



With all of us in mind

Minutes of Trust Board meeting held on 28 January 2014

Present:	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
In attendance:	Adrian Berry	Director, Forensic Services
	Sean Rayner	District Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Diane Smith	Interim Director of Service Innovation and Health Intelligence
	Karen Taylor	District Director, Calderdale, Kirklees and Specialist Services
Guests:	Doug Dale	Members' Council (public, Wakefield)
	Nasim Hasnie	Members' Council (public, Kirklees)
	John Haworth	Members' Council (staff, non-clinical support services)
	Andrew Hill	Members' Council (public, Barnsley)
	Margaret Morgan	Members' Council (appointed, Barnsley Council)
	Bob Mortimer	Members' Council (public, Kirklees)
	Hazel Walker	Members' Council (public, Wakefield)

TB/14/01 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting and the apologies, as above, were noted. He commented on the absence of Karen Taylor (KT), who is undertaking a month's secondment to health services in New Zealand, and Diane Smith (DSm), who has been appointed as Interim Director of Service Innovation and Health Intelligence, on secondment from NHS England.

TB/14/02 Declaration of interests (agenda item 2)

Trust Board considered the following additional declaration.

Name	Declaration
Directors	
Diane Smith	No interests declared

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/14/03 Minutes of and matters arising from the Trust Board meeting held on 17 December 2013 (agenda item 3)

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held on 17 December 2013 as a true and accurate record of the meeting.

There were two matters arising.

TB/13/63 Welcome, introduction and apologies The Chief Executive (SM) reminded Trust Board of his involvement in the Care Quality Commission's (CQC) inspection regime for mental health trusts as Chair of one of its inspection teams in the first round of visits. Nisreen Booya (NHB) has also just taken part in an inspection, which she commented was a very thorough and robust process. All mental health trusts will be inspected by the end of 2015 and the Trust will be able to learn through the involvement of both SM and NHB for its own inspection. IB commented that their involvement is a real coup for the Trust.

TB/13/67 Specialist services commissioning SM updated Trust Board on the national position in relation to forensic commissioning. Two stakeholder roundtable specialist commissioning review meetings have been arranged, one in Manchester and one in London, through the NHS Confederation and the Foundation Trust Network, with NHS England on 4 March 2014. Both SM and Adrian Berry (ABe) will attend. IB mentioned that this was the main topic of discussion at a recent Foundation Trust Network Mental Health Group roundtable discussion.

TB/14/04 Performance reports month 9 2013/14 (agenda item 4)

TB/14/04a Quality performance report (item 4.1)

Tim Breedon (TB) highlighted a number of issues from the report and, in particular, the following.

- The CQC has visited Fox View, a learning disability unit on the Dewsbury District Hospital site. The informal feedback has been positive although issues relating to recording of information for two individuals were identified. The formal report will follow in due course.
- Fully meeting the target for non-urgent referrals assessed within fourteen days continues to provide a challenge.
- Wakefield is one of ten sites across the country taking part in a national pilot to test a new model to ensure consistent quality of services by placing mental health nurses and other mental health professionals into police stations and courts. The Trust welcomes and supports the initiative although both the commissioner and the Trust were unaware. It could potentially have workforce implications for the Trust. SM commented that this was a good development as liaison and diversion services have historically been commissioned inconsistently.
- In relation to the Implementing Recovery through Organisational Change (ImROC), a more detailed report will be presented to the Clinical Governance and Clinical Safety Committee in relation to the transformation programme and impact on services.
- The Trust has established a Quality Forum and its first area of focus is clinical record keeping and data quality.
- The Trust has developed a standard procedure with clinical managers and team leaders to ensure a consistent approach across the Trust to minimising delayed transfers of care.
- In response to the Francis Report and the Government's response, 'Hard Truths', the Trust has set up a task group to look at the requirements for staffing level reviews and reporting. A summary of the Trust's position will be presented to the Clinical Governance and Clinical Safety Committee. There is limited national guidance for Trusts and it will be left to local determination. The Trust's response to Francis and associated publications is a standing item on the Committee's agenda and is also on the Trust's website.
- A Business Delivery Unit (BDU) governance group review took place in December 2013 and the outcome will inform operational and reporting structures. A report will be presented to the Clinical Governance and Clinical Safety Committee in due course.

- Patient flow arrangements introduced in Kirklees to support the Bed Management Protocol have worked well and will now be implemented across the Trust.

TB also reported on an inquest in December 2013 into the death of a lady in Calderdale early in 2013. The Trust received a Rule 28 Letter from the Coroner following a narrative verdict. This requires the Trust to ensure that there is a signing in/signing out facility for the unit where the deceased was living. The Trust has access to four crisis beds within the accommodation, which are owned and managed by Share (part of Calderdale Council). The Trust is currently preparing a response jointly with Calderdale Council, which will be sent by the required deadline of 5 February 2014. SM added that this matter has been discussed with the Council and, whilst the Trust and the local authority will respond jointly to the Coroner, the case raises two issues, which the Trust will take forward, in relation to:

- joint management arrangements between the Trust and local authorities; and
- commissioning of the crisis model in Calderdale.

IB invited comments from Trust Board on the format and presentation of the quality performance report.

- Bernard Fee (BF) commented that it was a hard read and it appears that information is forced into a proforma. There is also a discrepancy between the ratings and the narrative, which needs more explanation and analysis.
- Peter Aspinall (PA) commented that a management response to changes in performance would be useful. Sean Rayner (SR) assured Trust Board that BDUs scrutinise quality priorities and robust governance processes for review are in place, particularly deteriorating performance.
- BF also commented that this is not an action-oriented report and he would like to see the Trust's response to any issues or red ratings.
- Helen Wollaston (HW) suggested that the report is scrutinised in more detail at the Clinical Governance and Clinical Safety Committee in terms of quality issues in a similar way to workforce issues at the Remuneration and Terms of Service Committee.
- IB added that this is a general information and background report but offers no action and no linkages. He would like to see a focus on exceptions, risks and mitigating action with identified linkages. He would be happy for this report to remain as an information document as an attachment. SM agreed this would be taken back for discussion by the Executive Management Team (EMT).

TB/14/04b Finance report month 9 2013/14 (item 4.2)

Alex Farrell (AF) highlighted the following.

- The forecast is to achieve the plan at the year-end. The Trust is marginally over its surplus target, generated by underspend in a number of areas and provisions offset by risks around CQUINs and opening of beds on Johnson ward.
- The estates revaluation has had an overall negative impact of £1 million provided for in the plan. The positive impact of £1.3 million in relation to Aberford Field is dependent on planning permission, scheduled for February 2014. It will not be realised in this financial year if permission is delayed beyond the end of the financial year. This is a technical issue with no serious regulatory impact.
- A provision of £5.3 million was made to fund re-structuring costs. A further £300,000 has been identified to cover revised reconfiguration costs through in-year budget underspends and review of existing provisions. This adjusted provision allows for an additional £700,000 for 2014/15 taking the total to £2.2 million.
- The recurrent cost improvement programme is currently underperforming by £1.7 million mainly due to unrealised savings from reconfiguration of rehabilitation and recovery services, workforce e-rostering changes and income assumptions in Barnsley. These

have been mitigated through non-recurrent cost improvements in-year. This has an implication for 2014/15, which the EMT is addressing and will be finalised before budgets are set for next year.

The Chair invited comments from Trust Board.

- SM commented that realising efficiency savings through transformation is a challenge, particularly in terms of understanding services and capacity to transform. The Trust's plans have attracted media scrutiny following the Trust Board meeting in December 2013 and this is likely to continue.
- PA asked whether there was a risk in relation to the transformation programme and whether there was a need for expertise and external advice. SM responded that the Trust has, for example, engaged the support of Mental Health Concern to review its rehabilitation and recovery services. This has given a different perspective, identified linkages with other services and provision, such as out-of-area placements, and offered an external view of the scope of the service. This has been supported by discussions with chief officers of local authorities and clinical commissioning groups in terms of risk and benefit sharing arrangements during a time of transformational change.
- BF commented that he welcomed the stance the Trust is taking in relation to transformation and it will provide a good platform to move forward at a faster pace.
- Julie Fox (JF) asked about other areas. SM responded that this is an area for review by the EMT and further assurance will be provided to Trust Board on capacity, both internally and externally, and how this will be secured. JF asked if this would have an impact on timing and SM responded that it would link to business planning for 2014/15.
- In response to a comment from HW about leadership, SM said that health intelligence will provide evidence that the Trust is making a difference and adding value, which is a key role for DS_m during her secondment.
- HW also asked about the savings as a result of e-rostering. Alan Davis (AGD) responded that this related to an area put forward by Calderdale and Kirklees BDUs as potential efficiency savings through changes to shift patterns. Assumptions made around savings were valid; however, implementation requires further operational testing.
- PA commented that there are evidently some major challenges for the Trust but the EMT does not have to do this itself from its own resources. He asked again at what point the Trust would seek external support to look at sickness absence. SM concurred but it is incumbent on the EMT to get its approach right and this will be further discussed through the Remuneration and Terms of Service Committee.
- AF commented that £600,000 of the Innovation Fund is set aside to support external, specialist support; however, the Trust needs to have specifications in place to ensure it gets what it needs and the support it wants.

IB summed up the discussion and observations made in that the year-end position for 2013/14 will be achieved with a risk in relation to the estates revaluation; however, the Trust is not as far on its transformational journey as anticipated and achievement of next year's position will be dependent on achieving transformation.

TB/14/04c Annual planning 2014/15 (item 4.3)

AF introduced this item and highlighted the following.

- A new requirement from Monitor for Trust Board to make a declaration of sustainability for two, three and five years has been introduced.
- Contracts with commissioners will be signed by 28 February 2014.
- Monitor has also issued a strategic planning document following an assessment by PWC that the sector is not ready to plan for the challenges ahead. It provides a self-assessment tool for foundation trusts to assess their position and areas for improvement or development work.

AF went on to explain the assumptions made in planning for the next five years.

IB invited comments from Trust Board.

- PA asked about the impact of the challenge from the Trust's external auditors. AF responded that Deloitte presented an action plan at the Audit Committee, which set out the risks to reporting in the financial accounts. These relate to:
 - Agresso patching;
 - implementation of payment by results;
 - implementation of the nil assurance report in respect of non-pay purchasing control;
 - revenue recognition (mandated risk);
 - accounting for the acquisition of Barnsley estate;
 - valuation of Trust estate;
 - mandatory override controls (mandated risk);
 - responding to Monitor's report on foundation trust strategic planning.

The two mandated risks are not considered to be a risk and strategic planning will be a key area for review.

- PA added that Deloitte sees any proposed efficiency savings over 3% as a challenge and will, therefore, give close scrutiny to the Trust's plans to achieve 5.5%. AF responded that the Trust's plan is consistent with Monitor's requirements.
- Jonathan Jones (JJ) asked where the Trust was in relation to a co-ordinated approach to business development through securing commercial/marketing expertise. AF responded that two senior posts have been identified in relation to marketing and commercial development, and these will be recruited in the 2014/15 financial year.
- IB asked that all members of Trust Board are involved in contributing to the formulation of the plan and the underpinning analysis.
- He added that Trust Board will need to carefully consider its response to the declaration of sustainability and to provide a measured and considered explanation for its declaration.
- SM commented that alignment with partners and partnerships are key to sustainability and this is an area the Trust must foster and develop.
- BF suggested a more aggressive approach to reviewing and revising the infrastructure and the speed with which the Trust does this.

TB/14/04d Human resources strategic report month 9 2013/14 (item 4.4)

In introducing the report, AGD commented that fundamental to the Trust's sustainability is its resilience in a time of unprecedented change. This presents a complex challenge.

Sickness absence

In response to an issue raised at December's meeting, an analysis of sickness levels in Barnsley has shown no correlation between sickness absence and the level of vacancies. AGD also assured Trust Board that robust management action is in place to address sickness absence levels and to manage use of bank, agency and overtime. SR commented that management of the short-term sickness absences has significantly reduced the rate; however, there is significant long-term sickness absence in Barnsley, which is impacting on rates. ABe added that sickness continues to be a priority and the medium secure service is showing a lower rate than previously whilst it is taking longer to manifest improvements in low secure.

JF commented that stress-related sickness is the biggest contributor to absence. AGD responded that this will not necessarily be work-related. There is strong support in terms of wellbeing and occupational health within the Trust, demonstrated in the wellbeing survey, and the impact on health and wellbeing by leadership and management. The wellbeing

survey is able to drill down to individual team level to see where action needs to focus and where further management action is needed. Other areas, such as access to support from the Big White Wall, are being developed. The occupational health service will concentrate on stress in 2014/15 and wellbeing support to proactively prevent staff from absence.

HW asked about the trajectory for improvement. AGD responded that it will depend on the service; however, the Trust can learn from areas where improvements have been made.

JJ asked whether the Trust was expecting an increase in absence when 2014/15 gets tougher. AGD agreed that the coming year would probably see an increase; however, HR Business Partners are part of the transformation programme and wellbeing and resilience will be built into the change management support for staff.

PA asked whether there was any benchmarking of the Trust's occupational health service. AGD responded that the service is run in conjunction with Leeds Partnerships NHS Foundation Trust and, therefore, the Trust is able to prioritise where the service's focus should be, such as musculo-skeletal and stress. In 2014/15, the service will introduce proactive physical screening of staff, and take account of national guidance for a good occupational health service and best practice.

PA asked how the Trust's service compares with the private sector, particularly potential competitors. AGD responded that staff within the service come from the private sector and the service looks for areas to improve and offer best practice.

BF commented that the Trust has made good progress on absence; however, this relates to a small amount of money. He understands the detail of sickness absence but not that of the cost improvement programme. He would like the same level of detail to enable him to scrutinise efficiencies in the same amount of detail, which is just as important, if not more so, for Trust Board to understand and for the Trust's future.

BF also commented that achievement of the appraisal target was commendable but the focus should be on quality not quantity, therefore, the exercise needs to be seen as more than a tick box process.

JF commented that it is admirable that the Trust is developing a values-based recruitment process but this does not include consultants. She would like to see this extended as these are senior posts.

TB/14/04e Service user experience report (item 4.5)

Dawn Stephenson (DS) introduced this item and comments from Trust Board were invited.

- HW commented that she would like to see more on the lessons learned and the 'so what' in response to feedback. SM added that he would like to see further analysis of the effectiveness of what the Trust does.
- IB asked what Barnsley BDU was doing to attract the number of compliments, particularly when reviewed against forensic services. It was generally agreed that the concept of 'choice' was affecting the figures. Also, people tend to complain in writing but compliment anecdotally (and only written compliments are included in the report currently).
- IB asked whether there was anything services could learn from each other in relation to comments from staff.
- HW asked whether the Trust captures other types of feedback. DS responded that mechanisms have been established and HW asked for this to be included in the report in future. SM added that this should also include dialogue groups.

It was RESOLVED to NOTE the revised arrangements for reporting ‘What Matters’ and for a formal review of customer services feedback on a quarterly basis.

TB/14/04f Exception reports and action plans – Trust planned visit programme (item 4.6(i))

TB assured Trust Board that the Trust would reflect the CQC ‘themes’ in the new inspection regime but on a more focussed, service basis; however, it would be difficult for the Trust to replicate the CQC visit arrangements. IB commented that he would like to see feedback from the national CQC visits to see if anything can be learned and replicated. JF also asked that future planned visits link to CQC visits and follow up visits so services do not receive multiple visits.

HW commented that the visits are an important element of assurance to Board members and demonstrates leadership and visibility of the Board. It is not just about the CQC and the visits are an important principle that she would like to see continue.

AGD suggested that a risk profile of wards/units would be useful to identify areas to focus on, such as seclusion rooms visited in the next round of visits or areas with high sickness to be probed.

SM commented that the CQC’s inspection will lead to a rating for an organisation, which will provide assurance for the Trust in terms of quality of services. As more intelligence about the CQC’s national programme emerges, the Trust can undertake a self-assessment of its own services.

It was RESOLVED to NOTE the report and SUPPORT the future visits proposal.

TB/14/04g Exception reports and action plans – Update on seclusion rooms upgrade programme (item 4.6(ii))

Trust Board noted that the CQC has accepted the Trust’s action plan in relation to the seclusion units’ upgrade and site visits will be undertaken in conjunction with the CQC. ABe confirmed that the refurbishment work has been phased to ensure it meets service needs and to reduce clinical pressures.

It was RESOLVED to NOTE progress.

TB/14/04h Exception reports and action plans – National service user surveys (item 4.6(iii))

SM commented that it was unacceptable for a transformational organisation not to be getting the basics right and he would like to see a public reinforcement of the accountability for professional standards. JF commented that there has to be a level of understanding of a care plan not just whether an individual has been given one. BF asked whether service users are aware of what constitutes a care plan. JJ asked whether this was not also a Monitor target that the Trust reports on. AF responded that it is and represents a mis-match between practice recorded on RiO and service user perception. IB asked that a report comes back to Trust Board on action the Trust has taken to address this and to re-ask service users in the interim. BF suggested the Trust could also learn from best practice. It was agreed to receive a further report at the end of quarter 1 2014/15.

HW also commented that she would like to see this included in the values-based appraisal in terms of how behaviours are realised.

It was RESOLVED to NOTE the report and to RECEIVE a further paper in July 2014.

TB/14/05 Review of Standing Financial Instructions (agenda item 5)

AF confirmed that the Chief Executive had commissioned a review of the Quality Academy, which will feed into the review of the Scheme of Delegation, therefore, there will be a delay in presentation to Trust Board.

It was RESOLVED to APPROVE the revised Standing Financial Instructions.

TB/14/06 Trust Board self-certification – Monitor quarter 3 return 2013/14 (agenda item 6)

PA informed Trust Board that, at the Audit Committee on 21 January 2014, KPMG reported on the initial outcome of its review of financial management, which included a review of the recommendations from the procurement (non-pay purchasing) audit. All actions were complete with one exception in relation to outsourcing goods received, which will be the subject of an options appraisal in conjunction with other support services to ensure the goods received process in place is robust.

It was RESOLVED to APPROVE the exception report to Monitor.

TB/14/07 Assurance framework and organisational risk register quarter 3 2013/14 (agenda item 7)

BF asked whether the cost improvement programme should be a specific risk on the register. SM responded that it would be covered by other risks on the register, particularly the operational detail linked to the transformation programme.

It was RESOLVED to NOTE the assurances provides, NOTE gaps in assurance identified, and NOTE the key risks.

TB/14/08 Date and time of next meeting (agenda item 8)

The next meeting of Trust Board will be held on Tuesday 25 March 2014 in the Manor room, 5th floor, F Mill, Dean Clough, Halifax.

Signed **Date**