specific reference about their right to complain to CQC which has now been included and supported for approval by the Executive Management Team. The next review of the policy was due in three years unless required in line with other policies.

It was RESOLVED to APPROVE the updated Customer Service policy with the next review in 3 (three) years unless required earlier.

TB17/54e Receipt of public minutes of partnership boards (agenda item 7.5)

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

- Barnsley Health and Wellbeing Board 6 June 2017 – SR advised that the Local Plan video shown was a good way of communicating the priorities with the public.
- Wakefield Health and Wellbeing 1 June 2017 – SR advised that the troubled families programme was moving into the next phase and contributed to a good discussion with partners. A coordinated effort was needed to ensure services respond appropriately to the needs of families. RW advised that it was a model of integrated care across Wakefield district which included portrait of life and other services currently delivered by the Trust and linked into Better Care Fund proposals.
- Calderdale Health and Wellbeing Board 15 June 2017.
- Kirklees Health and Wellbeing Board – Next meeting scheduled 29 June 2017.

It was RESOLVED to NOTE the updates provided.

TB/17/55 Assurance from Trust Board Committees (agenda item 8)

TB/17/55a Clinical Governance and Clinical Safety Committee 11 April 2017, 22 May 2017 and 13 June 2017

JF highlighted the following:

- Transformation reporting will be received at each stage (discovery, design, delivery, review).
- Child and Adolescent Mental Health Services (CAMHS) update to be rotated between a full report and an exception report based on the dashboard.
- Incident Management Annual Report 2016/17
- BDU reports significant around quality of care.
- NICE guidance Annual Report 2016/17 highlighted that it was a significant task for the organisation and clearly outlined projects and actions taking place.
- Awaiting the Health and Safety Annual Report 2016/17.

TB/17/55b Equality & Inclusion Forum 16 May 2017

IB highlighted the following:

- The Insight Programme.
- BAME panels as part of Non-Executive Director recruitment process.
- BAME staff network development.
- Disability staff network. AGD facilitating discussions for staff to take forward.

TB/17/55c Mental Health Act Committee 16 May 2017

CJ highlighted the following:

- Mental Health Act/Mental Capacity Act mandatory training.
- Challenges of collecting robust data around ethnicity.
- Mental Health Act performance report showed inconsistent use of holding powers in Calderdale and Kirklees.
- New process for audit compliance was showing good outcomes.
- Independence of hospital managers. IB commented that reappointment was subject to the annual review process.

The Board discussed the collection of ethnicity data in relation to 'not known' and 'not provided'. Regular reports are provided to each BDU to ensure actions are taken forward around sharing best practice and supporting staff to ask those questions. CJ advised that the Mental Health Act Committee would continue to receive reports and if a substantial improvement was not seen after two quarter it would be escalated.

Action: Dr Adrian Berry / Tim Breedon

TB/17/55d Nominations Committee 13 June 2017

IB highlighted that the meeting had received an update on Non-Executive Director recruitment and reviewed Lead Governor self-nominations with a recommendation due to the Members' Council on 26 July 2017 for appointment.

TB/17/55e Remuneration & Terms of Service Committee 23 May 2017

IB highlighted the following:

- Human Resources risk register.
- Performance Related Pay (PRP) scheme 2016/17.
- Redundancy business case.
- Directors Pay Award.
- Sickness targets.
- Agency expenditure.

It was RESOLVED to NOTE the updates provided.

TB/17/56 Use of Trust seal (agenda item 9)

It was RESOLVED to NOTE use of the Trust's seal since the last report in March 2017.

TB/17/56 Trust Board Work Programme (agenda item 10)

AGD advised that the Health and Safety Annual Report 2016/17 would be reviewed by the Executive Management Team in July 2017 and Clinical Governance and Clinical Safety Committee in September 2017 prior to presentation to Trust Board on 3 October 2017.

It was RESOLVED to NOTE the work programme.

TB/17/56 Date of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 25 July 2017 in the Conference Centre Boardroom, Kendray, Barnsley.

IB highlighted that subject to any substantial decisions required there would not be a public Trust Board meeting held between 25 July 2017 and 3 October 2017. The Board requested an overview of decision making arrangements during that time to be provided at the Trust Board meeting on 25 July 2017.

Action: Dawn Stephenson



Signed

Date 25 July 2017