



**Minutes of Trust Board meeting held on 26 January 2010**

<b>Present:</b>	Joyce Catterick Peter Aspinall Ian Black Bernard Fee Anne Gregory Jan Wilson Steven Michael Nisreen Booya Alan Davis Alex Farrell Gill Green	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director Director of Human Resources and Workforce Development Director of Finance Acting Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Adrian Berry Tim Breedon Terry Dutchburn Ruth Unwin Bernie Cherriman-Sykes	Interim Care Group Director (Forensic Services) Interim District Director Director of Business Development and Planning Director of Corporate Development and Constitutional Affairs Board Secretary (author)
<b>Apologies:</b>	Helen Wollaston Hazel O'Hara Noreen Young	Non-Executive Director Chief Operating Officer Director of Nursing, Compliance and Innovation

**TB/10/01 Welcome, introduction and apologies (agenda item 1)**

The Chair (JC) welcomed everyone to the meeting, in particular Adrian Berry (AB) and Tim Breedon (TB). The apologies, as above, were noted.

She commented that this was rather a sad occasion as it was Ruth Unwin's (RU) last Trust Board meeting before she begins her secondment to Mid-Yorkshire Hospitals NHS Trust. She thanked Ruth for her support and contribution for the Trust, particularly on the Foundation Trust application and process and her support for Trust Board.

**TB/10/02 Declarations of interest (agenda item 2)**

Trust Board was asked to note the following declaration.

Name	Declaration
<b>NON-EXECUTIVE DIRECTOR</b>	
Anne Gregory	Contract with NHS Yorkshire and the Humber for a communications evaluation system

There were no further declarations made over and above those previously declared.

**TB/10/03 Minutes of and matters arising from Trust Board meetings held on 15 December 2009 (agenda item 3)**

The minutes from both the public and private sessions of the Trust Board meeting held on 15 December 2009 were approved. **It was RESOLVED to APPROVE the minutes of the Trust Board meetings held on 15 December 2009 as a true and accurate record of the meeting.**

There was one matter arising.

PS/09/30 Serious untoward incident update

With regard to the Rule 43 letter issued by the Coroner following the inquest into an incident in older people's services in Wakefield, Gill Green (GG) reported that a detailed response had been sent back to the Coroner.

**TB/10/04 Changes to Trust Board and Committee membership (agenda item 4)**

It was confirmed that the lead Director for the Mental Health Act Committee would transfer to GG on RU's departure on secondment, as the lead for the Mental Health Act was transferring to the Director of Nursing in the interim.

**It was RESOLVED to APPROVE the amendments to membership of Trust Board and its Committees.**

**TB/10/05 Care Quality Commission registration (agenda item 5)**

JC commented that there had been two very useful meetings for Non-Executive Directors to provide assurance that the Trust meets the requirements of CQC registration.

**It was RESOLVED to APPROVE the content of the registration document and the Trust's submission.**

It was agreed that GG would lead the implementation of the action plan, which would be scrutinised by the Executive Management Team with exception reports coming to Trust Board.

**TB/10/06 Setting the strategic direction (agenda item 6)**

There is a private minute for this item.

**It was RESOLVED to:**

- **NOTE the review of strategic priorities and the summary of the approach to Annual Planning;**
- **APPROVE the proposal for the prioritisation of the organisation's resources and capacity to the key strategic objectives outlined; and**
- **APPROVE the underlying principles and approach to develop the Annual Plan.**

**TB/10/07 Business Developments (agenda item 7)**

TB/10/07a Tier 4 Children's and adolescent mental health services (item 7.1)

TD updated Trust Board that commissioning arrangements are moving to the specialist commissioning group and there is a meeting in the diary to understand the implications of this move for Trust services, the strategy for Tier 4 CAMH services and commissioning arrangements in the future. Both Calderdale and Huddersfield NHS Foundation Trust and Bradford Care Trust have expressed an interest in partnering arrangements with the Trust to provide Tier 4 services. The Trust will also review its estate for potential to provide these services.

BF asked Trust Board to consider whether, in the context of the previous item, this was a priority or part of core business and how it fits with the strategic direction.

TB/10/07b Eliminating mixed sex accommodation (item 7.2)

This will be considered in more detail by the Clinical Governance and Clinical Safety Committee in February 2010. The key issue is whether the Trust can bring forward parts of the capital programme to meet this agenda and InterServe has been asked to undertake a scoping exercise. Any CAPEX implications will come back to Trust Board.

BF expressed disappointment that the Trust was not in a position to bring forward capital spend to make use of its strong financial position to address this issue. The Chair commented that IB had raised this some eighteen months ago as part of the Foundation Trust application and it had not been progressed or addressed. The Trust has not been responsive in either tackling the issue or in spending excess cash. AF pointed out that the cash still exists. EMT has to prioritise issues and has been stretched in terms of capacity over recent months. BF responded that Trust Board should, therefore, have been told if this was not achievable. TD remarked that areas that still need to be addressed will be addressed through the re-provision of services from St. Luke's and other areas will be picked up through the scoping work by InterServe.

SM commented that further work on eliminating mixed sex accommodation was originally scheduled for 2011/12. IB and JC asked if this could be brought forward as they had understood that it would be possible to address some issues in this financial year. If this is not possible, then Trust Board should be made aware that work is in train but it will be 2010/11 not 2009/10.

It was agreed this should come back as part of the annual plan in March 2010 and the business case for in-patient re-provision on the Priestley Unit will include the detail. The refurbishment of Newton Lodge and commissioning of ten additional beds will also improve the position.

AGD reminded Trust Board of the work that has taken place to eliminate mixed sex accommodation, particularly during refurbishment of wards.

AG asked whether Trust Board could receive a calendar of capital projects with timelines and SM suggested a return to reporting on the implementation of the capital programme.

IB commented that this was an example of Trust Board not turning discussion into plans and then into action. His concern is that this gets absorbed into the overall annual planning process and is therefore downplayed. AF responded that ten weeks gives insufficient time to put something in place for this year. JC asked that this issue is highlighted in annual plans or in a separate paper, setting out what the Trust is doing to improve its estate due to the increase in surplus.

**It was RESOLVED to NOTE the reports on business developments.**

## **TB/10/08 Quarter 3 performance reports (agenda item 8)**

### **TB/10/08a Section 1 – Integrated performance report: strategic overview (agenda item 8.1)**

In introducing this item, AF highlighted the following key issues.

- There have been three Serious Untoward Incidents in Month 09.
- The Care Programme Approach target has been exceeded.
- The targets for 18-weeks and Assertive Outreach Teams continue to underperform. The Trust is working with PCTs to address commissioning issues during the contracting round.

In response to a question from JC, GG explained that there had been three outbreaks of Novo Virus in the last four weeks. One incident remains on Ward 3 at St. Luke's. The outbreak has mostly affected staff and wards have been closed to admissions and transfers. All areas should be clear within the next 72 hours. Bed capacity across the Trust has enabled it to continue to admit to normal levels.

The move by the Department of Health to use the HoNOS classification system rather than SaRN has implications for InPAC. Staff will require training to enable them to use the mental health clustering tool. Trust Board was assured that this would not be too problematic for the Trust.

### **TB/10/08b Section 2 – High level summary reports: HR and workforce development (agenda item 8.2(i))**

AGD reminded Trust Board that the report would be scrutinised in detail by the Remuneration and Terms of Service Committee. He highlighted the following points.

- Sickness rates are slightly higher but the flu pandemic did not have the expected impact.
- HR indicators may crop up in CQUIN indicators and must continue to be closely monitored.
- For workforce QIPP, the Trust will benchmark internally first, which will allow it to understand comparable performance regionally and to learn from best practice.

In response to a question from JC, AB commented that there was little correlation between sickness levels and overtime spend in Forensic services. Rather, it was more related to rota planning in relation to grade/skill mix. E-rostering will have a big impact on rota planning as will use of bank staff instead of overtime.

AG asked whether average earnings include overtime or not and might, therefore, be artificially inflated. AGD responded that they did. Benchmarking will allow the Trust to drill down into the figures and explain the Trust's position. Further work on this will come back to Trust Board in April 2010 as part of the HR report.

### **TB/10/08c Section 2 – High level summary reports: Compliance (agenda item 8.2(ii))**

GG had no issues to raise over and above those in the report.

She confirmed that a robust action plan was in place to address the deficit identified as a result of the review of psychological interventions in relation to the requirement to offer Cognitive Behavioural Therapy to all people with schizophrenia. The scoping

analysis indicates that the Trust could train staff by September 2010 and JC asked whether this could be brought forward. The Clinical Governance and Clinical Safety Committee was asked to review this with a view to the Trust taking action sooner.

IB asked whether the Trust looks at the potential for SUIs from an external point-of-view other than the process which reacts to an incident when it happens. Although not specifically, SM highlighted a number of proactive areas, such as, the customer service ethos within the Trust, the implementation of good practice, the work of the Practice Effectiveness TAG, best practice examined through SDGs, and learning from external reports and investigations. GG added that the Trust's CQC assessor is setting up an Action Learning Set between the five Trusts he looks after and this could be an area for review. It was also suggested that this was an issue for the Clinical Governance and Clinical Safety Committee.

#### TB/10/08d Section 3 – Finance report month 9 2009/10 (agenda item 8.3)

AF highlighted the following issues.

- The forecast surplus remains at £5.7 million.
- There is a continued underspend on recurrent CIPs but an overspend on non-recurrent CIPs. This will have implications for CIPs in 2010/11.
- NHB reported that recruitment to medical posts is improving.
- In response to a query about the risk to the Trust from the Payment by Results pilot, AF responded that this was minimal; however, there was a risk around the achievement of CQUIN targets and its implications for 1.5% of the Trust's income.
- IB queried the rating for performance on CIPs to which AF responded that the rating is based on year-to-date performance not the impact on the next financial year and the variance is not sufficiently under the target.
- AG asked whether there could be a discussion on the rationale behind CIPs and the affect on services. AF suggested this comes back to Trust Board as part of the discussion on annual plans. This information was also contained in the paper to form item 6 on this agenda.

#### TB/10/08e Section 4 – Service performance and activity reports quarter 3 2009/10 (agenda item 8.4)

TB asked Trust Board to note the following from the reports.

- There was a positive response from Trust staff to the poor weather.
- There has been a good response to the interim arrangements for service delivery.
- There has been an increase in acuity for individual service users but the Trust cannot link economic pressure to an increase in activity at this stage.

JC queried why there were more referrals than discharges and whether this was related to the use (or not) of RiO. It was explained that the figures include all Trust services and, where demand outstrips supply, this will affect the figures adversely. This also reflects the 'culture' of mental health services in that service users do not necessarily want to be discharged or have long-term needs which might better be provided elsewhere or on a different part of the pathway. AF added that this is an area the Trust is looking at under QIPP. RU commented that this will be a key part

of the work the Trust is doing with third sector and community organisations in extending the pathway and enabling service users to exit Trust services.

JC asked whether the Trust would meet its early intervention targets. TB responded that he was confident the Trust would but the targets offer a perverse incentive to hold onto service users and the Trust needs to be careful that it does not do this just to achieve the targets. There is no evidence so far that this is the case.

Delayed discharges remain an issue. These are being addressed through the Integrated Service Boards and this is an issue facing health and social care organisations generally.

BF asked whether CIPs were affecting or putting increased pressure on services. TB responded that CIPs presented a challenge to services but they are realistic. A more strategic approach has been adopted for 2010/11 on a district basis, which will be easier for services to implement and understand.

TB/10/08f Section 5 – Exception reports: Quality Academy (agenda item 8.5(i))

SM explained that the report aimed to clarify what the Quality Academy is intending to achieve. NHB commented that there is much interest from clinicians in the proposals and it is seen as a logical step to improving quality. SM confirmed there will be a high profile launch of the prospectus. AGD commented that the concept demonstrates why the Trust is attractive to prospective partners. The 'offer' will form the basis of tenders in the future and will help with any due diligence processes for potential partners. BF commented that he would like to be more involved in the development of the Quality Academy and the prospectus.

**It was RESOLVED to NOTE the progress made in support of the development of the Quality Academy and to APPROVE the timescale for production of the prospectus as that of the IBP.**

TB/10/08g Section 5 – Exception reports: Prison service update (agenda item 8.5(ii))

TD explained that the revised specification for the service was much clearer. The Trust has submitted a pre-qualification questionnaire, which does not commit the Trust to a full bid, which is due in May 2010, subject to a successful PQQ.

On behalf of Helen Wollaston (HW), JC asked whether there were any other organisations likely to bid and is the Trust offering anything different? TD responded that he was unsure at this stage and did not know whether any other organisation had submitted a PQQ. However, he speculated on possible competitors. BF asked whether there was any risk to the Trust in losing the contract. TD replied that the contract was currently worth £1.1 million and staff would TUPE across to the new service.

JC asked whether the Trust has strengthened its bidding team to which TD responded that there is sufficient capacity and the timescale is reasonable to put in a robust bid. The Trust is still looking at partnership options and opportunities.

In response to a query from Peter Aspinall (PA) regarding the contribution of the current contract, AF responded that there has been a contribution in the last twelve months but it has not been significant. She agreed to forward the details to PA.

**It was RESOLVED to NOTE the report on prison services and SUPPORT the proposal to submit a full bid for prison mental health services.**

TB/10/08h Section 5 – Exception reports: Psychological therapies update (agenda item 8.5(iii))

TD explained that resolution of the issues around achievement of the 18-week target can only be through contracting negotiations with commissioners. PA asked what the financial implication was of financing the current level of demand. SM responded that the Trust cannot provide what it is not funded for. JC commented that this is a reputational risk as the Trust has a waiting list not apparent in acute services and which is not mirrored in any other part of Trust services.

**It was RESOLVED to SUPPORT the proposed actions to negotiate activity-based contracts with commissioners.**

TB/10/08i Section 5 – Exception reports: Pathway re-design in South Kirklees (agenda item 8.5(iv))

TD updated Trust Board on the workshop held on 21 and 22 January 2010. A series of workshops will be held throughout 2010 to continue the dialogue and shape the service offer in South Kirklees.

SM informed Trust Board that the presentation to Kirklees Overview and Scrutiny Committee had gone well. The Committee understood that this was an interim solution and accepted that there was no value in engaging with the local population as there is no alternative interim option. In the longer-term there may be an expectation for the Trust to formally consult. It is anticipated that the engagement and consultation the Trust does along this journey will retain Overview and Scrutiny support for the proposals. Kirklees Local Involvement Network has also been supportive.

TD confirmed that the property search has been completed and the estates team will present a shortlist to the St. Luke's Project Board. Therefore, there should be a reasonable understanding of what is available in the next few weeks. It may also be possible to work with the local authority around two care homes (one in Huddersfield and one in Heckmondwike). The aim is to move community teams once but some may have to move in the interim and in the longer-term.

**It was RESOLVED to NOTE the report on the progress of pathway re-design in South Kirklees.**

TB/10/08j Section 5 – Exception reports: Approach to sustainability (agenda item 8.5(v))

BF commented that, if the organisation is taking this agenda seriously, someone needs to act as champion. AF responded that, although she is the Director lead, sustainability crosses a number of Directors' portfolios and the plan is to provide a focus on what needs to be done and its impact. AGD stressed what the Trust has

already done and accepted that this needs to be communicated more widely both internally and externally.

Given the interest from Trust Board, JC suggested that AF should identify an alternative forum for Directors to express their views.

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

**TB/10/09 Assurance Framework and Risk Register (item 9)**

RU highlighted the addition of the leases at the Dales and Priestley Unit, the risk around the prison service remains at red and the Mid-Yorkshire NHS Hospitals Trust capital programme remains on the Register. The following was also agreed.

- The management of Transforming Community Services will be added.
- The Care Programme Approach target will remain on the Register.
- Pandemic flu will be taken off given the reduction in the level of risk nationally.
- The content of the capital programme will also be changed.

SM commented that the March Trust Board would receive two versions of the Statement on Internal Control; one to reflect the one month in 2009/10 that the Trust was an NHS Trust and one to reflect the eleven months the Trust has been a Foundation Trust.

**It was RESOLVED to NOTE the assurances provided for quarter 3 of 2009/10 and to AGREE the changes to the organisational Risk Register.**

**TB/10/010 BT Featurenet contract 2010 to 2015 (item 10)**

**It was RESOLVED to SUPPORT the recommendation to renew the existing contract with BT for a further five years.**

BF asked whether the need to renew the contract offered the Trust the opportunity to re-define what it needs in terms of service re-design and making the best use of technology. AF responded that the IM&T Strategy will be reviewed before the end of the year and will be brought to Trust Board. Renewal of the contract with BT presents a platform for the Trust to move forward over the next period.

**TB/10/011 Procurement of e-rostering (item 11)**

AGD explained that e-rostering represents part of the change management process and the tendering exercise has involved staff at ward level. Its introduction provides the Trust with a basis to build on in the future to reduce costs. The system will be implemented over the next nine months and there will be a target for savings as a result in the annual plan.

**It was RESOLVED to APPROVE the procurement of the e-rostering system from Allocate Software Limited.**



**TB/10/012 Monitor quarterly compliance report (item 12)**

As previously agreed, SM will discuss both the opportunities afforded by Transforming Community Services and the prison service tender with Monitor.

**It was RESOLVED to APPROVE the governance and financial return and the exception report to Monitor for Quarter 3 2009/10.**

**TB/10/013 Date and time of next meeting (agenda item 13)**

The next public meeting of Trust Board will be held on Tuesday 30 March 2010 at St. Luke's, Huddersfield. There will be a full day strategic session, facilitated by Ann Utley, on Tuesday 2 March 2010 at Dean Clough.

**Signed .....**      **Date .....**