



With all of us in mind

Minutes of Trust Board meeting held on 20 December 2011

Present:	Joyce Catterick Peter Aspinall Ian Black Bernard Fee Julie Fox Jonathan Jones Helen Wollaston Steven Michael Nisreen Booya Alan Davis Alex Farrell Noreen Young	Chair Non-Executive Director Deputy Chair Non-Executive Director 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 Director of Nursing, Compliance and Innovation
In attendance:	Anna Basford Adrian Berry Tim Breedon Sean Rayner Dawn Stephenson Bernie Cherriman-Sykes Irvine Archer Sherry Hirst Alison Moreton Adrienne Pickering	District Service Director (Calderdale and Kirklees) Director of Forensic Services District Service Director (Wakefield) Transitional District Service Director (Barnsley) Director of Corporate Development and Constitutional Affairs Board Secretary (author) Wakefield LINK Director of Corporate Development, Leeds Community Health NHS Trust Wakefield LINK (to item 7.2) Assistant Director of Information Technology (for item 7.4(ii))
Apologies:	None	

TB/11/89 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) welcomed everyone to the meeting, particularly Irvine Archer and Alison Moreton from Wakefield LINK and Sherry Hirst. There were no apologies.

As part of her introduction, JC informed the Board of the secondment of Cherrine Hawkins to Leeds Community Health NHS Trust and formally recorded the Board's appreciation of her contribution to the Trust and, in particular, the Foundation Trust application.

TB/11/90 Declarations of interest (agenda item 2)

The following additional declaration was considered by Trust Board.

Name	Declaration
NON-EXECUTIVE DIRECTOR	
Helen Wollaston	Partner is an Associate of the General Medical Council

There were no comments or remarks made on the declaration, therefore, **it was RESOLVED to formally note the declaration by Helen Wollaston.** No further declarations were made over and above those received by Trust Board in March 2011.

TB/11/91 Minutes of and matters arising from Trust Board meetings held on 27 September and 25 October 2011 (agenda item 3)

27 September 2011 (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 no matters arising.

25 October 2011 (item 3.2)

It was RESOLVED to APPROVE the minutes of the Trust Board meeting held on 25 October 2011 as a true and accurate record.

There was one matter arising.

TB/11/82d Investment Appraisal Framework (page 4)

JC asked that Trust Board receives an update on the items raised in the minutes at the January 2012 meeting.

TB/11/92 Assurance from Trust Board Committees (agenda item 4)

Clinical Governance and Clinical Safety Committee 13 September 2011 (item 4.1), and Remuneration and Terms of Service Committee 3 October 2011 (item 4.2)

No issues were raised.

Audit Committee 4 October 2011 (item 4.3)

In relation to item AC/11/55 Procurement, Peter Aspinall (PA) confirmed that management action has been agreed and is on target for completion. He also asked Alex Farrell (AF) to update Trust Board on the current position in relation to Treasury Management (AC/11/61). As a result of the fluctuations in the Euro zone and continued nervousness in the markets, the Trust is regularly reviewing its investments. Monitor requires Trusts to invest in banks with a Standard and Poors rating of A1 and a Fitch rating of F1. During month 8, Standard and Poors has reduced its risk rating of HBoS and RBoS to A2 although the Fitch rating has remained at F1. AF has asked for a monthly update to be sent to members of the Audit Committee.

Ian Black (IB) commented that he would like to see revised guidance from Monitor and Dawn Stephenson (DS) agreed to follow this up with the Trust's Relationship Manager. JC asked whether the Trust should seek external advice. AF responded that Deloitte attend Audit Committee meetings and would look at this as part of its review of risk. She was of the view that this was included in its remit; however, if the Trust required something over and above this, it would have to be commissioned separately.

It was agreed to take advice from Monitor in the first instance and to continue to press for updated guidance. IB felt that the guidance from Monitor is now wholly inappropriate and out-of-date and he would be reassured by a revised framework and guidance.

Clinical Governance and Clinical Safety Committee 8 November 2011 (item 4.4)

Bernard Fee (BF) commented that the Committee had felt it necessary to extend the length of its meetings given two current agenda items in relation to the Care Quality Commission (CQC) visits and the integration of services that transferred to the Trust earlier this year.

Mental Health Act Committee 15 November 2011 (item 4.5)

Helen Wollaston (HW) raised two issues in relation to the review of the use of Community Treatment Orders across the Yorkshire and Humber region and the recent CQC annual report, which highlighted that providers with poor data quality may be regarded as high risk organisations.

Related to this, IB commented that the meeting was not quorate and asked if it was possible to look at an arrangement whereby another Non-Executive Director could be called on to attend a Committee meeting. JC responded that she would rather see decision-making deferred if a Committee is not quorate as, in her view, the quality of decision-making could be diluted if a substitute attended. Such an arrangement could also discourage people from attending.

TB/11/93 Chief Executive's report (agenda item 5)

The Chief Executive (SM) took Trust Board through his report. In relation to the Monitor quarterly return, Monitor, in its response to the Trust, raised two issues in relation to the CQC and the cultural integration with Barnsley. It was agreed the Trust should highlight all it is doing in this respect in the next quarterly report to Monitor in January 2012. JC asked whether Monitor's comment indicated that the Trust needs to speed up its policy alignment. SM responded that the comment was more about cultural alignment and evidence will be provided in the quarter 3 report.

BF commented that he had some discomfort in that there is evidence that the two organisations work in intrinsically different ways, such as serious incidents and procurement. Nisreen Booya (NHB) commented that it takes time for integration to work through thoroughly. IB pointed out that as a unitary board, the Trust needs to see one set of policies and practices as soon as possible and would ask Directors to review if this could be speeded up. It was agreed there would be a further review in January 2012.

SM also raised the following.

- CQC.
- Service offer.
- Operating Framework.
- Relationships with commissioners.
- Risk arising from services transferring under Transforming Community Services (this will be an agenda item in January 2012).
- Health and wellbeing developments.
- Industrial action on 30 November 2011. SM commented that the Trust's relationship with staff side organisations served it well leading up to and during the day of action.
- PCT transfer of estate. A paper will come to the meeting in January 2012 and may include scenario planning if Department of Health guidance remains unclear.

BF asked if the position with Mid-Yorkshire Hospitals NHS Trust (MYT) would have any effect on the Trust. SM responded that the position is not clear; however, the Trust will offer support as part of the local health and social care economy to ease pressure on Mid-Yorkshire.

It was RESOLVED to NOTE the Chief Executive's report.

TB/11/94 Public engagement on the mental health services provided by the Trust in Kirklees (agenda item 6)

Anna Basford (ABa) introduced this item.

IB asked whether the proximity of Barnsley formed part of the considerations. ABa responded that it was not specifically taken into consideration as there is no significant flow across the Kirklees border to Barnsley; however, it could be an area for development in the future.

BF commented that the work to develop the Estates Strategy must dovetail with what is being proposed to which SM responded that the proposal in relation to Kirklees provides a good holding position whilst the longer-term estate configuration is agreed. The need to find efficiency savings as a result of the move from St. Luke's is easier to find as part of a wider estate configuration.

HW asked if there were any plans to develop services further at the Huddersfield Royal Infirmary site. ABa responded that the Trust is currently providing support at the two acute sites in Halifax and Huddersfield and is developing enhanced support through the winter planning arrangements. It is also understood that the Acre Mill site is to be used by Calderdale and Huddersfield NHS Foundation Trust (CHFT).

SM confirmed that the local involvement network has been involved in the analysis of the responses to the engagement and an informal meeting with the Overview and Scrutiny Committee was very helpful. Subject to the decision today at Trust Board, the Trust will be invited to a formal meeting in January, which would then make a recommendation on whether the Trust needs to enter formal consultation.

BF reiterated his concerns that the work to develop the Estate Strategy does not fit with the proposal and he would not want to see any decision made today which would preclude implementation of the Strategy. SM responded that the Estates Strategy would fit with the Trust's five-year business plan and he would see this proposal as a solution for at least two years. ABa confirmed that this would be the substantive configuration for a period of at least three years, which would not preclude planning to develop a long-term solution for configuration of the Trust's estate. JC commented that this puts a greater responsibility on Trust Board to make the best decision it can to make the best use of Trust estate to provide services. She felt that the Trust had undertaken a very thorough process.

It was RESOLVED to NOTE the findings of the public engagement, NOTE the additional information provided and CONFIRM the conclusions set out in the paper. It was also RESOLVED to APPROVE the proposed way forward that:

- **the provision of inpatient services for adults at the Dales Unit on the CHFT general hospital site in Halifax, and the provision of inpatient services for older people at the Priestley Unit on the MYT general hospital site in Dewsbury should no longer be considered an interim arrangement but should be confirmed as the substantive configuration for the delivery of inpatient services in Kirklees and, as with all other Trust estate, will remain**

under review as part of the work to develop the Trust's Estates Strategy. This is pending a decision by the Kirklees Overview and Scrutiny Panel on requirement for formal public consultation;

- **that feedback from the engagement regarding environments of care is used to inform the Trust's longer term estate strategy; and**
- **that Kirklees Business Delivery Unit develops an action plan as part of the 2012/13 Annual Plan to address the themes emerging from the engagement to improve the service offer in Kirklees, with feedback to Trust Board in September 2012.**

It should be noted that three members of the Board (Bernard Fee, Julie Fox and Jonathan Jones) abstained from voting.

TB/11/95 Month 8 performance reports 2011/12 (agenda item 7)

TB/11/95a Integrated performance report (item 7.1)

AF took Trust Board through the key performance issues at Month 8.

- The Trust remains at amber/red for governance.
- CQC action plans are on trajectory.
- The Trust remains at green for finance.
- There is a CQUIN risk in relation to the urgent access target although this is improving.
- There is a continued risk in relation to IAPT performance.
- The adult safeguarding training achievement is increasing.
- Appraisal figure is increasing but is still not at target.
- The clinical coding target has changed.
- The Trust is aiming to meet the 100% clustering target by 31 December 2011.

She then invited Business Delivery Unit Directors to highlight their key strategic and performance issues.

- Jonathan Jones (JJ) asked what the financial and staff implications were of the closure of Highfield Grange. Sean Rayner (SR) responded that about £600,000 for specialist healthcare staff will continue but hotel and basic costs will be remodelled into alternative residential care. In terms of staff, this still has to be worked through but is around 50 to 60. AF confirmed that the risk is covered in the Business Transfer Agreement with NHS Barnsley. It was suggested that a more detailed briefing is provided outside of the meeting.
- JC asked how the Lyndhurst development fitted with the Estates Strategy. ABa responded that this was not a significant investment by commissioners and provides the Trust with the opportunity to manage more of the pathway. In the longer-term, the Trust would want to see the service provided in a more appropriate environment as part of the wider Estates Strategy.
- Delayed transfers of care are not always in the Trust's control to resolve and, overall, the Trust is achieving its target. IB asked whether the Trust should put resources into this area as the recommendation under item 7.4(iii) includes this as a target for audit in the Quality Accounts. Tim Breedon (TB) commented that it is often not a matter of resources. Usually there is no bed available in the local market and is, therefore, not something the Trust can manage in the short term.

AF also pointed out that this is on the Trust's risk register, particularly as the position with local authorities makes issues with delayed transfers more likely. NHB also commented that there is no penalty for local authorities for delaying transfers from mental health trusts, there may be no suitable place available in care homes, or the family of the service user may decide the care home is not suitable. IB agreed to take this up further outside of the meeting.

- The under occupancy penalty in the forensic service could be £200,000 (1.8%). It was agreed that the target offers a perverse incentive but it may not appear as a target next year.
- JJ asked what the difficulty is with achieving the appraisal target. JC asked for a paper at the next Board meeting on the action between now and the beginning of the next financial year to achieve the target by the end of June 2012. Alan Davis (AGD) commented that there is a review underway of the process and appraisal documentation.
- JC commented that serious incidents have increased but this was not raised by any BDU Director as an issue. Further discussion was taken under item 7.2.
- IB asked if there were any common themes arising from the unannounced visits by Trust staff. Noreen Young (NY) responded that there is nothing specific and a summary will be brought back to Trust Board in January 2012.

TB/11/95b Serious incidents report (item 7.2)

NY took Trust Board through the paper.

JC commented that, although the report provides assurance that no trends have been identified, this is not an increase the Trust would wish to maintain. SM added that although this represents small numbers these are people's lives. It was generally agreed that the report needs analysis to show what is behind the figures.

HW asked when these incidents took place, for example, within the seven-day follow up or on discharge. NY responded that this would be part of a further analysis along with risk assessment within the Care Programme Approach and use of the Mental Health Act. IB commented that he would find it useful to know whether there was recent or current contact with services.

NHB informed Trust Board of the detailed review of twelve serious incidents over the last nine months she has undertaken in Kirklees. This was presented to the Clinical Governance and Clinical Safety Committee and did highlight recurrent themes but no difference with the themes in other districts. She has asked two clinicians to undertake a more in-depth audit, with support from the University of Huddersfield, and it was agreed to include Barnsley in this audit. She did stress, however, that the Trust is not an outlier. JC commented that the Trust must continue to learn from serious incidents and the reviews undertaken. AF asked if there was any action the Trust could take now to which NHB responded that two areas were worthy of attention: the quality of diagnosis of doctors; and the absence of a medical diagnosis, particularly within community mental health teams. It was agreed that the Clinical Governance and Clinical Safety Committee would receive a detailed report of this work with a summary to Trust Board and the Executive Management Team should discuss what other resources the Trust could invest to address any themes or actions identified.

It was agreed to include Barnsley figures and trends in the next report.

It was RESOLVED to NOTE the update report.

TB/11/95c Finance report month 8 (item 7.3)

AF alerted Trust Board to the key points from the finance report for month 8.

- The year-to-date planned surplus is £4.3million. The current position is £7.7million, which is £3.4million ahead of plan.
- The planned surplus is £6.1million. The current forecast is £8.5million (£8.7million at month 7) which is £2.4million ahead of plan.
- The year-end position assumes non-recurrent expenditure, which includes community loans equipment, backlog maintenance and other corporate and BDU costs.
- The capital programme at month 8 is slightly ahead of plan by £0.2million; however, the year-end forecast is predicting slippage on some schemes therefore the forecast outturn is £11.2million against a plan of £11.4million.
- The Better Payment Practice Code is at 90%, which is an improvement on month 7 and is in line with the trajectory for November. Rollout of e-procurement for Barnsley services is progressing.
- The CQUIN Q2 position resulted in 92.5% of the target being achieved.

TB/11/95d Mandatory training (item 7.4(i))

AGD introduced this item and the following comments were made during the discussion.

- BF commented that the Trust needs to be clear about what performance management means.
- IB asked why there was a difference between safeguarding adults and safeguarding children. NY responded that training has to enable staff to detect safeguarding issues within a domestic setting.
- AGD commented that there may be training areas deemed as essential but not mandatory for some staff, therefore, the Trust needs to get the balance right.
- With regards to timing, AGD thought it would be difficult to shorten the timescales as the project involves design and planning of the training content.
- PA asked when the figures would be current as this presents a risk within the organisation currently. AGD responded that staff continue with training and adhering to their existing policies pending integration, which reduces the risk within the system.
- JC suggested that this paper is considered in more detail in the Remuneration and Terms of Service Committee with an update to the following Board meeting.

It was RESOLVED to NOTE the report.

TB/11/95e Information management and technology strategy update (item 7.4(ii))

AF presented an update on the Strategy, against which good progress has been made. It was agreed to take the recommendation in the private session of the Board meeting.

TB/11/95f Quality Accounts 2011/12 (item 7.4(iii))

It was RESOLVED to SUPPORT the proposal to ask Deloitte to provide assurance against all three indicators.

TB/11/96 Items for approval (agenda item 8)

TB/11/96a Risk Management Strategy (item 8.1)

DS introduced this item, which also provided the requirement under NHS LARMS for Trust Board to receive formal risk training.

In response to a question from PA, DS confirmed that the organisational risk register is reviewed by the Executive Management Team and recommendations on any changes made to Trust Board on a quarterly basis. BDU and support services risk registers are reviewed on a monthly basis and brought together at Extended EMT in a review of risk. The Audit Committee seeks assurance that there is a process in place to manage risk; its role is not to manage that risk. It was suggested that the risk register included information on whether the trajectory of risk being addressed is being met.

It was RESOLVED to APPROVE the Risk Management Strategy.

TB/11/96b Customer Services Policy (item 8.2)

DS introduced this item. HW asked whether the Members' Council should be included in the policy. DS responded that behaviours for the Members' Council are included in the Code of Conduct; however, she would ensure that this is reiterated to Council Members.

IB asked whether the Trust invested sufficiently in customer feedback and he used an example of a service area he had visited where the feedback machine could not be used. He also thought other Trusts were doing more in this area. DS responded that there is already a piece of work to capture all customer feedback and this will be incorporated into an integrated report. Trust Board will receive a prototype for this in March 2012.

It was RESOLVED to APPROVE the Customer Services Policy.

TB/11/97 Use of Trust seal (agenda item 9)

It was RESOLVED to NOTE the use of the Trust's seal since the last report to Trust Board in September 2011.

TB/11/98 Date and time of next meeting (agenda item 10)

The next public meeting of Trust Board will be held on Tuesday 27 March 2012 in the Wainhouse and Hardcastle rooms, 5th Floor, F Mill, Dean Clough, Halifax.

Signed **Date**