



Minutes of Trust Board meeting held on 17 December 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
	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:	Dawn Stephenson	Director of Corporate Development
	Robert Toole	Deputy Director of Finance
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Helen Wollaston	Deputy Chair
	Steven Michael	Chief Executive
Guests:	John Haworth	Members' Council (staff, non-clinical support services)
	Bob Mortimer	Members' Council (public, Kirklees)

TB/13/63 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, particularly Robert Toole (RT), attending his first Trust Board meeting. The apologies, as above, were noted. He commented on the absence of the Chief Executive (SM) who was attending a briefing in London having been asked by the Care Quality Commission to act as Chair of an inspection team in the first round of mental health trust inspections, which begins in January 2014. IB added that this should be seen as a significant compliment both for the Trust and SM.

TB/13/64 Declaration of interests (agenda item 2)

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

TB/13/65 Minutes of and matters arising from the Trust Board meeting held on 22 October 2013 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 22 October 2013 as a true and accurate record of the meeting.

There was one matter arising.

TB/13/51a Supporting service users into employment Although not at the meeting, Helen Wollaston (HW) provided the Chair with some comments on items on the agenda. In relation to this item, she asked whether a timescale could be put on discussion by the Executive Management Team (EMT) followed by a report to the Clinical Governance and Clinical Safety Committee. Dawn Stephenson (DS) confirmed that there would be a discussion at EMT in January 2014 and the Committee in February 2014.

TB/13/66 Assurance from Trust Board Committees (agenda item 4)

TB/13/66a Audit Committee 18 October 2013 (agenda item 4.1)

Peter Aspinall (PA) drew Trust Board's attention to page 5 of the minutes, which referred to a 'no assurance' opinion internal audit report on procurement (non-pay purchasing). The

Committee received assurance that actions were in place closely monitored by management. The Trust has to resolve the issues raised to minimise the impact on the Head of Internal Audit Opinion at the year-end and the Annual Governance Statement. He also commented on the recommendation tracker report and the need for a relationship of mutual respect and support.

Julie Fox (JF) commented on the item in relation to Creative Minds and reminded Trust Board that, although the money for Creative Minds is channelled through charitable funds, the Audit Committee is tasked with ensuring governance and assurance arrangements are in place.

TB/13/66b Clinical Governance and Clinical Safety Committee 3 December 2013 (agenda item 4.2)

Bernard Fee (BF) provided feedback to Trust Board on behalf of HW. He particularly highlighted the Committee's consideration of children's services, and children's and adolescents' mental health services in particular. A number of issues have arisen following the transfer of services, which the Trust was not aware of at the time. Children's services in Barnsley, which transferred in October 2013, present significant clinical risk for the Trust in areas it was not involved in previously. Tim Breedon (TB) responded that the key driver for the transfer of these services to the Trust was to effect an improvement in services. The Trust needs to work with commissioners to produce improved outcomes rather than continue the traditional provider/commissioner relationship. The Trust needs to maintain strategic partnerships to enable services and outcomes to improve and flourish, and to provide added value as a result of the transfer.

BF suggested circulating a précised version of the presentation to Trust Board for information as he thought it would be helpful, particularly for Non-Executive Directors not on the Committee.

PA asked whether there were any gaps in control in relation to the transferred services. TB responded that management action is in place following a review of services but the work needed must not be underestimated. PA also asked if local authority cuts would pose any further risk to the services. TB responded that the cuts would more likely affect adult services. The local authority has a good understanding of the risks and the Trust has a robust action plan in place to mitigate risk and improve services.

The Members' Council has asked for a presentation at a future meeting to demonstrate what the Trust has done to improve the offer and services. It was also noted that this will remain as a standing item on the Clinical Governance and Clinical Safety Committee's agenda.

TB/13/66c Mental Health Act Committee 5 November 2013 (agenda item 4.3)

JF highlighted three issues in relation to bed occupancy and concerns that individuals could be sectioned to secure a bed, issues around estates and seclusion rooms (which are dealt with elsewhere on the agenda), and training for the Mental Capacity Act through development of an e-learning package.

TB/13/66d Remuneration and Terms of Service Committee 15 October 2013 (agenda item 4.4)

No issues were raised.

TB/13/67 Chief Executive's report (agenda item 5)

Alex Farrell (AF) reported on the following.

- The Trust is involved in an integrated health and social care pilot in Barnsley, which was successful in being one of the 'Pioneer' sites, as part of the Government's policy to support the implementation of integrated services. The Trust is also involved in the transformation work in Wakefield and North Kirklees, where the Clinical Commissioning Group is currently taking a business case, which includes the Mid-Yorkshire Hospitals NHS Trust reconfiguration, through governance processes. In Calderdale and Greater Huddersfield, the three NHS providers are currently working on producing a Strategic Outline Case to describe the offer for integrated health services, which is focused on reducing secondary care, integrating community services and promoting self-care. A business case will come to Trust Board in the new year.
- There are a number of concerns in relation to forensic commissioning nationally and it is intended that Chief Executives and clinical leaders in Yorkshire and the Humber, and the North East Trusts will write jointly to NHS England expressing their concerns. SM will update Trust Board in January 2014.
- NHS England's Board meets today and will agree commissioner allocations, which will have implications for commissioning of services by Clinical Commissioning Groups, which will potentially impact on the Trust.
- NHS England has published guidance on seven-day working, which is primarily focussed on acute trusts but the Trust will need to review any policy as part of annual planning. Nisreen Booya (NHB) commented that this will provide an opportunity in some services to run 'out-of-hours' clinics as part of the transformation agenda. She also mentioned that there is currently, and has been for some time, an on-call rota for consultants.
- Guidance on payment by results in mental health has been issued. Key for the Trust is the penalties for non-recording of key data and penalties linked to twelve-month CPA reviews. The challenge will be to make the changes required quickly enough to minimise loss of income due to data quality issues.
- The transformation workstreams are progressing and project management arrangements are in place. The second round of engagement events have concluded with key themes around patient-centred services, seamless services between organisations, involvement of families and carers, and use of technology in care emerging. These will be used to inform annual plans and the integrated business plan, which will come to Trust Board in January 2014.

PA asked whether the Trust was confident there is an action plan in place to address the long-standing data quality concerns. TB responded that there has been significant progress following stronger management of issues. PA asked whether failure to record data satisfactorily should not translate into management action to ensure staff record activity. TB responded that there is a continued focus to improve the level of recording.

IB suggested that the EMT might consider whether the targets for data recording in next year's annual plans should be increased to 100% and he asked management to consider what the implications of this would be. AF responded that an analysis of the risk associated with targets and performance indicators will be presented to Trust Board in April 2014 as in previous years. JF added that recording of Section 17 leave and ethnic coding are issues where the Mental Health Act Committee has asked to see improvement.

TB/13/68 Performance reports month 8 2013/14 (agenda item 6)

TB/13/68a Performance report (item 6.1)

TB highlighted issues around data recording, information governance training, the downward trend for sickness absence and safeguarding training.

TB/13/68b Finance report month 8 2013/14 (item 6.2)

RT highlighted the following.

- The stable position continues from month 7.
- The year-to-date position is showing a net surplus of £3.7 million, which is £1.2 million ahead of plan. The forecast remains consistent at £3.79 million, which is £69,000 above plan.
- The cash position is £32.7 million, which is £4.8 million ahead of plan.
- As system processes are updated, it is likely that the Trust will miss the Better Payment Practice Code (BPPC) during December. IB asked what the position would be in March 2014 and RT responded that it should return to the 95% level by the year-end. AF added that a KPMG review indicated that an 80% rate is normal and would enable the Trust to manage cash in a better way. A number of Trusts have no requirement to meet the BPPC. Although the target is no longer critical, the Trust is working to ensure robust systems and processes are in place; however, there is still a focus on paying local suppliers within 30 days.

The Chair invited comments from Trust Board.

Cost improvement programme

- BF asked why the cost improvement programme was amber. RT responded that performance is currently behind plan (£5.5 million against a plan of £5.7 million), which represents a 5% difference and is not, therefore, considered to be a major risk. BF commented that he would see this under-performance as a red risk and he would like to understand where and how the Trust has missed the target. AF responded that this was mainly relates to workforce issues in Calderdale and Kirklees (at £0.5 million). She reminded Trust Board that the risk was identified through the quality impact assessment in relation to re-profiling of the workforce on in-patient wards and reported to Trust Board. This risk has now materialised.
- The Trust-wide stated position also represents a more rigorous reporting against plan.
- BF commented that he was not confident that performance to date reflects well on next year and the ability of the Trust to realise savings from transformation.
- PA asked what management actions are in place to address this position, particularly as the EMT has incentivised objectives to achieve the forecast financial position. RT responded that Business Delivery Units (BDUs) have been tasked with finding non-recurrent or alternative savings if they find they are unable to realise the savings originally included in their plans.

JF asked whether there was a link between Barnsley BDU's sickness absence and the underspend on staffing, and whether there was any evidence from the staff survey. Alan Davis (AGD) responded that the increased sickness absence is in mental health services whilst the underspend on staffing is predominantly in community services. There has been investment in Barnsley to fill vacancies recurrently. AGD agreed to review the position and bring back to the January 2014 meeting.

Capital programme

- IB commented on the underspend on the capital programme reported to Monitor and the projected increased spend in the first three months of 2014. AGD responded that weekly monitoring of the position takes place and he is confident that the Trust can meet the re-profiled spend. There are also contingencies in place where risks have been identified.
- AF confirmed that there had been a re-statement of the capital plan at quarter 2 and discussion had taken place at the Estates Forum on plans to spend the remaining funds in line with the revised plan to be submitted to Monitor.
- BF was uncomfortable with the position as the Trust has been behind on its capital plan for the last eight months and now plans to spend a large proportion in the last three months. The Trust could be said to be averse to spending its capital. He would like to see capital investment as a conduit for transformation. IB added that he would want to see increased scrutiny of the capital plan in the budgets for 2014/15.

- It was agreed to provide an update on the capital programme in January 2014, which will include outline plans for 2014/15. Trust Board support would then enable spending to start at the beginning of the financial year.
- BF also commented that he did not want to see the Trust spending solely to achieve the target. The Trust must spend on schemes in the capital plan to support service improvement.

AF assured Trust Board that a longer-term approach for the planning of capital spend and cost savings would be taken from 2014/15.

TB/13/68c Exception reports and action plans – Quality Governance Framework (item 6.3(i))

AF commented that this is a really important document, which underpins quality as a driving principle and demonstrates how quality is part of everything the Trust does.

It was RESOLVED to NOTE the approach the Trust has taken to ensure there are effective arrangements in place to monitor and improve the quality of healthcare provided to its patients, allowing Trust Board to make its Corporate Governance Statement in support of the Trust’s annual plan and quarterly returns to Monitor, as set out in Monitor’s Risk Assessment Framework.

TB/13/68d Exception reports and action plans – Health and safety annual report 2012/13 (item 6.3(ii))

AGD explained that the focus of the action plan is on robust, embedded, integrated health and safety systems across the Trust. Health and safety covers a number of Director-portfolios and the action plan demonstrates the strong links health and safety has with these governance arrangements. JF confirmed that the report has addressed the issues raised by the Clinical Governance and Clinical Safety Committee in September 2013.

IB asked if there is a winter plan in place. AGD responded that a plan has been developed, which focuses particularly on the weather and business continuity plans for services and main Trust sites. It was also noted how well the Trust’s two main sites, at Fieldhead and Kendray, had coped in the bad weather of the last two winters.

It was RESOLVED to NOTE the annual report for 2012/13 and APPROVE the action plan for 2013/14.

TB/13/68e Exception reports and action plans – Corporate governance internal audit (item 6.3(iii))

It was RESOLVED to NOTE the findings from the corporate governance internal audit.

TB/13/69 Developing the Estates Strategy (agenda item 7)

TB/13/69a P21+ appointment of new partner organisation (agenda item 7.1)

AGD reminded Trust Board of the P21+ partnering arrangements. He presented a recommendation to appoint Interserve as the Trust’s new partner. Jonathan Jones (JJ), asked to comment as Chair of the Estates Forum, commented that, although the Forum had been appraised of the position, it had not been involved in the tender process. He was not, therefore, in a position to advise Trust Board on the recommendation. He did comment that the strategic input from Willmott Dixon had been valuable to the Trust and he was keen not to lose this aspect in any new arrangements.

BF asked what Interserve had demonstrated to become the preferred supplier. In his view, the underspend on the capital programme by the Trust has affected its ability to realise capital developments.

JF asked why a Non-Executive Director had not been involved. AGD responded that this had been discussed at Trust Board previously. The changing emphasis for the capital programme from strategic development to delivery and the level of difficulty the Trust was experiencing in realising capital plans necessitated a change in P21+ partner. A speedy decision was needed and the Trust consulted the Department of Health at every stage. The point made about involvement of a Non-Executive Director was, however, noted.

AF commented that expectations had not been met on both sides and this has been a learning exercise for the Trust. Health planning distinguished Willmott Dixon from other organisations in the previous exercise and the Trust has benefitted from this. Interserve has done an excellent job on the Fieldhead site. BF questioned why Interserve was given the additional works on the Fieldhead site when Willmott Dixon was the Trust's P21+ partner. AGD explained the process and confirmed that the Department of Health had been consulted at every stage regarding the development of Newton Lodge and Willmott Dixon had been given a considerable amount of capital works to deliver.

PA asked why Willmott Dixon had withdrawn from the process given the amount of investment it had made in the Trust. AGD responded that the Estates Strategy was an excellent piece of work and Willmott Dixon had been paid for it, that it was recognised that change would result in the need for a period of transition, and an appraisal of the issues by the Trust suggested it would not be unreasonable for an amicable split to take place. As a result, Willmott Dixon decided not to tender. JJ commented that AGD had given a fair analysis of the position.

IB asked for a formal vote to take place on the appointment of Interserve as the Trust's P21+ partner. With one abstention, **it was RESOLVED to APPROVE the appointment of Interserve as the Trust's P21+ partner.**

In conclusion, JJ said it would be helpful to understand why Interserve was felt to be the best partner. AGD agreed to bring a post-tender evaluation report to the Estates Forum, which would document the full process and provide an analysis of the bids submitted. IB also agreed to write to Willmott Dixon. He commented that this also demonstrates the seeming slowness in the Trust's ability to implement its capital plans and the need for a degree of confidence that the Trust can achieve its capital plan going forward. JJ added that there is a seeming disconnect between the estates team and the Estates Forum's confidence in delivering the Strategy Trust Board has approved. He would like more assurance regarding implementation of the Estates Strategy.

TB/13/70 Strategies and policies (agenda item 8)

TB/13/70a Risk Management Strategy (agenda item 8.1)

The review of the Strategy next year will look to simplify the approach. Trust Board also noted that KPMG is reviewing the Trust's licensing arrangements and the findings will come to Trust Board as part of a wider risk analysis of the Trust's compliance with its licensing requirements.

It was RESOLVED to APPROVE the Risk Management Strategy.

TB/13/70b Customer Services Policy (agenda item 8.2)

In introducing this item, DS commented that it is intended to provide a quarterly report on trends, themes and actions from customer services to Trust Board. DS also outlined the practices in place to ensure equality and diversity issues are in place to support individuals. JF suggested a summary of the key points of a policy would assist Trust Board consideration and approval of policies. DS responded that this has been raised in various forums and will be taken on board.

JJ commented that the policy was comprehensive and asked to what extent the Trust uses technology to encourage feedback. DS responded that the Trust uses different technologies to encourage feedback but not with formal complaints currently.

IB asked for the in-depth analysis to be also available to the Members' Council. He commented that he has confidence that the investigation process is comprehensive and provides an independent view. Public engagement events also provide excellent feedback of what people really think of Trust services.

It was RESOLVED to APPROVE the Customer Services Policy.

TB/13/70c Treasury Management Strategy and Policy (agenda item 8.3)

PA confirmed that the Trust's approach is regularly reviewed by the Audit Committee.

It was RESOLVED to APPROVE the Treasury Management Strategy and Policy.

TB/13/70d Declaration of Interest Policy (agenda item 8.4)

IB commented that the Trust may be at a competitive disadvantage as a result of its approach to declaration of interests; however, he was content with the approach as it demonstrates openness and transparency, and fits with Trust values.

It was RESOLVED to APPROVE the Declaration of Interests Policy (for Trust Board only).

TB/13/71 Use of Trust seal (agenda item 9)

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

TB/13/72 Contract for the provision of multi-functional devices and services (agenda item 10)

AF confirmed that the Trust has market-tested potential suppliers through the national framework requirement for expressions of interest. She would be happy to bring the information, detail of the process and decision taken back to Trust Board. The national framework reduces the burden of tendering on NHS organisations. BF considered this a strange concept but appreciated that this is the way the NHS works.

IB asked if the Trust had considered working with other Trusts. AF responded that the Trust has looked at partnership in terms of information technology but this had not come to fruition. This is one area the Trust is exploring with acute Trust partners.

JJ asked when the savings would be achieved and AF responded from 1 April 2014. The savings were originally included in the procurement plan for 2013/14 but alternatives have been found for this year. Full achievement will be realised next year to meet the cost savings target.

It was RESOLVED to APPROVE the five-year contract award to Xerox for the provision of multi-functional devices and services.

TB/13/73 Any other business

The proposed statement with regard to the Francis Report was tabled. IB was happy to approve it but offered Trust Board the opportunity to comment by the end of this week.

TB/13/74 Date and time of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 28 January 2014 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

Signed **Date**