



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

<b>Present:</b>	Joyce Catterick	Chair
	Peter Aspinall	Non-Executive Director
	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	Acting Chief Executive
	Gill Green	Acting Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Anna Basford	District Service Director (Calderdale and Kirklees)
	Adrian Berry	Care Group Director (Forensic Services)
	Tim Breedon	District Service Director (Wakefield)
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Apologies:</b>	Ian Black	Deputy Chair
	Terry Dutchburn	Director of Business Development and Planning
	Cherrine Hawkins	Acting Director of Finance
	Noreen Young	Director of Nursing, Compliance and Innovation

**TB/10/84 Welcome, introduction and apologies (agenda item 1)**

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

**TB/10/85 Declarations of interest (agenda item 2)**

The following declarations were considered by Trust Board.

Name	Declaration
<b>CHIEF EXECUTIVE</b>	
Steven Michael	Secondment to role of Director of Provider Development, NHS Yorkshire and the Humber (1 October to 31 December 2010)
<b>EXECUTIVE DIRECTORS</b>	
Nisreen Booya	Facilitating a programme for medical students at Leeds University

There were no comments or remarks made on the declarations, therefore, **it was RESOLVED to formally note the Declaration of Interests by Steven Michael and Nisreen Booya.** No further declarations were made over and above those received by Trust Board in March 2010.

**TB/10/86 Minutes of and matters arising from the Trust Board meeting held on 28 September 2010 (agenda item 3)**

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held on 28 September 2010 as a true and accurate record of the meeting.

There was one matter arising.

TB/10/77 Proceeds from the sale of the St. Luke's site

The Chief Executive (SM) updated Trust Board on the current position. Trust Board agreed to commission a separate, independent valuation of the site and the Chief Executive was given a mandate to proceed with this.

**TB/10/87 System risk and progress on Transforming Community Services (agenda item 4)**

This item was discussed in detail in the private session.

**It was RESOLVED to:**

- **RECEIVE the review of system and local risk;**
- **RECEIVE the update on progress to date on TCS;**
- **APPROVE for the projects in Calderdale and Wakefield to move to the implementation phase to enable smooth transition, subject to a satisfactory outcome from the due diligence exercise.**

TB/10/87a South Kirklees re-provision of services (item 4a)

Anna Basford (ABa) assured Trust Board that the project was on target to move by the end of December 2010. She updated on two issues relating to community bases in Kirklees and arrangements for staff transport, which have been resolved.

**It was RESOLVED to NOTE the update on the re-provision of services in South Kirklees.**

TB/10/87b Newton Lodge development business (item 4b)

This item was discussed in detail in the private session.

**It was RESOLVED to move to the development of a full business case in conjunction with the Trust's P21 partner for the delivery of option 4.**

**TB/10/88 Estates plan (agenda item 5)**

This item was discussed in detail in the private session.

**It was RESOLVED not to approve the Estates Plan and for the Chief Executive and Acting Chief Executive to agree with the Chair of the Trust when the Plan should be returned to Trust Board for further consideration.**

**TB/10/89 Quality Academy (agenda item 6)**

Gill Green (GG) introduced this item. SM commented that the paper focuses on one aspect of the Quality Academy, which also includes the organisational offer in terms of support services, aimed at providing services with the support required to drive quality and efficiency.

Jonathan Jones (JJ) asked whether there were any indicators around the Quality Academy. GG responded that overarching indicators are included in the performance report backed up by indicators, which will be benchmarked over time, and will offer challenge to Business Delivery Units (BDUs).

Bernard Fee (BF) commented that he was anxious that the Quality Academy develops in the way originally envisaged to drive consistency and quality improvement across services and support services. The move to districts presents a fundamental risk of silos beginning to develop. Management and leadership are needed to develop the Quality Academy in a much more meaningful way. GG responded that, to date, project management to develop the Quality Academy has been missing and this is now in place. She also confirmed that the Quality Academy will have its own annual plan.

ABa commented that she appreciated the point around silos but felt that variances across districts should be seen as a strength; ensuring coherence is the vital part.

**It was RESOLVED to SUPPORT the development of the Quality Academy and to build on today's discussion at the strategy day in November.**

**TB/10/90 Month 6 performance reports 2010/11 (agenda item 7)**

TB/10/90a Section 1 – Integrated performance report: strategic overview (agenda item 7.1)

In introducing this item, Dawn Stephenson (DS) highlighted one issue around data quality in two specific areas relating to recording of marital status, for which an action plan is in place within BDUs to address. The other area relates to mental health outcomes for Care Programme Approach patients. Monitor has just advised that Foundation Trusts will be required to report against this indicator from Q3 and the threshold will be 50% in Q3 and Q4. The indicator no longer includes % of discharged patients having a diagnosis but does still include % in employment, % in settled accommodation and % having HoNOS assessment in the past twelve months. The Trust will continue to pursue the full target as it requires the information to assess quality of care.

Peter Aspinall (PA) asked why, with a bed occupancy in PICU of 77%, the Trust was still spending on out-of-area placements. Tim Breedon (TB) responded that the current pathway review will pick up outstanding issues, including stronger bed management, which has resulted in reduced bed occupancy and management of throughput.

TB/10/90b Section 2 – Human resources and workforce development quarter 2 2010/11 (agenda item 7.2(i))

Alan Davis (AGD) highlighted the following.

- Sickness, particularly in forensic services.  
Improvement is expected in quarter 3 as a number of staff on long-term sick leave are expected to return to work. This will be a continued focus.  
There remains an issue in adult services in Wakefield around stress and anxiety and a number of actions have been taken around the use of fit notes in conjunction with the occupational health service.
- Staff appraisal  
AGD expressed confidence that the target would be achieved in quarter 3 and ABa confirmed that action was in place to achieve the shortfall. Robust systems are in place moving forward.

- Turnover  
The Trust will be planning for a lower rate of 5% in 2011/12 due to the current economic climate. It is expected that this would still enable the Trust to manage change without the need for redundancies.
- Work to increase bank staff has significantly reduced the use of overtime; however, a significant risk remains with agency staff. From 1 April 2011, there will be a zero-approach to use of agency staff. A recruitment hotspot remains with Middle Grade Doctors and the Trust will have to agree how it then meets its own policy and use creative approaches for recruitment if needed.
- Vacancies  
BDUs continue to review on an ongoing basis. There are varied reasons for vacancies and no common themes emerge although there has been a very cautious approach to vacancy management at the start of the year within BDUs. A separate report on the management of medical vacancies will be included in next quarter's report.

PA commented that sickness is currently at 5.4%. Was AGD confident that the Trust could achieve the 4.5% target? AGD responded that the Trust always knew that the target would be stretching; however, BDUs are committed to achieving the target. BF asked whether it would be achievable considering the Trust was already the best performing in the region. AGD reminded Trust Board that it set the target but the Trust is committed to achieving it. JC commented that the cost of sickness absence and its affect on delivery of quality services means that performance must continue to be monitored closely. She also commented that the Trust has made a commitment to provide employment opportunities for individuals who may have been service users and a robust approach to sickness absence management must not put this in jeopardy.

#### TB/10/90c Section 2 – Compliance report quarter 2 2010/11 (agenda item 7.2(ii))

JC asked for more detail on the six reported absconsions from PICU. GG responded that none were escapes from the unit but arose as part of clinical care testing. All were safely returned but this has to be recorded in this way to meet CQC requirements.

Adrian Berry (ABe) reported that there has been a root cause analysis investigation into the absconsion from Newton Lodge, which is classed as a 'never event' by the Department of Health, and disciplinary proceedings have begun. The Trust needs to await the outcome of both but does expect a number of recommendations to come out of the RCA.

#### TB/10/90d Section 3 – Finance report month 6 2010/11 (agenda item 7.3)

Alex Farrell (AF) highlighted the overachievement of CIPs as the major contributing factor to the forecast outturn and surplus being above budget; however, this does give the Trust additional investment potential and would fund any redundancies arising as a result of the review of management costs.

Monitor now allows for 25% of capital spend to slip and be carried over to the next financial year. This is helpful for the Trust as the revised forecast for the capital programme is a shortfall of £1.9 million, mainly due to slippage in the Newton Lodge scheme.

PA commented that a number of areas in the report raise questions regarding budgeting. AF responded that this will be reviewed with the finance team with a view to improved phasing of expenditure in 2011/12 based on experience. In terms of CIPs, it is difficult to reflect areas such as the impact of e-rostering and holding of vacancies as an element of vacancy management in budget setting. One benefit is that it gives the Trust flexibility to bring forward investment expenditure to fund necessary change management initiatives. However, unplanned variances need to be addressed with BDUs and underspends would need to be balanced with investment to ensure quality of services is maintained.

JC asked whether reserve projects for minor capital could be brought forward. AF agreed this would be reviewed.

TB/10/90e Section 4 – Service performance and activity report (agenda item 7.4)

Trust Board was assured that the report is reviewed in detail by BDUs on a cross-district basis. TB confirmed that BDU development remains on target to go live on 1 November 2010.

TB/10/90f Section 5 – Exception reports: NHS Litigation Authority Risk Management Standards assessment (agenda item 7.5(i))

JC asked whether the Trust would still move to level 2 in 2011. GG responded that this was to be reviewed but it was likely that, in the light of TCS, the Trust would propose that it is re-assessed at level 1.

**It was RESOLVED to NOTE the summary of the position and Trust Board was ASSURED that plans in place ensure the Trust will meet the requirements to achieve level 1.**

TB/10/90g Section 5 – Exception reports: Information Governance Toolkit (agenda item 7.5(ii))

GG alerted Trust Board to two issues around Information Governance training and clinical coding. An action plan is in place to address both issues. As a result, the Trust is reporting a score of 48% at the end of October 2010 and an anticipated score of 78% at the end of March 2011. This will be monitored closely and any issues brought to Trust Board.

**It was RESOLVED to NOTE the report and to SUPPORT submission of the score to the Department of Health at the end of October.**

JC asked how much staff time is taken up on mandatory training. AGD explained that the Executive Management Team was currently reviewing mandatory training and he would bring a report back to Trust Board when this review is complete.

TB/10/90h Section 5 – Care Quality Commission Quality and Risk Profile (agenda item 7.5(iii))

GG reported no change to the report published for September. Trust Board noted that commissioners will be able to access the reports and these will be taken into the Quality Board attended by the three PCTs and the Trust.

**It was RESOLVED to NOTE the report and to NOTE that monitoring will be undertaken by the Clinical Governance and Clinical Safety Committee.**

TB/10/90i Section 5 – Exception reports: Lesson learnt from the prison tender process (agenda item 7.5(iv))

This item was discussed in detail in the private session.

**It was RESOLVED to NOTE the paper presented to Trust Board on the lessons learnt from the prison tender.**

TB/10/90j Section 5 – Exception reports: Sustainability Strategy Update (agenda item 7.5(v))

SM asked whether the Trust was benchmarking against the right organisations given its geography and degree of community provision. BF felt that the Trust should take a stronger lead and use relatively small investments to become greener. DS responded that the Trust is already using capital monies to do this.

**It was RESOLVED to:**

- **NOTE the report and progress made**
- **AGREE to being ‘champions’ and to SUPPORT the champions’ events;**
- **AGREE for communications to be sent on behalf of Trust Board.**

**TB/10/91 Annual Audit Letter 1 to 30 April 2009 (agenda item 8)**

**It was RESOLVED to RECEIVE the Annual Audit Letter from Grant Thornton to cover the period 1 to 30 April 2009.**

**TB/10/92 Trust Constitution (agenda item 9)**

**It was RESOLVED to APPROVE the proposed changes to the Constitution, subject to approval of the Members’ Council and Monitor.**

**TB/10/93 Risk Management Strategy (agenda item 10)**

DS commented that amendments had been made to the Strategy to reflect the move to BDUs, requirements of NHS LARMS, the move to a revised risk matrix and to ensure future proofing.

**It was RESOLVED to APPROVE the Risk Management Strategy.**

**TB/10/94 Monitor Quarter 2 return 2010/11 (agenda item 11)**

**It was RESOLVED to APPROVE the return to Monitor.**

**TB/10/95 Assurance Framework Q2 2010/11 and risk register (agenda item 12)**

DS took Trust Board through the assurance framework, the self-assessment and risk register. DS had earlier presented to Trust Board on risk assessment and management.

**It was RESOLVED to:**

- **NOTE the assurances provided for Q2 of 2010/11;**
- **NOTE the risks recorded in the risk register;**
- **NOTE the review against best practice and the resulting action plan.**

**TB/10/96 Date and time of next meeting (agenda item 13)**

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.

**Signed .....** **Date .....**