



**Minutes of Trust Board meeting held on 24 September 2013**

<b>Present:</b>	Ian Black	Chair
	Peter Aspinall	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
<b>In attendance:</b>	Adrian Berry	Director, Forensic Services (for item 9)
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Apologies:</b>	Bernard Fee	Non-Executive Director
<b>Guests:</b>	Hilary Brearley	Members' Council (appointed, Barnsley Hospital NHS FT)
	Wendy Dixon	Compliance Manager, Care Quality Commission (to item 7)
	Nadim Ghani	Badenoch and Clark
	Bronwyn Gill	Head of Communications
	Alison Green	Shadowing Steven Michael
	Bob Mortimer	Members' Council (public, Kirklees)
	Jeremy Smith	Members' Council (public, Kirklees)
	Praveen Thyarappa	Consultant, Wakefield
	Hazel Walker	Members' Council (public, Wakefield)

**TB/13/44 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting. The apology, as above, was noted.

**TB/13/45 Declaration of interests (agenda item 2)**

Trust Board considered the following additional declarations.

Name	Declaration
<b>CHAIR</b>	
Ian Black	Member, Advisory Group for the Point of Care Foundation's development of a report on health service leadership and management.
<b>NON-EXECUTIVE DIRECTORS</b>	
Peter Aspinall	Panel Member, Conduct Committee, Institute of Financial Accountants, and removal of Director, Primrose Mill Ltd.

There were no comments or remarks made on the declarations, 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 and subsequently.

**TB/13/46 Minutes of and matters arising from the Trust Board meeting held on 23 July 2013 (agenda item 3)**

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held on 23 July 2013 as a true and accurate record of the meeting. There were no matters arising.

#### **TB/13/47 Assurance from Trust Board Committees (agenda item 4)**

IB confirmed the change in Chair of the Clinical Governance and Clinical Safety Committee (from BF to Helen Wollaston (HW)) from September's meeting, and of the Mental Health Act Committee (from HW to Julie Fox (JF)) from November. IB also explained that the Trust will seek a replacement for BF, whose term of office ends in May 2014, through a process overseen by the Nominations Committee. The intention is to seek to recruit an individual who can assume the role of Chair of the Audit Committee when Peter Aspinall's (PA) term of office ends in 2015 to enable and facilitate succession planning.

##### Audit Committee 9 July 2013 (agenda item 4.1)

PA raised one item in relation to the investigation into the suspected breach of standing orders. The review by KPMG found that there was no definitive evidence that standing orders and procurement processes had been breached; however, the review found that they have been misinterpreted by senior staff who, if they had checked and clarified their assumptions, should have taken different actions. The Committee has, therefore, asked for assurance in relation to the Trust's approach if professional standards are at odds with organisational policies. Alex Farrell (AF) added that a further report from KPMG will be presented to the Committee in October 2013 with an internal Trust action plan. She assured Trust Board that the Trust is taking the matter very seriously and formal guidance for staff will be issued as the report recommendations are worked through.

##### Clinical Governance and Clinical Safety Committee 17 June and 10 September 2013 (agenda item 4.2)

From the meeting on 10 September 2013, HW raised the following.

- The Committee received a verbal update on serious incidents. Nine of the 31 incidents related to pressure ulcers, which the Trust has not previously been required to report. Mental health incidents were broadly in line with previous years' figures.
- The Committee has asked for a review of the focus of the unannounced visits programme and has suggested that this should be on Trust quality priorities rather than Care Quality Commission (CQC) standards.

The Chief Executive (SM) alerted Trust Board to concerns in relation to a residential care home in Wakefield, which, although it does not involve Trust services, potentially creates opportunities for the development of the Trust's consultancy and advice offer for learning disability services as part of the learning disability strand of the transformation programme.

##### Mental Health Act Committee 6 August 2013 (agenda item 4.3)

HW reported on the poor recording of patients' rights, which has also been picked up through CQC Mental Health Act visits. Although a repeat audit is scheduled for 2014, the Committee has asked for this to be addressed to more urgent timescales.

Tim Breedon (TB) commented that Section 17 leave (authorised leave during detention) is another identified area of poor recording, which is being addressed as a priority.

##### Remuneration and Terms of Service Committee 16 July 2013 (agenda item 4.4)

IB alerted Trust Board to the consideration and approval by the Committee of the Directors' performance-related pay scheme for 2013/14.

#### **TB/13/48 Chief Executive's report (agenda item 5)**

SM began with the transformation programme, where good progress has been made over the last two months. A detailed paper will be presented to Trust Board in October 2013, which will outline the vision, timescales and implications for estate, IM&T and workforce. He

reminded Trust Board of the four strands (mental health services, general community services, learning disability services and forensic services).

He also alerted Trust Board to the changes in the funding formula for commissioners, which has resulted in shift of allocations from North to South nationally. The creation of an Integration Fund is also causing concern as it top-slices existing funds to support the integration of health and social care agenda.

SM also raised the following under his remarks.

- Commissioning developments in Barnsley.
- The resignation of Mike Farrar as Chief Executive of the NHS Confederation.
- Monitor's Risk Assessment Framework, which replaces the current Compliance Framework from 1 October 2013. A paper on the implications and risks will come to Trust Board in October 2013.

He also commented on his recent visit to India to attend an international conference on spirituality in healthcare and how it can be integrated in health services in the NHS.

Lastly, he commented on the recent unannounced visits by the CQC. SM welcomed the clear, straight forward and honest feedback. The Dales in Halifax was found to be compliant. There were some concerns in relation to seclusion, particularly in low secure provision in the Bretton Centre. Formal feedback has still to come from the CQC

#### **TB/13/49 Wendy Dixon, Compliance Manager, Care Quality Commission (agenda item 6)**

Wendy Dixon (WD) began by commenting that the CQC's visit to the Dales was a positive experience, particularly given the whistleblowing concerns expressed to the CQC in relation to capacity. The visit to the Fieldhead site found the majority of areas visited to be compliant; however, it is likely that there will be a compliance action (although not at a high level) in relation to seclusion in the Bretton Centre. She went on to comment that it would be unusual in an organisation so large and complex to find no areas of non-compliance. She expects the formal report to be with the Trust by the end of September 2013.

WD went on to outline the new inspection regime, which involves more inspectors over a longer period of time and provides organisations with four to six weeks' notice of a visit. The visit will be Trust-wide, including community services, and the intention is for visits to be annual (although they will become more targeted in future). Part of the new process is a meeting with Trust Board. It is unlikely that the Trust will be early in the new programme. Unannounced visits will continue but will be much more in response to concerns raised by the public and patients. There will also be a number of thematic inspections, such as dementia, which will cover provision by different organisations. WD confirmed that all reports will be public.

IB thanked WD for her contribution and for the positive remarks about the Trust.

#### **TB/13/50 Quality Improvement Strategy (agenda item 7)**

IB invited Trust Board to comment on the Strategy.

- HW commented that this was a useful document although she would like to see a focus on priorities through triangulation with other reports. She identified three priority areas in relation to access to care, partnerships and safeguarding through encouraging a culture

that encourages people to raise concerns. It was agreed there should be a further, more detailed discussion through the Clinical Governance and Clinical Safety Committee on the document.

- JF commented that she would like to see the Trust's approach to individuals with multiple issues, both physical and mental health, more prominently in the Strategy.
- PA asked how the Trust would know that the Strategy is working at a service user level. TB responded that this would be through reporting of patient experience, particularly What Matters, and Dawn Stephenson (DS) confirmed that the Trust is working on development of a consistent approach to collection of service user and carer feedback linked back into Business Delivery Units (BDUs).
- AF commented that the Trust is developing quality metrics at all levels of the organisation, which can be triangulated and incorporated in the quality performance report. BDU governance groups will be responsible and accountable for delivery of the Strategy and for providing assurance that quality metrics are met.
- AF also commented that she would add clinical record keeping to the list of priorities and pathway management.
- TB commented that the Strategy provides an opportunity for the Clinical Governance and Clinical Safety Committee to review 'quality' within a defined framework.

**It was RESOLVED to APPROVE the Quality Improvement Strategy.**

### **TB/13/51 Performance reports month 5 2013/14 (agenda item 8)**

#### TB/13/51a Performance report (item 8.1)

AF highlighted the following areas.

- The report from the CQC is still awaited but it is not anticipated that the outcome will have an adverse effect on the Monitor risk rating.
- There is a review of resources and capacity in relation to the in-patient acute pathway. SM commented that the transformation programme will look at how the acute pathway can work more effectively through crisis teams and liaison services, and how the Trust can work in partnership to develop and improve the pathway. He also referred to an initial discussion with the Priory Group to develop a relationship to manage activity more appropriately.
- CQUINs remain at amber/green; however, there has been an improvement in month 5.

IB invited comments from Trust Board.

- IB asked about the appraisal rate. Alan Davis (AGD) responded that 88.3% of staff have been appraised since the beginning of April 2013 against a target of 90%. There has been a positive response to the move to a values-based process and this will be further developed for 2014 in terms of refining the documentation and development of an electronic system.
- HW asked how the Trust can ensure that the process is undertaken in the spirit in which it is intended. AGD responded that the process offers the opportunity for managers to tackle poor performance within a defined framework. There are also a number of developments that will support development of leadership and management skills across the Trust.
- PA asked for an explanation of the disparity between the activity and statistics in relation to mental health payment by results. AF responded that there is a difference across BDUs, particularly in Barnsley due to the introduction of RiO. In relation to clustering, there has been a review at team, practitioner and service level to assess the cause and enable targeted action.

- SM commented that this demonstrates the need to foster support for services and teams to take time to reflect on their role, remit and development to engender continuous improvement.
- In response to a question from Jonathan Jones (JJ), AGD responded that the trend of sickness absence has levelled and is moving downwards. The figure is now 4.6% and a number of BDUs are below 4%. There is a mix of factors supporting this trend, including appraisal and wellbeing support for staff; however, the target remains stretching.
- SM added that the Trust needs to identify what organisational development work is needed in areas where absence levels remain high, such as low secure.
- HW asked whether the Trust could be more proactive in its approach towards getting service users into employment. AF responded that the Trust needs to take a broader view of its role and this has been picked up by the Executive Management Team (EMT).

#### TB/13/51b Finance report month 5 2013/14 (item 8.2)

AF highlighted the following.

- The overall income and expenditure position reflects that in the annual plan to Monitor.
- There is a year-to-date favourable variance of £600,000. This is due to underspends in:
  - Barnsley in relation to the telehealth contract and in-patient staffing, which is not expected to continue to the year-end;
  - support services as a result of the lease car scheme and facilities spend. Directors have been asked to review where underspends can be utilised to support transformation;
  - provisions, which will be utilised in the last six months of the year.
- However, Calderdale, Kirklees and Wakefield BDUs are overspent due to the level of spend on out-of-area placements. Capital expenditure to improve seclusion units will increase this pressure.
- In secure services, assumptions on cost improvements have changed and work has begun to make savings recurrent in 2014/15.
- In relation to the cost improvement programme, mitigating action has been taken by all BDUs on the shortfall on recurrent cost improvements and identification of non-recurrent savings as an alternative. The original plan to realise savings recurrently through e-rostering has presented a number of issues and work is underway to ensure these savings can be recurrent in 2014/15.

The Chair invited comments from Trust Board.

- PA asked whether the reduction in income represented a trend. AF responded that this will balance with the use of provisions.
- PA also asked whether the increase in operational expenses was sustainable. AF responded that the pressure of out-of-area placements is creating an imbalance and is not expected to continue. There will be a more in-depth report in October.
- HW asked about the use of PICU beds. AF responded that the level of demand occupies total capacity and there is still a requirement to go out-of-area. Therefore, Barnsley is unable to realise income for use of its beds.
- JF asked if the capital programme underspend was a cause for concern. AF responded that the slippage is mainly due to forecast spend on the Estates Strategy in two areas, namely notice given on Castleford, Normanton and District Hospital and transformation projects, such as community hubs. The Trust has a strong rationale for why it is over Monitor's threshold and can demonstrate how it intends to address the position.

#### TB/13/51c Exception reports and action plans – Quality Accounts severe harm and death mandated indicator (item 8.3(i))

**It was RESOLVED to SUPPORT the changes to reporting as described in the paper.**

TB/13/51d Exception reports and action plans – Marketing framework (item 8.3(ii))

SM took Trust Board through the paper.

- JJ commented that he would like to see a series of tangible actions to enable Trust Board to be assured that the Trust is taking this forward. SM responded that this will be clearly articulated in the Integrated Business Plan (IBP) and IB asked that the links are made clear in the presentation to Trust Board in October. The marketing 'role' was clarified and will include business intelligence and an analytical function, and will link with Trust communications and how the Trust is presented.
- PA was happy to support the direction of travel but he has reservations. He asked how the Trust would know it is delivering the framework and how the Trust 'brand' would appeal to the different 'customers' the Trust has. SM responded that increasingly people want to know what service they will receive. The 'brand' will articulate what difference the Trust will make to an individual's life; however, it is not focused on image or advertising.
- JJ was clear it represents more of a coherent articulation of what the Trust does and how it does it.
- HW commented that one area clear from the previous work was the need to identify what people who do not use Trust services value, how the Trust engages with these people and how the Trust meets their needs. This also applies to commissioners who do not currently commission services from the Trust.

**It was RESOLVED to NOTE the update and SUPPORT the direction of travel set out in the paper.**

TB/13/51e Exception reports and action plans – Health and Safety annual report 2012/13 and plan 2013/14 (item 8.3(iii))

HW, as Chair of the Clinical Governance and Clinical Safety Committee, asked that the paper was withdrawn to allow a further review by the Committee in November 2013 given the concerns expressed around managing aggression and violence. It was agreed that the action plan would go back to the Committee and the report and plan would then come to Trust Board for approval in December 2013.

TB/13/51f Exception reports and action plans – Care Quality Commission visits (item 8.3(iv))

This item was covered in items 5 and 6.

**TB/13/52 Bretton Centre compliance (agenda item 9)**

*Adrian Berry (ABe) joined the meeting for this item.*

ABe confirmed that the timescale to bring the unit into compliance is by the end of the 2014/15 financial year. SM commented that the approach will also enable the Trust to have additional dialogue with specialist commissioners and NHS England in relation to the policy adopted.

**It was RESOLVED to APPROVE the position proposed by EMT to agree an action plan with NHS England to bring the low secure service within the Bretton Centre within the national service specification. It was also RESOLVED to APPROVE the timescale to resolve this during the 2014/15 financial year.**

**TB/13/53 Use of Trust seal (agenda item 10)**

**It was RESOLVED to NOTE that the Trust's seal has not been used since the last report in June 2013.**

**TB/13/54 Date and time of next meeting (agenda item 11)**

The next meeting of Trust Board will be held on Tuesday 22 October 2013 in meeting room 1, Block 7, Fieldhead, Wakefield, WF1 3SP. The dates for 2014 were also noted.

**Signed .....**      **Date .....**