With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Minutes of Trust Board meeting held on 30 April 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
	Adrian Berry	Director of Forensic Services
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Karen Taylor	Director of Service Improvement and Development
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	None	
Guests:	Penelope Fairmann	Regional account manager, Otsuka Pharmaceuticals (UK) Ltd.
	Andrew Hill	Members' Council (publicly elected, Barnsley)
	Bob Mortimer	Members' Council (publicly elected, Kirklees)

TB/13/19 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. There were no apologies. He congratulated Anna Basford (ABa) on her appointment as Director of Commissioning and Partnerships at Calderdale and Huddersfield NHS Foundation Trust.

TB/13/20 Declaration of interests (agenda item 2)

Trust Board considered the following additional declaration.

Name	Declaration
EXECUTIVE DIRECTORS	
Nisreen Booya	Honorary President of the Support to Recovery (Kirklees mental health charity) Secondary care doctor member, Bassetlaw Clinical Commissioning Group Panellist, Medical Practitioners' Tribunal Service

There were no comments or remarks made on the declaration, therefore, **it was RESOLVED to formally note the declarations made above.** There were no other declarations made over and above those made in March 2013.

TB/13/21 Minutes of and matters arising from the Trust Board meeting held on 26 March 2013 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 26 March 2013 as a true and accurate record of the meeting. There was one matter arising.

TB/13/14 Approval of annual plans and budget 2013/14

As discussed in March, in future years, the process to approve the annual plans and budget will include a briefing session to review the detail prior to the formal Trust Board meeting.

Bernard Fee (BF) welcomed the proposed approach; however, he was increasingly uncomfortable and concerned that the budget discussion was curtailed in March given the issues raised and the view that these were not satisfactorily addressed by some members of the Board. IB noted BF's comments. The Chief Executive (SM) added that there would be an opportunity to work through any residual issues at the development session in May.

TB/13/22 Performance reports month 12 2012/13 (agenda item 4)

TB/13/22a Quality performance report (item 4.1)

Tim Breedon (TB) took Trust Board through the key points in the report.

- The key focus for the report in 2013/14 will be progress against quality priorities and enhanced patient experience reporting.
- The Trust achieved its information governance training target.
- The Care Quality Commission (CQC) has appointed a new 'partner' for the Trust covering the whole of the organisational footprint. It is expected that this will result in a more robust approach.
- Cross-Trust workshops have been held to review the recommendations in the Francis Report and agree where further assurance is required. An action plan will be presented to the Clinical Governance and Clinical Safety Committee and Trust Board in June.
- There will be further development of the Business Delivery Unit (BDU) quality governance framework.

Alex Farrell (AF) commented on the following.

- There was a £600,000 underperformance on CQUINs at the end of 2013/13, which mainly related to health and wellbeing, and access targets.
- There has been an improvement in performance against Improving Access to Psychological Therapies (IAPT) targets; however, achievement of targets in 2013/14 will be challenging.
- Clustering will become increasingly important in 2013/14 and the Trust will closely monitor the impact of clustering on BDU positions.

IB commented that there is a perception that accident and emergency services are in crisis. He asked if there is an area of Trust services that should have a degree of scrutiny. TB responded that the A&E interface between the Trust and acute trusts, particularly around this Trust's response to four-hour targets, is an area for urgent review. SM commented that there are broader issues around mental health crisis services as a whole of which this is just a part and will also include home-based treatment and police liaison.

Nisreen Booya (NHB) added that this will form part of the transformation programme, particularly how crisis services work with community teams, how this relationship can be improved and how the capacity of crisis services can be increased. This is a national issue and the Trust is looking at the practice of other Trusts to learn from best practice.

SM commented that the ImROC (Implementing Recovery through Organisational Change) programme includes targets in relation to service users in employment and the Trust should be monitoring this more closely. He also commented that the Trust has a new relationship manager at Monitor and Monitor will undertake a review in quarter 4, which will include a visit to the Trust.

TB/13/22b Finance report month 12 2013/14 (item 4.2)
AF highlighted the following.

- The financial risk rating is green at 4.3 against a plan of 3.6.
- There is a net surplus of £6.05 million, which is £0.12 million ahead of the £5.93 million plan. This is mainly due to an increase in provisions and a reallocation of capital funding against revenue.
- At month 12, the cost improvement programme has underperformed by £79,000 against a plan of £9.3 million.
- Capital expenditure is at £9.2 million, which is £1.1 million below plan due the an underspend on the Fieldhead site development and deferment of investment in the Trust's clinical information system (RiO) to 2013/14.

AF was asked to explain the financial position in relation to sickness absence. She explained that the overspend related to the use of bank and agency staff. The underspend at month 2 was £500,000, which would pro-rate to an annual figure of over £6 million; however, this was actually £2.6 million as use of bank and agency was managed and reduced dramatically from month 3 of 2012/13.

BF asked why there had been an increase in provisions. AF responded that this reflected an increase in the redundancy provision to £5 million. This includes £3.2 million for named individuals to support the cost improvement programme and synergies; £1 million relates to Director plans to re-structure departments and teams; and the remaining is provision for 2014/15 in relation to the transformation programme. She stressed that it is not related to any major organisational re-structure. The Trust has agreed the accounting treatment with Deloitte and the level of evidence provided by the Trust was accepted. BF responded that he did not understand why the position had changed so dramatically. AF responded that it became apparent in the detailed work to set budgets and agree cost improvements for 2013/14; however, there has been no change to the cost improvement programme.

PA commented that £1.1 million came out of operational expenses and went to provisions in month 12 whilst the Trust still met its final budget. He asked whether there was a similar contingency in 2013/14. AF responded that it is intended to deliver balance on the plan in 2013/14 across all BDUs.

IB commented that there will be a formal review by Trust Board of the position and end-of-year outturn in October 2013. PA asked that there is ongoing review during the year and AF confirmed there would be an update on provisions in each quarter.

TB/13/22c Strategic HR report month 12 2013/14 (item 4.3)
Alan Davis (AGD) highlighted the following.

- The biggest challenge in 2013/14 is the sickness absence target and this is reflected across Yorkshire and the Humber. The biggest cause of absence is stress and anxiety, which is not necessarily work-related. There have been good signs of improvement over the last quarter and the report captures the approach by BDU.
- The staff support service has been re-designed and a rapid access prevention service introduced to support staff to remain at work.
- There is a big cultural issue around sickness absence, which the Trust will address through the wellbeing/staff survey outcomes and engagement with staff. There has been a good response to the wellbeing survey with over 2,000 responses, which provides a good base for benchmarking by BDU and support services to implement the wellbeing engagement programme.

- The appraisal target was achieved. The appraisal system has been re-designed for 2013/14 and adopts a values-based approach to promote a performance improvement culture.

Sickness absence

BF commented that he understood the point made by AF about the cost of absence; however, there is an inherent absence rate, which results in consistent expenditure in the system. In reality, the real cost is 1.4% and this is where the Trust should focus its efforts. The Trust needs to think differently about the real cost of sickness.

He also commented that last month Trust Board approved a budget knowing that it is unachievable and, for him, this presents a real issue with the way Trust Board operates.

AF reiterated her previous comments explaining that the Trust has to consider the balance between headroom, level of vacancies, level of sickness absence and the level of bank and agency staff used, and where this is out of sync in BDUs. This has enabled a focussed approach to the use of bank and agency staff. The Trust cannot eliminate all sickness absence; however, work with BDUs does show where efforts should be focussed. BF repeated that he has no confidence in the plan put forward and no confidence that the Trust will meet the target as there is no historical example of the Trust doing so.

IB asked BDU Directors to comment on achievement of the target.

ABa responded that in Calderdale, there is an increased focus on sickness management and a robust management approach. The number of staff with long-term sickness absence has reduced. She was confident of and assured by the grip managers have but the target in 2012/13 was not achieved. In Kirklees, sickness is largely a problem in older people's services, with adult services achieving the target. Sickness absence has increased over the winter period in older people's services. Again she is assured by the management of absence and the process. The target of 4.25% will be stretching but not unachievable.

Sean Rayner (SR) responded that there has been a year-on-year continuous improvement in Barnsley over the last five years. Mental health services have particularly improved. Consistent application of the policy remains an issue and targeted activity is key to resolving absence issues, which has been evidenced through improved performance against the target. In Wakefield, there has also been a year-on-year improvement with a substantial reduction over the past year. The same principles as in Barnsley need to be applied. The target should be achieved in Barnsley; Wakefield will be more challenging but there is a robust trajectory and management teams are working to this.

In Forensic services, Adrian Berry (ABe) confirmed that the target will be challenging despite management efforts to achieve it. There is consistent application of the policy, which has been confirmed by a sub-group set up with staff side to look at sickness absence. There has been a quarter-on-quarter improvement in medium secure services and a dramatic reduction in long-term sickness absence. The target will be a big challenge; however, following the trajectory in 2012/13, could be achieved. There has been an increase in sickness absence in low secure services, both for long- and short-term absence. There has been a significant change in management and this will see the trajectory coming down; however, it is unlikely that the target will be achieved.

SM commented that the best indicator of future performance is previous performance. There is a significant cultural challenge in low secure services and this affects forensic achievement overall. The aspiration is for 4.25% but operational planning needs to consider whether this can be achieved. As already stated, the Trust needs to be realistic in its budget and its plans.

Peter Aspinall (PA) commented that there is a 1% gap and, however this is costed, it is a large proportion of the Trust's funds and changing the culture will be difficult. He asked at what point the Trust would seek external consultants to support improvements. AGD responded that 4.25% has always been seen as a stretching target. The Trust operates in the context of the NHS both regionally and nationally and some approaches are not open to the Trust as it is bound by national terms and conditions. The Trust has to look at best practice and other ideas and tools; however, the Trust benchmarks very well with other parts of the NHS.

Helen Wollaston (HW) commented that the consequences of not meeting the target have been discussed at the Remuneration and Terms of Service Committee and the Committee was assured it would be part of the performance measures for managers.

BF commented that it is clear where the Trust can make improvements and where the target will and will not be achieved. He would, therefore, like to see the Trust introduce variable targets. Julie Fox (JF) felt the Trust should look at the longer-term, particularly how it will achieve the national average of 4%. The Trust is increasingly competing with the private sector and this should be accommodated in the target. She also commented that the transformational change programme will have an affect on staff and this needs to be considered. She suggested the Trust considers the overall target and makes accommodation for differences between BDUs. SM reiterated his point that, although the aspiration is to reduce the target to the national average of 4%, the Trust has to be realistic and root its targets in operational reality. AF commented that BDUs are developing a realistic trajectory for monitoring by the Executive Management Team to manage performance and demonstrate improvement, which will be reported to Trust Board.

Jonathan Jones (JJ) felt that seeking external advice did not present a positive view of the organisation. It would not reflect very well on the Trust and the Trust should be capable of identifying best practice and applying it to its business. He supported the move to link performance objectives and remuneration.

In summary, IB asked SM to consider PA's suggestion that the Trust seeks external support and advice. There will be a further discussion on sickness absence at the meeting in July 2013 with further scrutiny and understanding of the detailed operational figures at service level by the Remuneration and Terms of Service Committee.

<u>TB/13/22d Exception reports and action plans – Quarterly serious incidents report (item 4.4(i))</u>
TB highlighted the following.

- A root cause analysis master class for serious incidents investigators has been held to improve investigations, improve the length of time taken to produce reports and improve the recommendations made as a result of investigations.
- There has been a review of the Incident Review Sub-Group, which will focus on performance and assurance regarding serious incidents processes, and the Clinical Reference Group, which will focus on learning lessons.

As reported to Trust Board in March 2013, following receipt of the Rule 43 Letter, the Trust has agreed to provide a joint response to the recommendations with Mid-Yorkshire Hospitals NHS Trust (MYT). A number of 'next steps' were agreed by the Director of Nursing, Medical Director and Deputy Director of Operations (Wakefield) with MYT's Director of Nursing, Medical Director and Chief Operating Officer. A further meeting will be held on 2 May 2013 to review progress and agree the initial response to the Coroner. TB confirmed that the review report will be finalised within twelve weeks and will cover Wakefield and North

Kirklees in the first instance. With BDU Directors, he will then agree how it can be applied in Calderdale and Kirklees.

IB asked what investigation takes place and by whom of people who commit suicide and appear in the 'not known to the Trust' category. TB responded that the Trust has approached the Coroner in each district for information to enable the Trust to undertake an analysis of this group; however, as NHB explained, there has been a reluctance to share the information with the Trust. IB asked if there was any further action the Trust should take. NHB responded that there is ongoing discussion with clinical commissioning groups to agree a way forward. SM commented that this is a common picture nationally. It is important that the Trust understands the pattern across the Trust's area as a whole not just those defined as 'known to the Trust'. IB suggested this should be on the agenda of the Health and Wellbeing Boards as the Trust needs to know any themes behind other suicides, such as issues with access to Trust services. JF asked if the Trust should commission a piece of work to take this forward and it was agreed TB would take the suggestion and concerns through the Health and Wellbeing Boards.

BF informed Trust Board of the presentation of the outcome of a review of a number of suicides commissioned by NHB and undertaken by two Trust consultants. The findings highlighted a number of areas where the Trust could do things better. An action plan was requested by the Committee and this will come to the next meeting.

It was RESOLVED to NOTE the report and the updated on the Rule 43 Letter.

TB/13/22e Exception reports and action plans – Annual medical appraisal and re-validation report (item 4.4(ii))

Following NHB's introduction, HW asked about the value of the exercise. NHB responded that there had been no surprises; however, it is a good tool for raising awareness of the role and responsibility of medical staff in terms of quality, safety and standards of care, and has made medical appraisal more robust, providing a forum to reflect on individual performance. SM commented that it reinforces the role and responsibility of the medical workforce in leadership within the Trust.

It was RESOLVED to CONTINUE to support and resource the developing and running of the systems and processes necessary to ensure the Trust, Responsible Officer, and medical staff meet their obligations under medical re-validation.

TB/13/22f Exception reports and action plans – Risk assessment of performance targets (item 4.4(iii))

AF alerted Trust Board to the following.

- The Compliance Framework remains as 2012/13 for the first two quarters of 2013/14. From October 2013, a revised risk assessment framework will be in place and Monitor is currently consulting on this. She assured Trust Board there is no risk to meeting compliance targets in 2013/14.
- There is an increase in data reporting, which will have an impact on clinical systems and overheads for collecting information.
- The report contains a high level summary of CQUINs. These are similar to 2012/13 with the exception of forensic CQUINs, which are a departure from previous years. In terms of risk, the assessment is that the CQUINs are stretching with a £1 million financial risk.
- NHS England requires all contracts to be signed by today. The Trust is in a position to achieve this with the exception of Wakefield. A further meeting will be held today with commissioners in Wakefield and the Trust is hopeful the position can be resolved.

IB asked if there was a point where the Trust would not tender for a service due to the CQUINs or targets set. BF commented that this would be difficult to assess given the Trust's block contract. AF responded that this would be tested through negotiations with commissioners in terms of the Trust's strategic direction and quality priorities. SM commented that there would be a line where targets were unrealistic and unachievable and are designed by commissioners just to take money out of the system; however, this has not been the case for the Trust. It does, however, remain an issue due to the nature of the block contract. AF commented that the current position demonstrates the Trust's successful negotiation of its contracts.

It was RESOLVED to NOTE the report, the assessment of risk and the actions planned to mitigate the risk.

TB/13/23 Governance issues (agenda item 5)

TB/13/23a Monitor Code of Governance and Corporate Governance Statement (item 5.1)

Dawn Stephenson (DS) took Trust Board through the key points in the report. PA commented that he had asked DS how, in practice, D.1.2c (relating to decisions to appoint external advisers) would work. IB responded that this would be agreed with the Chair and/or the Chief Executive; however, all members of Trust Board have the ability to propose the appointment of external advisers and he did not think the Trust should over-design a process. Situations would become clear if the matter arose. PA replied that he would like to see a process in place and IB will discuss this further with DS.

JF also asked for the Corporate Governance Statement, under item 14, to include expertise around the criminal justice system and equality and diversity.

It was RESOLVED to CONFIRM that the self-assessment against the Monitor Code of Governance provides assurance that processes are in place to ensure compliance by the Trust, and CONFIRM that the Corporate Governance Statement provides the assurance needed for Trust Board to make the required self-certification.

TB/13/23b Annual Governance Statement (item 5.2)

SM introduced his Statement, which encapsulates the key issues in running the organisation in relation to risk.

It was RESOLVED to APPROVE the Annual Governance Statement for 2012/13. Trust Board noted that there may be some changes to the Statement following review by the Trust's external auditor, Deloitte, and **RESOLVED to DELEGATE AUTHORITY to the Audit Committee to approve a final version, if necessary, as part of its approval of the annual report and accounts on 23 May 2013.**

TB/13/23c Audit Committee annual report 2012/13 (item 5.3)

It was RESOLVED to SUPPORT the view of the Audit Committee that it can provide assurance that, in terms of the effectiveness and integration of risk committee, risk is effectively managed and mitigated through assurance that Committees meet the requirements of their terms of reference, that Committee workplans are aligned to the risks and objectives of the organisation, which would be in the scope of their remit, and that Committees can demonstrate added value to the organisation.

TB/13/23d Changes to the Trust's Constitution (item 5.4)

It was RESOLVED to APPROVE the changes to the Trust's constitution.

TB/13/24 Trust Board self-certification – Monitor quarter 4 return 2012/13 (agenda item 6)
It was RESOLVED to APPROVE the exception report and quarterly return to Monitor.

TB/13/25 Assurance Framework and organisational risk register quarter 4 2012/13 (item 7)
It was RESOLVED to:

- **NOTE the process for producing the 2013/14 Assurance Framework and assurances provided for quarter 4 2012/13;**
- **NOTE those areas where gaps in assurance have been identified through the Trust-wide risk register, which are being addressed through specific action plans led by the appropriate Director.**

TB/13/26 Date and time of next meeting (agenda item 8)
The next meeting of Trust Board will be held on Tuesday 25 June 2013 in the Manor Room, 5th floor, F Mill, Dean Clough, Halifax.

Signed …… Date ……