



With all of us in mind

Minutes of Trust Board meeting held on 27 April 2010

Present:	Joyce Catterick	Chair
	Peter Aspinall	Non-Executive Director
	Ian Black	Non-Executive Director
	Anne Gregory	Non-Executive Director
	Jan Wilson	Deputy Chair
	Helen Wollaston	Non-Executive Director
	Steven Michael	Chief Executive
	Nisreen Booya	Medical Director
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Gill Green	Acting Director of Nursing, Compliance and Innovation
In attendance:	Adrian Berry	Interim Care Group Director (Forensic Services)
	Tim Breedon	Interim District Director
	Terry Dutchburn	Director of Business Development and Planning
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Pat Young	Senior Planning Manager (item 2 only)
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Bernard Fee	Non-Executive Director
	Alan Davis	Director of Human Resources and Workforce Development
	Noreen Young	Director of Nursing, Compliance and Innovation

TB/10/30 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) welcomed everyone to the meeting. The apologies, as above, were noted.

TB/10/31 Declarations of interest (agenda item 2)

No declarations of interest were made over and above those received by Trust Board in March 2010.

JC asked Trust Board to consider an additional item relating to the lease on Becks Court in Batley. Terry Dutchburn (TD) explained that there was an urgency to the signing of the lease to ensure staff at the Priestley Unit can be moved to enable works at the Priestley Unit to continue to meet the December timescales for the move from St. Luke's Hospital. Both Jan Wilson (JW) and Ian Black (IB) confirmed they, along with other Non-Executive Directors, had received assurance on all aspects of the leases and, therefore, Trust Board was content that the Chair and Chief Executive sign the lease and witness its sealing.

TB/10/32 Minutes of and matters arising from Trust Board meetings held on 30 March 2010 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the Trust Board meetings held on 30 March 2010 as a true and accurate record of both meetings.

There were two matters arising from the public meeting.

Page 3 TB/10/18 Assurance from Trust Board Committees

Tim Breedon (TB) will bring an update to the next meeting in relation to social care representatives' attendance at the Mental Health Act Committee.

Page 7 TB/10/23e Clinical engagement

Dawn Stephenson (DS) confirmed that the 'The Communicating Organisation' document will be considered in the development of the Trust's Involvement and Engagement Strategy, which will come to Trust Board in July 2010.

The Chief Executive (SM) also confirmed that an interim structure for psychology services had been agreed with links to Business Delivery Units (BDUs), following the retirement of Roland Self.

There were two matters arising from the private meeting.

PS/10/03 Serious Untoward Incidents

DS reported that a further letter had been received from the family raising similar concerns, which are being dealt with through the complaints process.

PS/10/06 South Kirklees re-provision business case

Any changes to mandatory services will be included in the three-year plan in a revised mandatory services schedule, which will come to Trust Board in May 2010 and to the Members' Council in July 2010.

TB/10/33 Francis report action plan (agenda item 4)

DS explained that the paper provides an overview of the report and outlined its key themes. This is work-in-progress with a further report to Trust Board in October 2010.

The following comments were made.

- IB asked whether the action in the plan would address the limited assurance given by internal audit in relation to clinical audit. DS will ensure that both action plans are linked. It was agreed that 'ongoing' would be replaced by regular review dates.
- Anne Gregory (AG) suggested that, whilst Pathways and Packages are a way of delivering services, the Trust should look at the totality of the 'customer experience' (referred to as a 'journey'). Gill Green (GG) agreed that there was a natural synergy between Pathways and Packages and the concept of the service user journey and more work would be done in this area. SM commented that an analysis of an individual's journey through the system is very important. Both 'Joe's story' and Portrait of a Life (older people's services) construct a narrative of the journey.
- AG also asked if the Trust offered communications and interpersonal skills training for managers and clinicians and whether the Trust should undertake an audit of such skills. TB responded that an element of Middleground covers this and the Trust could consider a full module on the topic. Alex Farrell (AF) also responded that this is a mandatory 'asset' in the Knowledge and Skills Framework (KSF) and this is a requirement for every member of staff. The Trust will be undertaking a review of training to ensure that its training programmes are fit for purpose in the future.
- Helen Wollaston (HW) asked whether the complaints and comments policy should be broadened to include all service user feedback. DS confirmed this was

in train and will come back to Trust Board in due course. SM commented that Bradford District Care Trust has developed interactive technology to get feedback from service users, which the Trust can learn from.

- SM has the lead for safeguarding adults at a regional level and dignity and care must be at the core of what the Trust provides.
- JC commented that the report highlights how much Trust Board needs to know, particularly when it needs to operate strategically, and there is a balance to be struck.
- She also commented that Non-Executive Directors have committed to combining visits to services alongside meetings of the Trust and this should apply to all members of Trust Board. DS responded that she is working with Executive Director colleagues and will do so with Non-Executive Directors to systemise visits to services.

Trust Board comments and suggestions will be considered as part of the development of the Involvement and Engagement Strategy.

It was RESOLVED to:

- **RECEIVE the report;**
- **APPROVE the action plan, subject to the above comments;**
- **CONFIRM that implementation of the action plan would be monitored through Trust Board.**

TB/10/34 Setting the strategic direction (agenda item 5)

SM briefly took Trust Board through the highlights in the paper and reported on the meeting held the day before with the PCTs and local authorities in Calderdale and Kirklees. This was a constructive meeting with all organisations recognising the scale of the challenge facing health and social care, the need to work together to address the challenge and that this was the beginning of a journey to develop a whole system approach to health and social care. There was also an agreement to meet again.

HW reported that she had attended the national Non-Executive Director induction and was questioned about the meaning of 'partnership' in the Trust's name. She felt that SM's comments demonstrated that the Trust genuinely works in partnership with other organisations to achieve its objectives.

AG was disappointed that thought leadership had been removed from the business objectives and wondered whether it would be appropriate for this to be a strategic outcome rather than an objective so that it was not lost. SM agreed to do this.

TD commented that the challenge now was to turn partnership working into credible business opportunities and to the Trust's advantage rather than acting as a 'broker'. AG commented that this could be seen as relationship capital.

The latest draft of the T-map developed by BT as part of the Agile Working project was tabled as an example of one strand of the transitional change the Trust is undertaking at the current time. JC asked how this would be measured and Trust Board receive assurance. AF responded that QIPP is embedded in the Change

Management Programme through individual workstream QIPPs with a set of deliverables, which will come back to Trust Board on a quarterly basis.

It was RESOLVED to APPROVE the summary of the strategic direction as a true reflection of the Trust's intent moving forward.

TB/10/35 Analysis of business risk (agenda item 6)

TB/10/35a Risk appetite and evaluation of new business opportunities (item 6.1)

TD explained that the purpose of the paper was to provide a framework to bring a measure of objectivity to the analysis of risks and benefits of new business opportunities. The following comments were made.

- IB suggested that the Trust should also look at the risks that are very rare but would have a catastrophic impact on the Trust (he used the Iceland volcano as an example).
- TD commented that the process had been helpful as it identifies areas of risk that had not been considered before. JW added that this demonstrated how useful it is to look at more than one dimension.
- AG suggested that the Trust could 'change the odds' by making rare occasions more frequent and that it would be useful to undertake a mapping exercise of values in conjunction with the risk appetite.
- Peter Aspinall (PA) asked whether there was any weighting attributed to the factors and the analysis demonstrates the benefit to the Trust but not to service users. In some cases, this could be limited.
- Adrian Berry (AB) commented that the framework reflects clinical assessment tools. The process is important and, in some ways, is more beneficial than the final outcome. AF responded that the relative value of the numbers remains and provides a rationale for applying the outcomes.

It was RESOLVED to NOTE the content of the report and to SUPPORT the adoption of the framework as a method of aiding the analysis of benefits and risks.

TB/10/35b Prison Service tender (item 6.2)

There is a private minute for this item.

TB/10/35c Refurbishment of Newton Lodge and potential enhancement of women's medium secure service (item 6.3)

There is a private minute for this item.

TB/10/35d CBT in psychosis and schizophrenia NICE guidance (item 6.4)

GG clarified that the Trust can offer a CBT-style of approach, which means the Trust can broaden the range of skills considered appropriate. For Monitor and the Care Quality Commission (CQC), the Trust has to demonstrate that it has a plan in place and this is being implemented to stated timescales.

The main gap is developing skills further within the organisation and the Trust has expressed an interest in participating in a pilot for CBT e-learning from Praxis. The Trust will continue to develop a stepped approach to skills at all levels in conjunction

with the University of Huddersfield. This will include supervisory requirements in relation to CBT.

IB asked whether there were any other areas where the Trust is not compliant with NICE guidance. Nisreen Booya (NHB) assured Trust Board that the Trust is compliant with all other areas.

JC asked what effect not being compliant for a full year would have on the Trust's risk rating. GG reiterated that Monitor and the CQC will want to see that the Trust has an action plan in place and it is being implemented to timescales.

It was RESOLVED to NOTE the current position with regard to the Trust's offer of CBT to service users with psychosis, to NOTE the project structure and SUPPORT the recommendations outlined in the paper.

TB/10/35e Performance and compliance targets and conditions – risk assessment (item 6.5)

AF explained that the best case scenario for achievement of CQUINs is £1.7 million and the worst case £900,000 against the £1.9 million available. This represents a significant challenge for the Trust, with a major risk around data quality. In relation to contracts with commissioners, if action plans are in place and the Trust is meeting these, penalties will not be applied.

AG questioned the management time this will need and what value it adds. AF responded that the Trust will use the targets to improve quality and safety and embed into existing systems and processes. SM commented that the areas for targets are reasonable.

JC commented that, in talking to staff, it is really difficult for all staff across the Trust to access training and this is something the Trust needs to address.

It was agreed that an analysis of progress and the cost of achieving the targets should come to the meeting in June, which will enable Trust Board to agree the frequency and detail of reporting.

It was RESOLVED to NOTE the risks outlined in the paper and the mitigating actions proposed.

TB/10/36 Quarter 4 2009/10 performance reports (agenda item 7)

TB/10/36a Section 1 – Integrated performance report: strategic overview (agenda item 7.1)

In introducing this item, AF highlighted that the Trust had achieved the Assertive Outreach Team target in Kirklees and, therefore, no penalty would be applied.

AG asked whether a review of the Trust's approach to the cost improvement programme had taken place. (This was addressed under the finance report.)

JC asked whether Trust Board supported the Executive Management Team approach to NHS LARMS and Directors confirmed they did.

AF confirmed that, in relation to the data quality target, it will depend where the CQC sets the threshold whether the Trust will achieve the target or not. It is of concern as the Trust is below the national average. More information will be provided at the June Trust Board with an outline of the action the Trust is taking to address the issues.

SM confirmed that he has written to the CQC regarding use of HONoS and SaRN and the CQC is now taking this up with the national assessment team.

TB/10/36b Section 2 – High level summary report: HR and workforce development (agenda item 7.2(i))

SM highlighted the key points from the report and reminded Trust Board that the Remuneration and Terms of Service Committee scrutinises the report in more detail on behalf of Trust Board.

IB commented that there was no mention in the report on the two limited assurance internal audit reports for Use of agency, bank and overtime, and Training and development. SM agreed to raise this with Alan Davis as he needs to see, through the Audit Committee and Directors' quarterly reviews, that internal audit recommendations are being addressed. PA will also ensure this is picked up at the R&TSC with other issues the Committee has raised regarding use of agency, bank and overtime.

JC commented that KSF has been an issue for over a year and she would like some assurance of when the revised system will be implemented and the timescales for all staff to be appraised. AG asked why there was such a disparity between appraisal rates to which TB responded that this is affected by the size of the service and the span of control in some services makes it easier to implement the appraisal system. Trust Board was also assured that the refined appraisal system would not diminish the process.

TB/10/36c Section 2 – High level summary report: Compliance (agenda item 7.2(ii))

GG highlighted two issues.

- The death of a sixteen-year old and confirmed that there will be no serious case review as a result.
- A Coroner has issued a Rule 43 letter following an Inquest into a death involving a firearm in Wakefield. This has been communicated to all agencies involved in the incident.

TB/10/36d Section 3 – Finance report month 12 2009/10 (agenda item 7.3)

AF confirmed that the Trust has met its statutory targets for 2009/10.

With regards to AG's previous comments regarding the CIP, reporting of CIPs has been reviewed in response to Trust Board comments. The Trust has adopted a transitional approach for 2010/11 and this will be further refined to look at opportunities the Trust can take to meet its CIP in future years.

JC expressed a concern that support services underperformed on CIP whilst some clinical services over performed. She was not comfortable with this and AF

confirmed that this will be addressed with budget holders in year-end reviews and processes are in place to manage performance more closely in 2010/11.

PA asked why there had been such a big increase in provisions to which AF responded that this reflected non-recurrent spend and had been reported to Trust Board previously.

She also responded to IB's comments regarding the size of the Trust's cash holding that this was cash generated to fund the capital programme. It was agreed this should be discussed further at the session on the three-year plan on 18 May 2010. She also confirmed that variations in the year-end outturn were due to the plan being based on the April 2008 assessment and were no cause for concern.

TB/10/36e Section 4 – Service performance and activity reports quarter 4 (agenda item 7.4)

JC commented that she would like to see the performance in April 2009 replicated where discharges outweigh referrals and to be assured that there are ongoing reviews of caseloads to ensure service users are placed appropriately. NHB and TB confirmed that this would be addressed through a review of a number of areas including service re-design, the paternalistic culture in some areas, signposting to other services and returning service users to primary care. The introduction of service line management will identify team performance and will enable the Trust to address variations in performance. It was agreed productivity and outcomes for service users would be discussed at a future Trust Board.

TB confirmed that issues remain with delayed discharges of care and AF will check the figures for crisis visits to both prisons, which looked anomalous.

TB/10/36f Section 5 – Exception reports: Sustainability Strategy (agenda item 7.5(i))
It was RESOLVED to NOTE and SUPPORT the process for the development of the Sustainability Strategy and implementation plan.

TB/10/36g Section 5 – Exception reports: South Kirklees re-provision of services (agenda item 7.5(ii))

TB confirmed that the estates re-provision is on target and workstreams for service re-design have been reviewed to support the re-design of the system. A motion from a Council Member will be put to the Members' Council on 28 April 2010. Some of the suggestions regarding engagement are already in train and others will be considered.

JC expressed a concern that assurance could not be given on some issues raised at a recent service user group by the Trust representative and TB agreed to review Trust representation for future meetings.

IB asked when Trust Board would receive the long-term plan for the re-provision of services and TB confirmed this would be in quarter 3 of 2010/11.

It was RESOLVED to NOTE the report.

TB/10/36h Section 5 – Exception reports: Psychological Therapies update (agenda item 7.5(iii))

It was generally accepted that further actions rest with commissioners and TD confirmed that he was aiming for the end of quarter 1 for a conclusion to the negotiations with commissioners on the move from block to activity-based funding arrangements. JC asked for a paper outlining the options at the end of quarter 1 if commissioners are unable to manage demand appropriately and engagement with GPs should be part of this. She also noted that non-recurrent funding could be used for sub-contracting of parts of the service and this will be part of the negotiations with commissioners.

It was RESOLVED to NOTE the paper.

TB/10/37 Clinical governance and assurance (item 8)

TB/10/37a Quality Accounts 2009/10 (agenda item 8.1)

It was RESOLVED to APPROVE the Quality Accounts for 2009/10.

GG commented that the Trust is still waiting for Monitor guidance on external auditing of the 2009/10 Accounts.

TB/10/37b Clinical Governance and Clinical Safety Committee assurance day 7 July 2010 (agenda item 8.2)

It was RESOLVED to NOTE the intention to hold an assurance day on 7 July 2010 to which all members of Trust Board are invited.

TB/10/38 Trust Board assurance (item 9)

TB/10/38a Annual reports 2009/10 (agenda item 9.1)

It was RESOLVED to APPROVE the proposal to delegate authority to the Chair, Chair of the Audit Committee and Chief Executive to review and approve the narrative content prior to sending to the auditors.

TB/10/38b Action points arising from strategic session of Trust Board 2 March 2010 (agenda item 9.2)

It was RESOLVED to NOTE the progress against the action points from the meeting on 2 March 2010. These will be updated for further discussion at the strategic meeting on 25 May 2010.

TB/10/39 Assurance Framework and risk register (item 10)

DS explained that the report consisted of:

- the Assurance Framework updated for quarter 4 2009/10;
- the new Framework for 2010/11, incorporating new corporate objectives (this document will be refined for Trust Board with assurance and controls in place by quarter 1); and
- the organisational risk register, updated following a comprehensive review by EMT. Key risks considered at this meeting are included in the risk register.

