



With all of us in mind

## Minutes of Trust Board meeting held on 26 July 2011

|                       |                        |  |
|-----------------------|------------------------|--|
| <b>Present:</b>       | 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                   |
|                       | Noreen Young           | Director of Nursing, Compliance and Innovation               |
| <b>In attendance:</b> | 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 |
|                       | Bernie Cherriman-Sykes | Board Secretary (author)                                     |
| <b>Apologies:</b>     | Gill Green             | Acting Director of Nursing, Compliance and Innovation        |

### **TB/11/53 Context setting, market analysis and horizon scanning (agenda item 1)**

The Chief Executive (SM) set the context for this meeting outlining the national picture, particularly in terms of governance, choice (Any Qualified Provider), the provider landscape and the implications for the Trust. The session also provided a good background for the November strategic meeting to review the service offer and its alignment with workforce, estate, finance and IM&T.

### **TB/11/54 Welcome, introduction and apologies (agenda item 2)**

The Chair (JC) welcomed everyone to the meeting and the apology, as above, was noted. She also formally welcomed back Noreen Young (NY) to Trust Board as an Executive Director from 1 July 2011.

### **TB/11/55 Declarations of interest (agenda item 3)**

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

### **TB/11/56 Minutes of and matters arising from Trust Board meetings held on 28 June 2011 (agenda item 4)**

#### Public session (item 4.1)

Subject to one amendment regarding the timing of the presentation of the end-of-year outturn to Trust Board, **it was RESOLVED to APPROVE the minutes of the public session held on 28 June 2011 as a true and accurate record of the meeting.**

There were three matters arising not dealt with elsewhere on the agenda.

TB/11/48e Wakefield complaints (page 7)

Tim Breedon (TB) explained to Trust Board that a detailed analysis of complaints received in the Wakefield district identified four key areas for improvement:

- care and treatment;
- communication;
- staff attitude;
- discharge and transfer.

An action plan is in place, which will be reviewed at BDU level in August. He also commented that, whilst there has been an increase in complaints, it does link to awareness raising of and communications around the customer services function. Further updates will be provided to Trust Board through performance reports.

TB/11/48e Change Lab (page 7)

SM updated on the Change Lab work. 'Prototypes' have been identified and working groups set up to take these forward. One outcome has been the amount of intelligence gathered on service user experience and service user desire to have ownership of the service offer and process.

TB/11/48f Age appropriate environment duty (page 8)

Anna Basford (ABa) clarified that the item referred to adult inpatient units only. She assured Trust Board that, for the Early Intervention Service and during the transition from children's to adult services, policies and procedures are in place within the Trust. She agreed to discuss further with Helen Wollaston (HW) and bring an update to Trust Board in September under matters arising.

HW raised one item relating to 'never events' that had been raised at the Mental Health Act Committee as a result of a visit by the Care Quality Commission (CQC) to Enfield Down. The Committee asked for assurance that ligature points have been reviewed and addressed across the Trust. ABa responded that Enfield Down is not a ligature free site as it is not designated high risk service area (being a rehabilitation facility). She assured Trust Board that action had been taken to remove non-collapsible rails in wardrobes at the unit as soon as the recommendation was made. SM commented that the Trust must be clear on the purpose of the unit; however, he was struck by the acuity of service users within Enfield Down and the Trust must recognise any changes to the functions units are fulfilling. ABa agreed to undertake a further review of the acuity of service users within Enfield Down and a risk assessment of potential ligature points. Trust Board confirmed that it wished to receive assurance from all BDUs at the September meeting.

Private session (item 4.2)

**It was RESOLVED to APPROVE the minutes of the private session of Trust Board held on 28 June 2011 as a true and accurate record of the meeting.**

There was one matter arising not dealt with elsewhere on the agenda.

TB/10/77 Proceeds from the sale of the St. Luke's site (page 1)

SM reported that there had been an exchange of correspondence between the Trust and Calderdale and Huddersfield NHS Foundation Trust (CHFT) with a view to

establishing a clearer position around the St. Luke's Hospital site disposal. The Trust's approach was supported by Trust Board. SM and Alex Farrell (AF) will meet with the new Finance Director at CHFT in August.

**TB/11/57 Estates Forum and development of an Estates Strategy (agenda item 5)**

Jonathan Jones (JJ) reported that the Estates Forum met the previous week. Terms of reference were agreed (circulated to Trust Board) and it was agreed that the Forum should meet monthly. District Directors have been asked to undertake a piece of work for the next meeting at the end of August 2011 to identify properties used by each BDU, their status, how they are categorised using the tiered model, identification of long, medium and short-term estate and those for disposal, capital expenditure requirements (both current and future) and likely future requirements for estate. The Forum also discussed use of external advice and an approach was agreed. JJ will bring any issues to Trust Board in September 2011. Bernard Fee (BF) commented that the Forum was an excellent example of the Trust moving quickly on an issue.

**TB/11/58 Investment appraisal framework (agenda item 6)**

AF introduced this item. She began by saying that it builds on the discussion in June and is based on Monitor guidance. As appropriate, a report will be made to the Business and Risk meeting of Trust Board.

JJ asked how funding will be defined and AF responded that it would be linked to the business planning process and to the capital programme, reflecting strategic objectives in terms of investment and disinvestment. In November, Trust Board will receive an assessment, following presentation of the revised service offer, of investment and disinvestment opportunities and an assessment of where funding and investment should be focussed.

Ian Black (IB) asked what would happen to potential investments that did not fully meet the criteria. AF responded that, for strategic or positioning reasons, exceptions could be made. IB also asked what would happen if a decision needed to be made between Trust Board meetings. AF responded that delegated limits would still apply. BF felt it would be helpful for Trust Board to understand what 'pass' and 'fail' would look like to which AF responded that there will be occasions where the non-financial benefits from an opportunity would outweigh other considerations. The risk/benefits analysis would address this.

HW asked whether there could be consideration of the cost of not making an investment, such as investments in partnership with other organisations that would enable access to other sources of funding. AF agreed to add this as a criterion. She also assured Trust Board that decisions about any service developments outside of existing business would default to Trust Board to consider. JC asked that the preamble to the policy expressed the ambition of the Trust to look for opportunities to improve services through investment.

**It was RESOLVED to APPROVE the investment appraisal framework.**

**TB/11/59 Transforming Community Services – beyond the first 100 days (agenda item 7)**

SM introduced this item. Sean Rayner (SR) was asked for his view of the process. He remarked that it had been 'seamless' although there are still a number of issues for support services. Services are very clear that the Barnsley BDU has been established. There is a follow on workshop on 28 July 2011 to ensure action within the 100-day plan is part of everyday activity throughout the organisation and the plan will continue to be reviewed on a weekly basis. Alan Davis (AGD) commented that support services integration began from day 1 and initial synergies will come from support services. The Trust must continue to be mindful of this.

BF commented that engagement and communication is very important to demonstrate that the transfer of services was the best solution and for the Trust to demonstrate it will do what it said it would in the acquisition case.

JJ commented that he would value objective feedback from staff. AGD responded that, to some extent, this will come from the wellbeing survey, through Robertson Cooper, and issues will be worked through in focus groups. Trust Board urged Directors to encourage staff to respond to the survey.

**It was RESOLVED to NOTE the progress against the 100-day plan and to NOTE the planned approach beyond the first 100 days.**

**TB/11/60 Human Resources and Workforce performance report Q1 2011/12 (agenda item 8)**

AGD reported that the Remuneration and Terms of Service Committee recommended approval of a Trust-wide target of 4.25% in 2011/12 to continue momentum towards a 4% target, with a phased approach for forensic services and a planned move to 4% in 2012/13. BF commented that he would prefer to see differential targets if this is the way the Trust-wide target is made up. JC responded that the Committee did discuss differential targets at length and made the decision to recommend a Trust-wide target to Trust Board.

Peter Aspinall (PA) questioned the value of setting a target that was unachievable. AGD responded that there was recognition that this was a stretching and challenging target; however, initial performance indicates a strong move towards 4.25%. He also commented that there is a collective Director responsibility to achieve the target and it will be part of Directors' objectives.

IB commented that further analysis of the figures from Barnsley shows that it is possible to manage sickness figures down through a planned approach. Trust Board was also reminded that the Trust does perform well in relation to other mental health trusts in Yorkshire and the Humber. In the next quarter, there will be further analysis of sickness performance with comparative data.

On a general point, SM commented that the report should be focusing on how the Trust is developing its workforce to meet emerging service need, how the workforce will support the service offer and improve competitiveness, and why it will deliver better outcomes. There was a general view that the report presents useful

information and comparators but needs an analysis of the figures and an assessment of how and why the results support the Trust to deliver quality services and achieve organisational objectives.

*Adrian Berry joined the meeting.*

BF commented that he would like to see information to help Trust Board determine how efficient and effective services are and to learn from best practice. It was agreed to receive a further analysis in the private session in September.

**It was RESOLVED to:**

- **APPROVE the change to the sickness target to 4.25%; and**
- **NOTE the report.**

### **TB/11/61 Performance reports Q1 2011/12 (agenda item 9)**

#### TB/11/61a Section 1 – integrated performance report – strategic overview

AF introduced the performance report. Information for Barnsley BDU has been included where appropriate. She highlighted a number of risks.

- CQUIN performance, particularly access to psychological therapies and urgent referrals.
- The number of Clostridium Difficile cases resulting in a move from a Monitor governance risk rating of green to amber/green.
- Data quality.
- Appraisal (the target will be met by quarter 2).

Operational BDU reports will be provided to Trust Board on a commercial-in-confidence basis quarterly. Information on synergies and provisions will be reported to Trust Board on a monthly basis.

SM commented on the prudent pruning of the strategic overview but questioned the audience for the report. AF clarified that BDU reports are operational reports for BDUs and provide assurance to Trust Board that reporting at the level below the strategic overview is in place, risks identified and addressed.

BF commented that he would like to see a commentary page from District Service Directors on key points and risks. PA asked whether this would include other reports at support service level. AF responded that the intention would be to agree a set of metrics that will help operational management of BDUs. This will be aggregated and reported to Trust Board through the strategic overview with exception reporting arising out of BDU reports. IB commented that, although this is reassuring, operational reports will produce operational questions and he would be more interested in looking forward to where the Trust will be in the future. ABa commented that the report was a very useful operational tool and useful for Trust Board if it feeds into analysis of exception reporting at Trust Board level.

JC asked when Barnsley would be fully incorporated into the report. SR responded that some areas are already reporting and populated in the report. AF also commented that there are some areas of time lag in reporting in Barnsley.

JC also asked for an update at the next meeting on access to and take up of safeguarding adults training, why this seems to be an issue for the Trust and what is being done to address the issue.

With regard to access to psychological therapies, targets have been agreed with commissioners to eliminate the backlog by March 2012, by which time all new referrals will wait no longer than 18 weeks. Commissioners have set targets for this. Additional resource has been made available to address the waiting list and to re-design the process to access treatment and improve productivity. JC commented that it was an unacceptable position for individuals to wait over a year for treatment and the Trust must get this right. She asked for a report at the next meeting across all BDUs through narrative in the performance report. It was noted that, historically, as the Trust manages a reduction in the waiting list, demand increases and this may continue to be an issue for the Trust in terms of sustaining levels of performance.

ABa also updated on the engagement process on services in South Kirklees following the move from St. Luke's. Engagement and listening events will take place in Kirklees for staff and service users during August 2011 and also with dialogue groups during this time. There will be two events in September (one in Huddersfield and one in Dewsbury). All events will focus on views of the current service offer in Kirklees and the revised service offer. Dates will be circulated shortly to Trust Board and the Members' Council. In mid-September, the views of service users and staff will be collated, which will inform engagement with stakeholders, such as commissioners. Options as a result of the engagement and prototype outcomes from the Change Lab will be considered by the Executive Management Team in the Autumn and then into Trust Board in December.

JC suggested using members of Trust Board to engage in the process of talking to stakeholders and individuals within Kirklees to ensure an inclusive process and that all views have been captured.

#### TB/11/61b Section 2 – quality and compliance report (agenda item 9.2)

NY commented that the report had been reviewed and re-presented as requested by Trust Board.

SR reported that there have been six cases of Clostridium Difficile at Mount Vernon in the first quarter of 2011/12 admitted to Trust services from other health care services. He reported on the six patients affected and commented that Mount Vernon offers services that tend to be part of the end of life pathway and patients are generally very old and frail. All cases are subject to a root cause analysis (RCA). NY assured Trust Board that procedures are in place to mitigate risk and to investigate causes. Environment and patient care standards are exceptionally high but the Trust will learn from the results from the RCA. The comments by SR were supported by TB and JC commented that her own observation of care at Mount Vernon was of high standards of cleanliness and of attentive care. NY commented that the annual target of twelve is internally generated and it is difficult to assess the trajectory at this point.

TB/11/61c Section 3 – Finance report month 3 2011/12 (agenda item 9.3)

AF highlighted that the Trust is currently £1.5 million above the surplus target at month 3, the surplus is £0.7 million more than last month and the variance against plan has increased by £0.4 million. This is mostly as a result of underspending on pay costs, linked to the introduction of e-rostering and a reduction in the use of bank/agency/overtime. JC asked whether there was any evidence that the level of vacancies was affecting quality of care. TB responded that a detailed analysis of vacancies showed that a large proportion was held pending service re-design, which will be resolved when the service offer is confirmed. District Service Directors assured Trust Board that BDUs are managing vacancies without detriment to quality of services.

A report will come to Trust Board in October on the anticipated end of year outturn, which will give a view of whether there are funds available for service developments.

IB asked whether there was any further action that could be taken in relation to the cash the Trust is holding as he did not think the Trust was making best use of the balances. AF responded that this had been discussed at the Audit Committee and she had agreed to bring a proposal back to the Committee in October.

BF commented that there had been a number of examples at the Clinical Governance and Clinical Safety and Mental Health Act Committees regarding poor toilet/bathroom facilities across the Trust. He asked whether the Trust could release some surplus to address this. AGD commented that this did not appear to be an operational concern as it had not been picked up through the minor capital programme. He has asked for a review of all such facilities with a view to upgrading toilets and bathrooms. A proposal will be put to the Estates TAG and AGD will bring an update to the Clinical Governance and Clinical Safety Committee. JC commented that the investment programme will be important for the Trust to demonstrate that funds are managed and utilised effectively. AGD asked whether the significant surplus created by management of vacancies could be re-invested in services. AF responded that the position for each BDU shows different reasons driving vacancies and further triangulation is needed on performance.

SM commented that he would like to see reporting of the Trust's relative position and trend analysis. AF suggested that the Trust could use the quarterly reports published by Monitor to do this.

**TB/11/62 Compliance (agenda item 10)**

TB/11/62a Care Quality Commission unannounced visit June 2011 (item 10.1)

Adrian Berry (ABe) introduced this item. Following receipt of the draft report from the CQC, the Trust submitted comments on a number of points. The response from the CQC indicates that it has accepted a number of the issues raised by the Trust and that it intends to make a number of changes to the report. It is, therefore, hoped that the final report will be very different and more reflect the verbal feedback at the time of the visit. A moderate concern is likely to remain despite changes to the report. SM clarified that the issue for the CQC was that staff could not articulate what defines abuse not that abuse was taking place. He added that the Trust will use the visit as a case study to submit to the Foundation Trust Network to support its

discussions with the CQC on changes to the registration process. He expressed a concern regarding the affect on Trust staff who had been open and helpful towards the CQC and he intends to meet with staff at Newton Lodge with the Chair of the Trust. Dawn Stephenson (DS) will liaise with the CQC on any publicity around the visit report.

IB asked how long the moderate concern would remain in place. SM responded that dialogue with the CQC will determine whether the CQC decides the Trust remains compliant or not with its registration, therefore, the relationship with the CQC must be managed carefully. There will be an action plan to address the concerns outlined in the report.

**It was RESOLVED to NOTE the content of the paper.**

TB/11/62b Care Quality Commission Statement of Purpose (item 10.2)

**It was RESOLVED to APPROVE the Statement of Purpose.**

TB/11/62c Annual health and safety report 2010/11 and action plan (item 10.3)

AGD introduced this item, which includes the annual report for Care Services Direct for completeness. Six areas have been identified to form an action plan for 2011/12:

- to revise and update Health and Safety Policy to reflect new arrangements;
- to ensure effective arrangements are established to co-ordinate the activities of the two Health and Safety TAGs;
- to review all health and safety policies and agree business critical policies as priority for harmonisation;
- to develop and agree integrated health and safety action plan through the Clinical Governance and Clinical Safety Committee;
- to undertake a Trust-wide annual health and safety audit;
- to provide Trust Board with six-monthly reports of health and safety KPIs.

The action plan will be monitored by the Clinical Governance and Clinical Safety Committee.

**It was RESOLVED to NOTE the annual report and to APPROVE the high level action plan for 2011/12.**

TB/11/62d Health and Safety Policy (item 10.4)

AGD introduced this item, which is an overarching policy for the Trust to reflect the new structure and combines both NHS Barnsley and Trust policies. It will come back to Trust Board in twelve months for review.

**It was RESOLVED to APPROVE the Health and Safety Policy.**

TB/11/62e Policy on Policies (item 10.5)

DS introduced this item and assured Trust Board that there is a process in place to review and integrate policies by 1 May 2012 with an assessment of the position in December 2011. AF asked what the impact would be for NHS LARMS. NY responded that the Trust will undertake an internal assessment against level 1 in December 2011 with an external assessment against level 1 in December 2012. A



report will come to Trust Board in April 2012 on the integration of policies, those outstanding and any implications for Trust Board Committees, if appropriate.

**It was RESOLVED to APPROVE the Policy on Policies.**

TB/11/62f Clinical Governance and Clinical Safety Committees assurance day (item 10.6)

BF commented that this had been a very positive day and also provided an opportunity for services in Barnsley to present their offer to Trust Board, which was successful and useful. The quality of presentations was an improvement on 2010 and presentations were produced within a tight framework. A number of areas for action were identified and the notes will be considered at the next Committee meeting before coming to Trust Board.

He went on to comment that attendance was good and cements the day as part of the Trust Board programme looking in detail at clinical governance issues. HW commented on the level of enthusiasm and keenness of staff who presented their work to Trust Board. BF also commented that there was a much stronger desire to demonstrate what can be improved and how it can be addressed.

**It was RESOLVED to NOTE the feedback from the Chair of the Committee.**

**TB/11/63 Monitor Quarter 1 return 2011/12 (agenda item 11)**

Subject to inclusion of reference to the Rule 43 Letter received from the Deputy Coroner in Wakefield, **it was RESOLVED to APPROVE the exception report to Monitor.** DS was asked to speak to the Trust's Relationship Manager regarding the CQC report and the Trust's resulting action plan. Trust Board asked that, where possible, actions are completed by the quarter 2 submission to Monitor.

**TB/11/64 Assurance Framework Q1 2011/12 and Risk Register (agenda item 12)**

Assurance Framework

AF suggested that the assurance framework is 'risk rated', which would identify where Trust Board focus should be. SM commented that the framework is a working document and supports Directors' quarterly reviews. He thought a risk rating would be useful.

Organisational risk register

It was suggested that the risk around the water main at Fieldhead is re-worded to more reflect the actual risk. It was noted that the risk is low but the consequences would be significant. [JC asked that the Trust obligation and liability to cover costs of extra insurance be clarified.](#)

Triangulation report

AF commented that a retrospective report is taken to the Audit Committee to provide assurance on the process. This report reflects the current risk register to give Trust Board a view of risk within the Trust and how it is mitigated. It was agreed to continue to receive the report at the business and risk meeting.

