



With all of us in mind

Minutes of Trust Board meeting held on 22 October 2013

<b>Present:</b>	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
<b>In attendance:</b>	Adrian Berry	Director, Forensic Services
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Apologies:</b>	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	District Service Director, Calderdale and Kirklees
<b>Guests:</b>	Penny Fairmann	Otsuka Pharmaceuticals
	Bronwyn Gill	Head of Communications
	Michael Smith	Members' Council (public, Calderdale)

**TB/13/55 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting. The apologies, as above, were noted. He began the meeting by referring to the Annual Members' Meeting held the previous day, which had been a good meeting and well attended. He particularly liked the showcase for services. He brought three items to the attention of Trust Board.

1. The Trust's perception of the level of engagement is not always that of others. He accepted that the Trust needs to do more and to go out to people and groups to gain their views.
2. The impact on individuals of the configuration of services, particularly in-patient beds in Huddersfield.
3. The public sees the NHS as one organisation. The Trust will suggest to partners that they take the opportunity to talk to individuals who raise questions. Differences in who does what within the NHS are not relevant to the public.

Trust Board provided good feedback on the event although Julie Fox (JF) commented that the Trust comes across as being white and male and the Trust should, therefore, think carefully about how the organisation is portrayed.

**TB/13/56 Declaration of interests (agenda item 2)**

Trust Board considered the following additional declaration.

Name	Declaration
<b>Directors</b>	
Karen Taylor	Trustee, Barnsley Hospice

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

**TB/13/57 Minutes of and matters arising from the Trust Board meeting held on 24 September 2013 (agenda item 3)**

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held on 24 September 2013 as a true and accurate record of the meeting, subject to one item of clarification in relation to JF's comment that she would like to see the Trust's approach to individuals with multiple issues, both physical and mental health, more prominently in the Quality Improvement Strategy.

There were two matters arising.

TB/13/49 Care Quality Commission (CQC) visit to the Dales The Trust has received a draft report on the visit to the Dales in the summer for factual accuracy checking. The unit was found to be fully compliant. No report has yet been received for the visits to the other sites. IB asked for Trust Board to be informed as soon as the reports are received and Tim Breedon (TB) agreed to do so by email.

TB/13/51a Supporting service users into employment This will be discussed by the Executive Management Team (EMT) and then reported to the Clinical Governance and Clinical Safety Committee. It was suggested to also include developments around social enterprise, use of local organisations and development of Creative Minds initiatives, particularly those that employ service users. Alan Davis (AGD) added that the introduction of Peer Support Workers will support the Trust's approach to service user employment. IB asked for an update to Trust Board following discussion at EMT.

**TB/13/58 Performance reports month 6 2013/14 (agenda item 4)**

TB/13/58a Quality performance report (item 4.1)

TB highlighted the following areas.

- There has been national media interest in bed management following recent publicity about the reduction in beds for mental health patients. The Trust continues to monitor its position closely and the review of the Trust-wide protocol has been brought forward to review the impact on services, which will take the form of a learning event. Bed pressures continue although the protocol is operating well to make the best and most efficient use of beds. The review of the protocol will also inform the Trust's approach to the acute care pathway within the transformation programme.
- Themes from complaints are shared with Business Delivery Unit (BDU) Directors and reviewed monthly by TB and Dawn Stephenson (DS). Key issues relate to care and treatment, often related to communications between the Trust, service users and their carers. Reviews of complaints are undertaken at BDU and Trust-wide level.
- The 14-day access target remains an issue and is a key focus for EMT.
- In relation to care planning, visits to other Trusts have taken place to look at best practice. The role of the CPA Co-ordinator will be reinforced.
- Data recording remains an issue and is a focus for EMT.
- A Clinical Reference Group has been established to review and evaluate serious incidents.
- There has been an increase in reports under Eliminating Mixed Sex Accommodation although no breaches have occurred. This will form part of the review of the bed management protocol.
- A plan will be developed from the Quality Improvement Strategy for individual BDUs and cross-Trust. This will form the basis of the quality performance report in future.

The Chief Executive (SM) commented on the acute care pathway. He would find it particularly helpful to focus on this area given the pressure on beds currently. Alex Farrell

(AF) commented that admissions are not increasing, an increasing number of people are placed out-of-area and pressures are not universal across the Trust. As a result, EMT has asked for a further review of the issues to understand where the problems are. The issue will also be considered at the Clinical Governance and Clinical Safety Committee and at the learning event to inform the bed management protocol review.

JF commented that the Trust needs to be clear where out-of-area placements are for clinical or medical reasons and where they are due to bed pressures. SM added that there will also be a review of the function of the crisis and intensive home-based treatment teams as part of the transformation of mental health services.

Bernard Fee (BF) commented that Trusts nationally have been encouraged by Monitor to reduce their bed base, therefore, it should come as no surprise that this has resulted in increased bed pressures. Helen Wollaston (HW) added that there was also a danger of individuals being sectioned in order to access a bed. AF responded that there was no evidence that this is the case in this Trust.

The patient experience report will be presented to Trust Board in December. IB asked that this includes information on care plans, the perception of service users in relation to whether they have one, and what the Trust is doing to address perceptions.

Lastly, BF asked why there was a drop in the number of urgent referrals between quarters. AF responded that there had been a review by EMT of themes within BDUs (which are different in each BDU) and management action is in place.

#### TB/13/58b Finance report month 6 2013/14 (item 4.2)

AF highlighted the following.

- The income and expenditure position is on an improvement trajectory although cost pressures through out-of-area placements and underspend due to vacancies remain.
- In relation to the cost improvement programme, £200,000 remains to be found. The Trust will meet its target through non-recurrent savings and this will be managed recurrently in 2014/15.
- The report includes an analysis of benchmarking against other mental health trusts in relation to the Monitor financial risk rating.
- There is an underspend on the capital programme, which is more than the threshold set by Monitor. The Trust will provide a rationale for the underspend and assurance on plans to meet the capital plan in its quarterly report to Monitor.

The Chair invited comments from Trust Board.

- BF commented that the Trust has a £1 million surplus above plan but is forecasting to achieve its target surplus. AF responded that this is due to recruiting to a number of vacancies, additional investment in in-patient areas, and spend on telehealth procurement. Provisions are also mainly 'back ended' to the last six months of the year and, therefore, £1 million will be invested in the next six months.
- Peter Aspinall (PA) commented that the Trust is £1 million short on its cost improvement programme and asked where this will come from. AF responded that page 7 of the report contains an analysis of the current delivery, which shows a £500,000 shortfall. Mitigation will be found within BDUs and support services not through provisions. Sean Rayner (SR) added that it is clear that management of the cost improvement programme sits with BDU Directors and it is for BDUs to identify where shortfalls will be found. AF confirmed that under/overspend by BDUs is outside of the cost improvement programme performance.

- IB asked how confident the Trust is that it can start to spend money on appropriate projects to achieve the required capital spend. AGD responded that well tested plans are in place to realise the plan and he is confident that the plan will be delivered. Subject to Trust Board approval of larger schemes, the £8.9 million should be spent. IB also asked how confident the Trust is that it has the capacity and capability to deliver the schemes. AGD responded that there will be a more balanced profile across the organisation for capital schemes rather than the traditional 'back ending' and work on profiling has begun with finance.
- SM added that much clearer service visions and models linked to the integrated business plan with a much clearer statement of intent will inform estate and capital spend. BF commented that it is also important that the Trust invests in 'spend to save' initiatives to achieve cost improvements and efficiencies in the future.
- PA commented on the release of provisions of £1.29 million on page 5 of the report and the reduction in income of £2.27 million. He asked if the two were related. AF responded that £600,000 of provision against CQUIN risk has been released following a further assessment of the income derived from CQUINs. PA asked that Trust Board is aware that it appears that the Trust is subsidising income shortfall through provisions, which is unsustainable.

*Nisreen Booya joined the meeting at this point.*

#### TB/13/58c Strategic human resources report (item 4.3)

The report was considered in detail at the Remuneration and Terms of Service Committee on 15 October 2013.

JF offered congratulations to the Trust for reducing the sickness figures. Figures for Calderdale show what is achievable and Trust Board should recognise this achievement. Adrian Berry (ABe) commented that the difference between low and medium secure services demonstrates the time lag to put effective management action in place to reduce sickness. This is now in place in low secure services and should begin to mirror progress in medium secure. SR commented that there are understandable issues in relation to some areas in Wakefield and management action is in place.

PA asked whether the Trust was too generous in its approach given the frustration of operational managers in relation to processes and policies to manage absence and the promotion of wellbeing practices. AGD responded that the Trust has to balance a cultural management shift of attitudes towards and toleration of sickness absence and supporting staff in terms of wellbeing. The Trust's approach is more generous than the private sector; however, if sickness does not continue to reduce, the Trust may have to take a more draconian view. Staff side is supportive of the Trust's approach.

BF commented that, in his view, the variations remain too big. He asked what Calderdale was doing that other BDUs were not. HW asked if there was a correlation between the increase in the span of responsibility for BDU Directors and the rise in the Barnsley BDU sickness rate. SR responded that there has been a rise in long-term sickness absence in Barnsley, which has not been there previously. Therefore, Trust Board needs to look at each BDU separately. He was disappointed at the Barnsley position but the reasons were genuine cases of absence. AGD added that, when Directors drill down and look at hotspots, the percentages involve very small numbers. He did, however, agree to additionally report figures without long-term absence to a future meeting.

#### TB/13/58d Exception reports and action plans – Serious incidents Q2 2013/14 (item 4.4(i))

TB highlighted three areas in relation to changes in the reporting framework and the reduction in reporting timescales from 60 to 45 days. The Clinical Governance and Clinical

Safety Committee will receive a report at its meeting on 3 December 2013 on the analysis of pressure sores incidents.

**It was RESOLVED to NOTE the report.**

TB/13/58e Exception reports and action plans – Working capital facility (item 4.4(ii))

PA reported on the discussion at the Audit Committee on 18 October 2013. The Committee was assured that the downside scenario could be managed through capital expenditure reduction should the need arise. It was noted that ending the facility should save the Trust £30,000 per annum.

**It was RESOLVED to APPROVE the recommendation from the Audit Committee to cease the Trust's working capital facility from October 2013.**

TB/13/58f Exception reports and action plans – Patient-led assessment of the care environment (PLACE) (item 4.4(iii))

Jonathan Jones (JJ) asked if there was any provision in the capital programme to address the issues identified in the PLACE visits. AGD responded that there is a sum of money identified in the main budget to address issues raised in 2013/14. SM added that this was also linked to the transformation agenda and Trust plans for rehabilitation and recovery units, which will see an emphasis placed on the provision of a home address for individuals rather than wards in the community. JJ commented that, if this was the case, he reiterated his comment made at the last Trust Board meeting that the Trust should get on with this sort of investment as a matter of urgency.

HW commented on the visit to Ward 19 at the Priestley Unit in Dewsbury. A number of areas of concern were identified regarding the environment, which have not been addressed. AGD confirmed that a more detailed review of the issues and concerns on Ward 19 has been requested. However, both BF and HW had continuing concerns given the feedback from staff on the ward. IB asked that an update is provided under matters arising at the next meeting.

IB also commented that he would like to see a budget set aside to address small issues identified by visit teams. He would not want money to be the reason for not addressing small concerns. JF commented that there is a perception that staff do report issues around environment but, when issues are not addressed, no longer pursue them. ABe commented that this was not his experience in forensic services. AF added that this is also an issue of ownership and the challenge is to ensure and encourage ownership at team and ward level. BF also commented that this is part of the culture and the Trust should ensure that staff are able to influence their own environment.

**It was RESOLVED to NOTE the PLACE scores.**

**TB/13/59 Governance issues (agenda item 5)**

TB/13/59a Monitor Risk Assessment Framework (agenda item 5.1)

AF introduced this item and commented that it is intended to keep an overview of the Trust position as Licensing conditions become clearer and the impact of these can be assessed, particularly around commissioner requested services and the risk pooling arrangements.

**It was RESOLVED to NOTE the introduction of the Risk Assessment Framework and the risk assessment undertaken.**

TB/13/59b Changes to the Trust's Constitution (agenda item 5.2)

Nisreen Booya (NHB) expressed her thanks to governors on the Members' Council who hold Trust Board to account and provide effective challenge. She commented that three terms would enable governors to build personal relationships and so become a little too 'cosy' with Trust Board. She also commented that service users have little voice and this should come through the Members' Council. She would worry that a longer overall term of office would preclude this. She would prefer to see the process opened up to service users and carers to represent their interests through challenge and the role of a critical friend.

HW added that she shared these concerns and asked whether it is common to allow a third term. AF responded that governors need time to build knowledge and expertise to provide appropriate and effective challenge and a longer term could provide this. The challenge to the Members' Council is how they assure themselves that they represent the public and engage with communities to ensure all 'voices' are represented.

JJ was supportive of the option to extend the term of office given his own experience that it has taken the first three-year term to get to know the complexity of the Trust. To feel that an individual is making a contribution, that individual needs to understand the Trust and the issues it faces. It would, therefore, be a loss to the Trust if governors went at a time when they become most effective.

PA agreed with NHB's challenge and suggested that the Trust should acknowledge that there are certain skills and experience needed to be an effective governor.

IB invited Michael Smith, Chair of the Members' Council Co-ordination Group and publicly elected governor for Calderdale, to comment. He concurred that it takes time for a governor to be effective and he would be supportive of the option of a third term.

IB concluded by saying that the third term was not intended as a standard term of office although he would not want the Constitution to be prescriptive with only a certain number allowed to serve such a term.

ABe supported the larger footprint as services provided by the Trust cover a wider area than Barnsley, Calderdale, Kirklees and Wakefield. BF added that the Trust is currently looking at a smaller pool for no reason, particularly as other Trusts are doing this already. HW was also supportive of the extension to the footprint.

**It was RESOLVED to:**

- **APPROVE the proposal to establish an additional public constituency to represent the remaining local authority areas in South and West Yorkshire;**
- **APPROVE the proposal to increase the maximum term of office for governors from six to nine years and to increase eligibility for re-election from three to six years; and**
- **as a consequence, APPROVE the necessary changes to the Trust's Constitution.**

The proposals will also be considered by the Members' Council at its meeting the following day.

TB/13/59c Members' Council evaluation (agenda item 5.3)

**It was RESOLVED to NOTE the outcome of the Members' Council evaluation session.**

**TB/13/60 Trust Board self-certification – Monitor quarter 2 return 2013/14 (agenda item 6)**

AF confirmed that the exception report would include additional information following the Audit Committee on Friday regarding the audit report on procurement (non-pay purchasing), which was given a ‘no assurance’ opinion. She will contact Monitor before submission of the quarter 2 return.

JJ asked how the report would affect the report to Monitor. AF responded that it will be taken seriously by Monitor; however, Monitor will be more concerned about what action the Trust is going to take. PA commented that the ‘no assurance’ finding may have implications for the Head of Internal Audit Opinion and the Annual Governance Statement if the Trust cannot demonstrate progress against the action plan to address the recommendations. AF added that of most importance is external and internal audit assurance regarding actions, how effective they are, how KPMG can give the assurance the Audit Committee needs that the Trust is addressing the recommendations, and can provide substantial assurance in the Head of Internal Audit Opinion at the year-end.

IB suggested that PA and AF contact Monitor together to demonstrate Non-Executive Director and Audit Committee involvement.

SM commented that, in terms of comparison, the Trust’s current organisational form makes it difficult to compare and benchmark against other Trusts and, therefore, there is more work to be done in terms of benchmarking.

**It was RESOLVED to APPROVE the exception report to Monitor and the ongoing compliance with the Trust Board self-certification requirements.**

**TB/13/61 Assurance Framework and organisational risk register quarter 2 return 2013/14 (agenda item 7)**

SM commented that the Assurance Framework continues to provide a good tool for use in Directors’ quarterly reviews.

HW suggested adding a risk in relation to bed management and bed pressures and this was supported. SM suggested this should be extended to management of the acute care pathway. JJ also suggested the addition of the ‘no assurance’ internal audit report, which was also supported. It was also agreed to provide a summary of the changes within the quarter in the summary front sheet.

**It was RESOLVED to:**

- **NOTE the assurances provided for quarter 2 of 2013/14;**
- **NOTE those areas where gaps in assurance have been identified;**
- **NOTE the key risks for the organisation; and**
- **INCLUDE the two additional risks identified around the acute care pathway and the ‘no assurance’ internal audit report.**

**TB/13/62 Date and time of next meeting (agenda item 8)**

The next meeting of Trust Board will be held on Tuesday 17 December 2013 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

**Signed .....** **Date .....**