



With all of us in mind

Minutes of Trust Board meeting held on 28 September 2010

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

TB/10/73 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) welcomed everyone to the meeting, in particular Dr Devasahayam, shadowing Dr Booya (NHB).

TB/10/74 Declarations of interest (agenda item 2)

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

TB/10/75 Minutes of and matters arising from Trust Board meetings held on 29 June, 27 July and 14 September 2010 (agenda item 3)

Subject to one amendment on page 3 of the minutes from 27 July 2010, changing a 'quarter' to 'three-quarters', **it was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 29 June, 27 July and 14 September 2010 as a true and accurate record of the meetings.**

There were no matters arising.

TB/10/76 Assurance from Trust Board Committees (agenda item 4)

TB/10/76a Clinical Governance and Clinical Safety Committee assurance day 7 July 2010 (item 4.1)

Bernard Fee (BF) commented that the assurance day was part of an ongoing process of providing assurance to Trust Board and he would like to see a stronger commitment from Trust Board to the event. It has been agreed with the Chair of the Trust that it will form part of the formal Trust Board schedule of meetings in 2011.

TB/10/76b Audit Committee 13 July 2010 (item 4.2)

Peter Aspinall (PA) updated Trust Board that Deloitte have been appointed as the Trust's external auditor following a tender process, which involved Non-Executive Directors and the Members' Council. This will form an agenda item for the Members' Council on 5 November 2010.

TB/10/76c Mental Health Act Committee 31 August 2010 (item 4.3)

Helen Wollaston (HW) reported that part of the rationale for amending the Committee terms of reference was to reflect the quality aspects of the Committee's work in terms of working within the guiding principles set out in the Mental Health Act Code of Practice. It was also reported that the majority of Associate Hospital Managers' reviews have now been completed.

TB/10/76d Remuneration and Terms of Service Committee 7 September 2010 (item 4.4) and TB/10/76e Clinical Governance and Clinical Safety Committee 14 September 2010 (item 4.5)

No issues were raised.

TB/10/76f Mental Health Act Committee terms of reference (item 4.6)

The revised terms of reference were approved.

It was RESOLVED to RECEIVE the minutes from Trust Board Committees and to APPROVE the revised terms of reference for the Mental Health Act Committee.

TB/10/77 Chief Executive's report (agenda item 5)

The Chief Executive (SM) reported on the following.

- The submission to NHS Barnsley for provider services currently provided by Care Services Direct was made on 23 September 2010. A presentation of the Trust's outline business case will be made on 29 September 2010. SM acknowledged the work done by Sue Barton, Acting Deputy Director of Business Development and Planning, in developing the submission in conjunction with KPMG and Care Services Direct. A decision will be taken on the preferred provider by NHS Barnsley's Board on 11 October 2010. If the Trust is identified as the preferred provider, the Trust the due diligence process will start. As previously discussed at Trust Board, the Trust can withdraw at any time should significant risks to the Trust come to light.
- NHS Wakefield District's board has approved the proposal for provider services. Alan Davis (AGD) alerted Trust Board to a potential TUPE issue, which may impact on Trust staff who currently provide services into NHS Wakefield.
- Taking on the health and wellbeing services currently provided by NHS Calderdale will provide the Trust with an opportunity to work closely with local authorities in advance of the establishment of Health and Wellbeing Partnerships.
- With regard to the proceeds from the sale of the St. Luke's Hospital site, SM reported that he has agreed a process with the Chief Executive of Calderdale and Huddersfield NHS Foundation Trust (CHFT) and he will report progress to Trust Board in October. CHFT will share the independent valuation of the site with the Trust. The lease for the Dales continues to be pursued.

- The Care Quality Commission (CQC) has recently published a quality and risk profile for all Trusts. This will be summarised for Trust Board when the document has been analysed.
- SM also commented on the CQC mental health community survey, which produced mixed results for the Trust. JC commented that the survey was undertaken in July 2009 and the results published in September 2010. Evidence through Trust Board reports shows that practice has improved within the Trust and, therefore, the usefulness of the survey was open to discussion in terms of informing priorities and action.
- The Trust has been chosen as one of two pilot sites by the CQC to review how organisations carry out assessments under the Mental Health Act, how organisations work with partners, and how people experience the assessment process. The visit will take place on 2 November 2010.

TB/10/78 Trust Board self-certification (agenda item 6)

Dawn Stephenson (DS) introduced this item. She reminded Trust Board that self-certification would be required by Monitor if new services, such as those under Transforming Community Services, are added to Trust services. The report provides a baseline for any future submission.

It was RESOLVED to NOTE the requirements of the self-certification (appendix B12) and CONFIRM it can provide adequate assurance of meeting the criteria as set out in the paper.

TB/10/79 Strategies for approval (agenda item 7)

TB/10/79a Involving People Strategy (agenda item 7.1)

DS thanked BF for his involvement in developing the Strategy, which builds on the work in place to support involvement across the Trust. An action plan has been developed out of the Strategy, which will be monitored by Executive Management Team (EMT).

- BF commented that the Strategy begins to bring together the involvement work the Trust has to do as part of the compliance agenda and what it needs to build a marketing platform. It also begins to look at what the Trust can do to gather customer intelligence and use feedback to inform Trust services.
- JC sought assurance from District Directors that a judgement can be made between the need for swift decision-making and when the Trust should embark on involvement processes. Tim Breedon (TB) responded that the Trust would involve people extensively in consultation on the direction of travel. The 'how' to support this would be implemented with feedback through mechanisms outlined in the Strategy.
- HW commented that she would like to see a link to Government objectives in the Strategy, a recognition that the community mental health survey provided the Trust with a good outcome on involving people, and how Trust Board will be assured that the Trust is learning from feedback and intelligence. Alex Farrell (AF) responded that this would be done through the performance report in terms of the metrics for customer focus and any exceptional outcomes would come through exception reports.

- SM commented that this provided the Trust with an opportunity to become a thought leader in the area of customer feedback.
- JC commented that the Strategy provides a good starting point for the Trust Board's strategy day in November to look at its approach to marketing. She also asked that performance is reported through Quality Accounts on an annual basis.

It was RESOLVED to APPROVE the Involving People Strategy.

TB/10/79b Building stronger partnerships with the Third Sector Strategy (agenda item 7.2)

DS thanked HW for her input into development of the Strategy.

- HW commented that she fully supported the Strategy; she would also like the Trust to consider its vision for relationships with third sector organisations. AF responded that the EMT has discussed an intention to divert 1% of the Trust's income into work with third sector organisations to benefit services.
- SM also commented that the change in regulatory focus and the move by the Government from a performance management to an outcome-based culture enables the Trust to look at alternative ways of funding the delivery of services.
- JC commented that she was unsure whether the next stage should be opportunistic or proactive and embedded in business planning processes.
- The Trust's responsibilities to third sector organisations, if any, also need clarified.
- Ian Black (IB) suggested commissioning a pilot to test out the strategy and AF responded that DS is currently preparing a bid for funding from Yorkshire Forward with a charity aimed at getting people into employment. TB also commented that learning disability services are deployed into local authorities to deliver on behalf of the Trust so it might not be such a big developmental leap.

It was agreed to use the comments on both papers as a springboard for discussion at the November strategy meeting and include in the Business Plan with defined outcomes.

It was RESOLVED to APPROVE the Third Sector Strategy.

TB/10/80 Month 5 performance reports 2010/11 (agenda item 8)

TB/10/80a Section 1 – Integrated performance report: strategic overview (agenda item 8.1)

In introducing this item, AF highlighted one issue around data quality. The Trust is making progress and has set up a project to provide a co-ordinated approach to improving clinicians' use of RiO, particularly timeliness of discharge information. JC asked how much of this could be attributed to the system and how much to training. AF responded that it was a combination of both and the project to ensure users use the system effectively will address this. There are compelling drivers in the system to determine that this is not about ticking boxes; it affects safety and relationships with partners. It is in the Trust's and local authorities' interest to ensure the system works to produce an integrated care record and a pilot project with one local authority to improve use and effectiveness has begun. It was agreed to bring a

further update to Trust Board in December 2010 with an outline of the issues and options for resolution.

JC invited the District Directors to comment on the development of Business Delivery Units (BDUs). TB raised two issues relating to the significant cultural shift posed by the introduction of service line management, and the first cross-district performance meeting, which was very constructive and validates the partnership approach. Anna Basford (ABa) added that there had been an excellent response from services to the change to a district focus. The next stage is to form a strategic approach to development of services particularly with third sector organisations. Adrian Berry (ABe) also added that the transfer of low secure services to the forensic service has proved a positive experience resulting in cross-fertilisation of good practice. It has also provided the service with a common identity.

BF expressed a concern that services were developed across the Trust not in district silos. AF responded that clarity on the core service offer will ensure the same core offer is delivered across all three districts; however, commissioners can commission more and this will be a key part of the annual planning process. ABa commented that the Trust needs to recognise where there needs to be difference and where consistency and coherence is required.

IB asked about the vacancy rate as he was unsure that the level of vacancies currently could have no impact on quality of services. AF responded that this replicated EMT discussions and detailed work has begun with BDUs to look at vacancies and the impact on services.

IB also asked for clarification of the 'green' rating in the dashboard. AGD responded that, realistically, the target of 10% is out-of-date and set during the Monitor application period. The Trust has taken a number of posts out of the system and, therefore, the percentage is of a smaller total. Managers have been over-cautious with the introduction of the vacancy factor in the CIP in 2010/11. He assured Trust Board that there has been no freeze on recruitment into services (although AF did remind Trust Board that all management and administration vacancies are currently subject to review before agreement is given to recruit) and middle grade doctors remain the only area where recruitment remains a problem. Further work is needed on what a reasonable target would be and it was agreed that more detailed information should be presented to Trust Board on vacancies in next month's report. It was also confirmed that Gill Green (GG) is reviewing vacancies with District Directors in terms of quality of services.

SM informed Trust Board that the CQC has upheld the request for extenuating circumstances to be taken into consideration in relation to HoNOS and SaRN reporting target.

JC asked whether Middleground has the potential to be a marketable product and AGD confirmed that this is being taken forward but any agreement would need to be in partnership with Robertson Cooper. AF suggested that Middleground should be put forward for a national award.

TB/10/80b Section 2 – Finance report month 5 2010/11 (agenda item 8.2)

AF highlighted the overachievement of CIPs as the major contributing factor to the forecast outturn and surplus above budget. The current review of management costs will also consider any provision for re-structuring costs in future years and could reduce the surplus.

PA asked whether performance was extrapolated for the full year to which AF responded that it was not for a number of reasons but mainly that a number of big commitments are due in the second six months of the financial year, provisions will be used and BDUs are not expected to continue current performance.

PA also questioned the £2 million taken from accruals. AF explained that this was due to late issue of invoices (mainly NHS), holiday pay and Agenda for Change.

IB asked whether the Trust's cash position could be used to bring the capital programme forward. AF responded that the refurbishment of the Priestley Unit has been brought forward but the difficulty is planning capacity, which is currently focused on St. Luke's and Newton Lodge. In response to the suggestion that the Trust makes it a three-year as opposed to five-year capital plan, AF commented that the Trust does have the ability to bring the plan forward; however, Monitor already sees the Trust's cash position in three years as a potential risk. SM suggested that it might be timely to re-visit the capital plan in light of commissioning intentions and whether these will affect Trust plans. It was agreed that, as it is intended to bring the Estates Plan to Trust Board in October, this should reflect the options open to the Trust. If appropriate, the plan should also include the Barnsley position and how this will affect the Trust. JC asked for this paper to be circulated in draft for comment prior to sending as part of the formal papers.

Jonathan Jones (JJ) asked whether the Trust has made provision for costs for the Barnsley work and AF confirmed this was £200,000.

AF confirmed that the Trust pays its rates once a year at the beginning of the year. She was not aware of any benefit to the Trust of doing this but will follow this up with her team.

TB/10/80c Section 3 – Exception reports: South Kirklees re-provision of services (agenda item 8.3(i))

PA asked whether the staff shuttle bus would be offered indefinitely to which AGD responded that, under staff terms and conditions, this would be in place for four years and would then be subject to review. During this period, the Trust will not be paying excess travel to individuals

It was RESOLVED to NOTE the report.

TB/10/80d Section 3 – Exception reports: Single Equality Scheme and action plan 2009/10 (agenda item 8.3(ii))

A baseline assessment of the Trust's position will be undertaken through the Department of Health delivery system, which will provide a basis for the strategy moving forward.

It was RESOLVED to APPROVE the Single Equality Scheme annual report 2009/10.

TB/10/80e Section 3 – Exception reports: Equality Act 2010 (agenda item 8.3(iii))

It was noted that some legislation is now in doubt following the election of a new Government; however, the Trust is doing what it needs to do to remain compliant and is keeping a watching brief on announcements from the Government on the Act.

It was RESOLVED to NOTE the report.

TB/10/80f Section 3 – Exception reports: Health and Safety annual report (agenda item 8.3(iv))

AGD explained that this was a high level programme for the next six months to ensure health and safety and management systems are working together and developed at the same time. The presentation prior to Trust Board produced no surprises and demonstrated what is already in place to meet the Trust's duties and responsibilities.

JJ asked whether it would be helpful to ask Hempsons to review any revised Health and Safety Policy. AGD responded that he was confident that the Trust has used best practice to develop the policy. He also clarified that the Trust is required by the CQC and NHS LARMS to have a number of health and safety policies and procedures in place so it would not be possible to distil into one policy. The Trust has a communications plan in place, backed up by training and implementation plans. The Health and Safety Policy will be updated during October 2010 for approval by EMT and Trust Board.

It was RESOLVED to NOTE the report.

TB/10/80g Section 3 – Exception reports: Francis report update (agenda item 8.3(v))

DS explained that this will be sent to NHS Yorkshire and the Humber and the Members' Council will be updated at its next meeting. BF commented that the report had also been through the Clinical Governance and Clinical Safety Committee. SM asked whether the report should also be sent to Monitor as the Trust's regulator if it was going to the SHA. DS explained that the SHA Chair had written to all Trust chairs asking to be kept informed of progress and the report was being sent as a matter of courtesy. DS agreed to clarify whether Monitor expects to see a copy of the report.

HW asked for assurance on the process to ensure that acquired services also meet the standards set out in such reports as the Francis Report. JC responded that this will form part of the due diligence process and will also be part of the self-certification process for Trust Board. GG confirmed that the action plan had also been shared with the three PCTs through the Quality Board and all were assured by what the Trust has in place.

It was RESOLVED to NOTE the report and progress against the action plan.

TB/10/80h Section 3 – Exception reports: Serious Untoward Incidents (agenda item 8.3(vi))

GG reported that the Incident Review Panel is now set up as a Trust-wide group to review and receive root cause analysis reports and to agree how learning will be shared across the organisation.

She also reported on a suicide prevention workshop to be held on 18 November 2010. Both coroners have agreed to attend as well as representatives from PCTs and local authorities as they support the Trust's approach to suicide prevention. Trust Board members are welcome to attend the event. JC also suggested sending an invitation to Associate Hospital Managers and appropriate third sector organisations.

It was RESOLVED to NOTE the report.

TB/10/80i Section 3 – Exception reports: Community mental health survey (agenda item 8.3(vii))

GG reported on a number of contradictory findings between the CQC report and that from Quality Health. She assured Trust Board that a considered piece of work has been commissioned to ensure there is clear accountability and responsibility for Trust expectations of clinicians and staff in respect of CPA. Work will now begin with BDUs to develop action plans to take forward learning.

'Real time' information and feedback from service users is being explored and there has been a positive response from staff both for the idea and for learning lessons.

NHB commented that two areas where the Trust performs poorly (carer involvement and out-of-hours service) are reflected in themes coming out of reported incidents.

IB asked whether the survey would be repeated next year and GG explained that the CQC has not yet confirmed its intentions. He also commented that, if the timescales for receiving the outcomes remain the same, would the Trust have an option of opting out of the survey. It was thought that this would be unlikely despite not fitting strategically with the Involving People Strategy.

It was RESOLVED to NOTE the report and for progress against any action plans to be monitored by the Clinical Governance and Clinical Safety Committee.

TB/10/81 Use of Trust seal (agenda item 9)

It was RESOLVED to NOTE the use of the Trust's seal as outlined in the paper.

TB/10/82 Date and time of next meeting (agenda item 10)

The next public meeting of Trust Board will be held on Tuesday 14 December 2010 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

TB/10/83 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**