

**Minutes of the Trust Board Meeting held on 4 December 2008**

<b>Present:</b>	Joyce Catterick Ian Black Bernard Fee Anne Gregory David Hinchliffe Jan Wilson Steven Michael Nisreen Booya Malcolm Featherstone Hazel O'Hara	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director Deputy Chief Executive/Director of Finance Chief Operating Officer
<b>In attendance:</b>	Peter Aspinall Alan Davis Terry Dutchburn Ruth Unwin Bernie Cherriman-Sykes Jackie Davis Julie Eskins	Non-Executive Director designate Director of Human Resources and Workforce Development Director of Business Development and Planning Director of Corporate Development and Constitutional Affairs Board Secretary (author) Learning and Development Manager (to item 6.4) Head of Clinical Governance (for item 6.5(iv))
<b>Apologies:</b>	Noreen Young	Director of Nursing, Compliance and Innovation

**TB/08/96 Welcome, introduction and apologies (agenda item 1)**

The Chair (JC) opened the meeting. The apologies from Noreen Young (NY) were noted. She welcomed Peter Aspinall (PA) to his first meeting of Trust Board as Non-Executive Director designate. She also welcomed Jackie Davis, Learning and Development Manager at the Trust, to the meeting.

**TB/08/97 Declarations of interest (agenda item 2)**

The following Declarations of Interest were considered by Trust Board.

Peter Aspinall	Directorships held in: Primrose Mill Carpets of Clitheroe Primrose Mill Contracts LLP Honley Show Society Ltd.
Anne Gregory	Contract with the Department of Health ("What does 'good' look like in communications") commissioned by Colin Douglas, Director of Communication, NHS.

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/08/98 Minutes of and Matters Arising from Trust Board meeting held on 30 October 2008 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the Trust Board meeting held on 30 October 2008 as a true and accurate record of the meeting.**

There were five matters arising.

TB/08/87 Assurance from Trust Board Committees (Page 2) Regarding the Trust's approach to an environmental strategy, it was confirmed that an Environmental Strategy and a revised Estates Strategy will come to the Trust Board meeting in March 2009.

TB/08/90a Performance Report Month 6 2008/09 (Page 5) With regard to the Auditor's Local Evaluation (ALE), Bernard Fee (BF) asked for reassurance of the arrangements in place to move the Trust from a score of 2 to 3. Ian Black (IB) responded that the Audit Committee had looked at the action plan in place in detail and Malcolm Featherstone (MF) reported that a workshop had been held with Grant Thornton, which had clarified Grant Thornton's expectations, what evidence the Trust could and should provide to show compliance, and the form this should take. He was confident, as a result, that the Trust can move from a 2 to 3 score.

TB/08/90a Performance Report Month 6 2008/09 (Page 6) Hazel O'Hara (HOH) confirmed that the Oasis Centre is now fully open. She also confirmed that, to use the Centre, service users from Newton Lodge would require Section 17 (authorised leave) under the Mental Health Act.

TB/08/90b Finance Report Month 6 2008/09 (Page 7) Regarding vacancies in prison services, HOH confirmed that of the six vacancies, four had now been filled, one was out to recruitment and one was awaiting the outcome of the service reconfiguration.

TB/08/90g Assurance Framework and Risk Register (Page 8) SM confirmed that the format of both documents was proscribed by the Department of Health for NHS Trusts. Both will be reviewed for appropriateness in the context of the revised performance reporting arrangements.

TB/08/93a Research and development update (Page 10) Jan Wilson (JW) asked for an update on the proposed Trust-wide audit of R&D activity. Steven Michael (SM) responded that the Trust is part of the West Yorkshire Research and Development Consortium, which has recently reviewed its position. A proposal has been prepared by Leeds Partnership Mental Health Trust; however, its circulation had provided too short a timescale to consider the proposal in a measured way. Trust Board supported SM's suggestion to roll forward the current arrangements for a further two months pending further discussions in the private session regarding future arrangements.

## **TB/08/99 Trust Board assurance from Committee meetings (agenda item 4)**

### 4.1 Charitable Funds Committee 13 October 2008

The minutes from the meeting were noted by the Committee.

Anne Gregory (AG) commented that the use of technology in the care of service users was reflected in the bids coming to the Committee. She suggested that, at some point, the Trust should look at whether these should become part of mainstream care and funded as such. HOH responded that this was already in train.

David Hinchliffe (DH) commented on the reduction in the availability of funds and AG responded that the Trust adheres to the requirements of bequests made and, therefore, some areas receive more funding than others. This may be something the Committee should look at in the future. She also commented that the Committee's view was that the money is there to be spent for the benefit of service users. Fundraising will be considered at the next Committee meeting.

**It was RESOLVED to RECEIVE the minutes from the Charitable Funds Committee.**

**TB/08/100 Chief Executive's Report (item 5)**

SM referred to his written briefing, which had been circulated prior to Trust Board and covered:

- Visioning and Listening events;
- Operating Framework;
- Positive Action Training Scheme;
- Investors in People;
- Pathways and Packages; and
- 'Good Mood' football league.

He also commented on the Children's Commissioner's 'Pushed into the Shadows: Young People's Experience of Adult Mental Health Facilities' and the Trust's position set out in a letter to commissioners. This prompted a lengthy discussion regarding the Trust's position and its course of action if asked to take a young person under the age of eighteen in a time of crisis. It was agreed that the Trust should follow, as far as possible, the Children's Commissioner's advice not to admit young people under the age of eighteen; however, the Trust's approach, in agreement with clinicians, is that the Trust will assist, as far as it can, in putting the most appropriate set of arrangements in place to protect the interests of young people.

**It was RESOLVED to:**

- **PUT the Trust's revised position in writing to commissioners and the Children's Commissioner, taking into consideration the comments made by Trust Board; and**
- **SEEK any advice as appropriate.**

**TB/08/101 Month 7 reports (agenda item 6)**

HOH explained to Trust Board that the performance reports were presented in a new format, which had been agreed through a process of consultation and discussion with Non-Executive Directors, in particular the Chair and Deputy Chair in the agenda setting meeting for this Trust Board. This led to the development and introduction of Section 5 reports, which will provide the opportunity for Trust Board to concentrate 60% of its activity on strategic issues as outlined in the Intelligent Mental Health Board and as recommended by Monitor.

HOH also confirmed that a full report will come to Trust Board in January for month 8, prior to reverting to the reporting schedule from month 9.

**TB/08/101a Section 1 – Integrated performance report: strategic overview (agenda item 6.1)**

Trust Board recognised the work that had gone into development of the reports and IB also urged caution in avoiding repetition between them.

On a general note, BF commented that he would welcome an explanation of how risk gradings are reached. SM responded that this tended to be a subjective measure, based on the circumstances at the time of the risk emerging and based on the risk grading guidelines for the risk register (that is, impact vs. likelihood) set out by the Department of Health. The gradings contained in the report did reflect the KPMG report and its use of the traffic light system, and a judgement of the tolerances that could be applied. JC asked for the colour codings to be removed from the non-financial performance reports until there was clarity on what they represent in terms of performance.

AG commented that the timelines in the strategic overview were not clear in that some are current and some are in the future. The timing would affect impact and risk to the Trust and, therefore, how much time Trust Board should spend on an issue. HOH responded that there was a balance to be struck between where Trust Board should be focused strategically and operational hotspots.

Alan Davis (AGD) informed Trust Board that the vacancy position for middle grade doctors was now presenting a risk to the Trust. This was further discussed under agenda item 6.2(i).

HOH reported that two key performance indicators had changed. HCC quality of service (2.1.10) was now reporting against 2008/09 and % seen within 18 weeks referral to treatment (6.2.2) was now reporting against 85% referred within 18 weeks.

With regard to the physical violence targets (3.2.1 and 3.2.2), an in-depth report will come to Trust Board in month 9 and will propose an amended indicator which will provide a more realistic reflection of the position within the Trust.

TB/08/101b Section 2 – High level summary reports – HR and workforce development (agenda item 6.2(i))

AGD outlined the major issue which has arisen regarding middle grade staffing. A review has identified a number of factors behind the level of vacancies, not least the allocation of funding to Yorkshire and the Humber. A Medical Workforce Strategy and Plan is to be developed which will explore options to address the situation. AG asked what the Trust's policy was on international recruitment to which AGD responded that the Department of Health issues guidelines, which the Trust follows.

**It was RESOLVED to RECEIVE a paper at a future Trust Board regarding the general position of medical staffing within the Trust.**

The report on use of agency, bank and temporary staff was included in the report at the request of IB, who confirmed that he found it gave him the information he needed. AGD will continue to monitor the position closely.

TB/08/101c Section 2 – High level summary reports – Compliance (agenda item 6.2(ii))

In response to comments by Non-Executive Directors on the report, SM suggested that the report be structured around the '4+2' organisational model, which would provide an opportunity for a more strategic discussion.

Ruth Unwin (RU) explained why the Monitor governance risk rating had been graded as 'amber'. Before the Board is able to sign-off the B12 statement in January, it will need to be assured regarding the adequacy of risk and performance reporting systems.

It was noted that the good/excellent projection for the HCC annual healthcheck was based on the risks identified in the paper.

TB/08/101d Section 3 – Finance report month 7 2008/09 (agenda item 6.3)

Trust Board commented on the significant improvement in the financial reporting, evident in the Month 7 report.

MF took Trust Board through the main points.

- The effect of the write-down of assets on income and expenditure is £5.2 million; however, £5.6 million will appear in the accounts, which represents property transactions, such as the sale of Baghill House, agreed fourteen months ago.
- With regard to the Cost Improvement Programme, Older People's Services have substituted CIPs to enable the SDG to meet the target in 2008/09. However, Forensic Services have not provided assurance to demonstrate that recurrent CIPs will be achieved and therefore there is further work to do in this area. JC commented that it is important that the Trust delivers its Cost Improvement Programme; however, issues raised by Trust Board must not have the effect of making staff act in a way that is not conducive with providing a good quality service or maintaining current services. SM responded that a number of principles underlying the Cost Improvement Programme were developed to ensure this did not happen. All staff are aware and explicitly understand that quality of care must not be compromised. MF agreed to provide a report on the level and impact of failure to deliver CIPs in 2008/09 for next Trust Board.
- MF had included the worst case impact of paying suppliers early in the report as requested at a previous Trust Board.
- The Bretton Centre is not yet fully operational but the building has been handed over to services and plans are in place to ensure it is so.

IB asked whether there would be any reduction on the amount of VAT the Trust pays between now and the end of the year. MF explained that this was not a big issue for the Trust; however, there may be some areas where the Trust could save or where prices can be adjusted. He agreed to bring an assessment to the next Trust Board.

IB also asked whether the Trust could protect the VAT holiday on capital projects. MF agreed to seek the advice of a specialist VAT adviser and report back to Trust Board in January 2009.

JC expressed her congratulations on achieving the Better Payment Practice Code for small suppliers. She asked for a press release to be issued to publicise this.

BF asked for an explanation of the indexation of fixed assets and MF responded that this represented a change from traditional Department of Health accounting to International Financial Reporting Standards in the treatment of fixed assets.

TB/08/101e Section 4 – Service performance and activity report (agenda item 6.4)

Main points raised.

- BF asked whether the 35% increase on contacts was a real increase or a result of improved data recording and collection. HOH responded that the figure represents a real increase in caseloads from April 2008 due to the roll-out of RiO across the organisation. However, she commented that, whilst she was confident that a true picture of numbers on caseloads is captured accurately, she was still not confident that the Trust is capturing all contacts with service users.
- HOH agreed to provide an explanation to JC of the average length of stay figures in Calderdale outside of the meeting.
- HOH explained the inconsistency between maintaining the occupancy rate for Forensic Services and reducing average length of stay. This is currently being discussed with commissioners. IB commented that he would find a session on Forensic Services useful and it was agreed to provide a more detailed report to Trust Board in March 2009.

TB/08/101f Section 5 – Exception reporting and action plans – Foundation Trust application (agenda item 6.5(i))

RU introduced this item and confirmed that there was a contingency plan in place agreed with the Chair if the Trust is not authorised in February.

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

TB/08/101g Section 5 – Exception reporting and action plans – Care Programme Approach (agenda item 6.5(ii))

HOH presented this item on behalf of the Director of Nursing, Compliance and Innovation. She confirmed that the December report demonstrated a substantial increase in performance; however, she was not in a position to assure Trust Board that the Trust will meet its 80% target by the end of January 2009. She also alerted Trust Board to the fact that not only is activity towards the target increasing so too is the increased recording of CPA status. IB asked how long it would be before this worked its way through the system and HOH commented that this was being addressed currently. JC asked for an explanation of how the Trust got into this position and lessons to be learned from the experience.

**It was RESOLVED to:**

- **NOTE the report and activity in place to work towards achievement of the KPI and any mitigating action required;**
- **BRING a report to the January Trust Board to explain how the Trust reached this position and what lessons have been learnt.**

TB/08/101h Section 5 – Exception reporting and action plans – Psychological Therapy update (agenda item 6.5(iii))

Terry Dutchburn (TD) introduced this item, highlighting the different approaches of the three PCTs. JC asked when step targets would be agreed and TD responded that these would be included in the next quarterly update.

**It was RESOLVED to NOTE the report and the progress being made within psychological therapy services.**

TB/08/101i Section 5 – Exception reporting and action plans – Information Governance update (agenda item 6.5(iv))

Julie Eskins was asked to join the meeting for this item. She assured Trust Board that the Trust was confident in achieving 'Amber' on the Toolkit this year and maybe even 'Green'.

Trust Board also expressed its appreciation for the recent outcome of the NHS LARMS assessment, where the Trust achieved 50 out of the 50 standards.

**It was RESOLVED to:**

- **NOTE the report as providing assurance of the Trust's position in relation to information governance provided by the internal audit reports;**
- **NOTE the development of the information governance toolkit framework to provide greater clarity for accountability and responsibility;**
- **NOTE the progress being made for the 2008/09 self assessment;**
- **BE AWARE of the increased requirement for governance in this area.**

TB/08/101j Section 5 – Exception reporting and action plans – key milestones for clinical governance review in Kirklees (agenda item 6.5(v))

HOH confirmed that the action plan will be integrated into existing processes within the Trust without creating alternative systems.

**It was RESOLVED to:**

- **APPROVE the milestones and action plan;**
- **ASK the Clinical Governance and Clinical Safety Committee to scrutinise the implementation of the action plan;**
- **ASK the Executive Management Team to performance manage the action plan.**

TB/08/101k Section 5 – Exception reporting and action plans – Assurance Framework and Risk Register (agenda item 6.5(vi))

SM invited Trust Board to raise any issues which constitute a risk to the Trust and should be considered for inclusion on the Risk Register. IB suggested that the local economy represents a risk to the Trust and it was agreed to include this on the Risk Register, particularly for Calderdale. It was also agreed to increase the risk rating for care planning to red.

JC asked whether the Trust's processes for preparing and submitting tenders for service provision were now robust enough to meet the World Class Commissioning agenda. TD responded that the Trust has not had to submit any tenders since the first exercise in 2007; however, it would provide a challenge to the Trust. The

