



Minutes of Trust Board meeting held on 25 September 2012

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	Julie Fox	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Steven Michael	Chief Executive
	Nisreen Booya	Medical Director
	Tim Breedon	Acting Director of Nursing
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
In attendance:	Anna Basford	District Service Director, Calderdale and Kirklees (item 8)
	Dawn Gibson	Deputy Director of Finance
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Noreen Young	Director of Nursing, Clinical Governance and Safety
Guests:	Phil Hodgson	BT
	Bob Mortimer	Members' Council (publicly elected, Kirklees)
	Dave Rigby	Members' Council (publicly elected, Kirklees)

TB/12/56 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular Dave Rigby and Bob Mortimer attending from the Members' Council, and Phil Hodgson from BT. The apology was noted.

IB also commented that it was his intention to hold Trust Board meetings in public from December 2012 in a spirit of openness and transparency in advance of the requirement for Foundation Trusts to do so from 1 April 2013 under the Health and Social Care Act 2012.

TB/12/57 Declaration of interests (agenda item 2)

Trust Board noted the following additional declarations.

Name	Declaration
NON-EXECUTIVE DIRECTOR	
Jonathan Jones	Member, Squire Sanders MENA LLP
EXECUTIVE DIRECTOR	
Nisreen Booya	Secondary Care Doctor Member (Designate), Bassetlaw Clinical Commissioning Group
OTHER DIRECTOR (for information)	
Sean Rayner	Trustee, Barnsley Premier Leisure

There were no comments or remarks made, therefore, **it was RESOLVED to formally note the declarations.** No further declarations were made over and above those received by Trust Board in March 2012.

TB/12/58 Minutes of and matters arising from the Trust Board meeting held on 31 July 2012 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session held on 31 July 2012 as a true and accurate record of the meeting. There were no matters arising.

TB/12/59 Assurance from Trust Board Committees (agenda item 4)

TB/12/59a Audit Committee 3 July 2012 (agenda item 4.1)

Peter Aspinall (PA) alerted Trust Board to the following items.

- The risk workshop facilitated by KPMG, the Trust's new internal auditors, was a constructive session and well received. Jonathan Jones (JJ) asked whether there would be a feedback process from the KPMG familiarisation meetings and PA agreed to ask for a summary from KPMG, particularly in terms of sharing best practice and identifying areas for development.
- Service line reporting is a standing item on the Committee's agenda to provide assurance on the process for implementation.

TB/12/59b Clinical Governance and Clinical Safety Committee 12 June and 18 September 2012 (agenda item 4.2)

The minutes from June were noted. Bernard Fee (BF) raised the following points from September's meeting.

- A key area for discussion was the equality agenda and what the Trust has done to promote and embed equality within services. He suggested that this is included in a strategic Trust Board discussion in future.
- The revised arrangements for reporting and learning from serious incidents are progressing well and reporting positively into the Committee. Investigators will be in place shortly.
- The Committee had previously expressed its disappointment with the outcome of the Quality Accounts process for 2011/12 and there is much learning for 2012/13. A robust framework for 2012/13 is in place and this includes engagement at an early stage, particularly with the Chair of the Trust and the Chair of the Audit Committee.
- A further discussion area was the Quality Academy's role in supporting services to achieve cost improvements. The Quality Academy should be able to define what is needed in terms of quality to enable Business Delivery Units (BDUs) to continue to deliver services in the face of challenging savings. The Chief Executive (SM) supported this approach in that the 'salami slicing' approach to cost improvements cannot be sustained, therefore, system transformation is needed with the support of the Quality Academy. Alan Davis (AGD) commented that the Remuneration and Terms of Service Committee is looking at workforce cost improvements and the implications for services and staff.

BF commented that the Trust needs to define its service offer quickly in order to embed cost improvements, particularly as the financial challenge will remain for some time. SM concurred and commented that this should be linked to the workforce plan and a clear definition of quality improvement. Helen Wollaston (HW) commented that there is a level of anxiety amongst staff as they perceive that the old approach continues. The challenge to Trust Board at Middleground

is to adopt a different approach, therefore, there may be a need for a clearer communication of the message regarding transformational change.

It is the role of the Executive Management Team (EMT) to scrutinise cost improvements in terms of clinical safety and to alert the Committee to any areas of concern and provide assurance for Trust Board. IB commented that he was content with this position but would like a more detailed review of cost improvements by Trust Board during the budget setting process for 2013/14. Alex Farrell (AF) confirmed that the plan for cost improvements would be discussed at a strategic level in January 2013 for formal approval in March 2013.

BF also thanked Nisreen Booya (NHB) and Tim Breedon (TB) for keeping arrangements for the Committee in place during Noreen Young's absence.

TB/12/59c Mental Health Act Committee 11 September (agenda item 4.3)

HW raised three issues.

- Two estates issues (smoking shelters and seclusion units) have been raised in a number of Care Quality Commission (CQC) reports of visits under the Mental Health Act. The Committee was informed that reviews of both were underway and the Committee asked for feedback on the outcome and actions arising.
- Audits were undertaken on Section 17 of the Act and patients' rights. Inconsistencies in paperwork were identified for both and Mental Health Administrators are reviewing systems within BDUs. A re-audit will take place in 2013/14.
- An audit of Community Treatment Orders has also taken place and the Committee agreed a number of actions as result.

TB/12/59d Remuneration and Terms of Service Committee 10 July 2012 (agenda item 4.4)

IB confirmed that the Committee had approved a Directors' performance related pay scheme for 2012/13 along similar lines to previous years with gateway and individual objectives.

IB invited Julie Fox (JF) to report back from the recent Charitable Funds Committee. JF responded that the Committee had undertaken a review of funds across the Trust, particularly in Barnsley where there is a high level of funds. The Committee reviewed utilisation of funds and ongoing monitoring to ensure funds are spent. The Committee is also continuing the excellent work started by JJ in promoting charitable funds to encourage staff, and service users and carers to submit bids.

TB/12/60 Chair's report (agenda item 5)

IB raised two issues.

- He is in the fortunate position of choosing the overall winner for Excellence 2012. He welcomed feedback from Trust Board, particularly on those submissions that epitomise the Trust's vision and values. BF commented that he would like to see a more embracing scheme across the organisation in terms of recognition of staff who demonstrate Trust values, linked to behavioural change. AGD responded that discussions have begun with staff side organisations on how the Trust

approaches feedback at all levels. Dawn Stephenson (DS) added that different approaches are being considered that celebrate all aspects of achievement and 'going the extra mile'.

- The Annual Members' Meeting will be held on Wednesday 10 October 2012 at 12 noon with a showcase of Trust activity from 11:00 at the Civic in Barnsley. Invitations have been sent and Trust Board was encouraged to attend.

TB/12/61 Chief Executive's report (agenda item 6)

SM commented on the following.

- Trust Board members continue to have Noreen Young in their thoughts and continue to send her their best wishes.
- A summary of the National Quality Board's report, "Quality in the new health system: maintaining and improving quality from April 2013", was circulated to Trust Board. A clearly understood and owned definition of quality will be developed, embedded into all systems and services. This will be part of Trust Board's strategic discussion in November 2012.
- Mid-Yorkshire Hospitals NHS Trust is unlikely to achieve Foundation Trust status. A review has been commissioned by the PCT cluster and the emergent Clinical Commissioning Group to scope potential options, including discussion of options with stakeholders, which will report at the end of September 2012. The report will not make any recommendations but will identify clear options. SM has had a discussion with the Chief Executive of Calderdale and Huddersfield NHS Foundation Trust on both Trusts' positions. SM will ensure Trust Board is informed of developments.

TB/12/62 Next stage vision for the Trust (agenda item 7)

It was RESOLVED to NOTE the content of the report as a progress update for the next stage vision implementation.

TB/12/63 Kirklees engagement – update on themes emerging from the engagement process (agenda item 8)

Anna Basford (ABa) joined the meeting for this item only.

HW asked whether there was any intention to undertake the exercise again to see if perceptions have changed. ABa responded that there were no plans to do this formally; however, feedback will come through dialogue groups and ongoing meetings with the Members' Council. ABa agreed, however, to consider the suggestion, particularly gaining feedback through clinical sessions.

BF commented that this raises an interesting question for the Trust's service models as the responses were mainly positive on what was an interim arrangement. He was quite surprised by this.

IB asked what more the Trust could do with other support groups people see as integral to their lives. ABa identified two areas around more work with in-reach groups and more proactive signposting to help people with changes in the benefits system and to navigate through the system. SM commented that it is a consistent

theme of feedback from people that use Trust services that they want support to enhance and develop social networks and to secure employment, and to be supported into mainstream life.

JJ asked if other BDUs could learn from the findings and whether a similar exercise was worth considering in other districts. TB responded that it would be worth looking at in a similarly structured way.

IB asked Dave Rigby (DR) whether he would like to comment on the report as he had been involved in the process as a publicly elected Governor for Kirklees. DR responded that the move to Folly Hall had certainly been seen as a success and the 'hub' model was likely to be replicated in other areas. With regard to the location of in-patient services, the current arrangements remain interim measures and still need to be considered in the context of the development of the Estates Strategy and wider service developments over the next few years. ABa commented that this was not intended to be within the scope of this paper and the configuration of in-patient services in Kirklees are part of a wider review of the Trust's estate and in-patient provision across the Trust.

Bob Mortimer (BM) commented that dialogue groups regularly highlight issues around access and transport from Kirklees to in-patient facilities. IB gave assurance that this would be taken into consideration in developing the Trust's long-term Estates Strategy.

It was RESOLVED to RECEIVE and NOTE the update on actions taken to respond to the comments and suggestions made during the public engagement in Kirklees.

TB/12/64 Month 5 performance reports 2012/13 (agenda item 9)

TB/12/64a Performance report (item 9.1)

Dawn Gibson (DG) highlighted the following three areas.

Finance

- The Trust's surplus is £2.8 million, which is slightly ahead of plan and the planned surplus of £5.9 million is forecast to be achieved.
- The Trust's financial risk rating is slightly above target at 3.8 against a target of 3.6.
- The focus of financial management within BDUs is to maximise achievement of CQUIN targets to secure variable income, to contain in-year expenditure pressures in relation to pay and use of bank staff, and to ensure a small amount of in-year slippage on cost improvement delivery is met in-year through alternative means and achievement is secured recurrently for 2013/14.
- The Trust's cash position remains strong and the year-end target is forecast to achieve.
- Capital expenditure is slightly behind plan due to a delay in the minor capital programme.
- Management of working capital remains in a good position with the Trust achieving 95% payment of NHS invoices and 96% for non-NHS invoices.

CQUINs

- CQUIN achievement at quarter 1 is 90%.
- Issues remain with access and health and wellbeing targets, which are mainly due to data capture and recording. Action plans are in place to maximise performance and guarantee income.

Care Programme Approach (CPA) target

SM confirmed that, as of Friday, BDUs are achieving over 95% and the target has been met. This will be embedded in services and it must be part of common practice for every service user to have a care plan and that it is reviewed.

AF confirmed that all support services had been asked to assess their year-end position and whether any funds can be released. Each BDU is subject to a performance review across finance and HR where there has been a reasonable level of challenge in terms of the operation and management of budgets within BDUs; however, there are a number of cultural and practice issues around utilisation of staff within BDUs. PA asked about the level of cash and AF responded that the focus is on receivables and she confirmed there are resources in place to do this.

BF commented that the Trust needs to understand and agree a realistically achievable absence level to enable more proactive management of absence. IB responded that this will be a major discussion item at the Remuneration and Terms of Service Committee on 9 October 2012 with feedback to Trust Board in October 2012. AGD pointed out that there is a level of absence built into establishment figures (4.5% for in-patient services), therefore, the money is already in BDU budgets and this overspend is over and above this. AF confirmed that EMT has commissioned a review of headroom and the impact of absence and bank/agency utilisation across the Trust.

HW asked whether Trust Board was comfortable with the level of underspend on staff costs and whether this should be discussed in more detail at the Remuneration and Terms of Service Committee. AF responded that there will be an analysis of underlying factors within BDUs in conjunction with HR. AGD added that this should be built into workforce plans in terms of vacancies, where these will occur and identifying any potential or real difficulties in recruitment.

BF also asked about the minor capital programme. AGD responded that £1.5 million has been set aside in 2012/13 and confirmed that this remains in place. AF also confirmed the same applies to the Innovation Fund. BF asked for an update on expenditure from the Innovation Fund and minor capital programme in 2012/13 in October 2012. AF confirmed that there will be a review of provisions and contingencies as part of the year-end forecast also at the October meeting.

PA asked for clarity on the working capital movement of £6.2 million. DG agreed to provide the detail of this outside of the meeting.

IB ended by commenting that the performance report tends to be inward looking and he would like to see comparison with other Foundation Trusts on, for example, the financial risk rating, and to gain a flavour of other Foundation Trusts' experience with areas such as CQUINs.

It was RESOLVED to RECEIVE the performance report for month 5 2012/13.

TB/12/64b Service user and carer experience report “What matters?” (item 9.2)

PA asked what forums were in place to feed this information back into services and to service users and carers. DS responded that there is triangulation of information via BDUs feeding the information into local action groups in terms of “what you said, what we did and what we have to do”. This will identify where there are gaps in feedback through the organisation.

BF commented that he thought the report was too self-congratulatory and he would like to see more balance in terms of where the Trust still has to improve and develop an action plan based on what is said about the organisation. From the report, it is difficult to tell what the Trust is doing to address feedback or a sense of urgency. He would like to see an articulation of how this will change activity and the focus of the organisation and a demonstration of how the Trust will be driven by feedback. DS agreed to take this back into the steering group. BF also commented that he would like to see this report included in the performance report.

HW commented that she found the management report useful; however, there are some issues pertinent to service re-design and review and she would like to see how these are being fed into the process.

In summary, IB made two comments in relation to ensuring the unannounced visits are embedded into mainstream activity and that listening to and involving service users gives perspective to Trust Board discussions and deliberations.

It was RESOLVED to RECEIVE the Trust Board service user and carer experience report and edition 2 of the “What Matters?” report.

TB/12/64c Exception reports: profile of Trust service users (item 9.3)

DS asked for this paper to be withdrawn as it contained incomplete information and she apologised for including such a paper. What the exercise has shown is the need for development of automatic reports on equality and diversity, how this relates to the wider equality agenda, how the Trust is improving services for BME communities and what difference the Trust can make. It was agreed to bring this into the November 2012 strategic meeting.

HW commented that, when the statistics are available, it would be useful to show the impact on everything the Trust does and what the Trust is doing to improve the position proactively.

TB/12/65 Governance issues (agenda item 10)

TB/12/65a Changes to the Trust’s Constitution as a result of the Health and Social Care Act 2012 (item 10.1)

IB commented that he had had excellent support from the Members’ Council through the process to develop the Trust approach to changes to the Trust’s Constitution and how the Trust will fulfil its duties in relation to the Act.

One area he asked Trust Board to consider was the make-up of the Members' Council. The recommendation to the sub-group was an option that excludes commissioners given the conflict of interest inherent in Clinical Commissioning Groups, which would make membership smaller. The Members' Council would need to look at other ways to link into Clinical Commissioning Groups. It was confirmed that this revised model could be applied in the event of a future merger.

BF commented that a smaller group may appear to be less representative, which goes against the principle of being representative of local communities. AF was keen to see the inclusion of other acute Trusts in a spirit of reciprocal arrangements with this Trust. IB confirmed that the current arrangement around quoracy of the Members' Council would remain in place.

It was RESOLVED to APPROVE the changes to the Trust's Constitution as outlined in the paper in relation to the name of the Members' Council and private patient income. The small change in relation to the Secretary of State's instructions on Foundation Trust accounts was noted.

TB/12/65b Statement of intent – joint working with Wakefield Council (item 10.2)

NHB commented that she would want to see more information on the current service, clinical evaluation in terms of outcomes and risks, competition, and risks, particularly those associated with the client group the Trust would take on. BF felt that this would be the next stage as the paper is asking for support for the approach, which he was happy to give. A clear set of operating principles will be needed in consideration of a proposal. AF confirmed that assurance would come to Trust Board through the Investment Appraisal Framework before any commitment was made.

IB summarised that there was general approval for the Statement but further scrutiny of risk was needed through the Clinical Governance and Clinical Safety Committee and, if needed, assurance and appraisal by Trust Board through the Investment Appraisal Framework when the detail is known.

It was RESOLVED to APPROVE the approach set out in the paper and to ENSURE Trust Board is involved in scrutiny of risk before any formal agreement is entered into.

TB/12/65c NHS Constitution (item 10.3)

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

TB/12/65d Members' Council evaluation (item 10.4)

It was RESOLVED to NOTE the summary of the Members' Council evaluation session held on 13 June 2012.

TB/12/66 Use of Trust seal (agenda item 11)

It was RESOLVED to NOTE the use of the Trust's seal since the last report to Trust Board in June 2012.

TB/12/67 Date and time of next meeting (agenda item 12)

The next public meeting will be held on Tuesday 18 December 2012 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

RESOLUTION TO EXCLUDE THE PUBLIC AND PRESS

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

(Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)

Signed **Date**