

Minutes of Trust Board meeting held on 3 October 2017

Present:	Ian Black Charlotte Dyson Laurence Campbell Rachel Court Chris Jones Angela Monaghan Kate Quail Tim Breedon Alan Davis Mark Brooks	Chair Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of Nursing and Quality Director of HR, OD and Estates (Accounting officer) Director of Finance and Resources
Apologies:	Dr Adrian Berry Rob Webster	Medical Director / Deputy Chief Executive Chief Executive
In attendance:	Carol Harris Sean Rayner Karen Taylor Dr Subha Thiyagesh Salma Yasmeen Emma Jones	District Director - Forensics and Specialist Services, Calderdale and Kirklees District Director - Barnsley and Wakefield (part) Director of Delivery (part) Deputy Medical Director Director of Strategy (part) Company Secretary (author)

TB/17/69 Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting. Apologies were received as above. Dr Subha Thiyagesh (SThi) was in attendance in the absence of Dr Adrian Berry (ABe) and Alan Davis (AGD) would be the Accounting officer for the meeting in the absence of Rob Webster (RW).

TB/17/70 Declaration of interests (agenda item 2)

The following declarations were considered by Trust Board in addition to those declared in March 2017:

Name	Declaration
NON-EXECUTIVE DIRECTORS	
Angela Monaghan	Self, Former CE of Martin House Children’s Hospice. Spouse, Strategic Director at Bradford Metropolitan District Council. Spouse, Director of the National Association for Neighbourhood Management.
Kate Quail	Self, Director of The Lunniagh Partnership Ltd, Health and Care Consultancy. Self, Trustee of Sheffield Parent Carer Forum. Self, Sheffield Flourish. Self, Darnwell Wellbeing, Sheffield.

Name	Declaration
OTHER DIRECTORS	
Salma Yasmeen	Spouse, owner of Insonova Ltd, who provide Quality and Risk Management consultancy services to the NHS and private companies.

Chris Jones (CJ) verbally declared a further interest as a Trustee of the Huddersfield Community Trust

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest.** It was also noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests.

TB/17/71 Minutes and matters arising from previous Trust Board meeting held 25 July 2017 (agenda item 3)

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held 27 June 2017 as a true and accurate record.** The following matters arising were discussed:

TB/17/65a Kirklees Health & Wellbeing Plan - SY commented that the letter had been sent to the Kirklees Health & Wellbeing Board.

TB/17/55c Mental Health Act Committee 16 May 2017 - Tim Breedon (TB) commented that the necessary reporting had been put into place at the Mental Health Act Committee and any areas would be escalated as needed.

TB/17/72 Chair and Chief Executive's remarks (agenda item 4)

AGD highlighted the following:

- As part of the West Yorkshire & Harrogate Sustainability and Transformation Plans (STP) we are discussing with other Trusts how we can work better together, share best practice and learning, and develop care pathways.
- Winter is approaching which will add pressure in the system. The Trust has an active flu vaccination campaign for staff to protect themselves as well as service users.
- Service changes in Barnsley is causing pressure for staff and it was important to continue to ensure the right support for operational managers and staff are in place so they have the right opportunities and we protect their employment rights where possible.

IB highlighted the following:

- Sadly Peter Walker, publicly elected Governor for Wakefield passed away last week. He would write a letter of condolences and thanks for his service to his family.

Action: Ian Black

The Trust Board and those in attendance observed a minute's silence.

- Annual Members' Meeting held on 19 September 2017.
- Attended a MacMillan coffee afternoon tea in the Newhaven unit.
- Attended and chaired the NHS Providers finance meeting and highlighted the pressure felt across the sector.

Charlotte Dyson (CD) provided an update from the Chair recruitment process. The Nominations Committee would meet on 9 October 2017 to decide the shortlist for the final interview process and meet again on 24 October 2017 to discuss the interview panel's recommendation for appointment. The appointment will be made by the Members' Council on 3 November 2017.

TB/17/73 Performance reports month 5 2017/18 (agenda item 5)

Integrated performance report month 5 2017/18 including finance (agenda item 5.1)

TB highlighted the following in relation to Quality:

- Safer staffing levels maintained, but pressure remains in some areas
- Increase in under 18 admissions to acute adult wards remains a concern. They are admitted as the least worst option with the correct safeguards in place however it was important to ensure that it is not accepted we must make sure we don't accept this as normal.
- Safety huddles starting to produce positive results
- Complaints response time subject to improvement plan
- Quarter 1 CQUIN outturn in line with expectations
- Recognition received from the Care Quality Commission (CQC) on the work undertaken to improvement. The Trust has been asked to participate in case study due to be published new year.

CJ asked if there was a trend emerging in relation to delayed transfers of care. TB commented that it would be an area that would need to monitor as a result of the trend. There are factors that may be impacting the achievement around Local Authority funding and application of new guidance.

SY highlighted in relation to Priority Programmes that all programmes had clear governance arrangements in place from the Operational Management Group (OMG) to the Executive Management Team (EMT), Programme Board to EMT, or straight to EMT dependent on the programme. Most scopes had been agreed with the SROs.

Sean Rayner (SR) highlighted the following in relation to Locality - Barnsley BDU:

- Improving Access to Psychological Therapies (IAPT) challenge around 6 weeks and moving to recovery. A joint commissioner visit had taken place from the external support team and report yet to be received. Using feedback provided at the time of the visit until final report received.
- Neighborhood nursing service which is part of an alliance contract was discussed at the Nursing Institute and good feedback received with a request to write an article for their journal.

SR highlighted in relation to Wakefield BDU that the new building at Fieldhead was now open and the move of service users was being done over a phased period. Positive feedback had been received from staff and service users.

Carol Harris (CH) highlighted in relation to Locality - Calderdale and Kirklees BDUs that young people admitted to adult wards continues to be a concern and the average length of stay in older adults had increased.

CH highlighted in relation to Locality - Specialist and Forensic BDU:

- NHS England had asked the Trust to develop a scope for a community service for people with Learning Disabilities across West Yorkshire.
- Pressure in the system due to the Ministry of Justice relocating their office which caused a delay in the processing of service user leave.

MB highlighted that current achievement against the NHS Improvement indicators was largely positive, with area of focus around IAPT as only marginally achieving and an expansion of the priority metrics introduced last year.

Karen Taylor and Salma Yasmeen left the meeting.

MB highlighted in relation to Finance:

- Pre STF surplus of £22k in August (below plan). Cumulative surplus is now £226k.
- Out of area beds £726k overspent year-to-date. Reduction in overspend expected when the re-provided Unity ward opens in September. Out of area beds £726k overspent year-to-date. Reduction in overspend expected when the re-provided Unity ward opens in September. More work was needed on any seasonal pressures in this areas which would be picked up through the BDUs.
- Agency staffing costs improved to £446k in-month which is broadly in line with our cap and remains favourable to prior year.
- Use of resources risk rating remains at 1.
- Cost Improvement Programme (CIP) delivery is £2.3m, which is £0.1m below plan.
- Cash balance of £19.7m is over £3m behind plan, one reasons is due to aged debts in NHS and with partners.

CD asked what plans were in place to address the shortfall in CIP plans. MB commented that just short of 80% of CIP came in from April 2017 with a lot of work taking place around Out of Area Beds, better rostering, sickness absence. There would be a meeting with BDU Directors next week to see what further actions can be put into place.

LC asked about the expenditure on drugs and change to the new system. MB commented that while it was the second highest area of non-pay expenditure there has not been a large increase in spend, however the estimated savings had not been achieved. Dr Subha Thiyagesh (SThi) added that discussion would take place with the Finance team to better understand the spend and that there was potentially more space available in the pharmacy that was not available during the changeover period from February to July.

IB asked if the public sector pay cap would impact the Trust. AGD commented that he felt the pay cap would be lifted however it may be for specific areas such as those where we find it difficult to recruit staff.

AGD highlighted the following in relation to Workforce:

- Sickness absence levels is 4.9% cumulatively and deteriorated to 5.2% for the month of August
- Appraisal completion for Band 6 and above is at 89%, just short of the 95% target
- Work is taking place around the retention of staff.

Kate Henry (KH) added that shortlisting had taken place for the upcoming annual staff Excellence Awards.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/17/74 Exception reporting (agenda item 6)

TB 17/74a Serious incident report quarter 1 2017/18 (agenda item 6.1)

TB commented that the paper produced by the Patient Safety support team shows the data for incidents in quarter 1 and had been considered by the Clinical Governance & Clinical Safety Committee. Detailed reports have been produced and shared with each BDU at service line level. TB highlighted the following:

- Quarter 1 had 2,790 incidents which is slightly lower than the previous three quarters. The annual reports show an overall trend in incident reporting is upwards in line with a good reporting culture. We will need to monitor the reduction this quarter to see if this is part of a downward trend.
- Almost 89% of incidents are graded as “low” or “no harm” suggesting a positive culture of reporting and risk management.
- Physical aggression/threat (no physical contact) by patient was the most reported category, as per four of the previous five quarters. Physical aggression continues to be the highest reported incident. Staff report that fluctuations in aggression can be linked to individual service users. There are also concerns that some incidents are linked to the current smoking policy in the Trust. This is being examined in more detail and figures & information from Datix have been provided to the smoking policy review group.
- There have been no ‘Never Events’ reported in the Trust during Quarter 1, the last Never event reported was in 2010/11.
- The total number of serious incidents reported through the Strategic Executive Information System (STEIS) in Quarter 1 (19), this is similar to previous two quarters which had 24 and 15 serious incidents. This year the number of incidents is higher than the previous year at this stage by 6. The highest category of serious incident is Suicide (incl apparent) - community team care –current episode (5). This is in line with previous quarters.
- The category of apparent suicide at point of reporting is similar in the rolling last 4 quarters - 7, 7, 8, 8, This is 30 in total and below the level of estimated cases based on National Confidential Inquiry numbers and our population - 33/34.
- 23 investigations have been submitted to the Commissioner during the quarter and 10 have been closed by Commissioners.
- Many reports are outside target due to capacity within the team, all of these have agreed extensions with Commissioners. From September 2017 the team of investigators are back to full resource and would expect to see the overdue reports reduce over the next two quarters.
- Within the report are some examples of learning from specialist advisors and a workstream for the highest reported incidents.

CD commented that the information had been scrutinised by the Clinical Governance and Clinical Safety Committee and had requested that in the areas where there is service change and pressure within the system they keep focus to see if there were any linkages to incidents. TB commented that these areas would be considered and discussed as part of the weekly risk scan meetings.

It was RESOLVED to NOTE the quarterly report on incident management.

TB/17/74b Safer staffing (agenda item 6.2)

TB reported that the six monthly update outlines the work being done to ensure ward areas provide staffing levels that are safe and effective. The information is received by the Safer Staffing Group, Executive Management, and the Clinical Governance and Clinical Safety Committee who monitor it closely. A safer staffing project lead is in place who is able to monitor capacity and demand on a day to day basis to enable any escalation if required.

TB highlighted the following:

- There is still no definitive guidance around staffing levels for Mental Health.
- The Trust continues to meeting its safer staffing levels however sometimes the skill mix was diluted and there are thresholds for escalation at 80 and 90%.
- The Care Quality Commission (CQC) identified ongoing challenges in recruitment and retention but also noted that the Trust demonstrates a commitment to achieve its longer-term plans in relation to the safer staffing fill rate, the reduction of agency spend, and workforce development, through the implementation of a number of measures that had been further embedded.
- NHS Improvement asked all trusts to complete an audit of care hours per patient day, to be completed in October 2017. This and current plans will provide the platform from which to explore further workforce initiatives around the quality of care contact time, multi-professional approaches and use of non-registered staff and ward hours may need to be reviewed as a result.

CJ asked when information would be available in relation to review safer staffing in the community. TB commented that he would ask the Safer Staffing Group for an update and the review would be around caseloads rather than ratio in community based services.

Action: Tim Breedon

It was RESOLVED to RECEIVE the report as assurance that the organisation is meeting safer staffing requirements.

TB/17/75 Strategies and policies (agenda item 7)

TB/17/75a Information Management & Technology Strategy update (agenda item 7.1)

MB reported that the report provided an update to the Trust Board on the progress and developments made during the last six months in respect of the 2017/18 Information Management & Technology (IM&T) Strategy and highlighted the following:

- RiO record system had stabilised.
- The Health Records Scanning Bureau went live Mid-April 2017 and had scanned over 5,100 records totaling nearly 714,000 pages.
- Tender for the procurement of a Mental Health clinical record system completed with a preferred provider selected.
- Procurement of support for the Business Intelligence programme approved and in place.
- A refresh of the Strategy would come to Trust Board in January 2018.

LC asked about the timescales leading up to the implementation of the new clinical records system and transfer of information between systems. TB commented that there were areas that needed to be addressed before the transfer of information to the new system and no urgent matters had arisen at this stage that would cause a delay.

AM asked how the Trust facilitated the use of digital feedback. KH commented that the Patient Safety team used technology to receive feedback such as via the Friend and Family Test. Part of the actions under the Trust's Digital Strategy would look at the culture of using digital technology and one potential pilot was in relation to a clinical pathways app for Child and Adolescent Mental Health Services (CAMHS).

IB asked about the impact of the General Data Protection Regulation (GDPR). MB commented that a paper would go to the next Audit Committee and a session for all Trust Board members would be scheduled prior to the Audit Committee meeting in January 2018.

Action: Mark Brooks

It was RESOLVED to NOTE the achievements made in respect of the 2017/18 milestones.

TB/17/75b Mortality review - learning from healthcare deaths policy (agenda item 7.2)

TB reported that in line with the National Quality Board (NQB) guidance on Learning from Deaths, every Trust must have a policy in place that sets out how it identifies, reports, reviews, investigates and learns from a patient's death. The policy was the Trust's response to the guidance which had been scrutinised by both Executive Management Team and Clinical Governance & Clinical Safety Committee. There had been a good discussion by these groups who understood the benefits of having the early review in April 2018, supported working as an alliance with other Trusts, the importance of focusing on the outcomes rather than the process, the potential impact on resources to deliver the requirements, and supported the approval of the policy by Trust Board. A named Non-Executive Director was required to take a lead responsibility for oversight of progress to act as a critical friend, holding the organisation to account for its approach in learning from deaths. Previously this was Julie Fox who was the previous Deputy Chair and Chair of the Clinical Governance and Safety Committee, it was therefore recommended that Charlotte Dyson now became the lead as part of her role.

It was RESOLVED to RECEIVE and APPROVE the Learning from Healthcare Deaths Policy and the next steps identified within the report.

TB/17/76 Annual reports (agenda item 8)

TB/17/76a Health and safety annual report 2016/17 (agenda item 8.1)

AGD reported that the Trust Board has a duty to ensure that the health, safety and welfare of service users, staff and visitors remains a high priority within the organisation and as far as reasonably possible, risks are mitigated or reduced. The annual report provides an update of the key actions in 2016/2017 to give assurance that the Trust has the systems and processes, so far as practicable, to ensure the health, safety and welfare for service users, carers, staff and visitors. The paper also outlines the high level priorities for 2017/2018 which have been approved by the Executive Management Team and Clinical Governance and Clinical Safety Committee. A Health and Safety session would be scheduled for the Trust Board.

It was RESOLVED to APPROVED the health and safety annual report for and AGREE the action plan for 2017/18.

TB/17/76b Sustainability annual report 2016/17 (agenda item 8.2)

AGD reported that the report was to update the Trust Board on work to integrate sustainability into Trust operations, as defined in the Trust's Sustainability Strategy which runs to 2020. The Strategy provides a framework covering national goals as well as energy and carbon management, procurement, transport, travel and access, water, waste, designing the built environment and adaptation, organisational and workforce development and partnerships and networks. Staff who focus on specific areas of the agenda continue to deliver good results with examples outlined in the paper.

CD commented that there was more work that could be done to communicate the plans to staff to ensure it is embedded in everything we do.

AM asked what work was taking place to minimise food waste. AGD commented that minimising food waste was important both in relation to quality as well as the Cost Improvement Programme (CIP). A business case had been approved in relation to housekeeping which included assisting in the reduction of food waste.

IB commented that it was important to ensure other methods of communication are used for meetings as well as face to face. AGD commented that this was part of the work around agile working and travel budgets were reducing. The emphasis was still around face to face meetings making while also making other technology available.

It was RESOLVED to NOTE the report and progress to date.

TB/17/77 Governance matters (agenda item 9)

TB/17/77a Receipt of public minutes of partnership boards (agenda item 9.1)

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

- Barnsley Health and Wellbeing Board - 8 August 2017 - SR Carers Strategy really important and we have contributed to, we are represented on a steering group to drive that forward.
- Calderdale Health and Wellbeing Board 17 August 2017
- Kirklees Health and Wellbeing Board - 28 September 2017
- Wakefield Health and Wellbeing Board - 21 September 2017 - SR Care Home Vanguard report really well.
- South Yorkshire & Bassetlaw Accountable Care System - June 2017 - SR final MOU attached, new website has been launched.

Sean Rayner left the meeting.

TB/17/78 Assurance from Trust Board Committees (agenda item 10)

Clinical Governance and Clinical Safety Committee 19 September 2017

CD highlighted to following:

- Update on Child and Adolescent Mental Health Services (CAMHS).
- Learning from Healthcare Deaths Policy as per Trust Board under agenda item 7.2.
- Health & Safety Annual Report 2016/17 as per Trust Board agenda item 8.1.
- Managing Aggression and Violence (MAV) Annual Report 2016/17.
- Care Quality Commission (CQC) update.

Remuneration & Terms of Service Committee 5 September 2017

RC highlighted the following:

- Company Secretary appointment which was ratified by Trust Board at the private session on 5 September 2017.

Rachel Court left the meeting.

Mental Health Act Committee 1 August 2017

CJ highlighted the following:

- Progressing outstanding audit actions.
- Progress around Code of Practice.
- Progress around mandatory training.
- Equality and Diversity data continues to be an area of focus.
- Need to review discharged patients.
- Remuneration and Terms of Service Committee to consider how the Trust monitors the impact of training.

Action: Alan Davis

- Consideration needed when continuous amber RAG ratings become unacceptable and need to be escalated.

Equality & Inclusion Forum 2 October 2017

IB highlighted the following:

- Robertson Cooper staff survey.
- The Insight Programme, two new participants will be shadowing the Board.
- BAME staff network update and 1st year celebration.
- Working taking place to set up a Disability staff network.

It was RESOLVED to NOTE the updates provided.

TB/17/79 Use of Trust seal (agenda item 11)

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

TB/17/80 Trust Board Work Programme (agenda item 12)

TB requested that the Safer Staffing report be added to the work programme in June and December.

Action: Emma Jones

It was RESOLVED to NOTE the work programme and amendment requested.

TB/17/81 Date of next meeting (agenda item 13)

The next meeting of Trust Board will be held on Tuesday 31 October 2017, Rooms 49/50, Folly Hall, Huddersfield.

Signed



Date 31 October 2017