



With all of us in mind

Minutes of Trust Board meeting held on 29 March 2011

Present:	Joyce Catterick Peter Aspinall Ian Black Bernard Fee Jonathan Jones Helen Wollaston Steven Michael Nisreen Booya Alan Davis Alex Farrell	Chair Non-Executive Director Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Director of Human Resources and Workforce Development Deputy Chief Executive/Director of Finance
In attendance:	Anna Basford Tim Breedon Sean Rayner Dawn Stephenson Noreen Young Bernie Cherriman-Sykes Irene Chaloner David Himelfield Alison Moreton Faiz Rehman Tony Wilkinson	District Service Director (Calderdale and Kirklees) District Service Director (Wakefield) Transitional District Service Director (Barnsley) Director of Corporate Development and Constitutional Affairs Director of Nursing, Compliance and Innovation Board Secretary (author) Members' Council (publicly elected, Kirklees and Lead Governor) Reporter, Huddersfield Examiner Wakefield Local Involvement Network Senior Trainee, Calderdale Members' Council (publicly elected, Calderdale)
Apologies:	Adrian Berry Gill Green	Care Group Director (Forensic Services) Acting Director of Nursing, Compliance and Innovation

TB/11/13 Welcome, introduction and apologies (agenda item 1)

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

TB/11/14 Declarations of interest (agenda item 2)

The following Declarations of Interest were considered by Trust Board.

Name	Declaration
CHAIR	
Joyce Catterick	No interests declared
NON-EXECUTIVE DIRECTORS	
Peter Aspinall	Director, Primrose Mill Ltd. Director, Honley Show Society Ltd.
Ian Black	Non-Executive Director, McKeith Press Ltd. Owner, I&B Associates Limited Non-Executive Director, Trustee and Treasurer, Scope Governor, Beaumont College, Lancaster Non-Executive Director, Benenden Healthcare (mutual) Non-Executive Director, Seedrs (with small shareholding) Private shareholding in Lloyds Banking Group PLC (retired member of staff)
Bernard Fee	No interests declared
Jonathan Jones	Director, Squire, Sanders and Dempsey International Association Member, Squire, Sanders and Dempsey (UK) LLP

Name	Declaration
Helen Wollaston	Owner/Director, Equal to the Occasion (consultancy) Chair, Platform 51 (operating name of YWCA England and Wales) Consultant Partner, Equality Works Associate, Infrastruct Ltd.
CHIEF EXECUTIVE	
Steven Michael	Member, Huddersfield University Business School Advisory Board Member, Leeds University Business School International Fellowship Scheme Spouse is Trustee of the Harrison Trust, a charitable body supporting mental health in the Wakefield district
EXECUTIVE DIRECTORS	
Nisreen Booya	Honorary President of the Support to Recovery (Kirklees mental health charity)
Alan Davis	No interests declared
Alex Farrell	Spouse is General Practitioner based in Beeston, Leeds
Gill Green	Trustee, Well Women Centre, Wakefield
Dawn Stephenson	Voluntary Trustee for Kirklees Active Leisure Voluntary Trustee for Dr. Jackson Cancer Fund
Noreen Young	No interests declared
DISTRICT SERVICE DIRECTORS	
Anna Basford	No interests declared
Adrian Berry	No interests declared
Tim Breedon	No interests declared
Sean Rayner	Member, Independent Monitoring Board for HMP Wealstun

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest by the Chair and Directors of the Trust.**

TB/11/15 Minutes of and matters arising from Trust Board meetings held on 14 December 2010 and 25 January 2011 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board meetings held on 14 December 2010 and 25 January 2011 as a true and accurate record of the meetings.

There were no matters arising.

TB/11/16 Assurance from Trust Board Committees (agenda item 4)

Audit Committee 12 October 2010 (agenda item 4.1)

These were presented to Trust Board for information.

Audit Committee 1 February 2011 (agenda item 4.2)

Peter Aspinall (PA), as Chair of the Committee, highlighted two issues. Firstly, that a process for the Committee to assure Trust Board of the effectiveness and integration of the risk Committees of the Trust was in place for the Committee's meeting in April. Secondly, a paper was presented to the Committee that raised a number of issues regarding computer access and controls. The Committee will continue to seek assurance in this area.

It was RESOLVED to RECEIVE the minutes from the Audit Committee.

Clinical Governance and Clinical Safety Committee 8 February 2011 (agenda item 4.3)

Bernard Fee (BF) also highlighted the issues around computer access and controls, which is a recurring theme at both Committees. A paper will come to the Committee at its next meeting, which will provide assurance that action is in place to resolve issues.

It was RESOLVED to RECEIVE the minutes from the Clinical Governance and Clinical Safety Committee.

Remuneration and Terms of Service Committee 8 February 2011 (agenda item 4.4)

Ian Black (IB) highlighted three issues. Firstly, the appeal regarding the Clinical Excellence Awards is ongoing. Secondly, the Committee has committed to review Executive Director remuneration and, thirdly, the Trust will treat the Royal Wedding as a Bank Holiday but not at premium rate. It was noted that NHS Barnsley has adopted the same approach.

It was RESOLVED to RECEIVE the minutes from the Remuneration and Terms of Service Committee.

With reference to the matter taken in the private session relating to the statement Trust Board is required to make regarding the post-transaction integration plan (PTIP), JC asked Alex Farrell (AF) to provide Trust Board with assurance regarding detailed plans to address any current non-achievement of national targets or core standards as well as plans to ensure ongoing compliance with national targets and core standards.

AF responded that data quality is recognised as an area where the Trust needs to improve. A risk analysis of the work needed over the coming year and trajectories for the joint organisation have been developed. The combined improvement does not put the Trust at risk of moving into a red Monitor risk rating. A RiO optimisation project is in place, supported by NHS Yorkshire and the Humber and in conjunction with clinicians, to improve performance. Results are expected to come through by quarter 2 and the Trust expects to be able to comply with all national and local targets next year. The risks associated with Care Services Direct (CSD) in relation to data quality will be reflected in performance reports to Trust Board.

Trust Board indicated that it was assured by AF's summary and **it was RESOLVED to authorise the Chair and Chief Executive to sign the relevant statement.**

TB/11/17 Chief Executive's report (agenda item 5)

The Chief Executive (SM) took Trust Board through the Chief Executive's briefing circulated on 25 March 2011 and highlighted, in particular, arrangements for establishing GP consortia and how the Trust will work with GPs moving forward.

TB/11/18 Corporate objectives 2011/12 (agenda item 6)

A revised document was tabled, which supports the Trust's ambition in the coming year. IB asked whether the existence of different models for Business Delivery Units (BDUs) should be supported by an objective for the Quality Academy. SM was of the view that this was covered adequately in objective 6, which relates to the support the Quality Academy provides to services and its flexibility to support different pathway models within BDUs.

Helen Wollaston (HW) asked whether the objectives would include national drivers around preventative measures and commented that she would like to see the Trust taking a lead in this area. Nisreen Booya (NHB) responded that this is very much linked to the public health education agenda, particularly in relation to mental health. The Trust will have involvement in both community and mental health agendas and will be well placed to take the lead, particularly given the links with local communities through the Members' Council.

SM commented that he found the input from Trust Board helpful and these will be reflected in future work.

It was RESOLVED to APPROVE the corporate objectives presented in the revised paper.

TB/11/19 Strategies (agenda item 7)

TB/11/19a Public Health Strategy (agenda item 7.1)

NHB assured Trust Board that the Trust meets its responsibilities in relation to public health. A revised version of the Strategy will be developed during April and May 2011 when the Trust will become more involved in the public health agenda and will be presented back to Trust Board in Q2 of 2011/12. In response to a request from HW, NHB agreed to ensure there was consistency in definition of health and wellbeing services in the revised version.

It was RESOLVED to APPROVE the Public Health Strategy.

TB/11/19b Quality Improvement Strategy (agenda item 7.2)

There were a number of comments made as follows.

- PA asked how the Trust was interacting with service users in terms of their experience of Trust services. Noreen Young (NY) responded that the Trust does this through existing feedback mechanisms. Ann Basford (ABa) also commented that there are a number of new initiatives to gauge service user experience, which will be implemented during 2011/12.

- BF commented that the Trust needs to look at how it gathers information across the organisation and then uses this information to gain insight into service user experience and learn from this.
- IB commented that he would like to see some indication of the journey and how the Trust will know when it gets to the end of this journey.
- He also commented that he would like to see some form of demonstration of how the Trust will be accountable to members in terms of quality. SM responded that the Trust would use the Members' Council as a conduit for this.
- SM also commented that it would be useful to identify what difference the Trust is making to people's lives by identifying health outcomes. He felt the Trust has a role in agreeing with commissioners and partners what real health outcomes look like, where the health economy is now and where it would like to be in future to support real improvement in quality by delivering person-centred pathway-based services.
- NHB supported a move to developing outcome measures, particularly in relation to mental health.
- BF commented that the Trust is in a position to determine what it wants to measure and then seek ways to measure outcomes, balancing qualitative and quantitative measures. Tim Breedon (TB) responded that Recovery Star goes some way to addressing this and will also provide opportunities to benchmark Trust performance.
- JC asked how the Trust will take this forward and when. Dawn Stephenson (DS) responded that a group has been set up, including District Directors, which will define outcomes and evaluation, reporting into the Clinical Governance and Clinical Safety Committee, with defined terms of reference.
- TB also commented that the clinical decision support tool outlines the best offer for a service which enables service users to measure what they get from the Trust.
- BF suggested that the Trust asks service users what are the key measures they want the Trust to measure and then put mechanisms in place to do this. This should not solely be based on Department of Health measures.

This was also considered under item 9.3(i).

It was RESOLVED to APPROVE the Quality Improvement Strategy.

TB/11/19c Quality priorities (agenda item 7.3)

IB asked if twelve priorities were too many as it does not really prioritise sufficiently. NHB responded that the six areas do form the cornerstone for services. AF also commented that these had been picked for good reason and were based on feedback from service users, carers and the Members' Council. They also bring out the key areas the Trust should focus on. BF acknowledged the consultation but these were still distilled from Department of Health parameters. He also understood that the Trust has to meet the requirements set for it in terms of Quality Accounts.

HW commented that all the objectives were important but putting service users at the heart of everything the Trust does could be a way to identify the key focus for the coming year.

JC suggested that there are a number of ways the Trust can refine the priorities further and produce something usable. She asked for the document to be reviewed and brought back to Trust Board at a future date in a different format. In the meantime, to meet the requirements of Quality Accounts, it was **RESOLVED to APPROVE the quality priorities.**

TB/11/20 Compliance (agenda item 8)

TB/11/20a Annual Governance Statement (agenda item 8.1)

It was RESOLVED to APPROVE the Annual Governance Statement, subject to an update at the year-end on serious incidents and internal audit, review by Deloitte and final guidance from the Department of Health and Monitor.

TB/11/20b NHS Constitution (agenda item 8.2)

It was RESOLVED to NOTE the assessment of the Trust's compliance with the requirements of the NHS Constitution and to receive a further report in six months time.

TB/11/20c Information Governance Toolkit (agenda item 8.3)

NY reported that the Trust would be submitting a red score of 80%. This is because ratings have changed and any score below level 2 will result in an automatic red rating regardless of the levels achieved in other areas. As the Trust is achieving level 1 on secondary user assurance, this means the Trust automatically submits a red rating despite the overall score of 80% (an improvement on last year).

JC commented that overall this was a good performance and she fully understood the position of the Department of Health in changing the assessment thresholds.

Jonathan Jones (JJ) asked what action had been taken as a result and NY agreed to circulate the action plan to Non-Executive Directors.

IB asked how the Trust prioritises this amongst all other priorities. AF responded that this would be through system optimisation. To date, the Trust has adopted a reactive approach to what it has to collect in terms of data. The approach being developed is to use the system as a tool, make it user-friendly, ensure it meets information governance needs and makes data collection meaningful to enable the system to work to the benefit of service users. It was agreed to circulate the outcome of the first meeting of the RiO Optimisation Group to Non-Executive Directors.

It was RESOLVED to NOTE the scores to be submitted by the Trust and the issues highlighted in the report summary.

JC asked to see a substantive document on IT early in the new financial year, which sets out the Trust's requirements and how these will be addressed.

TB/11/20d Sustainability update (agenda item 8.4)

It was RESOLVED to NOTE the progress made and the priorities over the next six months.

TB/11/21 Month 11 performance reports 2010/11 (agenda item 9)

TB/11/21a Section 1 – Integrated performance report: strategic overview (agenda item 9.1)

AF highlighted the data quality issues previously mentioned. Alan Davis (AGD) reported that the appraisal rate remains above 80% so the Trust is maintaining performance. Sickness absence is still rated red although has improved to 4.8% at month 11. This reflects a reduction in sickness absence to 5.8% in forensic services. The biggest cause relates to musculo-skeletal. A fast-tracked physiotherapy service is in place in conjunction with the occupational health service.

JC commented that the dashboard and report enabled the Trust to get through scrutiny by KPMG and to inform Trust Board for the Monitor challenge. She felt the ten-day turn round was impressive and thanked all staff who contribute to its production.

With regard to nutritional needs assessment, the underachievement was not anticipated. In Wakefield, this is linked to recording, which has been addressed but a gap remains in recording only. In Kirklees, this relates to the move from St. Luke's and, although undertaken, assessments in some cases were not within 24 hours. ABa assured Trust Board that this was now back on track. AF commented that the Executive Management Team will consider performance against all CQUINs and any associated penalties as part of the CQUIN assessment. BF commented that he had asked for an update on this issue for the next Clinical Governance and Clinical Safety Committee.

JC asked what action had been taken with regard to delayed transfers of care. ABa responded that support is being discussed with local authority colleagues and the Trust will continue to monitor the position moving forward. JC asked for an exception report to come to Trust Board if the situation does not improve.

TB/11/21b Section 2 – Finance report month 11 2010/11 (agenda item 9.2)

AF highlighted the revised outturn figure, which is due to:

- a change in national guidance in relation to discount rates, which has resulted in a re-calculation of provisions;
- NHS Barnsley is transferring CSD's surplus for 2010/11 (£500,000) for capital investment before the year-end;
- underspend on capital due to the delay in the Newton Lodge investment.

IB asked why KPMG is not included in the transparency disclosure. AF responded that this relates to a specific period and it is likely that it will appear when the invoice is paid. IB asked for a review of costs associated with KPMG and Hempsons. It was agreed to do this after the transfer has taken place. This would include a review of lessons learnt and AF suggested asking for individual feedback rather than using an external, independent reviewer and bring back to the June Trust Board.

AGD commented that the Trust has adopted a zero-approach to agency spend from 2011/12 and will be expecting to see a significant reduction in spend through e-rostering and use of bank staff. This will apply to Barnsley as well.

BF asked whether there was any concern regarding the trend for recurrent CIPs in Wakefield and the reliance on non-recurrent CIPs. TB responded that this related to specialist services in relation to non-clinical service level agreements, for example, transport, pathology and radiology, which will be addressed in 2011/12.

IB asked how the Trust had achieved such an underspend on gas and electricity. AGD responded that this had been achieved in a number of ways, such as installation of double glazing and re-negotiation of contracts.

TB/11/21c Section 3 – Exception reports: service user and carer experience framework (agenda item 9.3(i))

DS took Trust Board through the approach adopted. JC asked for clarity on how this will be reported back into Trust Board and what further work will be done to take this work forward.

It was RESOLVED to NOTE the systems and processes in place to receive, learn from and improve services from service users and carers, and how these are triangulated with reports from external bodies evidencing delivery

TB/11/21d Section 3 – Exception reports: Directors' indemnity insurance (agenda item 9.3(ii))

It was RESOLVED to NOTE that Directors' indemnity insurance is in place.

TB/11/21e Section 3 – Exception reports: Eliminating mixed sex accommodation declaration (agenda item 9.3(iii))

BF commented that this should be linked to the accommodation the Trust would want to provide despite fulfilling statutory requirements and suggested there were a number of small investments the Trust could make to address issues now. AF responded that there are a number of investments for privacy and dignity in the minor capital programme.

JC asked for the outcome of the proposed fact finding exercise to be part of the revised estates strategy, which will come to Trust Board early in 2011/12.

It was RESOLVED to:

- **APPROVE the compliance declaration;**
- **APPROVE a fact finding exercise in relation to the provision of single sex wards.**

TB/11/21f Section 3 – Exception reports: External reviews update (agenda item 9.3(iv))

NHB updated Trust Board on the current position. HASCAS considers that the independent reviews commissioned by the Trust were sufficiently robust and detailed with supporting action plans without the need for further independent review. Informal feedback to the Trust is that there is no causal link between the incidents. The reports will be presented to the Board of NHS Yorkshire and the Humber in May or June 2011.

SM commented that it is unclear which body will lead in the future on external reviews and independent inquiries following the demise of SHAs and how the

governance arrangements in relation to independent review and scrutiny, and public accountability and interest will be served.

It was RESOLVED to NOTE the update on the external reviews.

TB/11/21g Section 3 – Exception reports: Serious incidents (agenda item 9.3(v))

NHB commented that these were tragic and serious situations but do relate to a very small proportion of the Trust’s service users. The Trust is not an outlier nationally or regionally. There is a clear pathway, led by clinicians and managed by the Incident Review Sub-Committee, from an incident occurring and this is reported into the Clinical Governance and Clinical Safety Committee.

Further work will be undertaken with clinicians on a tool to recognise suicidality, and further training to strengthen and widen skills in root cause analysis and improve interviewing skills, report writing and identification of lessons to be learnt.

JC commented that it is heartening that the level remains low but it is tragic that incidents happen. It also demonstrates there has been no loss of clinical focus due to efficiencies and cost savings during 2010/11 and this must be maintained in 2011/12. BF commented that it is reassuring to hear from clinicians who attend the Incident Review Sub-Committee and he would like all Non-Executive Directors to attend a meeting to understand the commitment and hard work that goes into reviews.

It was RESOLVED to NOTE the update on serious incidents.

TB/11/22 Use of Trust seal (agenda item 10)

It was RESOLVED to NOTE that the Trust’s seal had not been used since the last report to Trust Board in December 2010, although it was noted that it had been used earlier in the day to novate a deed in relation to the transfer of services from NHS Calderdale to provide wellbeing services to Nestlé. This will be included in the next quarterly report to Trust Board.

TB/11/23 Date and time of next meeting (agenda item 11)

The next public meeting of Trust Board will be held on Tuesday 28 June 2011 in the Wainhouse room, 5th floor, F Mill, Dean Clough, Halifax. There will be a business and risk meeting on Tuesday 26 April 2011 and a strategic session on Tuesday 24 May 2011.

Signed **Date**