



Minutes of Trust Board meeting held on 29 January 2013

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
	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
In attendance:	Anna Basford	District Service Director, Calderdale and Kirklees
	Dawn Gibson	Deputy Director of Finance
	Sean Rayner	District Service Director, Barnsley
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Karen Taylor	Director of Service Improvement and Development
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Steven Michael	Chief Executive
Guests:	Nasim Hasnie	Members' Council (publicly elected, Kirklees)
	John Haworth	Members' Council (staff, non-clinical support)
	Tony Wilkinson	Members' Council (publicly elected, Calderdale)
	David Woodhead	Members' Council (publicly elected, Kirklees)

TB/13/01 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, particularly representatives from the Members' Council. The apology from the Chief Executive (SM), attending the Board of the NHS Confederation Mental Health Network, was noted.

TB/13/02 Declaration of interests (agenda item 2)

Trust Board noted the following additional declarations.

Name	Declaration
EXECUTIVE DIRECTOR	
Nisreen Booya	Panellist, Medical Practitioners' Tribunal Service, which assesses conduct of doctors
Steven Michael	Board member, NHS Confederation Mental Health Network Trustee, Spectrum People

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/13/03 Minutes of and matters arising from the Trust Board meeting held on 18 December 2012 (agenda item 3)

Peter Aspinall (PA) asked for a revision in the last paragraph on page 6 of the minutes (under TB/12/85d) to read "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".

Subject to this amendment, it was **RESOLVED to APPROVE the minutes of the public session of Trust Board held on 18 December 2012 as a true and accurate record of the meeting.** There were no matters arising.

TB/13/04 Strategic delivery framework and corporate objectives 2013/14 (agenda item 4)

Dawn Stephenson (DS) introduced this item. Three issues were identified during the discussion.

- Helen Wollaston (HW) asked for more emphasis on equality and diversity, which could be included under 'partnership' or 'talent management'. Julie Fox (JF) would like to see reference included in the Trust's values and given more prominence under 'culture'.
- Jonathan Jones (JJ) asked when the Trust would achieve its aim to 'consolidate local pathways'. Alex Farrell (AF) responded that this was a high level paper that would be cascaded down through the organisation via corporate objectives and annual plans with tangible deliverables as part of the annual plan for 2013/14, which will be approved by Trust Board in March, and the three-year plan to be submitted to Monitor at the end of May.
- In response to a question from the Chair, Alan Davis (AGD) commented that a values-based appraisal system offers a balanced approach to setting SMART objectives with the way objectives are achieved. A set of behaviours linked to Trust values will map performance and behaviours using a matrix model. This will be introduced in 2013/14 but will be subject to further development. He confirmed the new appraisal system would be amended to reflect changes to values and the policy will be approved by the Executive Management Team (EMT). Bernard Fee (BF) repeated the request made at a previous meeting to receive information that would enable Trust Board to understand the content of appraisal statistics. AGD responded that the new system will make it easier for the Trust to report and analyse more detailed statistics around staff performance. BF commented that it appears that there is more work to be done to develop the appraisal system as a true performance management tool and enable meaningful reporting to Trust Board. IB asked for an update to Trust Board in the October 2013 strategic HR report and, in the meantime, in more detail to the Remuneration and Terms of Service Committee.

It was RESOLVED to APPROVE the report as a summary of strategic priorities identified at the Trust Board Strategy session in November 2012.

TB/13/05 Performance reports month 9 2012/13 (agenda item 5)

TB/13/05a Quality and performance report (item 5.1)

Tim Breedon (TB) introduced the Quality Improvement Framework and took Trust Board through the quality performance report. BF, as Chair of the Clinical Governance and Clinical Governance Committee, commented that he saw this as a continued articulation of what quality means in the organisation and how it is measured, particularly through the Quality Accounts. He would like to see a shift from what the Trust has to produce to a document that meets the Trust's needs. There was a significant improvement in the presentation of the Accounts in 2011/12

but further improvement is sought for 2012/13, whilst continuing to meet statutory requirements for content. A first draft will be presented to the Clinical Governance and Clinical Safety Committee on 12 February 2013.

AF commented that the quality improvement framework represents building blocks to quality and the report supports the framework in terms of measuring and reporting quality, looking at performance through a quality lens. HW commented that it needs to include service users and carers as a driver for improvement.

Performance headlines were identified by AF as follows.

- The Trust has green risk ratings for finance and governance and is in a strong financial position.
- Four issues were identified for future improvement:
 - IAPT;
 - data quality and clustering;
 - sickness absence;
 - information governance training.Action plans are in place at BDU level and robust processes in place to improve performance trajectories.

Dawn Gibson (DG) commented on financial performance.

- Indicators are green for all areas except capital expenditure, which is below plan due to delays to projects. Funding will be moved to 2013/14.
- The current forecast surplus is £8.4 million against a plan of £5.9 million. This is due to improved efficiencies and savings, and early identification of cost improvements in 2013/14.
- Cash is higher than planned at £27.1 million.
- Cost improvements are broadly on track with an underperformance of £40,000.
- The Trust's financial risk rating is 4.3 against a plan of 3.6.
- The Better Payment Practice Code target for payment of invoices shows 97% for non-NHS and 95% for NHS invoices.

IB commented that he would like to see a link between cash, surplus and capital expenditure plans in the report and the balance remaining of the surplus when this has been considered. This should also be extended to Members' Council reporting.

PA asked how vulnerable the underperformance on IAPT leaves the Trust to competition. Anna Basford (ABa) responded that the contract in Kirklees expires at the end of March 2013. Commissioners are likely to invite expressions of interest under Any Qualified Provider in the autumn. The Trust is vulnerable in terms of the move to payment by unit price as opposed to the current payment through block contract, which would be less. The Trust has developed a new operational model, which has to be tested, to address this. This is a key priority for 2013/14 and the Trust will look to be ready for competition in the autumn. She confirmed that IAPT makes a contribution to the Trust; the new funding model would achieve break-even but no contribution. BF queried the opportunity cost of delivering IAPT services. ABa responded that the services offer a strategic opportunity as a gateway to other Trust services and in developing and offering a complete pathway of care. Nisreen

Booya (NHB) suggested that this was part of the Trust's development innovative ways of linking wellbeing services, both mental health and physical. ABa commented that commissioners may seek to use the difference between current investment into IAPT via the block contract and cost/case and re-invest in secondary psychological care as demand is increasing.

BF asked what projects had been delayed to cause the underspend on the capital programme. DG clarified that this related to £500,000 investment in RiO in Barnsley, which had been deferred to March 2013, and £500,000 relating to the estate strategy deferred to 2013/14. IB asked for this to be made explicit in future finance reports.

TB/13/05b Strategic HR report (item 5.2)

Sickness absence

AGD confirmed that there are robust plans in place to ensure Trust policies are implemented and sickness is managed. It has been made clear to managers that performance in February 2013 will have implications for cost improvements in 2013/14. If a significant improvement is not seen, more rigour will be introduced into the system. BDU Directors commented that achievement of 4.25% would be a challenge in Barnsley and Wakefield although there was confidence of achievement in Calderdale and Kirklees. Support services will continue to perform under target. AGD commented that 4% is an affordable target and compares well with other Trusts.

There is currently discretion in the system but performance in February may lead to the Trust introducing a more rigid process. BF commented that there is a track record of non-delivery of the target over the past five years and he was not assured of a change in culture or practice.

AF responded that there is a link between health and wellbeing and increasing staff resilience, and absence; therefore, some absence is avoidable. ABa confirmed that sickness absence is a high priority within services and robust management is in place. BF accepted this but improvement requires a change of culture. AGD commented that the issue tends to be long-term absence rather than consistent patterns of short-term absence. PA commented that each type of sickness has a different solution and he would like to see categories of sickness and trends included in the report.

IB summed up that **Trust Board RESOLVED to APPROVE a target of 4% in 2013/14 and detailed scrutiny and monitoring would be undertaken by the Remuneration and Terms of Service Committee.** He asked for a further report early in the new financial year and, if the Trust was not on target, an explanation of what the Trust will do to rectify the position.

Values-based approach to recruitment, rights and responsibilities of new starters, induction and appraisal

HW commented that more emphasis on progression within the organisation and identification of career paths is important in attracting good recruits and managing talent.

TB/13/05c Exception reports and action plans – quarterly serious incidents report (item 5.3(i))

In relation to the outstanding reports in Kirklees, TB explained that this referred to historical reports and is part of the focus for serious incidents investigators' activity. Improvement has been seen over the last few weeks.

NHB commented that the Kirklees learning lessons event went well with excellent engagement with clinical staff. She hoped other BDUs would follow suit. BF added that there had been a detailed review of the workshop by the Incident Review Panel and other BDUs could learn from this process.

The serious incidents annual report will be presented to Trust Board in June 2013 and to the Members' Council in July 2013. IB would like to see the report focus on learning lessons.

It was RESOLVED to RECEIVE the quarterly serious incidents report.

TB/13/05d Exception reports and action plans – service line reporting and currency development (item 5.3(ii))

Following an introduction by DG, PA, as Chair of the Audit Committee, commented that there were two challenges at the last Committee meeting relating to whether BDUs understand their business in service line terms and assurance that information is used to compare and benchmark, particularly against variances. In response to the first point, AF commented that a process of implementation and training is underway with BDUs to facilitate understanding. On the second point, she responded that this would be included in a bigger piece of work to inform the Trust's market offer, which will come back to Trust Board in due course. ABa added that development of service line reporting has prompted a different type of discussion around contribution and levels of income between districts.

IB asked if this was sufficiently high on the Trust's risk register to which DS responded that EMT was comfortable with where it is positioned. PA commented that, whilst assurance could be given on the size and scope of the project, he would seek further assurance in relation to understanding of the Trust's cost base and variances at service line level, and the impact on Trust competitiveness and sustainability.

IB commented that the experience of acute Trusts of the introduction of payment by results was mixed. AF responded that lessons had been learned and there was no desire to de-stabilise providers. National guidance and the approach adopted demonstrate that the Trust's approach is the right one. The system is not sufficiently developed to manage contracts and there will be further development of the memorandum of understanding in 2013/14. Service line reporting will give staff the information they need to change practice and improve services.

HW asked how much variation there was between districts and what the Trust would be doing as a result. AF responded that work is underway and it will be shared with Trust Board.

BF felt that it would be highly unlikely that tariffs would be introduced and, therefore, this was in the right place on the risk register; however, work on currency and service line reporting enables the Trust to understand its business and should, therefore, be higher up the Trust Board agenda. IB suggested continued scrutiny by the Audit Committee; however, PA pointed out that the Committee's role is to scrutinise the process. When decisions are needed on the implications for BDUs and services, scrutiny passes to Trust Board. IB asked how this would be done and AF responded that she would share progress, information on variances and action firstly through annual planning and then through the marketing work. This would be supported by assurance from BDU Directors with solid examples through annual planning.

NHB commented that there are considerable variances of budgets and models between BDUs. Payment by results is one way of standardising the Trust's offer. The Trust needs to understand the variances and to learn lessons from areas where services are provided efficiently through benchmarking and comparison. IB suggested that, therefore, this needs to be taken at a business and risk meeting for an informed debate. JJ expressed caution that this is done when AF is happy with the integrity of the data and information. AF responded that she would bring a report to April's meeting.

It was RESOLVED to RECEIVE the report on progress to develop a currency for mental health services and service line reporting.

TB/13/05e Exception reports and action plans – Quality Accounts: mandated and local indicators (item 5.3(iii))

It was RESOLVED to continue to audit all three mandated indicators (seven-day follow up following discharge from hospital, minimising delayed transfers of care and crisis resolution home treatment teams – assessment prior to admission) **and to formally report on delayed transfers of care and crisis resolution home treatment teams.**

In the event that Monitor mandates the target for incidents resulting in severe harm as the local indicator, **it was RESOLVED to ask the Members' Council, via the sub-group, to identify a further local target to audit.**

TB/13/06 Monitor quarterly return Q3 2012/13 (agenda item 6)

DS commented that benchmarking information had been included in the report as requested by Trust Board and also a self-assessment against self-certification issued by Monitor. She will work with the Chair to take forward areas of improvement identified.

IB commented that he reviewed the quarterly return and was comfortable with what the Trust is submitting.

In terms of the limited assurance opinion given on the payroll aspect of financial management by internal audit, PA commented that, as Chair of the Audit Committee, he was disappointed that such an opinion was given for such a prescriptive process; however, AGD provided a report and an action plan is in place for completion by

March 2013. AGD will present an update to April's Committee meeting with a further progress report in July 2013 to confirm completion. IB confirmed he would like to see a comment in the return for Q4 that all action has been completed.

It was RESOLVED to APPROVE the return to Monitor for Q3 2012/13.

TB/13/07 Assurance framework and risk register (item 7)

It was RESOLVED to:

- **NOTE the process for producing the 2012/13 assurance framework and assurances provided for Q3 2012/13; and**
- **NOTE the areas where gaps in assurance have been identified through the risk register and are being addressed through specific action plans as appropriate, led by the lead Director.**

TB/13/08 Date and time of next meeting (agenda item 8)

The next meeting of Trust Board will be held on Tuesday 26 March 2013 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield. This will be a morning meeting.

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**