



Minutes of Trust Board meeting held on 29 April 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
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
In attendance:	Adrian Berry	Director, Forensic Services
	Laurence Campbell	Non-Executive Director (designate)
	Bronwyn Gill	Head of Communications
	Sean Rayner	District Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	District Director, Calderdale, Kirklees and Specialist Services
	Robert Toole	Finance management consultant
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Tim Breedon	Director of Nursing, Clinical Governance and Safety
Guests:	Stephen Baines	Governor, Members' Council (appointed, Calderdale Council)
	Colin McIlwain	NHS England
	Bob Mortimer	Governor, Members' Council (publicly elected, Kirklees)
	Michael Smith	Governor, Members' Council (publicly elected, Calderdale)
	Tony Wilkinson	Governor, Members' Council (publicly elected, Calderdale)

TB/14/19 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. He particularly welcomed Laurence Campbell (LC) who, subject to the approval of the Members' Council, will take up post as a Non-Executive Director on 1 June 2014 replacing Bernard Fee (BF) on Trust Board. IB thanked BF on behalf of Trust Board for his contribution to and support of both Trust Board and the Trust. Trust Board will very much miss his challenge and customer focus, which has helped the Trust enormously over the last six years and has had a big influence on the Trust and, in particular, on Trust Board papers.

TB/14/20 Declaration of interests (agenda item 2)

There were no declarations made over and above those made in March 2014.

TB/14/21 Minutes of and matters arising from the Trust Board meeting held on 25 March 2014 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 25 March 2014 as a true and accurate record of the meeting.

There was one matter arising.

TB/13/67 Specialist services commissioning

The Chief Executive (SM) informed Trust Board that the Trust had received information from the South Yorkshire and Bassetlaw Area Team setting out the national funding position for all specialised services, including secure mental health provision. Nationally, there is a £693

million gap between allocated funding and the value of contracts agreed, though not signed, with providers for 2014/15. The Treasury has agreed £400 million of non-recurrent support but this leaves an in-year deficit of £293 million and a recurrent gap for 2015/16 of £693 million. The impact for Yorkshire and Humber is a deficit of £31 million in-year and a recurrent underlying deficit of £61 million. This represents a recurrent deficit of 5.1% of the area team's allocation for specialised commissioning.

Commissioners are intending to re-visit contract offers with all providers over the next two weeks with a view to signing contracts by 9 May 2014 at which point the £31 million gap for 2014/15 must be closed. The Trust has been informed that the potential allocation of contract reduction for its adult secure services amounts to £613,000 for 2014/15 and that, although there are a number of QIPP schemes identified by commissioners, no costed plans have been produced. The Trust is currently working through a range of mitigating actions as well as seeking further clarity from NHS England as to the basis of the contract reduction.

TB/14/22 Audit Committee annual report to Trust Board (agenda item 4)

It was RESOLVED to RECEIVE the annual report from the Audit Committee and to SUPPORT the view that the Committee can provide assurance on the effectiveness of Trust Board Committees, management of risk, that Committees meet their terms of reference and that their work programmes are aligned to the risks and objectives of the Trust.

TB/14/23 Stakeholder analysis (agenda item 5)

In introducing this report, SM commented that it demonstrates how the Trust is working with different partners and the importance of this work. Work with clinical commissioning groups (CCGs) is increasing in prominence and is becoming harder to cover at senior level across the four districts and specialist services. The Trust is also facing an increase in the information requested to inform CCG agendas.

Julie Fox (JF) asked why 'regulators' were seen to have both high influence and high power. SM responded that the implications of Regulator interest in partner Trusts and the Care Quality Commission (CQC) revised inspection regime determines the high level of importance to the Trust.

Following a question from IB in relation to the position of specialist commissioning as a key external issue, the following comments were made during the discussion.

- SM agreed that the position does represent a key external issue providing a significant risk to the Trust. It was noted that the Trust has been highlighting these issues at a national level over the past year; however, the Trust was advised of this after submitting its two-year plan to Monitor.
- Although not expecting an immediate answer, BF suggested the Trust should consider use of its estate. Adrian Berry (ABe) responded that, if services are de-commissioned, the Trust would have to consolidate services and make best use of the estate it has. Alex Farrell (AF) added that the Trust's five-year plan will include a commercial rationale and strategy for each service line, which will set out the Trust's approach.
- Jonathan Jones (JJ) asked how this would be picked up in the annual plan given the revenue 'hole' now facing the Trust. AF responded that the Trust needs to consider different scenarios, risks, the likelihood of risks materialising and an assessment of the worst-case scenario. She added that all providers will have a similar level of challenge.
- JJ asked if there was still an opportunity to lobby and influence. SM responded that the Trust continues to do so through trade bodies. BF commented that the decision appears

to have already been made and that alternative areas for cuts may be unpalatable for NHS England.

- SM commented that the Trust needs to be creative in its approach and there are opportunities within the market for growth. Discussion has begun with regional partners on shared pathway approaches, which would present opportunities for the Trust to work in partnership with other providers in a networking arrangement.
- He added that the reality is that this service involves a group of very vulnerable and sometimes very dangerous patients and any risk assessment will include consideration of increased clinical risk.

It was RESOLVED to NOTE the update, issues arising and mitigating action being taken.

TB/14/24 Delivery of two-year operational plan (agenda item 6)

SM commented that transformation has not taken place at the pace the Trust would have wanted in 2013/14. The coming year will lay the foundations to fully deliver transformational change in 2015/16. The two-year plan provides for management action at a Trust-wide level, determined centrally, which is unsustainable going forward. Transforming services will reflect the themes from engagement events, which underpin the plan. Getting the cost-base right is an absolute priority for 2014/15, laying the foundation for delivery of efficiency savings in 2014/15 and transformational delivery in 2015/16. More detail is needed for 2015/16 and for the five-year strategic plan. AF added that Monitor, in its feedback on the Trust's two-year plan, challenged the Trust on its delivery of the cost improvement programme, wanting assurance and clarification of arrangements for risk management. This provides the Trust with the time to develop a robust response in its five-year plan. In response to JJ's question, SM responded that other Trusts are in a similar position but some are finding the challenge difficult.

Peter Aspinall (PA) sought assurance that, if there is a shortfall in the cost improvement programme towards the end of the year, the Trust will be aware and able to manage expectations. SM responded that there would be a very strong and robust connection between planning, operations and delivery in 2014/15 to ensure the plan is met.

Nisreen Booya (NHB) commented that the Trust's plan represents a new mind-set for staff. The Trust will need to prepare the ground for a workforce that will work in a different way and for service users in terms of self-direction and self-care.

JJ commented that the cost improvement programme was unlikely to deliver to plan and, therefore, has to be monitored and managed, reacted to and be flexible, with Trust Board working together to make difficult decisions.

Helen Wollaston (HW) commented that it was very important that the Trust has a communications plan in place around its plans, transformation and its cost improvement programme.

TB/14/25 Performance reports month 12 2013/14 (agenda item 7)

TB/14/25a Quality performance report (item 7.1)

Karen Taylor (KT), on behalf of Tim Breedon (TB), commented that changes will be made to the report in 2014/15 to reflect the comments made by Trust Board and, to meet the Hard Truths commitment, the Trust will publish staff data by the end of June 2014. IB then invited comments and questions from Trust Board.

JF commented that performance against the target for the proportion of service users offered a care plan, although it has improved, continues to be poor. She commented that it was surely straight forward and simple to address.

IB asked for a comparison with other Trusts for the 'friends and family' test.

PA asked what the plan was for achievement of the 14-day access target and whether this would be achieved by quarter 1. KT responded that there is a plan in place to achieve the target. She accepted there are issues within services and acknowledged that improvement is needed. Targeted action is underway and the plan is to achieve the target by quarter 2. NHB added that review of assessment arrangements will be part of the transformation programme to provide one assessment for service users, which will improve the service provided and go some way to improving performance. AF also added that this is an arbitrary commissioner target and there is agreement with commissioners to review the capacity commissioned and resources available to achieve the target.

TB/14/25b Finance report month 12 2013/14 (item 7.2)

AF highlighted the following.

- Draft accounts were submitted to Monitor on 23 April 2014.
- The Trust has a surplus position of £3.8 million, which is £33,000 ahead of plan.
- Additional information on the cost improvement programme has been included in the report at the request of Trust Board.
- The financial risk rating remains at 4 against a plan of 4.
- The additional analysis of the run rate will continue in 2014/15.

BF asked if any of the cost saving substitutions were recurrent. AF responded that some are a question of timing and some are recurrent changes found as alternatives by BDUs. Of the £1.5 million, £500,000 is non-recurrent with the rest recurrent and rolling into the 2014/15 plan. She also explained that the difference of £2 million in income is due to the delay in opening ten additional beds at Newton Lodge, CQUIN performance and underspend for on provisions offset by release of provisions.

TB/14/25c Strategic human resources report Q4 2013/14 (item 7.3)

Alan Davis (AGD) highlighted the following.

- The report has been considered in detail by the Remuneration and Terms of Service Committee.
- The sickness absence target was not achieved although significant improvements were made in a number of areas. The Trust will continue with this ambitious target in 2014/15.
- The Trust is required to survey staff every quarter in relation to the 'friends and family' test. The Trust is in a good position through the wellbeing survey to implement this requirement.
- He also stressed the importance of communications to staff on Trust plans and transformational change.

JF was concerned that 38% of staff said they have experienced bullying and she asked what the Trust was doing about this. AGD responded that this is a recurring theme and there has been discussion with staff side; however, the survey is not substantiated in the form of cases reported. In conjunction with staff side, the Trust will develop a framework around harassment and bullying focusing on changes in culture to handle relationships. HW added that a more detailed report will be presented to the Remuneration and Terms of Services Committee.

JJ asked how the sickness absence rate compared to previous years. AGD responded that it was 5.3%, showing an improvement. JJ also asked how the Trust engaged and communicated with staff in respect of the cost improvement programme. AGD responded that the Trust has a good relationship with staff side and meets regularly to discuss the Trust's financial position in addition to formal meetings. Staff side is very supportive of Trust plans and its position, and understands that difficult decisions are needed and the context for these. The Trust has been open and honest with staff, remaining true to its values. It is also intended to run another round of Middleground to focus on the coming challenge involving senior staff and clinicians. The key message is that the solution belongs to all staff not just Directors. IB commented that Trust Board is invited to attend the planned engagement events for staff, which provides an excellent way to find out staff views.

PA asked whether the Trust is adopting a 'one size fits all' approach to staff engagement or whether it would be tailored to different groups and levels. AGD responded that the Trust has a range of engagement mechanisms in place for staff and a different range of feedback arrangements for staff to express their views. It is very much not a case of one approach. The wellbeing survey shows that staff have confidence in Trust processes compared with other organisations. He would like to see higher response rates; however, the Trust does benchmark well against other organisations.

BF commented that there must be clear message for engagement as the Trust will lose the confidence of staff if messages change later in the year. SM confirmed that communication will be an iterative process. The Trust has been open and honest about the scale of the challenge and what this means for staff, and will continue to be so; however, staff also have a responsibility to ensure they too understand the Trust's position and implications, and how they can contribute to the Trust's future, such as improvements in sickness absence.

IB asked BDU Directors to highlight their key concerns.

Sean Rayner (SR) highlighted the external environment in relation to public health in Barnsley and Wakefield. Health and wellbeing services are likely to be tendered over the next 18 months with a much reduced resource envelope available. KT commented that financial pressures within local authorities mean the Trust has to work in a different way in terms of integration. She also highlighted the continued risks associated with children's and adolescents' mental health services. ABe highlighted the specialist commissioning agenda and the plan for re-procurement of services in the next twelve months. He also commented on the reduction in sickness absence in low secure services, which reflects management action taken in the last twelve months and which shows a genuine downturn in long and short-term absence.

TB/14/25d Exception reports and action plans – Risk assessment of performance targets, CQUINs and Monitor Risk Assessment Framework (item 7.4(i))

AF highlighted three areas.

- The Trust will continue to monitor compliance with the Trust's licence conditions and the implications of the Care Quality Commission inspection regime.
- The introduction of extended legal rights of choice for mental health services has implications for the Trust and it is not yet known how this will operate in practice.
- The potential financial consequence is estimated at a £500,000 risk to income with £45,000 associated with data quality.

SM commented that there would be a workshop for Trust Board on the revised CQC inspection regime in the next few months and that his and NHB's experience of involvement in inspections would be very helpful. There has been no confirmation of when the Trust will be inspected; however, it will be before January 2016.

It was RESOLVED to NOTE the content of the report, the assessment of risk and the actions planned to mitigate risk.

TB/14/25e Exception reports and action plans – Equality report (item 7.4(ii))

Dawn Stephenson (DS) explained the focus for the coming year for meeting the Equality Delivery System 2, which will prioritise people from ethnic minority communities. Workshops for staff and service users will be organised to develop plans to ensure the Trust moves from 'developing' to 'achieving' status to meet EDS2 outcomes. Trust Board was supportive of this focus.

HW commented that she would like to see BDUs challenged to move from 'developing' to 'excelling' over the next three years to ensure Trust services meet the needs of individuals with protected characteristics. AF commented that the paper contained a very commendable set of ambitions. The performance trajectory must link to the Quality Improvement Strategy and reflect areas where the Trust needs to focus across all services that can be influenced and addressed within the three-year timescale. JF added that the Trust could learn from other organisations that are further forward.

It was RESOLVED to RECEIVE the Equality Report for 2013/14 and to NOTE the work undertaken to date and the further development required.

TB/14/25f Exception reports and action plans – Quarterly serious incidents report (item 7.4(iii))

KT raised the following.

- The serious incidents annual report will come to Trust Board in June 2014.
- There has been a continued increase in incidents due to changes in reporting requirements in relation to pressure ulcers. The Trust will review the requirements and its own reporting practice in the coming quarter.

IB asked that the annual report includes more analysis of the incidents relating to pressure ulcers and the action the Trust is taking to reduce these incidents as this has not previously been included in the comparative data.

It was RESOLVED to NOTE the report.

TB/14/25g Exception reports and action plans – Customer services quarterly report (item 7.4(iv))

The following comments were made in relation to the report.

- JF commented that this was a good report and well presented. She thought it would be useful to see the equality data presented in relation to people who use services as a whole.
- HW queried the 'responding in a timely manner' data and DS explained that some responses extend over two reporting periods.
- IB mentioned that he had been involved in looking again at a small number of the Trust's most serious complaints. He was pleased to note the process of peer review by practising clinicians, that the processes in place are robust and that the organisation is willing to apologise and say sorry when necessary. He appreciated that the current approach to data protection will be increasingly difficult to maintain especially as regards carers and service users.
- AF commented that the Trust appears to be receiving more compliments and suggested that the Trust should also try to capture thank you letters sent to individual members of staff.

- BF thought that a comparison with last year and trend analysis would be useful in the report. DS agreed this would be included in the annual report.

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

TB/14/26 Monitor quarter 4 return (agenda item 8)

It was agreed to add the impact of specialist commissioning intentions. Subject to this addition, it was **RESOLVED** to **APPROVE** the return.

TB/14/27 Assurance Framework and organisational risk register (agenda item 9)

It was agreed to add the following risks:

- specialist commissioning position;
- development of the Better Care Fund and implications for Trust services in terms of parity of esteem and a balanced and proportionate approach to mental health.

It was **RESOLVED** to **NOTE** the assurances presented, **NOTE** the areas with gaps identified and **NOTE** the key risks.

TB/14/28 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Tuesday 24 June 2014 in rooms 49/50, Folly Hall, Huddersfield.

Signed **Date**