



**Minutes of Trust Board meeting held on 18 December 2012**

<b>Present:</b>	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	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
<b>In attendance:</b>	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Karen Taylor	Director of Service Improvement and Development (item 7.3(ii))
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Apologies:</b>	None	
<b>Guests:</b>	Netty Edwards	Members' Council (staff elected, nursing support)
	Bob Mortimer	Members' Council (publicly elected, Kirklees)
	Tony Wilkinson	Members' Council (publicly elected, Calderdale)

**TB/12/79 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting, particularly representatives from the Members' Council. He thanked Noreen Young (NY) for her contribution to the Trust and to Trust Board and sent best wishes on behalf of Trust Board at this difficult time. He welcomed Tim Breedon (TB) to his first meeting following his substantive appointment as Director of Nursing. He formally thanked David Snowden, Chief Executive of Humber NHS Foundation Trust, and Trudi Enright for their participation in the process.

**TB/12/80 Declaration of interests (agenda item 2)**

There were no declarations over and above those received by Trust Board in March 2012 and at subsequent Trust Board meetings.

**TB/12/81 Minutes of and matters arising from the Trust Board meetings held on 30 October and 27 November 2012 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public sessions of Trust Board held on 30 October and 27 November 2012 as a true and accurate record of both meetings. There were no matters arising.

**TB/12/82 Assurance from Trust Board committees (agenda item 4)**

TB/12/82a Audit Committee 2 October 2012 (agenda item 4.1)

Peter Aspinall (PA) confirmed that the Committee has a standing item on its agenda to understand the Trust's progress on service line reporting and currency development and the process for implementation.

TB/12/82b Clinical Governance and Clinical Safety Committee 18 September and 6 November 2012 (agenda item 4.2)

Bernard Fee (BF) thanked NY on behalf of the Committee and raised the following points.

- Good progress has been made in developing revised terms of reference for the Incident Review Sub-Committee and the appointment of four Serious Incidents Investigators is now complete.
- Benchmarking and external review processes have been agreed for business continuity/emergency planning and health and safety, which will come back to the Committee. Alan Davis (AGD) confirmed that the health and safety review has been completed.
- A report on the last round of unannounced visits will come to the Committee in due course. TB commented on the themes emerging:
  - progress has been made on care planning and there is evidence of good practice;
  - in some areas, evidence of practice was not always available;
  - the visits substantiate that the quality priorities are appropriate.Practice Governance Coaches will be responsible for producing an action plan in relation to the themes, which will be presented to the Clinical Governance and Clinical Safety Committee. BF commented that he would like a simpler, less structured approach to be developed for the next round of visits. Dawn Stephenson (DS) reminded Trust Board that the visits will be supported by the national initiative, 15 Steps, which involves a peer group of service users to assess first impressions of services. AGD commented that both need to link into other formal and official visits to services and ensure that the findings are brought together in a coherent way. BF suggested a fuller discussion at the next Committee.

TB/12/82c Mental Health Act Committee 13 November (agenda item 4.3)

Julie Fox (JF) raised one issue on behalf of Helen Wollaston (HW) in relation to advocacy services. Rethink had been invited to present to the Committee on two occasions and had cancelled on both. This caused the Committee some concern in relation to the quality of advocacy services and the Trust has been asked to follow up with local authorities, who commission advocacy services, and report back to the next meeting.

BF commented that Trust Board needs to understand the implications for the Trust and for Trust services as a result of local authority budget cuts. The Chief Executive (SM) responded that, where there is joint commissioning, commissioners must understand the full impact of any decisions made by individual organisations on other partners and local authorities should discuss individual positions with the Trust to ensure contingencies are put in place.

TB/12/82d Remuneration and Terms of Service Committee 9 October 2012 (agenda item 4.4)

IB asked Trust Board to note that the Trust has achieved the appraisal target of 80% and this will increase to 90% in 2013/14. It was agreed to receive a report on progress at the July Trust Board meeting, particularly given the introduction of the revised appraisal system on 1 April 2013. BF commented that he would like to see a move from a quantitative to a qualitative approach to enable assessment of the

performance of staff. AGD responded that the new system includes such an assessment of overall performance and this will be reported through the Committee.

Linked to appraisal is the intention to develop a local approach to seeking staff views and work has begun with Robertson Cooper to develop a biannual survey with a set of core questions to enable benchmarking. The national staff survey has limited value due to the timeliness of its results. BF asked that Trust Board agrees an acceptable level of response to such surveys although JF was nervous of 'response fatigue' by staff. AGD responded that he would assess with Robertson Cooper based on experience and how this is managed, and take through the Committee.

Jonathan Jones (JJ) asked if there was a link between appraisal and pay levels. AGD responded that job evaluation processes band posts not individuals and, under Agenda for Change, there is only a tenuous link between performance and moving up the payscale. In the revised national system, increments will be performance-based. SM commented that the Trust needs a way of recognising high performers within the workforce and a system to link to appraisal and development without moving away from the national system. This should include the need for more meaningful appreciation of individual performance by the Trust.

#### **TB/12/83 Chair's report (agenda item 5)**

IB reported on the following.

- The Chair, Chief Executive and other executive directors met with Barnsley Clinical Commissioning Group Board, which confirmed that the Trust's district-based Business Delivery Unit (BDU) structure is exactly the right approach for the development of Clinical Commissioning Groups (CCGs). The advent of CCGs also brings a greater degree of complexity and relationship management to the BDU Director role.
- Following the announcement by Sir David Nicholson that the performance of consultants will be made public, the Trust will publish team performance information and further details will come to Trust Board in due course.
- He attended the Newton Lodge Christmas performance, which was an excellent event and well received with evidence of service users thinking of and willing to talk about plans for moving back into the community.

#### **TB/12/84 Chief Executive's report (agenda item 6)**

SM reported on the following.

- In terms of relationship development, constructive meetings had taken place with:
  - Calderdale and Huddersfield NHS Foundation Trust (CHFT). particularly related to the dementia pathway and information management and technology;
  - CHFT and Mid-Yorkshire Hospitals NHS Trust (MYT) on joint interface between the three organisations and where productivity and efficiency can be improved;
  - Spectrum, particularly in relation to Spectrum People, which encourages volunteers to support vulnerable groups and linking to Creative Minds;

- Spectrum, Locala and MYT on a new model for community services;
  - Barnsley children's services partners on a plan for the optimum solution to management of services;
  - Altogether Better governance board.
  - Care packages and pathways and mental health payment by results.
- Helen Wollaston joined the meeting.*
- Academic Health Science Network development.
  - Demographics and money – the challenge continues.

The Trust has received two letters from Sir David Nicholson in relation to the report of the Hillsborough Independent Panel and the Savile allegations. For the former, Trust Board was assured that the Trust has arrangements in place to respond to major incidents, including arrangements with partners and other organisations, and these arrangements will be tested in the early part of 2013. For the Savile allegations, Trust Board was assured that the Trust has robust arrangements in place to protect vulnerable people and will work with other agencies to ensure wider safeguarding arrangements are in place and working effectively.

SM also thanked NY for her hard work and contribution to the Trust and reiterated that Trust Board's thoughts are with her and her family.

## **TB/12/85 Performance reports month 7 2012/13 (agenda item 7)**

### TB/12/85a Performance report (item 7.1)

Performance headlines were identified as follows.

- The Trust has green risk ratings for finance and governance.
- The Trust is in a strong financial position.
- The position is improving with regard to CQUINs but access and waiting times will remain a focus.
- A robust and comprehensive action plan is in place to address under-performance on data quality.
- Trajectories to improve performance on sickness absence are included in the report, by BDU.

JF ask for further information on the red rating for the Care Quality Commission (CQC) annual community survey. Alex Farrell (AF) responded that a detailed report was contained in the quality report to Trust Board in October and in this edition of 'What Matters'. The Trust has not performed well in a number of areas and an action plan is in place, implemented through Practice Governance Coaches. A first report will come to the Executive Management Team (EMT) in January 2013. A particular challenge is to ensure service users and carers are involved in supporting the Trust to improve.

HW asked whether the position with CQUINs was due to increased demand or reduced performance. AF responded that there was no evidence of either and this is being monitored closely by BDUs.

PA queried the differing responses by BDUs in addressing sickness absence. AGD responded that it reflects robust management of Trust policies and procedures. BF

was concerned that the trajectories would be difficult to achieve as it is usual for sickness absence to increase at this time of year.

TB/12/85b Service user and carer experience report (item 7.2)

BF did not feel that the report particularly demonstrated whether the Trust is 'good' or is performing well in comparison with others.

HW felt that a summary of the issues in the front sheet, both positive and negative, would be useful with a summary of what the Trust is doing about areas of improvement and where it can learn from other Trusts. BF also commented that the position with kiosks has still not been resolved.

DS responded that Trust Board needs to be mindful of the audience for 'What Matters', which is an externally focused document. The quarterly quality report is a more strategically focused document for Trust Board. TB commented that 'What Matters' helps with communication with commissioners and other key stakeholders but is not a document that could be used as a vehicle to drive improvements in service quality. AF commented that the quality report will provide the "so what" element for Trust Board. 'What Matters' is a useful, easy-to-read demonstration of how the Trust listens and responds to service user and carer feedback in meeting its quality priorities and provides a focus for improvement. Together, they provide a powerful tool for Trust Board.

PA asked how the impact of the cost improvement programme (CIP) on the quality of services is reflected in this document. DS responded that it is reflected in service user and carer feedback.

In summary, IB confirmed there is a need for a regular report to provide assurance to Trust Board that the Trust is using customer insight effectively and, given the feedback, the format should be reviewed. If an external promotional document is needed, feedback from 'readers', particularly the Members' Council, would be useful on the value they ascribe to 'What Matters'.

**It was RESOLVED to RECEIVE the quarterly 'What Matters' report.**

TB/12/85c Integrated Business Plan (IBP) development – strategic framework for the IBP (item 7.3(i))

**It was RESOLVED to APPROVE the proposed IBP content and process and to APPROVE the summary of key issues arising from the November 2012 strategic meeting.** IB's comment that he would like to see a concise summary of the IBP was noted and is already being progressed by AF.

TB/12/85d Integrated Business Plan (IBP) development – overview of service changes and transformation (item 7.3(ii))

Karen Taylor (KT) took Trust Board through the report.

SM commented that this represents a complex piece of work, adopting a Trust-wide approach, acknowledging how service delivery differs by district, why the Trust provides the services it does, what opportunities there are, and how the demand/resources gap will be closed. TB commented that the Trust can begin to

make opportunistic changes as a result of the 'big ticket' reviews whilst planning to make longer-term system changes. IB asked when the 'as is' work will be completed. KT responded that the various pieces of work would be complete between the end of December 2012 and September 2013. The second phase would be completed between March and December 2013.

JJ sought assurance that the reviews included consideration of estate, technology and the market to ensure continuity and fitness for purpose. HW considered that what differentiates this Trust from others and whether there are different ways to deliver services were missing. There is a danger that working in the same way means services stay in existing silos. KT assured Trust Board integration is key to the Trust's approach, including working in partnership to provide a better service offer. Part of the process will be to identify pilot areas where integration can be tested. IB asked if there was a commercial aspect to what the Trust reviews. SM responded that this was very much the case and is linked to market analysis, which will inform priority areas. External resource has been commissioned to support this.

AF commented that all big ticket areas identified support the Trust's three key priority areas to consolidate the mental health pathway, integrated care and forensic service expansion. All are also linked to the introduction of care pathways and packages, estate and the use of information technology.

BF asked how much of the CIP service re-design will realise. AF responded that this will be clear by March 2013. However, BF was unclear where the £11.4 million required in 2013/14 will come from and he felt that priority should be given to areas where savings could be realised. It was agreed that an outline of the CIP will come to Trust Board in January 2013. AGD reminded Trust Board that there was also a requirement for a similar level of CIP in 2014/15; therefore, a two-year plan was imperative.

JF stressed the need for involvement of staff and service users and carers as this represents a huge cultural change. KT confirmed that both are involved in the reviews and a communications exercise has begun with staff. A consultation and engagement process has also been developed by DS.

PA stressed the need to communicate one consistent message over the remainder of 2012/13 and the two ensuing years rather than three separate initiatives as this was a difficult message to give to staff. AGD responded that the message to staff is that the next two years will be very challenging, the position is unprecedented and a fundamental service change and cultural shift will be required. TB commented that there are other service areas not identified as 'big ticket' that will support the transformation agenda, for example, growth and demand management.

IB stressed that the driver needs to be improvement in the quality of services rather than cost savings. He confirmed that Trust Board supported the approach set out in the paper and asked for regular updates to be provided to Trust Board.

**It was RESOLVED to RECEIVE the report as an update on the identified service review areas and the principles supporting the reviews.**

TB/12/85e Integrated Business Plan (IBP) development – Monitor Quality Governance Framework (item 7.3(iii))

IB commented that he was assured by the process set out in the paper and explained by DS.

**It was RESOLVED to SUPPORT the approach to ensure the Trust has in place effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients, allowing Trust Board to self-certify and sign up to Board Statement 1 of the Monitor Compliance Framework on an annual and quarterly basis in support of the annual and quarterly submissions to Monitor.**

TB/12/85f Exception reports: Medical re-validation (item 7.4(i))

Nisreen Booya (NHB) introduced this item and reminded Trust Board that medical re-validation is intended to strengthen clinical governance and patient safety across the system and each NHS organisation has a duty to support the Responsible Officer in improving standards. NHB was happy with the support both from Trust Board and Executive Director colleagues during the process. Financial resource needed was below that anticipated and support and resources were provided by the Trust where needed. As Chair of the Clinical Governance and Clinical Safety Committee, BF commented that NHB had undertaken the process in a thorough way, demonstrating strong leadership.

**It was RESOLVED to CONTINUE to support and resource the developing and running of the systems and processes necessary to ensure the Trust and medical staff meet the obligations under medical revalidation.**

TB/12/85g Exception reports: Evaluation of Creative Minds (item 7.4(ii))

It was confirmed that the funding of Creative Minds projects represents only 0.25% of the Trust's turnover. JF confirmed that the Deputy Director of Finance is assessing options to create a charitable foundation or alternative organisational model, which will be considered by the Charitable Funds Committee at its next meeting. Trust Board also agreed to explore the potential for development at the strategic meeting in February 2013 as Creative Minds also presents marketing opportunities to other organisations. HW commented a robust assessment of return on investment and the impact on services and service users and carers is needed in order for Trust Board to assess the scope for further investment. NHB suggested linking with existing work undertaken by Mike Lucock, which DS will follow up.

BF was concerned that projects are sustainable and have longevity and HW asked that the Trust is open, transparent and innovative in encouraging new bids. IB asked that the Members' Council be involved in future development of Creative Minds.

**It was RESOLVED to SUPPORT the approach outlined in the paper for the evaluation of Creative Mind Projects.**

**TB/12/86 Changes to the Trust's Constitution as a result of the Health and Social Care Act 2012 (agenda item 8)**  
DS took Trust Board through the paper and it was **RESOLVED to APPROVE the changes to the Trust's Constitution that come into force on 1 April 2013 as a result of the Health and Social Care Act 2012.**

**TB/12/87 Use of Trust seal (item 9)**  
It was **RESOLVED to NOTE the use of the Trust's seal since the last report to Trust Board in September 2012.**

**TB/12/88 Date and time of next meeting (agenda item 10)**  
The next meeting of Trust Board will be held on Tuesday 29 January 2013 in the large conference room, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF.

**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 .....