



With all of us in mind

Minutes of Trust Board meeting held on 25 June 2013

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	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
In attendance:	Dawn Gibson	Deputy Director of Finance
	Bronwyn Gill	Head of Communications
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Julie Fox	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Alex Farrell	Deputy Chief Executive/Director of Finance
Guests:	Ann McAllister	Members' Council (appointed, Calderdale Council)
	Bob Mortimer	Members' Council (publicly elected, Kirklees)
	Tony Wilkinson	Members' Council (Lead Governor and publicly elected, Calderdale)

TB/13/27 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. The apologies, as above, were noted.

TB/13/28 Declaration of interests (agenda item 2)

There were no declarations over and above those made in March 2013.

TB/13/29 Minutes of and matters arising from the Trust Board meeting held on 30 April 2013 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 30 April 2013 as a true and accurate record of the meeting. There were no matters arising.

TB/13/30 Assurance from Trust Board Committees (agenda item 4)

Audit Committee 9 April and 23 May 2013 (agenda item 4.1)

Peter Aspinall (PA) raised one issue in relation to the meeting on 9 April 2013.

- The Committee has a standing item on its agenda to provide assurance on progress towards development and implementation of service line reporting and currency, which will provide the granular understanding of the Trust's business at every level needed in the current competitive climate.

In relation to the meeting on 23 May 2013 to approve the accounts, PA alerted Trust Board to:

- the unqualified audit opinion issued by Deloitte on the Trust's accounts and Deloitte's comments in relation to the quality of the working papers;
- the positive comments made by Deloitte on the Trust's Quality Report; and
- the Head of Internal Audit opinion of significant assurance that there is a generally sound system of internal control on key financial and management processes within the Trust.

Clinical Governance and Clinical Safety Committee 16 April, 7 May and 17 June 2013 (agenda item 4.2)

Bernard Fee (BF) commented that there is a general theme running through the agenda for the Committee in relation to the regulatory environment. The Trust must ensure it maintains a good and strong relationship with its regulators and continue to challenge itself in terms of improving services. The unannounced visits programme is a key part of this and is beginning to yield results. The Trust will continue to involve the Members' Council in these visits. He commented generally that this is a challenging time from a clinical perspective.

Tim Breedon (TB) added that clinical commissioning groups (CCGs) have indicated an interest in undertaking their own unannounced visits, which would be in addition to those undertaken by the Care Quality Commission (CQC). The Trust is currently discussing the viability and process, and it may be that these are incorporated into the Trust's own programme. BF commented that the Trust must ensure its original purpose to improve services is not lost just to meet the requirements of the regulatory environment.

The Chief Executive (SM) commented that feedback from staff on the unannounced visits has been positive in terms support for services, and is seen as a legitimate activity for Trust Board in terms of challenge. Additional visits are likely to cause confusion in front-line services and the Trust needs to understand the purpose of the visits by commissioners and what would be done with the findings.

BF went on to comment that the first round of unannounced visits produced an action plan and the Committee did feel that the actions had not been dealt with as effectively as they should have been. As a result, a number of follow up visits have been arranged in August 2013 to ensure the actions have been implemented.

Mental Health Act Committee 7 May 2013 (agenda item 4.3)

IB took this item on behalf of Helen Wollaston. Two issues were raised.

- A Trust-wide audit of Section 17 leave forms found only a small number to be compliant. Business Delivery Units (BDUs) have produced an action plan to resolve.
- The CQC has produced a report on compliance against the Mental Health Act. Following a self-assessment, one area has been assessed as red. This relates to the lack of a multi-agency protocol for conveyance. TB and Nisreen Booya (NHB) will meet with the Yorkshire Ambulance Service to take forward.

Remuneration and Terms of Service Committee 23 April 2013 (agenda item 4.4)

BF asked whether there had been more detailed consideration of issues around sickness absence. Alan Davis (AGD) responded that the Committee has a standing item on the agenda in relation to key performance issues of which sickness absence is one area. It was agreed there should be a fuller discussion at Trust Board in July under the HR performance report.

TB/13/31 Chief Executive's report (agenda item 5)

SM began by raising the recent whistleblowing incident in relation to issues around bed pressures, which was raised with the CQC. This involved the admission of service users, particularly in Calderdale, when there is no bed available. The Trust met with the CQC on 17 June 2013. The Trust's policy is that, where every other avenue has been exhausted, staff must balance the risk and interests of the service user and this may mean admission without a bed. SM reported that there have been twelve incidents in the period from January to May 2013 where pressure in the system has meant there were no beds. Nine of these have been on the Dales unit in Calderdale.

He assured Trust Board that this is not a matter of custom and practice but common sense has to prevail. The original approach of the CQC was that this was unacceptable; however, after discussion with the Trust, it was accepted that, in exceptional circumstances, admission is the only course of action the Trust can take in the interests of patient safety.

The Trust is currently updating its bed management protocol and a higher level of alert, through the Director of Nursing and the Medical Director, instigated should an instance occur again. The matter will also be discussed with commissioners in terms of the service commissioned in Calderdale. SM added that this reflects a national position of decreasing bed numbers, which is putting pressure on mental health services.

The CQC has provided verbal feedback that it feels assured in respect of the steps the Trust has taken and that there will be no regulatory response. The Trust should receive a formal letter within the next few days. Monitor has been informed throughout the process.

TB added that the Trust has also increased its access to external beds and will keep this under review.

SM also raised the following under his remarks.

- Monitor annual plan 2013/14 – Monitor has undertaken an initial review and discussed this with the Trust. There is no indication of a phase II review and this will be formally confirmed in July when Monitor has had the opportunity to review in more detail.
- NHS Confederation feedback.
- Partnership issues.
- Talent Pool.
- Management structure – as previously discussed at Trust Board, Anna Basford will take up her post at Calderdale and Huddersfield NHS Foundation Trust in early July 2013. Karen Taylor will assume the role of District Service Director for Calderdale, Kirklees and specialist services. A paper will be presented to the Remuneration and Terms of Service Committee in July 2013 in relation to filling the role of Director of Service Improvement and Development.
- Marketing and the Trust's response to the commercial environment – an interim paper on the transformational service change programme will be presented to Trust Board in July and this paper will include proposals for the project management office and the Trust's approach to marketing. SM also reminded Trust Board of the engagement events currently underway across the Trust.

IB also raised the following.

- Two themes are emerging from the current coverage of the NHS in the press – gagging orders and suppression of reports. Both go against the Trust's values and its commitment to transparency and openness.
- There is a workshop for the Members' Council on 8 July 2013 on significant transactions to help prepare governors for their new role. If any Directors, particularly Non-Executive Directors, wish to attend, they are more than welcome to do so.
- Allyson McGregor from Altogether Better has been selected on the HSJ Inspirational Women in the NHS list. Trust Board offered its sincere congratulations on this honour.

TB/13/32 Annual report, annual accounts and Quality Report 2012/13 (agenda item 6)

IB commented that the Quality Report had been approved by the Clinical Governance and Clinical Safety Committee in May 2013 and was then approved by the Audit Committee on

23 May 2013 with the annual report and accounts. A summary will be presented to the Members' Council on 26 July 2013.

Dawn Gibson (DG) took Trust Board through the key points of the Director of Finance's report.

- The Trust's planned annual surplus for 2012/13 was £5.9 million; actual surplus was £6.0 million and overall was £120,000 better than planned.
- Capital expenditure for the year was £9.2 million against an original plan of £10.4 million; the main elements of the underspend relate to deferred schemes on the Fieldhead and Sycamores sites, the RiOIT project and funding earmarked for the Estates Strategy. These will be required in 2013/14.
- Monitor's financial risk rating at the end of March was 4.3. This was better than the plan of 3.6 for the year, due to better than planned EBITDA and surplus performance.
- The Trust's cash position remained strong throughout the year with sufficient resources to meet its outgoings and any surplus balances were invested in line with the Treasury Management Policy to maximise interest receivable.

SM commented that Deloitte's view of the Trust's Quality Report demonstrated a great improvement over previous years, which commended the process undertaken and the detailed scrutiny by the Clinical Governance and Clinical Safety Committee. BF commented that fundamental to producing a successful document is continuity of production lead and resources. Karen Batty was commended for her efforts in producing the report this year.

It was RESOLVED to RECEIVE and ADOPT the annual report, accounts and Quality Report for 2012/13.

TB/13/33 Performance reports month 2 2013/14 (agenda item 7)

TB/13/33a Quality performance report (item 7.1)

TB took Trust Board through the key points in the report.

- Monitor compliance is currently amber/green due to underperformance on the ' % of service users on CPA who have had a formal review recorded in the last twelve months' (91.8% against a target of 95%). Work has begun in BDUs to ensure the target is met by the end of quarter 1.
- Action is in place to address risks to achievement of CQUINs.
- Remedial action is in place to address the underperformance in clustering.

Following the report by MIND, TB assured Trust Board that Trust policies and procedures in relation to face-down restraint are underpinned by national guidance and accord to regulatory standards. It is only used as a last resort intervention and to prevent long-term injury. All incidents of use are recorded through DATIX and reviewed by the Managing Aggression and Violence Team. In comparison with other Trusts, this Trust is reporting a much lower level of use/incidents. There will be a fuller self-assessment against the report, which will be brought back into the Clinical Governance and Clinical Safety Committee.

BF commented that there is a recognition that the Trust needs to get better at not using this technique whilst balancing this with a judgement at service level at the time of restraint. NHB commented that the Trust has to look at and develop alternatives as some Trusts are not using this technique at all.

In relation to recent reports in the press regarding detention of individuals under the Mental Health Act in police cells, TB provided assurance to Trust Board that the Trust's three

Section 136 suites (in Barnsley, Calderdale and Wakefield) means that, although pressured at times, this is a carefully managed process and there should be no resort to retention in police cells.

AGD highlighted the following under workforce.

For sickness absence, the year-to-date figure for the Trust is 4.7%, which is a positive trend and represents a tremendous effort by managers. Individual BDUs are as follows.

- Barnsley 5.2%
- Calderdale 3.9%
- Kirklees 4.7%
- Wakefield 4.1%
- Forensic 6% (although the overall figure remains high, Newton Lodge has reduced to 4.4%, which is an excellent achievement, even though the figure for Newhaven remains high at 9.9%)
- Support services 4.1%

AGD confirmed that management of sickness absence is an integral part of the appraisal process and is included in managers' objectives.

BF commented that trends would be useful, particularly in comparison with last year. It was agreed these should be included in the strategic HR report to Trust Board in July 2013.

Appraisal figures will be included in the strategic HR report for quarter 1 in July 2013 against the target of 90% completed by the end of June 2013. There has been positive feedback so far on the new process although some areas have found the process a challenge to implement, particularly where there is transition from team to individual appraisal.

TB/13/33b Finance report month 2 2013/14 (item 7.2)

DG highlighted the following.

- The overall position at month 2 is a £1.3 million surplus, which is £354,000 ahead of plan. The Trust is forecast to achieve its plan.
- The cash position is £1 million behind plan due to non-payment of an invoice by one CCG. IB asked for assurance that this would not occur again. DG confirmed that all future payments will be honoured.
- Capital expenditure is to plan.
- The Cost Improvement Programme is also on plan although there are a number of risks identified by BDUs in relation to e-rostering, which had also been identified through the Quality Impact Assessment process.
- The financial risk rating is 4.1, which is ahead of plan at quarter 1 (3.9%) due to the additional surplus position.
- There is a potential risk identified of £900,000 in relation to achievement of CQUINs. Following mitigating action identified by BDUs, a further assessment will be undertaken at quarter 1, which will be reported to Trust Board in July 2013, and this is expected to reduce.

PA asked how much of the cost improvement programme of £8.7 million was at risk. DG responded that this was estimated at £500,000. He also asked how, when the Trust's agreed sickness absence target is 4% and the Trust is reporting a level of 4.7%, the current financial position can still be achieved. DG responded that each BDU is covering absence but not necessarily by utilising bank or agency staff. PA commented that even so this should result in an adverse financial variance or reduction in service. AGD responded that some areas (such as administrative and support service roles) tend not to be covered during absence. In clinical areas, staff would be replaced. IB commented that he would welcome a

further discussion on the Trust's approach to covering sickness absence, both in the short- and long-term, in the Remuneration and Terms of Service Committee to provide assurance that services are being provided safely and effectively.

IB asked for three issues to be covered in the finance report at the July 2013 meeting.

- As the current surplus is ahead of plan, Trust Board needs an understanding of how and why there has been an underestimate of the Trust's position at month 2.
- Assurance regarding vacancies in Barnsley BDU, particularly in relation to the level and status.
- Clarity on performance of the cost improvement programme as the figures and narrative do not match and there was some concern that the Trust is reporting exact achievement against target.

IB added that he would want to see an assessment of the transformation programme's contribution to cost improvements.

TB/13/33c Exception reports and action plans – Francis II and 'Patients first and foremost' organisational review (item 7.3(i))

TB began by saying that the Trust is taking the Francis Report extremely seriously but wants to ensure its response is proportionate and appropriate, and, where possible, to incorporate action into existing organisational development and improvement plans.

Trust Board noted the general feeling at the Clinical Governance and Clinical Safety Committee that some critical issues raised by staff were not sufficiently addressed in the action plan. TB has agreed to review the plan and to re-present to the Committee in September 2013. BF commented that one key issue is how the Trust gets feedback from staff and then what it does with it.

PA asked whether Francis has uncovered some issues the Trust was not aware of. SM responded that there had been no surprises; however, there was a need to be seen to act on the feedback, particularly that around culture. AGD added that many of the comments were recognised and action is in place to address, such as the introduction of a values-based appraisal system and e-rostering. BF commented that the critical relationship is between the workforce and Trust Board and Trust Board's understanding of the organisation.

IB asked that AGD brings a summary of the wellbeing survey to Trust Board as part of the strategic HR report in July 2013.

It was RESOLVED to NOTE the identified action and to RECEIVE further assurance from the Clinical Governance and Clinical Safety Committee on the action plan developed by the Trust.

TB/13/33d Exception reports and action plans – Incident management annual report 2012/13 (item 7.3(ii))

TB took Trust Board through the main points in the report. He also highlighted the key issues to improve patient safety:

- access to appropriate data;
- reporting levels;
- quality of investigations; and
- learning from experience.

He added that the report would be considered in detail by the Clinical Reference Group (made up of senior clinicians and clinical leads), which will report into the Clinical

Governance and Clinical Safety Committee, particularly in terms of learning and sharing best practice. The following comments were made during the discussion.

- BF commented that this was a good piece of work in terms of analysis of suicides. As the range of incidents reported is broader, the focus perhaps needs to be on more 'mundane' areas such as bed sores.
- SM supported this and added that there needs to be an analysis of which incidents were predictable and preventable. The Trust needs to be open about these and work to address them.
- PA was concerned that the reduction in completion of investigations (from 60 days to 45) will affect the quality of reports. TB responded that, although this is not now a requirement due to Trust representation to CCGs, the Trust may move to shorter timescales as there are systems and processes available to maintain the quality of reporting.
- AGD expressed a concern that the Trust has got better at managing the process rather than learning to improve quality and safety of services. TB and NHB agreed that this was a focus for the next twelve months.
- IB asked who was learning from suicides in the community where individuals are not in the Trust's care. NHB responded that the Trust has, historically, had difficulty in getting data; however, it will be approaching Coroners' Offices again requesting relevant information.

It was RESOLVED to NOTE the report.

TB/13/33e Exception reports and action plans – Customer services annual report 2012/13 (item 7.3(iii))

Bronwyn Gill (BG) introduced this item and highlighted three issues.

- There has been one formal complaint regarding bed pressures in Calderdale.
- There has been more contact and interaction with carers as the Trust's services have expanded.
- The relationship with the Parliamentary and Health Service Ombudsman has changed as the Ombudsman's strategy will be to provide more support to individuals raising complaints and its involvement will be earlier. TB added that the Ombudsman is also making recommendations to Trusts on the level of compensation on offer and suggesting that complaints can be resolved through a payment.

BF commented that this was a helpful report. He would like to see the richness of the contacts with customer services included in 'What Matters' and would also like to see a comparison with 2011/12.

IB asked what the Trust's approach is to Freedom of Information requests. BG responded that it is one of complete openness and transparency except in exceptional circumstances. Trust Board was of the view that this would, in some cases, put the Trust at a disadvantage as there is not the same motivation for other types of organisation to be so open. IB commented that he would like to see the origin of requests analysed.

SM commented that the customer services team should be commended for the work to quality assure any response sent to complainants and for diligence in responding.

It was RESOLVED to NOTE the annual report.

TB/13/33f Exception reports and action plans – NHS Constitution (item 7.3(iv))

It was RESOLVED to APPROVE the paper as assurance that the Trust is meeting the terms of the Trust's Constitution.

TB/13/33g Exception reports and action plans – Registration for additional activity with the CQC (item 7.3(v))

It was **RESOLVED** to **APPROVE** the amendment to the Trust's Statement of Purpose, which reflects the registration status change set out in the paper.

TB/13/34 Use of Trust seal (agenda item 8)

It was **RESOLVED** to **NOTE** the use of the Trust's seal since the last report in March 2013.

TB/13/35 Date and time of next meeting (agenda item 9)

The next meeting of Trust Board will be held on Tuesday 23 July 2013 in the Wainhouse Room, 5th floor, F Mill, Dean Clough, Halifax.

Signed **Date**