



Minutes of Trust Board meeting held on 27 March 2012

Present:	Ian Black	Acting Chair
	Peter Aspinall	Non-Executive Director
	Julie Fox	Non-Executive Director
	Helen Wollaston	Acting Deputy Chair
	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, Clinical Governance and Safety
	In attendance:	Dawn Stephenson
	Bernie Cherriman-Sykes	Board Secretary (author)
	Phil Hodgson	BT Global Services
Apologies:	Bernard Fee	Non-Executive Director
	Jonathan Jones	Non-Executive Director

TB/12/11 Welcome, introduction and apologies (agenda item 1)

The Acting Chair (IB) welcomed everyone to the meeting. He commented that, within the public and business and risk Trust Board meetings, attendance is intended to reinforce the unitary board with only voting directors present and the Company Secretary in attendance. Business Delivery Unit (BDU) Directors and the Director of Service Improvement and Development will attend strategic Trust Board meetings.

The two apologies were noted.

TB/12/12 Declarations of interest (agenda item 2)

The following Declarations of Interest were considered by Trust Board.

Name	Declaration
ACTING CHAIR	
Ian Black	Non-Executive Director, MacKeith Press Ltd. Owner, IB Associates Limited Non-Executive Director, Trustee and Treasurer, Scope (charity) 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) Chair, Family Fund
NON-EXECUTIVE DIRECTORS	
Peter Aspinall	Director, Primrose Mill Ltd. Director, Honley Show Society Ltd.
Bernard Fee	No interests declared
Julie Fox	No interests declared
Jonathan Jones	Director, Squire Sanders International Association Member, Squire Sanders (UK) LLP
Helen Wollaston	Founder/Director, Equal to the Occasion (consultancy) Chair, Platform 51 (operating name of YWCA England and Wales) Consultant Partner, Equality Works Group Associate, Infrastruct Ltd. Associate, University of Central Lancashire School of Education and Social Science

Name	Declaration
	Partner is Associate of General Medical Council
CHIEF EXECUTIVE	
Steven Michael	<ul style="list-style-type: none"> ➤ Member of Huddersfield University Business School Advisory Board ➤ Member, Leeds University International Fellowship Scheme ➤ Spouse is Trustee of the Harrison Trust, a charitable body supporting mental health in the Wakefield district ➤ Partner, NHS Interim Management and Support
EXECUTIVE DIRECTORS	
Nisreen Booya	Honorary President of the Support to Recovery (Kirklees mental health charity) Associate, General Medical Council
Alan Davis	No interests declared
Alex Farrell	Spouse is General Practitioner based in Beeston, Leeds
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
Karen Taylor	No interests declared

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/12/13 Minutes of and matters arising from Trust Board meeting held on 31 January 2012 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session held on 31 January 2012 as a true and accurate record of the meeting.

There were no matters arising.

TB/12/14 Assurance from Trust Board Committees (agenda item 4)

TB/12/14a Remuneration and Terms of Service Committee (agenda item 4.1)

IB reported that no performance pay award would be made to Directors in 2011/12 as a result of the Trust's failure to meet the gateway target for Monitor's governance risk rating. He also commented on the robust and comprehensive process for Clinical Excellence Awards.

TB/12/14b Audit Committee (agenda item 4.2)

Peter Aspinall (PA) highlighted two internal audit reports in relation to call-off orders in Barnsley, which received no assurance (although it was noted that all actions have been implemented), and serious incidents, which received limited assurance. He also reported that the Trust received a score of level 3 for its Counter Fraud Qualitative Assessment (against a score of level 2 last year), which was an excellent achievement.

TB/12/14c Clinical Governance and Clinical Safety Committee (agenda item 4.3)

Helen Wollaston (HW) introduced this item on behalf of Bernard Fee (BF).

She raised two issues. Firstly, the Committee Chair has asked the Executive Management Team (EMT) to consider whether the assurance day should be repeated in 2012. Secondly, the Trust has received a draft report from the Care Quality Commission (CQC) on perinatal services in Kirklees, which has one moderate concern around specialist training.

TB/12/14d Mental Health Act Committee (agenda item 4.4)

HW reported that the Trust hosted a regional meeting of Mental Health Act Committee Chairs and leads designed to share best practice across the region. She also reported on four Mental Health Act visits by the CQC, which were very positive in terms of the medical care provided by the Trust but each raised an issue around recording. The Chief Executive (SM) responded that the standard of recording across the Trust needs to be reviewed and this is an area the CQC will continue to focus on.

TB/12/15 Chief Executive's report (agenda item 5)

SM took Trust Board through his report, commenting particularly on:

- the Health and Social Care Act and its passage through Parliament;
- Monitor's future role as a result;
- contracting position for 2012/13;
- recent partnering activity;
- staff side relationships.

The Trust has also received the results of the national staff survey and, given the scale of the change in the last year, the results were very encouraging. It was agreed to include a summary in the HR report in April 2012.

Dawn Stephenson (DS) outlined Trust activity to develop equality objectives and a refresh of the Equality Strategy, which will enable the Trust to meet its public sector equality duty. A full report will be presented to the Clinical Governance and Clinical Safety Committee on 3 April 2012.

TB/12/16 Month 11 performance reports 2011/12 (agenda item 6)

TB/12/16a Integrated performance report (item 6.1)

Alex Farrell (AF) took Trust Board through the key performance issues at Month 11 and questions and comments were invited.

- Julie Fox (JF) asked what the appraisal target would be for 2012/13. Alan Davis (AGD) responded that it would be 80% and this must be achieved by the end of quarter 1. A new system will be piloted in four areas during 2012/13, which will have a strong emphasis on both performance and behaviours for introduction across the Trust in 2013/14.
- Sickness absence remains low compared to other Trusts with stress and anxiety being the main reasons. Actions are in place to reduce absence and the Trust has adopted a proactive approach around wellbeing.
- The Trust is significantly over-achieving in some areas of customer focus and it was suggested that this is reviewed. AF agreed this would be done as part of the

development of key performance indicators for 2012/13, which will be included in the month 1 performance dashboard.

TB/12/16b Serious incidents report (item 6.2)

Noreen Young (NY) outlined the action taken to support the serious incidents process and IB highlighted a number of areas of assurance:

- review at the Clinical Governance and Clinical Safety Committee;
- review at the Incident Review Sub-Committee, which BF, as Chair of the Clinical Governance and Clinical Safety Committee, sits on;
- the annual report for 2011/12 will be presented to Trust Board in June 2012;
- there was a robust response to the limited assurance internal audit report.

JF asked if the suicide rate was proportionate to the numbers in Trust services. Nisreen Booya (NHB) responded that it was broadly but there are other factors that will increase the suicide rate due to the types of services the Trust delivers, such as substance misuse.

AGD asked whether there was any validation of incident ratings. Random sampling currently takes place; however, gradings will be standardised and commonality brought to the process when capacity issues are resolved. DATIX, the system used to record incidents, has been updated to enable review of themes, particularly at green/yellow level.

HW asked if there were patterns to incidents around, for example, time and staffing levels. NY responded that any emerging patterns are reviewed and investigated and individual root cause analyses are vital to determine whether a serious incident could have been prevented.

IB commented that he would like to see a qualitative analysis in the annual report at the June meeting, specifically around any changes as a result of learning lessons and how learning is undertaken across the Trust. Use of stories and vignettes would put learning into context and make it more memorable. IB asked that Non-Executive Directors, particularly the Chair of the Clinical Governance and Clinical Safety Committee, are involved in development of the report in advance of the Trust Board meeting.

It was RESOLVED to NOTE the update on SIs following the previous report to Trust Board in December 2011.

TB/12/16c Finance report (item 6.3)

AF highlighted three areas, which will be discussed with the auditors.

- The position with Calderdale and Huddersfield NHS Foundation Trust (CHFT) regarding the St. Luke's Hospital site development. CHFT has invoiced costs, which the Trust is negotiating, and these will be referred to in the accounts.
- The accounting treatment for provision for stock in relation to community equipment services in Barnsley. This will appear on the balance sheet as the value of equipment held in stock.
- The level of redundancy provision.

The forecast year-end position has, therefore, reduced from £7.5 million to £6.5 million, which is still higher than the original plan.

AF confirmed that no revised guidance has been received from Monitor in relation to treasury management. However, the Department of Health has issued guidance on the transfer of PCT assets. An initial review indicates that it would be in the interest of the Trust to transfer assets from NHS Barnsley and this will have implications for the 2013/14 accounts and, therefore, will be included in the annual plan to Monitor. Timescales have still to be clarified although the date of the transfer will be 1 April 2013. It was agreed to receive a detailed position paper in April 2012, including scenarios for the annual plan.

TB/12/16d Service user insight (item 6.4)

The framework was supported by Trust Board and a number of additional areas suggested that could be included in the assessment of patient experience. IB commented that he would like to see the report develop before linking it to other activity, such as the Quality Accounts, and to look at innovative ways of presenting the information as it does not need to look like other Trust Board reports.

It was RESOLVED to NOTE the proposed systems and processes to measure patient experience, to SUPPORT the process, which is currently met from existing resources, and to NOTE that to deliver a sustainable quality product may require marginal investment in software and graphic support.

TB/12/16e Eliminating mixed sex accommodation (item 6.5(i))

It was noted that there will be some issues around Barnsley estate to be addressed.

It was RESOLVED to APPROVE the declaration.

TB/12/16f Annual Governance Statement (agenda item 6.5(ii))

It was RESOLVED to APPROVE the draft Annual Governance Statement for 2011/12 and DELEGATE authority to the Audit Committee to approve a final version as part of its approval of the annual report and accounts in May 2012.

TB/12/16g Information Governance Toolkit (item 6.5(iii))

AF highlighted one potential area of risk in relation to information governance training. The Trust has achieved 82% as at 27 March 2012; however, the number of staff anticipated to go through the training by 31 March 2012 will enable the Trust to reach the required 95% target.

It was RESOLVED to APPROVE submission of the toolkit for 2011/12.

TB/12/16h Emergency planning and business continuity (item 6.5(iv))

AGD will provide a detailed update to the Audit Committee at its meeting on 10 April 2012.

It was RESOLVED to SUPPORT the new Emergency Preparedness and Business Continuity arrangements and CONFIRM the reporting arrangements into the Clinical Governance and Clinical Safety Committee.

TB/12/17 Items for approval (agenda item 7)

TB/12/17a Public Health Strategy (agenda item 7.1)

NHB explained that this had been reviewed in light of the transfer of health and wellbeing services under Transforming Community Services and provision of physical health services in Barnsley. It was agreed that a report would come to Trust Board annually on achievement against objectives.

It was RESOLVED to APPROVE the Public Health Strategy.

TB/12/17b Research and Development Strategy (agenda item 7.2)

NHB explained that this was the first Trust Research and Development Strategy as the Trust now has its own governance and management arrangements. Arrangements for South Yorkshire have yet to be clarified in relation to Barnsley BDU.

It was RESOLVED to APPROVE the Research and Development Strategy.

AF asked what sort of research and development activity was supported and NHB responded that this covered portfolio studies (usually national), pharmaceutical company studies, student activity, and individual clinical ideas, which can be supported on a regional basis or by the Trust.

Both NY and AGD commented that the connection between the research and development function and staff wanting to undertake masters or research projects needs to be stronger although there was a plea not to make any parameters too restrictive and stifle innovation. NHB also confirmed that the Trust is fostering links with local universities and colleges.

TB/12/18 Use of Trust seal (agenda item 8)

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

TB/12/19 Date and time of next meeting (agenda item 9)

The next public meeting will be held on Tuesday 26 June 2012 in the Boardroom, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD. There will be a Business and Risk meeting on Tuesday 24 April 2012 in the Boardroom, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD and a strategic session on Tuesday 29 May 2012 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

Signed **Date**