Minutes of Trust Board meeting held on 23 July 2013

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	Julie Fox	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Nisreen Booya	Medical Director
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
In attendance:	Adrian Berry	Director, Forensic Services
	James Drury	Deputy Director, Strategic Planning
	Dawn Gibson	Deputy Director of Finance
	Sean Rayner	District Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	District Service Director, Calderdale and Kirklees (from item 4)
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Jonathan Jones	Non-Executive Director
	Steven Michael	Chief Executive
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
Guests:	Penelope Fairmann	Regional account manager, Otsuka Pharmaceuticals (UK) Ltd.

TB/13/36 Welcome, introduction and apologies (agenda item 1)
The Chair (IB) welcomed everyone to the meeting. The apologies, as above, were noted.

TB/13/37 Declaration of interests (agenda item 2)
There were no declarations over and above those made in March 2013 and subsequently.

TB/13/38 Minutes of and matters arising from the Trust Board meeting held on 25 June 2013 (agenda item 3)
It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 25 June 2013 as a true and accurate record of the meeting. There were no matters arising.

The Chair made a number of remarks.

- Monitor has established regional teams and embarked on a schedule of annual visits to all Foundation Trusts. This Trust met with Monitor at Fieldhead on 15 July 2013. The Executive Management Team (EMT) met with the Senior Regional Manager and the Regional Manager, which was followed by a meeting with Chair and then the Chair and the Chair of the Clinical Governance and Clinical Safety Committee. The visit ended with a tour of Newton Lodge hosted by the Director of Forensic Services. The meetings were positive and key issues raised related to cost improvements in future years, how the Board works and succession planning, and partnerships and relationships in the local health and social care economy.
- A Board-to-Board meeting was held on 18 July 2013 with Barnsley Care Commissioning Group (CCG). The Trust is keen to also include Barnsley Hospital NHS Foundation Trust and the model provides a good example to replicate in other Business Delivery Unit (BDU) areas.
- There appears to have been little impact on Trust services as a result of the recent hot weather, particularly in areas that have access to outside areas. Adrian Berry (ABe)

added that there had been little impact on forensic services, particularly in Newton Lodge where the investment in the new building and courtyard arrangements are a vast improvement.

TB/13/39 Transformational service change (agenda item 4)

Alex Farrell (AF) introduced this item, which is a key workstream for 2013/14 for implementation in 2014/15. An EMT time out in July focussed on placement and processes within the organisation and links with the Trust's vision and values. Sean Rayner (SR) took Trust Board through the paper and explained that it linked to previous papers presented. It also describes links with other Trust activity, such as the Talent Pool, values-based appraisal and partnership working. The ultimate aim is to facilitate a smooth journey through service pathways, particularly those services provided by the Trust, for service users and their carers.

The following points were raised during the discussion.

- Helen Wollaston (HW) asked what the clinical impact would be on current services. SR responded that there would be no impact in in-patient areas as these are likely to continue in the current configuration; however, there will be parts of the Trust where service changes will impact on staff and management of this process will be an integral part of the service change agenda.
- HW also asked about outcome measures for the programme. SR responded that a clear set of qualitative and quantitative measures will be developed and these will be reported to Trust Board.
- Bernard Fee (BF) asked how the effect of the transformation and associated cost improvements on clinical quality would be assessed. He also commented that he was unsure what the transformation would deliver each year and in what areas.
- BF commented that non-clinical services also need to be transformed to protect services undergoing transformation. He would like to see these brought together to support service transformation. AF responded the technology and estate are key to the programme and the contribution of both areas will be articulated in the integrated business plan in October 2013. James Drury (JD) added that 'back office' functions will be a common theme in the transformation programme and will also involve and enable a wider set of people to contribute to the change agenda. IB asked whether areas such as technology and estate should have higher visibility in the programme. AF responded that this was a difficult balance. The Trust must ensure the enablers do not drive services; therefore, the emphasis is on clinical models. BF commented that he thought the Trust could identify bigger savings by changing the way it runs its business and by taking a more aggressive approach to enabling strategies. IB asked that an update on these areas is included in the next report to Trust Board.
- Julie Fox (JF) commented that it is apparent from the staff wellbeing survey that staff are becoming more concerned about job security and change. The Trust needs to be conscious of this, particularly when looking at absence levels.
- ABe confirmed that expansion of community forensic teams was considered as a service development; however, NHS England has excluded this area from specialist provision and, therefore, it can only be provided through local CCGs. BF suggested that the Trust could take a different approach to risk and develop an extension to the pathway. JF asked if it was possible to do this in just one area as a pilot. AF responded that there are a number of options for step-down provision; however, specialist commissioners cannot currently take this forward. This is despite a strong argument for commissioners that funding step-down services puts service users at the heart of commissioning.
- Peter Aspinall (PA) commented that it is difficult to see how the transformation programme will cover services provided in integrated teams and where Trust staff work in other organisations. AF responded that there will be an articulation of the vision and

associated plans by the end of August 2013, which will include integrated teams and other partnership working. SR added that the Trust has a major role in working with partners to identify areas where cost shifting is necessary and in supporting organisations de-stabilised by the changes in commissioning.

- BF commented that there has to be a balance between the resources available to the Trust and service users' and carers' expectations. The Trust needs to be clear on its own 'bottom line'. There may be a need for compromise and the Trust needs to be careful that the engagement process does not build an expectation that change will provide exactly what people want. IB added that the Trust must explain what it has and has not done as a result of the engagement and involvement events.
- IB also asked about the next steps for reporting to Trust Board, particularly on the conversion of plans to action. It was agreed a further report would come to Trust Board in October 2013, which would outline the vision for each strand, a hypothesis of what would change, milestones, outcome measures and the implications for and support from support functions.

TB/13/40 Performance reports month 3 2013/14 (agenda item 5)

TB/13/40a Quality performance report (item 5.1)

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

- The report continues to develop and feedback on the format from Trust Board was welcomed. BF commented that the report is improving but he found it difficult to read. He also felt there was a disconnect between the graphics and narrative.
- The Trust continues to fail the routine access target. A review of the pathway will be undertaken to understand the issues behind non-achievement.
- Work has begun with the University of Huddersfield to review single point of access arrangements across the Trust.
- The Trust will look at local measures to assess performance against improved care and care planning targets on a more regular basis as the current measure is based on an annual national survey. JF asked about the quality of care plans, which need to be understandable, meaningful and helpful for service users and carers. KT acknowledged that this was an area that requires more work and services can learn from best practice arrangements already in place within the Trust. The Trust does have standards in place and areas of poor performance are being targeted.
- Delays to transfers of care continue to be an issue and the Trust is working with local authority partners to resolve current difficulties. PA asked whether the Trust has a solution. KT stressed that the Trust is in active discussion with local authorities; however, there are some hotspots and these need to be individually reviewed to understand the cause to ensure that these are not due to internal issues.
- The Trust is undertaking a review of all clostridium difficile cases to understand their origin.
- There has been a reduction in reporting days for serious incidents from 60 to 45 days. The implications are being assessed.
- The Trust currently operates within national guidelines for face-down restraint; however, it is reviewing best practice to identify areas where practice could be improved. A further report will be brought back into the Clinical Governance and Clinical Safety Committee.
- The Trust has reviewed its policies and procedures in relation to end-of-life care following the recent guidance on the Liverpool care pathway.
- JF asked whether the Trust recorded its own practice in relation to getting people into employment. Alan Davis (AGD) responded that the Trust has signed up to the Mindful Employer principles to enable people to apply for posts within the Trust and to help staff already employed. Nisreen Booya (NHB) also commented on a research and development project to assist and support service users into employment. She added that the Trust must also take the opportunity to learn from other areas.

- In relation to proposed unannounced visits by CCGs, Dawn Stephenson (DS) has explained Trust assurance processes through unannounced visits and the '15 Steps' initiative. She has suggested a structured approach to any involvement of third parties in such visits, which is being considered by CCGs.
- The Care Quality Commission (CQC) consultation, 'New Start', proposes a four-point rating scale. It was agreed the Clinical Governance and Clinical Safety Committee will monitor and scrutinise the proposals and final approach. HW commented that she would like the Trust to be proactive in assessing the Trust's position and IB added that he would want to see a plan in place if any Trust service was seen to be less that 'good' or 'outstanding'.
- BF expressed a concern that data quality appears as amber in the report when it occurs continuously as an issue in various guises through both the Audit and Clinical Governance and Clinical Safety Committees. AF responded that data quality is reflected on the organisational risk register; however, in the performance report, it represents a snapshot of current measures on the dashboard.

TB/13/40b Service user and carer experience report quarter 1 2013/14 (item 5.2)
DS explained that the report is now produced in line with the quality performance report and the front sheet outlined the focus of the quarter 1 report.

- JF commented that this was a good report and helpful for service users; however, BF held the opposite view in that he still did not understand the purpose of the report. He thought the original plan was to produce a highly objective report, which identifies areas for the Trust to improve.
- PA asked how the Trust will report and respond to issues raised during the engagement events. This will come through reports to Trust Board on the transformational service change programme.
- IB asked whether the Members' Council was involved in the style and layout of the report. DS confirmed that governors had been asked for views.
- HW felt that the report works well as a 'PR' document but a gap remains in terms of an analytical report to Trust Board. She also felt that a mechanism for staff to feed service user and carer comments into any process was needed. AF responded that any objective and analytical assessment should be included in the performance report.
- IB summarised that this is a good document but does not meet Trust Board's needs as a tool for analysis. He asked for clarity at the report's next presentation of its purpose for Trust Board.

TB/13/40c Finance report month 3 2013/14 (item 5.3)
Dawn Gibson (DG) highlighted the following.

- The overall position at month 3 is a £1.1 million surplus, which is £423,000 ahead of plan. The forecast for the year is £4.17 million, which is £0.45 million ahead of plan.
- The cash position is £27.1 million, which is £600,000 ahead of plan.
- Capital expenditure to June is £1.5 million, which is £190,000 (11%) below plan.
- The Cost Improvement Programme is £185,000 (9%) under a plan of £2.1 million. The majority of this shortfall is being met non-recurrently.
- The financial risk rating is 4.1, which is ahead of plan at quarter 1 (3.9%) due to the additional surplus position.

At the end of the meeting, BF asked what actions, finance-wise, the Trust was taking to address the current financial position. AF responded that:
- a paper on the end-of-year outturn would come to Trust Board in October;
- variations are expected on the side of a surplus rather than a deficit;
- provisions provide headroom for the transformation programme;

- performance management and service line reporting provide the focus to identify opportunities to improve effectiveness and efficiencies;
- the current position provides a framework that will concentrate efforts on transformation and not remedial action.

BF asked if this was a trend or an issue with budgeting in the first three months. IB felt what the Trust does about the current position is more of an issue, for example, converting the estates plan into action seems to have stalled and this was an area in which he would like to see more progress. He also wanted to see the report in October including mitigating action in relation to the end-of-year outturn. AF responded that, in terms of budgeting, unexpected items are still emerging that had not been planned. The Trust is improving in this area but more work is needed. The process has also flushed out core issues around the transformation programme and how this impacts on enabling strategies.

AGD commented that the Estates Strategy was always intended to be a fluid plan to reflect the needs of services. Prioritisation of the plan will be reviewed to ensure it meets service need.

BF expressed a concern that, working on the position at quarter 1, the Trust would make a surplus of £6 million. Trust Board needs to come to a view on the use of any additional surplus. AF responded that Trust Board needs to distinguish between and take into account recurrent and non-recurrent items in the overall financial position.

TB/13/40d Strategic human resources report quarter 1 3 2013/14 (item 5.4)
AGD reported that the Trust achieved an appraisal rate of 80.9% at the end of June 2013 against a target of 90%. This target will be achieved by the end of July 2013. This does represent a good performance considering the Trust introduced a new values-based appraisal system on 1 April 2013.

JF asked whether the Trust is learning from best practice in relation to tackling absence. AGD responded that it is part of the performance management framework and managers' objectives and the Trust is embedding good practice where performance is poorer. IB asked whether the Trust would achieve the 4% target. AGD responded that it would be nearer 4% than 5% but the Trust is unlikely to achieve the target set by the end of 2013/14. IB asked what the Trust intended to do about this. AGD responded that the performance trajectory becomes important and how the Trust sustains management action, particularly to address cultural issues in areas of poor performance.

BF felt that the presentation of absence performance information provided an excellent explanation of performance, both current and planned, and shows the challenge in an appropriate way. AGD highlighted the excellent achievement in medium secure services, which reflects the management approach taken. This needs to be replicated in low secure services.

In terms of 'seasonal' absence, the two highest causes of absence are stress and anxiety, and musculo-skeletal issues, which are not necessarily subject to seasonal variations.

IB asked that the wellbeing survey comes back to Trust Board when trends begin to emerge.

TB/13/40e Exception reports and action plans – Update on cost improvement programme (item 5.5(i))
IB asked whether there were any concerns about the 2013/14 position. AF responded that these were small and that BDUs have mitigating action in place for any shortfall. The issue is more with timing than with non-achievement. Approximately £250,000 has been identified as 'at risk'.

BF commented that he would like to see more detail behind the figures, particularly in relation to the impact on services and how this is tested. AF responded that there is no intelligence currently that cost improvements are affecting or impacting on services but BDUs have identified hotspots and have a clear insight on where to focus efforts. NHB commented that both the quality impact assessment process and the transformation programme are flushing out areas of clinical risk where the service model needs to change or where there are clear leadership and management issues to be addressed.

BF was hoping for a report that would identify where cost improvements are impacting on the quality of care or the quality of service provided. HW added that she would like to see this come through the Clinical Governance and Clinical Safety Committee for further scrutiny. IB summarised that Trust Board, therefore, wished to see a further assessment of the impact of cost improvements, what BDUs are confident of delivering or not, and mitigating action to address any shortfall.

In terms of 'hotspots', BDU Directors identified the following.

- The approach to bed management across Calderdale, Kirklees and Wakefield, which is also affecting Barnsley.
- IB asked what the impact would be if the clostridium difficile target was exceeded. SR responded that, if the cases are found to be attributable to the Trust, this would be a real issue. Root cause analysis of four incidents suggests they are not attributable to the Trust with one outstanding. SR was asked to indicate this in the next performance report.
- Clinical safety in relation to savings in Calderdale and Kirklees as a result of e-rostering and what is a safe level of realisable savings.
- Key metrics for benchmarking are also being developed, which will identify other areas for review.

HW commented that most of the discussion focused on in-patient areas. NHB responded that delivery of mental health services in the community, particularly by Community Mental Health Teams, is a key focus of the transformation programme.

It was RESOLVED to NOTE the report.

TB/13/40f Exception reports and action plans – Serious incidents report quarter 1 2013/14 (item 5.5(ii))

IB asked for inclusion of information regarding 'never events' and a trend analysis of serious incident in quarterly reports in future. He also asked if there was a 'hierarchy' of incidents. NHB responded that each incident is RAG rated and trend analysis is very important as it identifies themes that could indicate a higher level of risk. She also commented that the quality of reporting is improving. BF commented that there could be some lower level incidents where the Trust could really make a difference.

It was RESOLVED to NOTE the report.

TB/13/40g Exception reports and action plans – Annual report on the Innovation Fund (item 5.5(iii))

HW commented that she would like to see future reports present a bigger picture in terms of the effectiveness of the fund as a whole rather than by individual projects, including where bids come from and where bids did not work.

It was RESOLVED to NOTE the annual report.

TB/13/40h Exception reports and action plans – Treasury management update (item 5.5(iv))
DG confirmed that the working capital facility will no longer be considered as part of the Monitor risk rating from October 2013 and, therefore, the intention is to recommend to the Audit Committee that the arrangement ceases from October 2013. IB asked for an analysis of the cash position to ensure clarity for Trust Board before any decision is made on the working capital facility.

It was RESOLVED to CONSIDER the Audit Committee's recommendation regarding the working capital facility in October 2013.

TB/13/41 Trust Board self-certification – Monitor quarter 1 2013/14 return (agenda item 6)
HW asked that the report notes that the action plans from Mental Health Act visits by the Care Quality Commission are considered in the Mental Health Act Committee.

AF confirmed that the Trust does use its track record on sustainability and viability with the Regulator in its bids and tenders. NHB commented that the Trust also needs to be more proactive in demonstrating its experience and track record in integrated services, particularly following the transfer of community services under Transforming Community Services. The Trust can be an exemplar. BF commented that the Trust needs to focus on making itself sustainable and viable by focusing on the transformation programme to strengthen the Trust rather than dilute management capacity further by seeking to expand or grow, except in pockets of identified niche services.

It was RESOLVED to APPROVE the exception report to Monitor.

TB/13/42 Assurance framework and organisational risk register quarter 1 2013/14 (agenda item 7)
It was RESOLVED to:
- **NOTE the process for producing the 2013/14 assurance framework and assurances provided for quarter 1 of 2013/14;**
- **NOTE those areas where gaps in assurance have been identified and are being addressed through specific actions; and**
- **NOTE the key risks for the organisation.**

TB/13/43 Date and time of next meeting (agenda item 8)
The next meeting of Trust Board will be held on Tuesday 24 September 2013 in seminar room 1, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield, HD2 1YF.

Signed …… Date ……