



**Minutes of Trust Board meeting held on 27 July 2010**

<b>Present:</b>	Joyce Catterick Peter Aspinall Ian Black Bernard Fee Helen Wollaston Steven Michael Nisreen Booya Alan Davis Gill Green	Chair Non-Executive Director Deputy Chair Non-Executive Director Non-Executive Director Chief Executive Medical Director Director of Human Resources and Workforce Development Acting Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Anna Basford Adrian Berry Tim Breedon Terry Dutchburn Cherrine Hawkins Dawn Stephenson Pat Young Bernie Cherriman-Sykes	District Service Director (Calderdale and Kirklees) Care Group Director (Forensic Services) District Service Director (Wakefield) Director of Business Development and Planning Deputy Director of Finance Director of Corporate Development and Constitutional Affairs Senior Planning Manager (item 6.5(i) only) Board Secretary (author)
<b>Apologies:</b>	Jonathan Jones Alex Farrell Noreen Young	Non-Executive Director Deputy Chief Executive/Director of Finance Director of Nursing, Compliance and Innovation

**TB/10/58 Welcome, introduction and apologies (agenda item 1)**

The Chair (JC) welcomed everyone to the meeting, in particular Anna Basford (ABa), attending her first formal Trust Board meeting, and Cherrine Hawkins (CH).

**TB/10/59 Declarations of interest (agenda item 2)**

The following Declaration was considered by Trust Board.

Name	Declaration
<b>DIRECTORS</b>	
Anna Basford	No interests declared
Adrian Berry	No interests declared
Tim Breedon	No interests declared

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest by Anna Basford, Adrian Berry and Tim Breedon.** No further declarations were made over and above those received by Trust Board in March 2010.

**TB/10/60 Minutes of and matters arising from Trust Board meetings held on 29 June 2010 (agenda item 3)**

Public session minutes

Subject to one minor amendment on page 6 changing 'peers' to 'other sectors', **it was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 29 June 2010 as a true and accurate record of the meeting.**

There was one matter arising.

### TB/10/33 Francis Report action plan

In response to the request from the Chair to develop a programme of service visits for Trust Board, Dawn Stephenson (DS) commented that the programme of visits for Executive Directors must add value, support them in delivery of their objectives and in the development of their role, therefore, the visits need to be tailored to suit individual Director portfolios. DS will review opportunities for Non-Executive Directors with the Chair.

### **TB/10/61 Chief Executive's remarks (agenda item 4) and Analysis of business opportunities (agenda item 5)**

SM led the Trust Board strategic level discussion covering:

- the current position and implications for the Trust;
- Porter's five forces in relation to the current market;
- what this means for the Trust's five key strategic objectives; and
- the Trust's state of readiness to take advantage of opportunities.

There is a private minute for this item.

### **TB/10/62 Month 3 performance reports 2010/11 (agenda item 6)**

#### TB/10/62a Section 1 – Integrated performance report: strategic overview (agenda item 6.1)

In introducing this item, SM commented on the following.

- A revised dashboard was included in this report, which makes overall performance clearer. Trust Board supported this approach.
- Issues remain with achievement of Improving Access to Psychological Therapies (IAPT) targets in Kirklees, which the Trust must resolve. ABa commented that the target relating to numbers into treatment was now being met; however, the Trust is struggling to meet the referrals target. A number of actions are in place to improve performance. Helen Wollaston (HW) asked whether the Trust was measuring outcomes to which ABa confirmed that there was a target relating to getting individuals into employment. She also confirmed that there is limited benchmarking information currently to compare performance.
- Alex Farrell (AF) is leading a programme of work across the Trust to improve data quality, including engagement with clinicians.
- In relation to InPAC, further work is needed in the next quarter.
- The Executive Management Team (EMT) was asked to continue to assess the White Paper and its implications.
- EMT was also asked to look at efficiencies and cost improvements/savings to assess whether any could be brought forward. SM agreed this would be done by district and support service directorate.

#### TB/10/62b Section 2 – High level summary reports – human resources and workforce development (agenda item 6.2(i))

AGD highlighted the following.

- The report has been realigned to reflect the move to Business Delivery Units.

- The Trust is making a £2.7 million HR CIP in 2011/12 across the Trust's management administration costs, efficiency savings as a result of the introduction of e-rostering and the approach to agency spend. HR reports will be tailored to provide assurance to Trust Board on this target.
- Two areas require attention in terms of sickness absence in forensic services and adult services in Wakefield.
- Tighter vacancy controls for all management and administration posts will be introduced from 1 August 2010 to prepare for the £1.5 million CIP in 2011/12.

SM stressed that front-line services must be protected. Nisreen Booya (NHB) commented that, if administrative support was in short supply, then it should be used to support front-line services to ensure clinical staff are not doing administrative and clerical tasks.

Bernard Fee (BF) asked to see performance against plan set out for the workforce QIPP. AGD responded that services have to fund agency, etc. spend from their own budgets and, if the budget is managed effectively, this is a matter for services. However, the introduction of e-rostering and the nil approach to agency spend will provide a different approach.

BF also asked whether the target for forensic service sickness absence was the right one as it continues not to be met. AGD explained that the sickness absence target was a Trust-wide target, which is adversely affected by the forensic service currently. BF asked whether the level of sickness had reduced over time and what the Trust is doing to address this. JC added that she would like to understand the underlying issues behind the high figures as the Trust is spending money on staff who are not providing care. Adrian Berry (ABe) responded that three-quarters of sickness is long-term and related to musculo-skeletal issues, which other services do not have. SM asked how forensic services compared to other Trusts to which AGD responded that this was difficult to ascertain as benchmarking figures for like Trusts are not sufficiently detailed. AGD suggested that it might be useful for the Trust to set differential figures for sickness absence. It was agreed that AGD should prepare a more detailed paper on absence, including the way it is calculated and managed and it was suggested that the Remuneration and Terms of Service Committee should agree the content of this paper at its meeting in September 2010.

AGD confirmed that the sickness absence target of 4.5% was achievable.

In response to a question from PA, AGD confirmed that generally overtime is undertaken at time-and-a-half. AGD was asked to show this cost in future HR reports. AGD reminded Trust Board that use of bank staff will reduce this figure as work is undertaken at normal time. ABa also commented that services need to support this approach as it affects the quality of services delivered.

TB/10/62c Section 2 – High level summary reports – compliance report (agenda item 6.2(ii))

Gill Green (GG) asked Trust Board to note the award of level 2 City and Guilds qualifications in infection prevention and control, the first mental health trust to have done this.

AGD will bring a health and safety report to Trust Board in September 2010.

TB/10/62d Section 3 – Finance report month 3 2010/11 (agenda item 6.3)

CH highlighted the following:

- The Trust is ahead of target on surplus, which has a positive affect on its financial risk rating (4.1) and its cash position, which is also affected by the current level of accruals.
- The Trust has delivered against its capital expenditure target for quarter 1.
- Performance on recurrent CIPs is strong and overachieved in quarter 1; however, the Trust is forecasting a shortfall of £400,000 as a result of costs that have not been contained, in particular, sub-contracting of healthcare for PICU services. Management action is in place to address this shortfall, which would also improve the Trust's surplus position.

IB asked whether the Trust is able to benchmark its performance with other Foundation Trusts in terms of Monitor's risk rating. CH responded that Monitor summarises the position for all FTs at the end of quarter 1 and this is available on its website. IB also asked if there is a danger that the risk rating is too high. CH responded that, in theory, this was not an issue; however, the risk rating components are complex and Monitor's expectation has reduced recently. SM commented that a high risk rating gives the Trust leeway for the impact of a potential acquisition.

Tim Breedon (TB) confirmed that services for people with a learning disability and Trust-wide specialist services come under the Wakefield Business Delivery Unit.

TB/10/62e Section 4 – Service performance and activity report quarter 1 2010/11 (agenda item 6.4)

In response to a query from HW, TB confirmed that issues relating to social housing would be picked up in district Partnership Boards.

Trust Board noted that, if measured as NHS guidance determines, the average length of stay figure for medium secure services does not give a meaningful picture of performance.

TB/10/62f Section 5 – Exception reports: South Kirklees re-provision of services (agenda item 6.5(i))

Trust Board noted consideration of the contingency plans for the move from the St. Luke's Hospital site. It was also noted that the recent GOLD newsletter and the engagement event at the Town Hall in Huddersfield had gone a long way to alleviate public concerns over the Trust's plans.

AGD commented that a slippage of six to eight weeks would present the Trust with a number of major issues in relation to providing an environment fit for purpose over this period and this would need to come back to Trust Board for further discussion should the need arise.

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

TB/10/62g Section 5 – Exception reports: Psychological Therapies update (agenda item 6.5(ii))

TD reported that commissioners were reluctant to change the basis of the Trust's contracts and, therefore, the Trust will need to continue to proactively engage with commissioners and GPs to manage demand. Current contracting arrangements cannot resolve this issue as commissioners cannot afford to pay for the level of demand in the system. The introduction of payment by results would resolve the situation. TD confirmed this was a national problem.

**It was RESOLVED to NOTE the report and SUPPORT the action being taken.**

TB/10/62h Section 5 – Exception reports: Out-of-area placements (agenda item 6.5(iii))

TB highlighted two issues to Trust Board. Firstly, there was an issue around the level of sickness absence in 2008/09, which has reduced and is improving. Secondly, a system for bed management has been put in place as it is apparent that the proximity of the PICU to other acute wards in Wakefield has an affect on the transfer of service users, which is not replicated in other districts. A review of the acute care pathway in advance of the service re-design work in Kirklees has been initiated and a revised pathway should be implemented from October/November this year. Trust Board asked to be informed of progress.

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

*Bernard Fee left the meeting.*

**TB/10/63 External assurance on the Quality Report 2009/10 (agenda item 7)**  
**It was RESOLVED to NOTE the report from Grant Thornton on its review of the Trust's Quality Report for 2009/10.**

**TB/10/64 Monitor quarter 1 return 2010/11 (agenda item 8)**  
**It was RESOLVED to APPROVE the exception report and the submission to Monitor of the Trust's quarterly return for quarter 1 of 2010/11.**

**TB/10/65 Assurance Framework quarter 1 2010/11 and risk register (agenda item 9)**

DS introduced this item, reminding Trust Board that it had approved the assurance framework in April and this was returned in full form. Future presentations to Trust Board will be in summary form on an exception basis; however, a full quarterly review would still be produced to provide assurance that Director objectives are being met.

The risk register has been reviewed by the EMT alongside the assurance framework. Issues raised by Trust Board during this meeting relating to IAPT, psychological therapies, data quality and the impact of the White Paper will be reviewed by EMT for inclusion in the risk register.

