



Minutes of Trust Board meeting held on 28 June 2011

Present:	Peter Aspinall	Non-Executive Director
	Ian Black	Deputy Chair (Chair for this meeting)
	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	Director of Forensic Services
	Tim Breedon	District Service Director (Wakefield)
	Sean Rayner	Transitional District Service Director (Barnsley)
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Noreen Young	Director of Nursing, Compliance and Innovation
	Bernie Cherriman-Sykes	Board Secretary (author)
	Bob Mortimer	Members' Council (elected Kirklees)
	Paul Silcock	Members' Council (elected Calderdale)
	Louise Turner	Virgin Media
Apologies:	Joyce Catterick	Chair of the Trust

TB/11/40 Welcome, introduction and apologies (agenda item 1)

As Chair for this meeting, Ian Black (IB) welcomed everyone to the meeting and the apology, as above, was noted.

TB/11/41 Declarations of interest (agenda item 2)

No declarations of interest were made over and above those received by Trust Board in March 2011.

TB/11/42 Minutes of and matters arising from Trust Board meetings held on 29 March, 28 April and 24 May 2011 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board meetings held on 29 March, 28 April and 24 May 2011 as a true and accurate record of the meetings.

There were no matters arising not dealt with elsewhere on the agenda.

TB/11/43 Assurance from Trust Board Committees (agenda item 4)

Clinical Governance and Clinical Safety Committee 5 April 2011 (agenda item 4.1)

Mental Health Act Committee 8 April 2011 (agenda item 4.2)

Audit Committee 12 April 2011 (agenda item 4.3)

Clinical Governance and Clinical Safety Committee 17 May 2011 (item 4.4)

Remuneration and Terms of Service Committee 17 May 2011 (agenda item 4.5)

Clinical Governance and Clinical Safety Committee 14 June 2011 (item 4.7)

No issues were raised by the Chairs of Committees.

Bernard Fee (BF), on behalf of the Clinical Governance and Clinical Safety Committee, thanked Gill Green (GG) for the work she has done to support the Committee and wished her well for the future.

Audit Committee 3 June 2011 (agenda item 4.6)

As Chair of the Committee, Peter Aspinall (PA) commented that this was the first time Deloitte had been involved in the annual audit and there was a supportive and positive approach from the auditors during the process. He highlighted one adjustment identified by Deloitte, which the Audit Committee, on balance, was minded to incorporate in the accounts. Deloitte also made a number of comments on the Quality Report, which, as a learning organisation, the Trust will take on board for 2011/12.

It was RESOLVED to RECEIVE the minutes from Trust Board Committees.

TB/11/44 Annual report and accounts 2010/11 (agenda item 5)

Trust Board noted the comments made under item 4.6 by the Chair of the Audit Committee. Alex Farrell (AF) commented that there had been a successful outcome from the audit with the Trust receiving an unqualified opinion on the accounts.

It was RESOLVED to formally RECEIVE and ADOPT the annual report and accounts for 2010/11.

TB/11/45 Quality report 2010/11 (agenda item 6)

GG reminded Trust Board that the Quality Report, which incorporates the requirements for Quality Accounts required by the Department of Health, was approved by the Audit Committee on 3 June 2011. The report will be submitted to Monitor, with the external assurance report, by 30 June 2011.

Work has begun to produce a user-friendly summary of the Quality Report by 1 September 2011 and this will include consultation with representatives of the Members' Council sub-group.

BF commented that Deloitte had been very complimentary on the content of the Report and had made a number of helpful comments to improve the report, which the Trust will work on with Deloitte. This may be over and above the existing work programme for Deloitte and, therefore, there may be some negotiation on the cost and extent of the work. The Clinical Governance and Clinical Safety Committee will continue to monitor the two strands of work to produce a summary for 2010/11 and presentation of the Report for 2011/12.

It was RESOLVED to formally RECEIVE and ADOPT the Quality Report for 2010/11 and to NOTE the external assurance report from Deloitte.

TB/11/46 Monitor Compliance Framework 2011/12 and Quality Governance Framework (agenda item 7)

GG commented that the paper had also been presented to the Clinical Governance and Clinical Safety Committee on 14 June 2011. There were two parts to the paper.

- Monitor's Compliance Framework 2011/12, key changes, how the Trust complies and implications for the Trust if it reports 'amber' or 'red';
- Quality Governance Framework. It was noted that the assessment was undertaken in April 2011 and will be a live document as it forms part of the Trust Board self-certification, which is part of quarterly reporting to Monitor and the Monitor annual planning process. The principles are embedded in the Quality Improvement Strategy and it was suggested that Trust Board continues to assess how it meets the Framework on an ongoing basis. It was agreed there was a role for the Clinical Governance and Clinical Safety Committee in this respect.

The following points were made during the discussion.

- Helen Wollaston (HW) commented that she would find it useful to see prioritisation of the twelve priorities for the coming year, with identification of the 'top three'. The Chief Executive (SM) responded that work to clarify the service offer and pathways will provide a framework, which will identify priorities moving forward. Tim Breedon (TB) supported this and commented that, as the service offer is clarified, prioritisation will match timelines and sequencing.
- BF commented that the priorities needed to be more specific in terms of measures and outcomes to demonstrate how the Trust is performing.
- Noreen Young (NY) also commented that the document must link to existing strategies and frameworks and not be seen in isolation. AF commented that the priorities must be integrated, preferably into the wider performance framework, and form part of the re-designed compliance report. There was also a difference between the 'day job' and the 'development job', which may help identify where the challenges are and where priorities should be.
- IB commented that some areas of evidence presented in the Quality Governance Framework are not related to an assessment of Trust Board practice and this should be addressed for the next assessment.
- BF commented that he would like to see the Clinical Governance and Clinical Safety Committee role as providing Trust Board with the assurance it needs to self-certify on a regular basis.

It was RESOLVED to:

- **NOTE the requirements of the Monitor Compliance Framework;**
- **NOTE the initial review of performance in respect of the Quality Governance Framework;**
- **ASK the Clinical Governance and Clinical Safety Committee to monitor performance against the Framework and provide assurance to Trust Board on a regular basis.**

TB/11/47 Chief Executive's report (agenda item 8)

SM took Trust Board through the Chief Executive's briefing circulated on 27 June 2011 and highlighted, in particular, changes to NHS reform and local implications, the Change Lab, the Quality Academy Launch, the Care Quality Commission (CQC) safeguarding visit to Newton Lodge, and the serious incident that took place at Newton Lodge on 20 June 2011. He formally thanked staff and the Police for the professional way the matter was dealt with.

In response to a request from the Chair of the Trust, SM asked Anna Basford (ABa) to update Trust Board on the serious incidents (SIs) in Kirklees. She informed Trust Board that there have been nine serious incidents across the Trust in Quarter 1 of 2011/12, with six of these in the Kirklees area. Work was undertaken to understand themes, patterns and trends over the last three years. This has shown that the level is within the normal pattern of variance. This work also looked at individual services; however, no pattern has emerged. In comparison with Calderdale and Wakefield by 100,000 of population, Kirklees has 3.34 SIs, Calderdale 2.5 and Wakefield 2.8, showing only a small variance between districts with no consideration of population differentials. She assured Trust Board that there are no apparent underlying causes but this remains an area for close management and monitoring, and ongoing investigation, analysis and learning from SIs.

BF assured Trust Board that the Clinical Governance and Clinical Safety Committee will continue to monitor the position, supported by the Incident Review Sub-Committee.

NY also informed Trust Board of an emerging issue regarding Clostridium Difficile at Mount Vernon, Barnsley. She assured Trust Board that clinical governance processes have been robustly implemented and are working well. Sean Rayner (SR) commented that this has been a particularly virulent strain of Clostridium Difficile and a root cause analysis has been instigated.

SM finished by thanking GG for her invaluable service over the last ten years and wished her well in her new role.

TB/11/48 Month 2 performance reports 2011/12 (agenda item 9)

TB/11/48a Section 1 – Integrated performance report: strategic overview (agenda item 9.1)

AF began by saying that for month 2 information on Barnsley was reported separately and will be incorporated for the quarter 1 report. She also welcomed feedback on the design of the report. She then invited District Directors to comment by Business Delivery Unit (BDU).

Wakefield

TB highlighted the following areas.

- Revision of the service offer.
- The new set of CQUINs, which are being managed in a cross-district way. AF commented that a provision of £2 million has been made to cover the risk relating to achievement of CQUINs or to cover additional investment required to achieve

the targets. This will be monitored throughout the year and she currently assessed the risk at £400,000 at the year end. She also reported that the intention was to create an Innovation Fund to help pump prime support for services and this will be included in the analysis of provisions from month 3. Trust Board supported the Innovation Fund proposal.

- Transforming Community Services (TCS) integration work has begun, which should take the next two to three months (in Calderdale and Wakefield).

Calderdale and Kirklees

ABa commented that the above also applied to Calderdale and Kirklees BDUs and highlighted the position with IAPT services. Information on the Trust's position will be reported from month 3. There has been a significant increase in targets to improve productivity to ensure the Trust continues to provide the service in Kirklees in the future.

She also informed Trust Board that the Single Point of Access in Kirklees went live on 27 June 2011 and this will be evaluated during the first few months of operation.

Forensic Services

Adrian Berry (ABe) commented on two priorities for forensic services.

- Involvement in the national work on Payment by Results (PbR) for forensic services. He will provide a further update at the July Trust Board.
- Work with the Secure Commissioning Group to improve contracting arrangements.

SM commented on the introduction of PbR for mental health services by early 2013 through agreement of local currencies with commissioners. A state of readiness exercise has begun commissioned by the NHS Confederation and Foundation Trust Network.

Barnsley

SR highlighted the care pathway work with NHS Barnsley and Barnsley Council, and the Monitor consultation on indicators for community services, which will provide additional indicators for the Trust to meet.

General

- AF assured Trust Board that the performance report will continue to reflect local differences and the narrative will reflect local risks and issues.
- She also alerted Trust Board that the incidence of Clostridium Difficile would provide a score of 1 with Monitor (a rating of 'amber/green'), therefore, the situation will be monitored closely before reporting to Monitor at quarter 1.
- BF commented that appraisal continues to be red. Alan Davis (AGD) responded that this reflects the transition of portfolios between Directors, changes to Doctors re-validation and that June is the month when most staff receive their annual appraisal.

TB/11/48b Section 2 – Finance report month 2 2011/12 (agenda item 9.2)

AF highlighted that the Trust is currently £1.1 million above the surplus target at month 2. An analysis of the reasons for this has identified the following.

- Vacancies are running at 5/6% with vacancies CIPs planned at 1/2%. If this continues, it will continue to generate the same level of surplus. An analysis of vacancies provides no evidence of impact on clinical care or on clinical targets.
- Fifty posts/month relate to maternity leave, contributing to the underspend.
- E-rostering and agency control has tightened spend.

There will be further analysis and information for Trust Board in month 6 (October Trust Board) on the outturn position and what the Trust will do to address any underspend. AGD commented that the position shows the importance of workforce plans within BDU plans and staff in human resources, finance and BDUs are working together to refine this.

TB/11/48c Section 3 – Exception reports: ‘Never events’ risk review (agenda item 9.3(i))

GG introduced this item, which was also presented to the Clinical Governance and Clinical Safety Committee. The definition of a ‘never event’ has been extended by the Department of Health to 25 events, fifteen of which can be aligned to the Trust. A risk assessment for Calderdale, Kirklees, Wakefield and forensic services was presented in the paper and an assessment will be undertaken for Barnsley. A further report will be presented to the Clinical Governance and Clinical Safety Committee in September 2011 to provide assurance to Trust Board that the Trust is taking action to ensure these remain ‘never events’.

AGD commented that the list demonstrates that environmental assessments remain key to ensuring service user environments are suitable for the care provided within them.

It was RESOLVED to:

- **NOTE the extended ‘never events’ list and the actions taken and planned by the Trust to manage the risks presented; and**
- **AGREE ongoing monitoring through the Clinical Governance and Clinical Safety Committee.**

TB/11/48d Section 3 – Exception reports: GP engagement strategy update (agenda item 9.3(ii))

Dawn Stephenson (DS) introduced this paper, developed in conjunction with District Directors. The key to the Strategy is local engagement and identification of local issues and concerns.

Comments made during the discussion.

- TB commented that there is an additional challenge in terms of engagement around health and wellbeing services as local authorities now have the lead on public health.
- SR commented that in Barnsley there is a constant drive to engage and develop new relationships with GPs. Every member of staff is a ‘GP engager’.
- SM commented that the Trust must continue to engage with GPs directly to understand what they want and need, and how and what the Trust can provide.

- Jonathan Jones (JJ) asked whether BDUs are learning from each other to which DS responded that District Service Directors meet regularly and this is one area for discussion.
- HW asked how the Trust will know its engagement has been successful. DS responded that this would be through an analysis of referrals, questionnaires for GPs and communications work with GPs.
- TB added that the Trust will engage with GPs to help develop pathway solutions, which will enable the Trust to identify how GPs can contribute to the pathway, particularly for health and wellbeing services. Further work will be done around the Clinical Decision Support Tool (CDST) to enable the Trust to demonstrate what GPs will get for the service they commission.
- AF commented that the Trust needs to tailor its approach to address issues, particularly around access, shared care and communications. Nisreen Booya (NHB) supported a more localised approach to reflect local arrangements within the Strategy.
- In response to a question from JJ, SM commented that 'pricing' will be a key issue from 2012/13 and, therefore, the Trust needs to begin discussion with commissioners during 2011/12.
- IB commented that there will be more competition from the private sector and GPs will see themselves as able to provide some services currently provided by the Trust.
- PA commented that the Trust needs to turn this into a cogent and consistent marketing offer and SM suggested development of a framework for July Trust Board, including clarity of the product, offer, and pricing with clearly articulated tactics for engagement. SM also agreed to follow up the suggestion from JJ that Trust Board invites a GP commissioner to a pre-meeting of Trust Board.

It was RESOLVED to NOTE the update and actions to ensure regular and sustained engagement with GPs, LMC and GP Commissioning Consortia.

TB/11/48e Section 3 – Exception reports: Customer Services annual report 2010/11 (agenda item 9.3(iii))

DS introduced this item and highlighted further work in terms of:

- further analysis of themes;
- triangulation with dialogue groups and incidents;
- analysis of complaints with staff attitude as an issue;
- use of insight to improve services;
- feedback to service users and carers.

- JJ commented on a good report and that the challenge now would be to use the information to support the Trust's obligations under the Equality Act.
- HW thought it would be useful to analyse complainants.
- SM expressed a concern regarding the high level of complaints in Wakefield with staff attitude as a reason. He also took comfort from the number of compliments received.
- BF was keen that this information is not lost in the wider communications strategy.
- IB asked whether the Trust should set a target for response to complaints or report how long it takes in the report. DS commented that the Trust is now

required to negotiate a response time based on the complexity of the each complaint with the complainant.

- In response to a comment from NHB on the level of complaints regarding hotel services in forensics, ABe commented that he would expect to see more given how long patients stay in Trust services. He was comforted by the level of complaints with staff attitude as an issue in the Forensic BDU.
- AF commented that some of these metrics could be used as part of a set of quality indicators and monitored through EMT. GG confirmed that complaints with staff attitude as an issue has been retained as a local indicator in 2011/12.
- BF asked whether the Trust has the expertise to ensure that customer insight is part of the work to determine the service offer. SM responded that this could be linked to the next phase of the Change Lab work to develop service prototypes.

It was RESOLVED to NOTE the contents of the report.

TB/11/48f Section 3 – Exception reports: Mental Health Act: age appropriate environment duty (agenda item 9.3(iv))

ABa introduced this item. This will be monitored through the Mental Health Act Committee on an ongoing basis.

HW commented that this raises a wider issue regarding the Trust's approach in community services and she would appreciate a paper at a future Trust Board.

It was RESOLVED to NOTE and SUPPORT the action taken to ensure compliance with the Age Appropriate Environment Duty under the Mental Health Act (1983).

TB/11/49 Serious incidents report (agenda item 10)

In introducing this item, GG expressed sincere condolences on behalf of Trust Board for all individuals involved in serious incidents.

She highlighted the following.

- The three reports from HASCAS will be published on or around 12 September 2011.
- The Health and Safety Executive (HSE) has confirmed that there will be no further action in relation to the incident in Newton Lodge in 2008. SM added that the Trust has met with the HSE where the decision not to prosecute under the Health and Safety Act was discussed.

BF commented that the challenge at the Incident Review Sub-Committee has improved and increased, and this has contributed to a greater understanding of SIs, themes and why they occur.

It was RESOLVED to NOTE the update on SIs.

