

**Minutes of the Trust Board Meeting held on 29 February 2008**

<b>Present:</b>	Joyce Catterick	Chair
	Lionel Conyers	Non-Executive Director
	Gary Dimmock	Non-Executive Director
	Anne Gregory	Non-Executive Director
	David Hinchliffe	Non-Executive Director
	Jan Wilson	Deputy Chair
	Steven Michael	Chief Executive
	Nisreen Booya	Medical Director
	Malcolm Featherstone	Deputy Chief Executive/Director of Finance
	Hazel O'Hara	Chief Operating Officer
	Noreen Young	Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Alan Davis	Director of Human Resources and Workforce Development
	Terry Dutchburn	Director of Business Development and Planning
	Ruth Unwin	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Apologies:</b>	None	
<b>Observing from</b>	David Hill	Monitor Assessment Team
<b>Monitor:</b>	Alistair Weeks	Monitor Assessment Team

**TB/08/16 Welcome, introduction and apologies (agenda item 1)**

The Chair opened the meeting. There were no apologies. She began by thanking Doug Dale, Chair of the Public and Patient Involvement Forum, for his years of attendance at and contribution to Trust Board. She will write to Mr Dale to express the Trust's appreciation. She went on to thank Jan Wilson (JW) for steering the organisation through an exceptionally challenging time in the interim period between substantive chairs.

**TB/08/17 Declarations of interest (agenda item 2)**

The following Declarations of Interest were considered by Trust Board.

Joyce Catterick	Trustee, National Association of Citizens' Advice Bureau Member, Citizens' Advice Bureau North Region Committee Trustee Board Member, Calderdale Citizens' Advice Bureau
Anne Gregory	Contract with the NHS – capabilities of professional communicators.

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest made by Directors of the Trust.** There were no further declarations of interest made over and above those already notified to Trust Board.

**TB/08/18 Minutes of and Matters Arising from Trust Board meeting held on 31 January 2008 (agenda item 3)**

Two amendments to the minutes were requested.

- David Hinchliffe (DH) asked for an addition to minute TB/08/04 to read "and responsible clinicians".

- The Chair asked for the minutes to show a differentiation between voting and non-voting members of Trust Board.

Subject to these two amendments, **it was RESOLVED to approve the minutes of the Trust Board meeting held on 31 January 2008 and that these should be signed by Jan Wilson who chaired the meeting.**

There were two matters arising.

#### TB/08/08 Integrated Performance Report

(Page 5) Anne Gregory (AG) asked whether there were any plans to accredit the Trust's Middleground programme. Alan Davis (AGD) responded that plans to do this were included in the Human Resources Strategy 2007/12.

(Page 6) Malcolm Featherstone (MF) confirmed that the Department of Health had reduced the Capital Resource Limit (CRL) in line with the Trust's request.

#### **TB/08/19 Trust Board assurance from Committee meetings (agenda item 4)** Minutes of Clinical Governance and Clinical Safety Committee 1 February 2008

DH, who chaired the Committee, drew Trust Board's attention to the matters outlined in the paper where the Committee had provided assurance to Trust Board and also commented that the Committee had had a detailed discussion (under item CG/08/09) regarding the access and visibility of Non-Executive Directors within service areas. A proposal will be brought back to the Committee in due course. JW commented that such a proposal might be more appropriate for Council Members rather than Non-Executive Directors given the change in role with Foundation Trust status. The Chair commented that the purpose of such visits must be clear for a decision to be made on the most appropriate role for Non-Executive Directors.

Noreen Young (NY) also commented on the following issues arising from the Committee.

- She provided assurance to Trust Board that actions from the SUI 8119 were almost complete and valuable lessons had been learned for Assertive Outreach Teams.
- With regard to information governance, it was recognised that there were issues and risks within the system; however, a more robust process will be introduced, to reflect arrangements in place for the Annual Healthcheck, where individual directors will lead on parts of the toolkit and progress monitored by the Executive Management Team. A risk register will be developed to effectively manage risk and a paper presented to Trust Board in March.

#### Minutes of Charitable Funds Committee 19 February 2008

DH reported on the following.

- With regard to the investment policy, the Committee felt that this should reflect a more ethical approach to establish corporate responsibility and he would welcome a further discussion at Trust Board.

- The Chief Executive had given £50 to charitable funds as agreed at Trust Board in lieu of the prize for the Trust's new name.
- Hazel O'Hara (HOH) had made a donation to charitable funds in lieu of sending Christmas cards.

### **TB/08/20 Chief Executive's Report (item 5)**

The Chief Executive began his report by confirming that the Board-to-Board with Monitor had been confirmed as 3 April 2008 and there was still much work to do to prepare the Trust for the final stages of the assessment phase. Membership is now running at 8,700 against a target of 9,000.

He went on to comment on the following.

- The positive position on contracting and partnerships with commissioners, which means that the Trust is in a position to sign Monitor-compliant contracts for its services.
- The development of the national Payment by Results project resulting in the Trust becoming part of a key pilot site for the Department of Health and further development of the consortium, which includes PCT representation on the Northern Project Group and indication of matched funding from the SHA. The Department favours the core methodology developed by the Northern Project Group and this has been used as the basis for models developed by other Trusts.
- With regard to organisational reputation and risk management, the SHA is in the final stages of appointing an independent reviewer to undertake the independent inquiry into 8119. The Inquiry will go some way to address the concerns of the families of those involved in the incident.
- He also confirmed that a clinical governance review in Kirklees had been commissioned, which provides an excellent opportunity for learning lessons. The level of service change over the last year as well as the findings of the independent inquiries and other investigations means that the timing is right for a review in this area. The review will be monitored through the Clinical Governance and Clinical Safety Committee and reported through into Trust Board. It will also provide a tool that can be used in other areas.

**It was RESOLVED to note the Chief Executive's report.**

### **TB/08/21 Strategic Development (agenda item 6)**

#### Integrated Business Plan and strategic position (agenda item 6.1)

Terry Dutchburn (TD) introduced this item and explained that, although the Trust's market share for forensic services appears to have gone down, this is due to changes in the consortium arrangements, which now include South Yorkshire. In reality, the Trust's share has grown due to the opening of new beds.

TD also reported on a Foundation Trust Network seminar he attended on World Class Commissioning (WCC) in relation to mental health, which will help inform the Department's development of a set of principles for engagement and relationships for commissioners with mental health. TD will circulate the brief from the workshop for information. TD confirmed that the workshop had a small attendance and no

PCTs from our area attended. The Chief Executive reminded Trust Board that the Trust's response to WCC has been considered during development of the IBP.

AG expressed concerns regarding the potential for changes to the Trust's relationships with commissioners given the strategic developments in commissioning, including WCC, and suggested this should be placed on the organisational risk register. It was agreed this should be discussed under agenda item 7.5.

TD explained that the tender opportunity would provide support for twelve service users in response to a limited dual diagnosis service in Kirklees and was worth approximately £200,000. This would add to and complement current Trust services within services for adults of a working age.

**It was RESOLVED to:**

- **note and support the changes to the IBP;**
- **delegate authority to the Chief Executive to progress any tender or bidding opportunity within Kirklees for a Dual Diagnosis Supporting People scheme.** (MF's comment that this was within the Chief Executive's delegated powers under the Scheme of Delegation was noted.)

Foundation Trust application (agenda item 6.2)

Ruth Unwin (RU) introduced this item. In the routine update, she highlighted that early intelligence on the election indicates that the Trust should have contested seats for the public constituency but not many staff had so far expressed an interest. Work was ongoing to encourage staff to stand for election.

Trust Board asked for its formal thanks to be given to the FT team for achieving the level of membership.

In response to the point raised at the Clinical Governance and Clinical Safety Committee regarding involvement of the membership, particularly service users and carers, RU confirmed that the Trust-wide Service User and Carer Reference Group is considering how to engage with service users and further involvement of individuals who join as members. The Clinical Governance Support Team has been commissioned to develop a questionnaire to gather views. Once established, this will be part of the remit of the Members' Council. In relation to this, JW raised an issue regarding the service user and carer representation on the Clinical Governance and Clinical Safety Committee and it was confirmed that this would be addressed in the Chair's review of all Trust Board Committees.

With regard to appendices B9 and B10 (adequacy of working capital and financial reporting procedures), MF informed Trust Board that, after contact with KPMG, the timescales for the working capital review have changed with KPMG starting the review on 17 March 2008 for two weeks. The statement, therefore, would need to be signed in the week beginning 7 April 2008 to allow KPMG to report to Monitor on 15 April 2008. The date for the Trust Board meeting would be confirmed as soon as possible.

AGD confirmed that the SHA had agreed the content for the mandatory training and education schedules (appendix B(6)c) and this will come to Trust Board in March for approval. TD confirmed that the Trust had received the workbooks for Mandatory Services and Commissioner Support Schedules and these should be signed-off by commissioners next week with a view to approval at Trust Board on 31 March 2008.

**It was RESOLVED to:**

- **receive the paper as assurance that progress is being made in support of the application to become a Foundation Trust;**
- **note the progress being made towards securing a working capital facility and agree arrangements for Trust Board sign-off;**
- **note the progress being made to develop the Board statements and agree arrangements for Trust Board sign-off;**
- **note the progress being made towards finalising the mandatory services schedules and agree arrangements for Trust Board sign-off.**

**TB/08/22 Strategic Execution (agenda item 7)**

Integrated Performance Report (agenda item 7.1)

The Chair invited HOH to introduce this item and she highlighted a number of areas of positive practice as well as areas where the Trust working to concentrate effort on its key performance indicators and action in relation to these.

2.9 HCC quality of services – the Trust achieved excellent for 2006/07; however, it is difficult to predict the outcome for 2007/08 as the thresholds are still uncertain. Directors have instigated proactive work to mitigate risks in areas of weakness. As part of the assurance process, Committee Chairs will be taken through the evidence in support of the core standards prior to approval of the Declaration at March Trust Board.

2.14 Sickness absence rate – sickness levels have been affected by seasonal conditions and AGD confirmed this was a key area for SDGs with a robust system in place for managing and recording sickness. A wellbeing programme is also in place led by Occupational Health for long-term sickness. AGD also explained that the target is very challenging and, if achieved, will put the Trust into the top 20% of Trusts nationally. It was agreed to receive a paper on workforce issues, including the results of the staff survey at Trust Board in the near future.

3.2 Membership – RU commented that the Trust is on track to achieve the overall membership target and action is in place to address areas of weakness in the representativeness of the membership, particularly of young people.

3.3 Ethnicity of compulsory admissions – RU explained that a detailed audit of the data has begun to address under-performance. The following issues were raised.

- DH asked whether this was a national issue and how the Trust compared with others. RU responded that there were fluctuations in performance and Trusts had different ways of recording data making it difficult to look at benchmark figures. AG questioned whether the Trust was therefore making simplistic comparisons and was it doing anything to make the targets more meaningful to

which RU replied that the Trust has to understand local outcomes before it is able to benchmark against others.

- It was suggested that this could be linked to development of Payment by Results and GD commented that this was a good example of why the Trust should be influencing commissioning of services through its membership.
- Nisreen Booya (NHB), Medical Director, remarked that there is no recognition by commissioners that certain areas have a larger representation of ethnicity and, therefore, a corresponding demand for services.
- The Trust is also undertaking a review of seclusion, which shows a high proportional representation of young, black men and RU commented that the national agenda confirms local statistics in this area.
- There needs to be development work to ensure more appropriate access to services at the first point of contact and this should not always be focussed on clinical interventions.
- The Chief Executive reminded Trust Board of the clinical governance review in South Kirklees referred to in his remarks and that he has stressed to the local authority in Kirklees how important it is to involve the local authority as a whole system response is required.
- TD commented that the Trust should use opportunities to influence development of strategy towards mental health with commissioners.

3.4 % of complaints upheld with staff attitude as an issue – this will be addressed through a programme of promoting mutual respect and customer care for all staff.

3.5 % complaints replied to within agreed deadlines – RU explained that this was a capacity issue within the team, which had now been addressed through restructuring and recruitment to an additional post. There is also an ongoing issue in balancing a full, quality response against meeting timescales.

3.6/3.7 Violent assaults – more detail has been provided for Trust Board in the report to enable a decision on the KPI to be made. HOH explained that, in her view, it was too soon to set meaningful targets; however, it is important that Trust Board continues to monitor the information. It was agreed to continue to receive quarterly narrative on the figures and to re-visit setting of KPIs later in the year. AGD commented that the staff survey indicated the Trust was in the worst 25% of Trusts in terms of violence against staff; however, staff felt supported by the Trust in how it deals with it (within the best 25%). This year's outcome can be used to help inform the target. He also assured Trust Board that any incident of staff on patient violence is dealt with through the Trust's disciplinary procedures.

4.1 % of staff who have had an appraisal – there has been a concerted management effort to increase the level of appraisals leading to an increase in performance. The level planned for the next quarter should ensure the target is achieved. SDGs have increased performance quite rapidly but it is affected by issues such as staff turnover and changes to services. AGD agreed to include information on what training staff receive on appraisal in the HR report referred to previously.

6.3 Delayed discharges – the proposed Monitor target for mental health trusts is 7.5% with this Trust's current position at 10.7%. Work has begun to understand why the Trust is under-achieving around clarity on definition and recording of delayed

discharges, particularly in continuing care services, suitable housing accommodation on discharge and choice of residential settings. HOH confirmed that the Trust uses the definition of delayed discharge used by acute trusts but it is not always applied appropriately and consistently across services. The Trust also does not have the sanctions available to it that acute trusts do in terms of financial sanctions for commissioners. It was agreed to continue to work to achieve the target of 7.5%. In the first instance, this will require analysis of underlying factors. A full report and action plan will be presented to the Board at the next meeting.

LC asked why there was no review by finance of the report before it came to Trust Board. MF responded that the financial information contained in the report comes from finance and he could, therefore, assure Trust Board that it is correct. The commentary in the SDG pages explains why rather than what and finance is not in a position to explain why variances exist, therefore, it is a purely factual report.

AG commented that she finds the report difficult to follow presentationally and would like to see more clarity on what trends mean and constancy on use of language.

#### Finance report

Trust Board then moved on to the finance section of the report. MF apologised for the length of the report due to meeting the reporting requirements of both NHS and FT regimes.

He assured Trust Board that the Trust continues to perform against target for its primary statutory duties (break-even/surplus, External Financing Limit and Capital Resource Limit). On the secondary duties, there is no change on the Cost of Capital Resources; however, performance against the Better Payment Practice Code continues to show a downward trend as shortfalls early in the year are difficult to address further into the year. The target will not be achieved this year. For non-NHS invoices, however, the Trust should be nearer to the 95% target than previously.

With regard to use of resources, the Trust remains vulnerable on Value for Money, which will affect achievement of a level 3 score. The review of evidence by Grant Thornton begins next month but, at the present time, he could not give assurance to Trust Board that the Trust will move from level 2 to 3.

LC asked what effect the underspend on capital would have. MF responded that the exact timing of capital spend is difficult to assess accurately. No schemes are reporting a delay in timescales but there is an underspend and mechanisms are in place to ensure capital funds are available in 2008/09.

DH asked about the level of vacancies the Trust is carrying and MF responded that there will always be an element of staff turnover and posts not filled by substantively. Financial management operates a single establishment figure agreed annually by Trust Board and delegated to budget holders who are expected to recruit to this figure. However, managers can anticipate where posts can be disestablished to form part of a CIP and therefore managers do not recruit permanently to these posts. HOH replied that each SDG report provides detail of how SDGs are managing vacancies and assured Trust Board that this is not affecting service delivery. The

Chair also commented that she had asked staff this question during her site visits and had received assurance that this was not the case. AGD commented that where posts are being filled, recruitment tends to be quicker and no longer subject to previous experience of hard to fill vacancies. More detail on staff establishment will be included in annual plans in March.

AG asked whether the increase in cost of living had an effect on Trust services. MF replied that it was not any higher than forecast when preparing budgets for 2007/08 and, in some cases such as de-centralisation of the boilers at Fieldhead, energy costs had actually reduced.

The Chair asked MF for some assurance on the cash position. He responded that the Trust is only allowed to retain 0.3% of its turnover and plans for this have been in place since September/October and are being closely managed through to the end of the year. There is a risk that the Trust will have cash at the end of the financial year and plans are also in place to manage this.

**It was RESOLVED to:**

- **receive a paper on workforce issues, including the results of the staff survey at Trust Board on 1 May 2008;**
- **continue to receive quarterly narrative on the violent assault figures and to re-visit setting of KPIs later in the year;**
- **continue to work to achieve the proposed target for delayed discharges of 7.5% and that, in the first instance, this will require analysis of underlying factors with a full report and action plan presented to the Board at the next meeting;**
- **receive the report as assurance of the Trust's current performance position and that mitigating action is being taken to address any areas of under performance.**

Capital Programme update (agenda item 7.2)

MF introduced this paper. DH asked whether there would be a Section 136 unit elsewhere in the Trust and MF responded that there should be a second unit commissioned but this will not affect the capital programme as accommodation has already been identified in The Dales. However, it will not be developed without revenue from commissioners.

**It was RESOLVED to note the paper on the capital programme.**

Public consultation on the amendments to the Monitor Compliance Framework (agenda item 7.3)

The Chair commented that a meeting had been held the day before, which looked at this in depth and any additional comments should be given to NY.

**It was RESOLVED to:**

- **note the paper on the consultation; and**
- **ask NY to prepare a response on behalf of the Trust by the required timescales.**



#### Monitor Code of Governance (agenda item 7.4)

RU informed Trust Board that the Chair had been taken through the paper in detail and that issues contained in the Code had been discussed at various Trust Board development sessions previously.

#### **It was RESOLVED to:**

- **note the key provisions of the Code; and**
- **support the proposed action the Trust needs to take to comply with the Code.**

#### Assurance Framework and risk register (agenda item 7.5)

The Chief Executive reported that the Risk Register had been reviewed by EMT and no issues had been identified to escalate to the organisational Risk Register. However, the risk around World Class Commissioning had been raised earlier in the meeting and it was agreed this should be included on the Register. LC asked whether there was any formal assurance from EMT that there are no issues and it was agreed that the notes from EMT meetings would fulfil this.

Further work will be done on the interface between the Assurance Framework and the Risk Register although recent work has ensured that risks contained within the Register are highlighted as 'principle risks' in the Assurance Framework.

With regard to information governance, HOH reminded Trust Board that the RiO implementation is in two phases. The first saw the replacement of nine clinical systems with RiO. This has now been completed and work has begun on consolidating data quality. The second planned phase from September will develop the system to provide an electronic record but updated software is needed for this as well as a culture change for staff.

#### **It was RESOLVED to:**

- **approve the Assurance Framework as a record of progress against corporate objectives, with a clear indication of key controls in place and assurance provided to the Board and its committees;**
- **approve the Risk Register as a reflective account of the key strategic risks faced by the organisation and approve action identified to mitigate same;**
- **include the risks faced by World Class Commissioning on the Risk Register.**

#### **TB/08/23 Culture (agenda item 8)**

##### Corporate Development Strategy (agenda item 8.1)

RU introduced this item, which is an important document for the organisation in terms of governance, culture and public reputation.

DH reminded Trust Board that he had referred to a discussion at the Charitable Funds Committee about ethical investment and procurement. It was agreed that the whole issue of corporate responsibility should be brought forward into the Trust Board programme over the next twelve months.

GD commented that this was a really good paper but he would like to see more clarity on timescales.

**It was RESOLVED to approve the Corporate Development Strategy.**

Amendments to Standing Orders, Standing Financial Instructions and Scheme of Delegation (agenda item 8.2)

RU informed Trust Board that it had been necessary to make changes to the arrangements outlined in the paper. She proposed a re-draft of the Standing Orders to reflect the Constitution and necessary changes required to the Standing Financial Instructions would be circulated to Trust Board for comment prior to formal approval at Trust Board on 31 March 2008.

**It was RESOLVED to agree to the above proposal.**

**TB/08/24 Structure (agenda item 9)**

Business Delivery Units: implementing Service Line Management (agenda item 9.1)

AGD updated Trust Board on progress.

- Project objectives have now been agreed.
- A presentation will be made to the Audit Committee on 5 March 2008 on the process, risk to the Trust, timescales and role of the Committee.
- The next project group meeting will look at the form of Business Delivery Units to develop Service Line Management.

The Chief Executive commented that there was a close link between Payment by Results and Service Line Management and the Trust was linking with the London Consortium to align both should this prove possible.

**It was RESOLVED to note the progress to date.**

**TB/08/25 Innovation (agenda item 10)**

No items.

AG asked for an explanation of why there were no items under 10 and 11 on the agenda. The Chief Executive responded that the item for 'Partnerships' would be taken in the private session of Trust Board given the commercially sensitive nature of the information within the paper. NY commented that papers on innovation had been presented to both the November and January Trust Board meetings and it had been previously agreed that this should be a quarterly paper. Innovation has also been raised under a number of other agenda items during the meeting.

**TB/08/26 Partnerships (agenda item 11)**

No items.

**TB/08/27 Date and time of next meeting (agenda item 12)**

The next meeting of Trust Board will take place on Monday 31 March 2008 in the Shibden Room, F Mill, Dean Clough, Halifax.

**TB/08/28 Resolution to Exclude the Public and Press**

It was **RESOLVED** that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Section 1 (2) Public Bodies (Admission to Meetings) Act 1960

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