



Minutes of Trust Board meeting held on 26 March 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
	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
In attendance:	Anna Basford	District Service Director, Calderdale and Kirklees (item 7.3vi)
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	None	
Guests:	Nasim Hasnie	Members' Council (publicly elected, Kirklees)
	Councillor Isherwood	Members' Council (appointed, Wakefield Council)
	Bob Mortimer	Members' Council (publicly elected, Kirklees)
	Michael Smith	Members' Council (publicly elected, Calderdale)

TB/13/09 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. Trust Board observed a minute's silence as a mark of respect for the memory of Noreen Young, who sadly passed away on 16 March 2013. The Chair, a number of directors and many staff had attended her funeral the previous day. The Trust will be looking at a fitting memorial and tribute to Noreen in the coming months in liaison with her family.

TB/13/10 Declaration of interests (agenda item 2)

The following Declarations of Interest were considered by Trust Board.

Name	Declaration
CHAIR	
Ian Black	Non-Executive Director, MacKeith Press Ltd. (ends October 2013) Non-Executive Director, Trustee and Treasurer, Scope (charity) (ends October 2013) Governor, Beaumont College, Lancaster (ends October 2013) Non-Executive Director, Benenden Healthcare and Insurance (mutual) Non-Executive Director, Seedrs (with small shareholding) Private shareholding in Lloyds Banking Group PLC (retired member of staff) Chair, Family Fund
NON-EXECUTIVE DIRECTORS	
Peter Aspinall	Director, Primrose Mill Ltd. Director, Honley Show Society Ltd.
Bernard Fee	No interests declared
Julie Fox	No interests declared; however, does work with the Care Quality Commission in work and inspection with children and

Name	Declaration
	young people who offend. This is not likely to conflict with the non-executive director role.
Jonathan Jones	Director, Squire Sanders International Association Member, Squire Sanders (UK) LLP Member, Squire Sanders MENA LLP Spouse, shareholder in Accelerate Holdings Limited (holding company of Zenith Vehicle Contracts Limited)
Helen Wollaston	Director, Equal to the Occasion (consultancy) Director, WISE (Women in Science and Engineering) Partner is Associate of General Medical Council
CHIEF EXECUTIVE	
Steven Michael	Member of Huddersfield University Business School Advisory Board Member, Leeds University International Fellowship Scheme Partner, NHS Interim Management and Support Trustee, Spectrum People NHS Confederation elected Chief Executive representative, Mental Health Network Board
EXECUTIVE DIRECTORS	
Nisreen Booya	Honorary President of the Support to Recovery (Kirklees mental health charity)
Tim Breedon	Member, Mental Health Network Board, NHS Confederation and Chair of Learning Disabilities Steering Group
Alan Davis	No interests declared
Alex Farrell	Spouse is General Practitioner based in Beeston, Leeds
Dawn Stephenson	Voluntary Trustee for Kirklees Active Leisure Voluntary Trustee for Dr. Jackson Cancer Fund
OTHER DIRECTORS	
Anna Basford	No interests declared
Adrian Berry	No interests declared
Sean Rayner	Member, Independent Monitoring Board for HMP Wealstun Trustee, Barnsley Premier Leisure
Karen Taylor	No interests declared

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest by the Chair and Directors of the Trust.** It was also noted that the Chief Executive (SM) has been invited to Chair the Social Enterprise Support Centre.

TB/13/11 Minutes of and matters arising from the Trust Board meeting held on 29 January 2013 (agenda item 3)
It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 29 January 2013 as a true and accurate record of the meeting.
There were no matters arising.

TB/13/12 Assurance from Trust Board Committees (agenda item 4)

Audit Committee 15 January 2013 (agenda item 4.1)

Peter Aspinall (PA) raised two issues.

- The Committee receives regular updates on progress towards development and implementation of service line reporting and currency, which will provide the granular understanding of the Trust's business needed in the current competitive climate. However, he was uncertain that the Trust was moving quickly enough to engender sufficient transformational change. The Committee will, therefore, seek further assurance.
- A limited assurance opinion was given on payroll systems. A meeting will be held with the lead Director prior to the next Committee meeting to seek assurance.

Clinical Governance and Clinical Safety Committee 12 February 2013 (agenda item 4.2)

Bernard Fee (BF) raised one issue in relation to Quality Accounts. Members of Trust Board will be asked to review the document prior to the Committee meeting on 7 May 2013 to approve the Accounts. Tim Breedon (TB) confirmed that Monitor guidance has been taken into account in developing the Trust's document. Every effort will be made to balance development of a readable document that informs the reader with one that meets regulatory requirements.

Mental Health Act Committee 5 February 2013 (agenda item 4.3)

Helen Wollaston (HW) raised one issue in relation to recording of ethnicity. The Trust performs poorly against other Trusts in terms of the 'unknown' grouping and the Committee has asked for further assurance in this area. Alex Farrell (AF) responded that this issue is included in the data quality improvement action plan and is robustly monitored through an internal group, chaired by TB and which AF attends, and improvements should begin to show in recording.

Remuneration and Terms of Service Committee 12 February 2013 (agenda item 4.4)

IB commented on two items in relation to:

- sickness absence and the difficulty in managing and meeting the target;
- the gateway targets for the Directors' performance related pay scheme had been met as of today's date and were, therefore, likely for the whole year..

Charitable Funds Committee – approval of changes to terms of reference (agenda item 4.5)

Julie Fox (JF) explained the key changes to the terms of reference to:

- make executives full members of the Committee but still maintain a majority of non-executive directors;
- remove representative of NHS Wakefield District as these funds transferred to Mid-Yorkshire Hospitals in December 2011;
- increase the quorum from two members to three to reflect the increase in membership;
- delete 'Other Duties' as this referred to the administration of the funds for NHS Wakefield District, which the Trust no longer undertakes.

AF confirmed that Creative Minds funds would be a designated fund within the Trust's charitable funds and any expenditure would be approved by the Head of Equality and Inclusion. JF commented that funds would be treated in the same way as any other charitable funds and, therefore, there would be no need to increase the membership of the Committee. Partners would only be able to access the funds through a bid developed and supported by the Trust.

It was RESOLVED to APPROVE the changes to the Charitable Funds Committee terms of reference.

TB/13/13 Chief Executive's report (agenda item 5)

SM covered the following items.

- Francis Report (see agenda item 7.3(i)).
- Trust Whistleblowing Policy.
- Issues arising from the NHS Confederation Mental Health Board:
 - position of organisations post-TCS;
 - mental health payment by results;
 - increasing choice in mental health services.
- Two issues remain in this contracting round, which should be resolved for contracts to be signed by 1 April 2013. These relate to CQUIN indicators and changes to services in Wakefield.
- Monitor provider licence (see item 8).
- Cost improvements and the impact on quality. TB outlined the quality impact assessment process undertaken in conjunction with the Medical Director. JF asked how the Trust would know the process has worked. TB responded that quality and governance groups within BDUs will monitor the position locally and any issues will be brought to the Executive Management Team (EMT) through BDU Directors. This will also be reported to the Clinical Governance and Clinical Safety Committee.
- The move of the public health agenda from PCTs to local authorities. This presents a challenge and an opportunity for the Trust.
- The Trust has been issued with a Rule 43 Letter in relation to a death at Pinderfields in January 2011. The Letter requires the Trust to work with Mid-Yorkshire Hospitals NHS Trust to address a number of recommendations and send a plan to the Coroner within 56 days. This will encompass partnerships with other acute Trusts to improve liaison services.

TB/13/14 Approval of annual plans and budgets 2013/14 (agenda item 6)

AF confirmed that the budget for 2013/14 meets the requirements of the finance strategy in that:

- it provides for a surplus of 1.5%;
- it provides for at least 4% efficiencies amounting to £8.6 million;
- it meets the regulatory framework and financial risk rating;
- a quality impact assessment has been undertaken of the affect of all proposed cost improvements on quality and safety;
- it contains CQUINs amounting to £5 million;

- it provides for a sickness absence rate of 4.25% (which is currently 5.3%).

IB commented that three areas present a challenge to the Trust in relation to the level of cost improvements, CQUINs agreed with commissioners and the sickness absence target. These will be monitored closely by Trust Board and its Committees during the coming year.

It was RESOLVED to:

- **APPROVE the annual budget and plan for BDUs and support services for 2013/14, which is forecast to yield an in-year surplus of £3.7 million and a recurrent underlying surplus of £3.9 million;**
- **APPROVE the summary annual financial plan for the Trust subject to further refinement to complete the Integrated Business Plan to be approved by Trust Board in April 2013;**
- **APPROVE the proposed allocation of capital funding for 2013/14.**

TB/13/15 Performance reports month 11 2012/13 (agenda item 7)

TB/13/15a Quality and performance report (item 7.1)

AF took Trust Board through the key points from the report.

- Performance on CQUIN achievement remains amber and a £600,000 penalty is projected for 2012/13.
- There has been a significant improvement on IAPT performance in Kirklees. Targets will provide further stretch in 2013/14.
- The sickness absence level is 5.33%, which represents a short-term increase due to winter illnesses.
- There has been an increase in delayed transfers of care in some BDUs although the Trust is meeting its overall target.
- The Trust is currently below target on information governance training but is expected to meet the target by 31 March 2013.

TB/13/15b Patient experience report 'What Matters' (item 7.2)

Dawn Stephenson (DS) highlighted the key changes made to the report as a result of Trust Board comments at the December meeting and from the Members' Council.

IB asked what the Trust's plans were to incorporate the Friends and Family Test. DS responded that, although the Test does not yet apply to mental health, the Trust has applied the Friends and Family Test to a set of data collected earlier in 2013 but scored poorly as a result of the way the Test is calculated. Further work will be undertaken to ensure responders understand the context. The Trust is committed to publicly declaring the outcome of the Test but this must be in context of how it is calculated. It was agreed to include the outcome of the Test in these minutes.

[The Friends and Family question was piloted on in-patient wards during quarter 4. Out of 225 service users who answered the question "How likely are you to recommend our ward/A&E departments to friends and family if they needed similar care/treatment?", 69% would be 'extremely likely' or 'likely' (65 and 90) to recommend to friends and family, 13% 'neither likely nor unlikely' and 18% 'unlikely' or 'extremely unlikely'. The net promoter scoring methodology excludes the 'likely' responses and subtracts the 'neither likely nor unlikely' and 'extremely unlikely' scores from the

'extremely likely' giving a score between -100 and +100. In the scenario above, the Trust would have scored -2.]

SM commented that he would also like to see the outcome included in 'What Matters' despite the Trust not being included in the Test currently.

BF commented that he was confused as to the purpose of 'What Matters' and that it does not offer a true analysis of what the Trust does well or not so well. He questioned who the audience would be and what the Trust was trying to achieve with the document. He felt that its current form was more of a marketing exercise; therefore, he would like Trust Board to take a step back and agree the audience and purpose. This generated a discussion about 'What Matters'.

- HW commented that the document does contain some analysis but suggested this could be built on.
- JF commented that some of the presentation makes it a difficult document to read and she, too, felt that the audience needed to be clearer.
- DS responded that there had been developments on service user feedback in the document and that it aims to be transparent. The audience is primarily service users and carers, and stakeholders, and it demonstrates how the Trust responds to feedback.
- BF concurred that this was a great document for an external audience but not for Trust Board as an assurance document.
- SM agreed and suggested it needed more rigour for Trust Board.
- TB commented that it is a good external document but Trust Board needs assurance on performance against quality priorities to improve service delivery.
- AF commented that, for Trust Board assurance, the document would need to link to the quality improvement framework.
- BF added that the document was a completely different one to the example seen in Sheffield, which he understood was what the Trust set out to emulate.
- SM suggested that two documents were needed; firstly, a quality improvement report providing objective information, analysis, a description of action to mitigate weaknesses, linked to the Quality Accounts, and assurance for Trust Board on how the Trust is improving quality; and, secondly, an external facing document outlining initiatives to improve quality in conjunction with service users and carers, staff and members. The first would be developed and owned by TB and the second by DS.

TB/13/15c Exception reports and action plans – Report of the Mid-Staffordshire NHS Foundation Trust Inquiry (Francis II) (item 7.3(i))

TB introduced this item and began by saying that, although there is no place for complacency, this Trust is an open and transparent organisation. The vast majority of Trust services (98%) are provided in the community not in in-patient/hospital settings and there are many areas where the Trust works in partnership with other organisations to provide and enhance services. The Trust has agreed a measured response and any action identified will be embedded, as far as possible, into existing processes. The process agreed by the EMT is as follows.

- A high level review of the strategic themes to provide an initial indication of where greater assurance may be required.
- Presentation to Trust Board on 1 March 2013 to gain support for the approach.

- Gap analysis to be completed during April 2013 by a cross-section of staff, including a review of the report themes and recommendations.
- A workshop in April 2013 to particularly focus on the recommendations relating to:
 - training and education;
 - openness, transparency and candour;
 - nursing (expanded to look across all professional groups);
 - care for the elderly;
 - common information practices.

Regular reports will be made to the Clinical Governance and Clinical Safety Committee. BF commented that the process strikes a balance between fulfilling its statutory duties as required by the Government's response without detracting from what the Trust currently does. HW commented that this will also be an agenda item for the Members' Council on 1 May 2013 and will include recommendations specifically for governors.

Nisreen Booya (NHB) added that the Trust will use Francis to enhance and build on what it does already and to ensure all staff recognise their responsibilities. JF commented that, whilst she supported the approach taken, the Trust must ensure it can demonstrate it has considered and had regard for the recommendations.

It was RESOLVED to NOTE the report and SUPPORT approach taken.

TB/13/15d Exception reports and action plans – transforming care: a national response to Winterbourne View Hospital (item 7.3(ii))

TB assured Trust Board that the Trust has taken note of the recommendations both for providers and in relation to commissioning. The recommendations will be considered in the review of learning disability services to enhance the consultancy and advisory model. The action plan will be monitored by the Clinical Governance and Clinical Safety Committee.

JF asked for assurance for Trust Board of internal arrangements in relation to Trust provision and for any external providers the Trust might use and IB asked that this is picked up in the report to the Clinical Governance and Clinical Safety Committee.

It was RESOLVED to NOTE the findings and that the Clinical Governance and Clinical Safety Committee will monitor any action required.

TB/13/15e Exception reports and action plans – Themes arising from unannounced visits (item 7.3(iii))

TB explained that the focus for the Clinical Governance and Clinical Safety Committee is on areas that have not been addressed following the previous round of visits. BF confirmed this would be monitored at each meeting and also commented that this did, however, raise a concern regarding the seriousness with which BDUs take the recommendations arising out of the visits.

IB confirmed that, as an organisation, the Trust is committed to the unannounced visits programme involving Trust Board members. This was extended to the involvement of the Members' Council but a nervousness remains in relation to the involvement of service users and carers. The purpose of the visits is to provide assurance to those involved in the governance of the organisation. BF stressed that

the purpose must be clear and the visits must not be pseudo-CQC visits. The visits are intended to foster improvement not bureaucracy and he would like to see a programme developed to target risk areas, which might use the framework for CQC standards, and extended to community services.

It was RESOLVED to NOTE the themes arising from the unannounced visits in November 2012 and that action will be monitored through the Clinical Governance and Clinical Safety Committee.

TB/13/15f Exception reports and action plans – Information governance toolkit submission (item 7.3(iv))

AF confirmed that the Trust's score was now over 72% and, therefore, is rated green. The Trust expects to meet the information governance training target by the end of March 2013.

It was RESOLVED to NOTE the Trust's current position and to APPROVE the submission to the Department of Health.

TB/13/15g Exception reports and action plans – Eliminating mixed sex accommodation declaration (item 7.3(v))

It was RESOLVED to NOTE the report and to APPROVE the compliance declaration.

TB/13/15h Exception reports and action plans – Children's and adolescent mental health services (CAMHS) Calderdale and Kirklees (item 7.3(vi))

Anna Basford (ABa) took Trust Board through the report. In terms of the main contract, the assurance the Trust was seeking has been secured and ABa confirmed that contracts could be signed by the end of the month to engender a safe transfer. ABa also confirmed that the contract value is £8.4 million and meets the required Trust contribution. Further detail can be provided to Trust Board if required.

SM asked whether this provided scope for development of Tier 4/Tier 3+ services. ABa responded that this was identified for exploration in the bid and commissioners have indicated support.

HW commented that she would appreciate a discussion at a future meeting on the Trust's vision for CAMHS, the opportunities available and a consistent business model. This was supported by Trust Board.

IB asked what the Trust had learned from the successful bid that could be replicated in the future. SM responded that the Trust sought external support where a gap in skills was identified and this was tested throughout the process.

It was RESOLVED to:

- **NOTE the process and approach to prepare for delivery of CAMHS Tier 2 and Tier 3 services from 1 April 2013;**
- **NOTE the scope of the service acquisition and key features agreed;**
- **NOTE the current risks identified and actions being taken to mitigate these risks.**

IB expressed appreciation on behalf of Trust Board for the completion of a successful tender. ABa reiterated that this had been a team effort, which was noted by Trust Board.

TB/13/16 Monitor licence (agenda item 8)

DS highlighted three key issues from the report in relation to:

- commissioner requested services;
- rules around disposal of assets;
- risk pooling levy, which caused some concern for Trust Board. IB asked that the Trust ensures it contributes to any consultation on the levy, particularly lobbying through the Foundation Trust Network. *[It should be noted that the levy, as it is currently described in the licensing conditions, applies to all licensees, not just foundation trusts. IB has since discussed this item with Chris Hopson (Chief Executive of the Foundation Trust Network) and received a more detailed note clarifying more detail on the current position for all foundation trust. This is available if required for all board members.]*

It was RESOLVED to NOTE the report and the implications for the Trust as a result of being a licence holder.

TB/13/17 Use of Trust seal (item 9)

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

TB/13/18 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Tuesday 30 April 2013 in the Boardroom, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD.

Signed **Date**