



Minutes of Trust Board meeting held on 25 October 2011

Present:	Joyce Catterick	Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	Julie Fox	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
In attendance:	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)
Apologies:	Ian Black	Deputy Chair
	Jonathan Jones	Non-Executive Director
	Anna Basford	District Service Director (Calderdale and Kirklees)

TB/11/78 Welcome, introduction and apologies (agenda item 1)

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

TB/11/79 Declarations of interest (agenda item 2)

There were no declarations made over and above those received by Trust Board in March 2011.

TB/11/80 Minutes of and matters arising from Trust Board meetings held on 27 September 2011 (agenda item 3)

Public session (item 3.1)

It was RESOLVED to APPROVE the minutes of the public session held on 27 September 2011 as a true and accurate record of the meeting.

There were two matters arising.

TB/11/71 Chief Executive's report – Change Lab (page 3)

The Chief Executive (SM) confirmed that the prototypes emerging from the Change Lab would be tested against the revised service offer and the investment appraisal framework.

TB/11/73a Planning guidance (page 5)

Alex Farrell (AF) confirmed that the planning guidance for 2012/13 was issued at the end of September 2011.

Private session (item 3.2)

It was RESOLVED to APPROVE the minutes of the private session held on 27 September 2011 as a true and accurate record of the meeting.

There was one matter arising in relation to PS/11/33 Appointment of principal supply chain partner through P21+ (page 1). A first meeting had taken place to review ways of working and Willmott Dixon will now develop a 'first 100-days' plan.

TB/11/81 Strategy and partnerships (agenda item 4)

TB/11/81a Market assessment and context (agenda item 4.1)

SM presented to Trust Board on the Trust's market position based on the PESTEL and SWOT analysis undertaken by the Executive Management Team (EMT). A full discussion followed, which will provide further development for the strategic meeting in November 2011. This will provide the foundation for where Trust Board needs to focus to ensure clarity and to develop a joint view of the whole board of the strategic direction for the integrated business plan.

TB/11/81b Outline business case for transfer of PCT estate in Barnsley (agenda item 4.2)

Following an introduction by Sean Rayner (SR), the following comments were made during the discussion.

- Bernard Fee (BF) commented that this was a very useful paper; however, development of the full business case needs to focus on exploring all options.
- Peter Aspinall (PA) asked whether the Trust had clarified which estate it wanted. SR responded that there is some estate that the Trust would not wish to transfer; however, much of the estate would fully support services moving forward.
- PA also asked if there was any possibility of an agreement around LIFT estate. SR confirmed that there will be no transfer of LIFT properties nationally to foundation trusts.
- Nisreen Booya (NHB) asked whether a clinical perspective will be taken in relation to the Trust's bed-base. SR assured Trust Board that any proposal on transfer of estate will consider rationalisation of hospital sites.
- SM commented that, for the full business case, the Trust will need to assess the guidance around property sales and the profit sharing position of the Department of Health when this is clarified.
- JC asked for clarification of the impact on the risk rating for Barnsley BDU. AF responded that the model provided for a neutral effect. JC asked for information in the full business case on the impact of the profitability of each service line affected.

It was RESOLVED to APPROVE the proposal for the Director of Human Resources and Workforce Development and the Transition Director, Barnsley, to continue negotiations on the transfer of estate from NHS Barnsley, in accordance with guidance from NHS North of England and the Department of Health, with a view to seeking final Trust Board approval for the transfer through a full business case in December 2011.

TB/11/81c Partnerships and stakeholder update (agenda item 4.3)

Julie Fox (JF) commented that she would like to see the stakeholders widened to include 'others' such as safeguarding boards, probation and the Police. It was also agreed to indicate the level of influence of each stakeholder and to show a risk rating for quarterly reports.

It was RESOLVED to RECEIVE the update.

TB/11/82 Culture and innovation (agenda item 5)

TB/11/82a Strategic workforce report quarter 2 2011/12 (agenda item 5.1)

Alan Davis (AGD) introduced this item, presented to Trust Board as a high level strategic report linked to the strategic human resources framework. As BDU performance reports are developed, they will include HR performance indicators.

Key highlights from the report were identified as:

- the importance of workforce plans at BDU level;
- Investors in People;
- the prevention and wellbeing agenda devolved down to BDUs;
- Middleground;
- wellbeing and engagement.

Comments made during the discussion were as follows.

- JF asked for the Trust to consider equal opportunities in the approach to talent management. AGD responded that this was very much part of the Trust's thinking; however, any approach has to consider the different local populations across the Trust's area.
- Helen Wollaston (HW) asked that the Trust clarifies what it means by 'effective' leadership and management and articulates what attributes its leaders and managers should have. AGD responded that this will come through the leadership and management development plan, which will be developed by the end of November 2011.
- BF suggested that future reports should develop the vision for the workforce plan, which would need specialist HR expertise to articulate what values and behaviours the workforce should exhibit. JC added that this needs to be built into the business plan and SM commented that the Trust needs to articulate what an 'employer of choice' looks like.
- In terms of HR reporting, this must be integrated into the overarching performance reporting framework. This would be done by quarter 3.

A further strategic HR report will come to Trust Board in January 2012.

It was RESOLVED to NOTE the strategic workforce report.

TB/11/82b Organisational development plan (agenda item 5.2)

It was RESOLVED to NOTE the content of the report.

TB/11/82c Quality Academy update (agenda item 5.3)

In introducing his report, SM explained the rationale behind the appointment of interim support in the area of service improvement and development agreed by the Remuneration and Terms of Service Committee.

JC asked for a programme of service visits to be arranged not as preparation for a CQC visit but as supportive visits to get to know services.

It was RESOLVED to NOTE the progress made in relation to the Quality Academy development.

TB/11/82d Investment appraisal framework (agenda item 5.4)

This is the first report to Trust Board since approval of the framework in July 2011.

In relation to the partnership with Altogether Better, SM commented that this could present further opportunities in the future, particularly in health and wellbeing services. The proposal forms two strands – agreement of how the two organisations can work together and the social action fund proposal. HW commented that the Board level input being given presently would not be a feature going forward.

It was RESOLVED to SUPPORT the exploration of the development of a partnership with Altogether Better.

Noreen Young (NY) asked whether any clinical links had been made for the APP project. Dawn Stephenson (DS) responded that this would be developed through the project team. NHB expressed a strong concern regarding the lack of clinical involvement to date and whether the product had been tested and then reviewed against similar ‘gadgets’ available in the market.

HW was reassured by the commitment to undertake an analysis of the ‘competition’ and DS assured Trust Board that this agreement did not tie the Trust into working with a single provider.

JC also asked that the project assessment covered equality of access.

It was RESOLVED to APPROVE, in principle, subject to appropriate clinical, legal and financial due diligence, the joint venture between the Trust and the proposed organisation. It was also RESOLVED to APPROVE the signing and sealing of the non-disclosure and exclusivity agreement.

Summing up the discussion, SM commented that, for future proposals, clinical involvement and engagement must be sought at an early stage, clinical support is needed throughout such projects, and this is a new area for the Trust, which could enhance the service offer, so all options should be considered.

In response to a comment from HW that the Trust is maybe not being as imaginative and innovative as it could be in looking for new developments, JC responded that, if there are such ideas and projects, she would expect EMT to review and assess these before bringing them to Trust Board.

TB/11/82e Information management and technology strategy update (agenda item 5.5)

AF outlined the key issues from the report.

- Interoperability, particularly between the Trust and local authorities.
- Priorities for the roadmap to roll-out SystmOne and RiO.
- Information governance training and clinical coding, both of which have action plans to address underperformance and are expected to improve by the time the Trust submits the Information Governance Toolkit in March 2012. SR assured Trust Board that he fully understood the requirement to improve the position in Barnsley.

JC commented that good progress has been made in implementing the IM&T Strategy and there is recognition that there remains a great deal of work to be done across the new organisation.

It was RESOLVED to NOTE the progress against the strategy.

Flawless execution (agenda item 6)

TB/11/83 Performance reports quarter 2 2011/12

TB/11/83a integrated performance report (agenda item 6.1(i))

AF presented the key headlines from the report.

- Monitor compliance – financial risk rating of green and governance of amber/red.
- CQC compliance with the requirements of registration.
- Access targets.
- Infection control, particularly clostridium difficile. It was noted that, although this is considered by Monitor to be a local target and, therefore, not included in the governance risk rating, the Trust continues to treat incidences with utmost seriousness.
- Mental health operational effectiveness (seven-day follow up indicator).
- Appraisal. In discussion, it was acknowledged that the data presented was not up-to-date. SM asked for a report back to EMT on performance against the appraisal target. JC commented that Trust Board had been previously assured that the Trust was on trajectory to meet the target by quarter 2, therefore, she asked that Trust Board receives a further report at its next meeting in December 2011. Trust Board will also want to review the outcome from the staff survey in relation to appraisal.
- Safeguarding training.

TB/11/83b Business delivery units (agenda item 6.1(ii))

District Service Directors took Trust Board through the key performance exception issues from their BDUs.

Trust Board noted the financial penalty attached to bed occupancy of 90% in Newton Lodge. This would form a pro-rata reduction in contract value. Trust Board also noted that there would be a review across all BDUs of the 80% target in relation to % of service users on CPA, which would be clarified at the next meeting.

TB/11/83c Compliance report (agenda item 6.1(iii))

NY highlighted three areas.

- Continued work to address the CQC compliance actions. Newton Lodge actions will be complete by December 2011 and Chantry by the end of December 2011. The Trust will need to ensure actions are embedded and can be evidenced before the CQC is invited back to re-visit. BF commented that the challenge will be for the Trust to demonstrate it has completed the required actions and that it has the expertise internally to impartially assess whether the Trust is compliant or not. Tim Breedon (TB) also commented that the CQC offers no comment on the appropriateness of the action plans submitted by the Trust.
- CQC visit to learning disability services.
- Managing aggression and violence.

TB/11/83d Monitor quarterly report month 6 2011/12 (agenda item 6.1(iv))

It was RESOLVED to APPROVE the exception report to Monitor.

TB/11/84 Exception reports

TB/11/84a Data quality and integrity (agenda item 6.2(i))

HW asked that the Trust continues to require service users to disclose sexual orientation whilst accepting that some people will not want to disclose such information.

PA asked whether Trust Board could be assured that actions will be complete by the end of quarter 4 2011/12. AF confirmed that action dates could be met. PA then asked if there was any support that could be offered to which AF responded that actions need to be built in and embedded into routine practice although the Trust will look at any areas where additional support could be used. NHB commented that, if the burden of collection of data falls on front-line staff, support would be needed.

Trust Board supported a flexible approach to collection of data to ensure it is easy to collect and collected at the appropriate point within the organisation. This will be discussed further within BDUs and teams to form a proposal for EMT to consider. It was agreed to bring an exception report to Trust Board if performance against the action plan does not meet timescales.

It was RESOLVED to NOTE the key strategic issues in relation to data quality and to MANDATE EMT to implement and monitor the data quality action plan as appropriate.

TB/11/84b Organisational readiness for medical re-validation (agenda item 6.2(ii))

It was RESOLVED to NOTE the update on the actions identified in the 2010/11 ORSA submission and SUPPORT the development of the systems and processes needed to ensure medical staff meet their obligations.

TB/11/84c Potential industrial action (agenda item 6.2(iii))

Any arrangements put in place as a result of industrial action will put the safety of service users as a priority. AGD was asked to provide a briefing for the Chair and the Chairs of the Clinical Governance and Clinical Safety and Audit Committees on the worst case scenario.

It was RESOLVED to NOTE the potential for industrial action and to SUPPORT the contingency planning arrangements.

TB/11/84d Integration and harmonisation of policies post-TCS (agenda item 6.2(iv))

It was agreed to indicate progress on the paper and bring back to Trust Board on a quarterly basis.

It was RESOLVED to NOTE the content of the report.

TB/11/85 Finance report quarter 2 2011/12

TB/11/85a Finance report quarter 2 2011/12 (agenda item 6.3(i))

AF outlined the key highlights from the report.

- Forecast surplus of £8.7m, which is £2.6m ahead of plan.
- £6.0m cash ahead of plan.
- Capital Expenditure £10.6m, which is slightly behind year to date but on track for the year.
- Recurrent CIPs are on track.
- Financial Risk Rating 4.3.
- Payment of invoices 88%, with an action plan in place.

SM stressed the importance of Trust Board being able to take a long-term strategic view of EBITDA levels and suggested a refresh for Trust Board on the Monitor model at the November strategy meeting.

JC was assured that the Trust considers ratings of the organisations it invests in through the Treasury Management Policy.

TB/11/85b Financial outturn 2011/12 (agenda item 6.3(ii))

Following the introduction from AF, SM commented that he appreciated that 2011/12 is a transitional year; however, when annual plans and the overarching plan are approved, any deviation will not be seen as a successful outcome and an explanation for underspend will need to be given to Trust Board as it approves the budgets.

PA commented that this was a good report to aid understanding of the Trust's position. His concern was that the Trust might not have a sufficient level of skills and expertise to support BDUs in developing annual plans. AF felt that this had been developed during 2011/12 and this was supported by TB.

HW asked whether there were any 'top-down' projects or initiatives that the Trust could fund. AF responded that all Directors had been asked to develop a 'wish list', which will come through established assessment processes.

SM commented that the Trust has five widely articulated strategic priorities and the annual planning process should be used to refresh the integrated business plan to support these priorities and, in turn, prioritise major investments. However, the Trust needs to retain discipline and accountability in the system to meet the requirements of annual plans.

It was RESOLVED to NOTE the report contents and to APPROVE the actions (set out for below) for reducing the surplus in-year and the proposals outlined in the paper for incorporation into Annual Planning for 2012/13.

To ensure that current forecast commitments are met:

- ensure the Innovation Fund of £1.5 million is spent, particularly by asking BDUs to review non-recurrent expenditure to increase commitment;
- approve commitment of up to £750,000 on provision of community equipment in-year;
- defer income in relation to St. Luke's until 2012/13;
- ensure provision for additional expenditure on IT of £300,000 is fully committed;
- review use of agency staff if bank has capacity constraints and additional staff resource over establishment to assist in achieving mandatory training targets.

In addition, the Trust will incur additional expenditure to reduce surplus in terms of

- recognising the transfer of revenue expenditure from capital (£200,000), which is currently within capital schemes;
- making additional provision for CQUINs of £100,000 and for costs of restructuring of £300,000;
- reviewing asset lives and depreciation of £200,000;
- increasing maintenance expenditure to improve staff and service user environment of £200,000.

TB/11/85c Extension to the capital programme 2011/12 (agenda item 6.3(iii))

Trust Board noted that the Newton Lodge fencing was in addition to the current capital scheme and provided additional security at the front-end of the site following the escape this year and last year and will also provide an enhanced reception area, which is badly needed in the unit.

Trust Board also noted that the additional capital funding is for the maintenance and modernisation of bathroom facilities and is not related to cleanliness.

It was RESOLVED to APPROVE the additional capital funding for 2011/12 for the sum of £855,000 for works on Newton Lodge, the upgrading of community bathroom areas, and investment in minor capital for equipment and small works.

BF made a general comment that, based on the experience with the bathroom facilities, he remains to be convinced that the Trust is able to respond with pace and urgency to meet the timescales needed to complete these actions by the end of this financial year. AGD assured Trust Board that the programme will be completed by the end of March 2012.

TB/11/86 Assurance framework (agenda item 7)

In introducing this paper, DS asked Trust Board to note the re-formatting of the document and that there would be a further development for the next business and risk meeting.

It was RESOLVED to:

- **NOTE the assurances provided for Q2 of 2011/12;**
- **NOTE those areas where gaps in assurance have been identified, through the Trust wide risk register and are being addressed through specific action plans as appropriate led by the lead Director.**

TB/11/87 Risk register (agenda item 8)

It was agreed to review the risks included in the register to ensure that the uncertainty regarding commissioning is fully reflected as a key risk for the organisation. The high number of risks and the difficulties in mitigation were noted and reflect the amount of change and long period of uncertainty across NHS and social care organisations.

It was RESOLVED to APPROVE the risks recorded on the risk register, subject to the review agreed above.

TB/11/88 Date and time of next meeting (agenda item 9)

The next public meeting of Trust Board will be held on Tuesday 20 December 2011 in the large conference room, Learning and Development Centre, Fieldhead, Wakefield.

Signed **Date**