



**Minutes of Trust Board meeting held on 24 April 2012**

<b>Present:</b>	Ian Black	Acting Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	Jonathan Jones	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
	Noreen Young	Director of Nursing, Clinical Governance and Safety
<b>In attendance:</b>	Anna Basford	District Service Director, Calderdale and Kirklees (item 8.4(i) only)
	Tim Breedon	District Service Director, Wakefield (item 8.4(i) only)
	Dawn Gibson	Deputy Director of Finance
	Sean Rayner	Transition Director, Barnsley (item 8.4(i) only)
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Karen Taylor	Interim Director of Service Improvement and Development (item 8.4(i) only)
<b>Apologies:</b>	Bernie Cherriman-Sykes	Board Secretary (author)
	Julie Fox	Non-Executive Director
	Alex Farrell	Deputy Chief Executive/Director of Finance

**TB/12/20 Welcome, introduction and apologies (agenda item 1)**

The Acting Chair (IB) welcomed everyone to the meeting. The two apologies were noted.

**TB/12/21 Declarations of interest (agenda item 2)**

There were no declarations made over and above those received by Trust Board in March 2012.

**TB/12/22 Minutes of and matters arising from Trust Board meetings held on 27 March 2012 (agenda item 3)**

Minutes of the public session 27 March 2012 (item 3.1)

Subject to one minor amendment, it was **RESOLVED** to **APPROVE** the minutes of the public session held on 27 March 2012 as a true and accurate record of the meeting.

Minutes of the private session 27 March 2012 (item 3.2)

It was **RESOLVED** to **APPROVE** the minutes of the private session held on 27 March 2012 as a true and accurate record of the meeting.

There were no matters arising from either meeting.

**TB/12/23 Market assessment and stakeholder analysis (agenda item 4) (confidential item)**

It was **RESOLVED** to **RECEIVE** the update on the market assessment, to **NOTE** the issues identified and actions to be taken, and to further discuss at the strategic session in May 2012.

**TB/12/24 Strategic priorities and corporate objectives action plan 2012/13 (agenda item 5)**

**It was RESOLVED to APPROVE the corporate objectives outlined in the paper.**

**TB/12/25 Assurance framework, organisational risk register Q4 2011/12 and forward look 2012/13 covering assurance framework and Quality Academy domains (agenda item 6)**

TB/12/25a Assurance framework and risk register Q4 2011/12 and annual self-assessment (item 6.1)

DS outlined the changes to the risk register. Further to the approval of the corporate objectives, the assurance framework for 2012/13 will be developed and will address areas of weakness identified in the self-assessment. As part of the development process, she will meet with Director leads and Committee Chairs.

PA asked how this translated from 'ward to board'. DS responded that Business Delivery Units (BDUs) and support services risk registers are developed from individual team/service registers and escalated upwards at the appropriate level. Noreen Young (NY) commented that staff are aware of the various elements and levels of risk but might not always be aware of the context. NHB commented that each BDU has a risk/governance group and part of its role is to cascade to ward and team level. Also, the Nursing Directorate structure is devolved into BDUs. The roll-out of the DATIX risk module has identified risk co-ordinators for all BDUs and support directorates to ensure risk is identified and analysed at all levels. Further evidence will come through the programme of unannounced visits.

BF questioned the risks on the register in terms of relevance and timeliness. DS responded that the register is as current as possible and is reviewed monthly by EMT.

**It was RESOLVED to NOTE the assurances provided for Q4 2011/12, NOTE the areas outlined on the risk register and NOTE the process for producing the assurance framework for 2012/13.**

TB/12/25b Assessment of Quality Academy domains risks 2012/13 (item 6.2)

The paper contained a high level assessment of the risks within the Quality Academy domains. DS asked for a view of the content, style and usefulness for Trust Board. SM commented that it should demonstrate the role the Quality Academy has in improving services and service user experience. JJ commented that he saw it more as a horizon scan acting as prompt for the future. PA asked how the risks would be mitigated, tracked across the organisation and reported back to Trust Board. DS responded that this would be through performance and other risk reports to Trust Board. For BF, the document missed the "so what" factor.

AGD commented that there is a real issue for the Trust in terms of corporate policy and evidence and how this is translated into practice in services; therefore, a bottom-up approach is vital. There are several approaches in place, such as Middleground where participants develop a brief to cascade to their staff and the embedding of the appraisal process. BDU workforce plans also identify risks and challenges. SM commented that organisational development needs to be stronger to support

behavioural change. NHB commented that front-line leadership is not always as good as it could be and the Trust needs to ensure individuals have the skills required to effectively manage staff performance. IB suggested that the discussion demonstrated that Trust Board needs further understanding of workforce strategy and capability. It was agreed to discuss further at the May strategic session following further development of the OD framework by EMT.

A comment from Helen Wollaston (HW) (presented by the Chair) was that the Trust should be proactive in identifying the organisations it wants to be in partnership with and strategies for doing so. This was supported as long as it did not make partnership working too prescriptive.

**It was RESOLVED to NOTE the risks, themes and mitigating actions for 2012/13 by Quality Academy domain.**

TB/12/25c Risk assessment of performance targets 2012/13 (item 6.2)

**It was RESOLVED to NOTE the content of the report and the changes to the performance and compliance requirements.**

**TB/12/26 Investment appraisal framework (agenda item 7) (confidential item)**

DS took Trust Board through the paper. Clinical due diligence for children's and adolescent mental health services in Calderdale and Kirklees will be rigorous given the experience with services transferring from Wakefield.

**It was RESOLVED to:**

- **NOTE the progress made on key investment projects;**
- **APPROVE the outcome of the preliminary evaluation for telehealthcare development and AGREE the development of a business case;**
- **APPROVE the transfer of the hosting arrangements for Altogether Better, subject to Big Lottery Fund approval and reasonable mitigation of the key risks identified through a due diligence process;**
- **APPROVE the delegation of authority to the Chair and Chief Executive to sign and execute a Business Transfer Agreement in relation to Altogether Better and any funding documentation.**

**TB/12/27 Month 12 performance reports 2011/12 (agenda item 8)**

TB/12/27a Performance and finance reports (item 8.1)

DG took Trust Board through the key performance issues at Month 12. The Trust is reporting a financial risk rating of green and 3.8 and a governance risk rating of green due a change in the treatment by Monitor of the outcome of Care Quality Commission (CQC) compliance visits. She also outlined the key financial highlights at Month 12.

IB informed Trust Board that the change in Monitor treatment of CQC findings would not affect the approach the Trust takes to unannounced visits by the CQC. There will be continued monitoring of CQC action plans by both Trust Board and the Clinical Governance and Clinical Safety Committee and there will be no change in

the seriousness with which the Trust takes the findings. Trust Board members were encouraged to attend the forthcoming series of unannounced visits to Trust services, if at all possible.

It would also not affect the view of the Remuneration and Terms of Service Committee with regard to payment of performance related pay to Directors, which had already been agreed by the Committee in February 2012.

In relation to the Trust's cash position, the Trust expects to use a good proportion of its cash reserves on the outcome of the estates review and a sum has been set aside for accruals, which will be spent in the early part of the year. It also reflects a prudent approach to managing the workforce.

BF commented that data quality remains an issue for the Trust and has been raised in both the Audit and Clinical Governance and Clinical Safety Committees; however, the Trust does not seem to be making progress. He asked for further assurance from Alex Farrell in this area.

**It was RESOLVED to RECEIVE the performance and finance reports for month 12 2011/12.**

*Helen Wollaston joined the meeting.*

TB/12/27b Strategic workforce report (item 8.2)

AGD highlighted two issues.

- The next phase of implementation of e-rostering, which will have an impact on staff expectations of the management of rotas, etc. where the focus will be on the effective use of resources for the benefit of service users.
- The Trust has been approached by NHS North of England in relation to the increase in Barnsley BDU sickness absence levels. AGD explained that the figures no longer include support services, which historically kept the level down, and hence Barnsley BDU compares well with this group.

In terms of Investors in People, AGD reported that Barnsley and Forensic Services have been assessed as meeting the standard, Wakefield and support services meet the standard but this needs to be externally verified, and Calderdale and Kirklees assessments are still in draft.

BF commented that the forensic sickness absence target needs to be realistic and meaningful. IB agreed to take this into the Remuneration and Terms of Service Committee with other HR targets and report back to Trust Board.

On the areas where the Trust performed poorly in the staff survey, AGD outlined the mitigating action the Trust is taking.

**It was RESOLVED to RECEIVE the strategic human resources report for quarter 4 2011/12.**

TB/12/27c Quality and compliance report (item 8.3)

NY highlighted key points in the report and suggested an outline of the safeguarding position at a future Trust Board. She confirmed that CQC visit reports are considered at each Clinical Governance and Clinical Safety Committee meeting and this will continue.

**It was RESOLVED to NOTE the quality and compliance report for quarter 4 2011/12.**

TB/12/27d Improving access to psychological therapies (item 8.4(i)) (confidential item)

*Anna Basford (ABa), Tim Breedon (TB), Sean Rayner (SR) and Karen Taylor (KT) joined the meeting for this item.*

**It was RESOLVED to NOTE the report and to RECEIVE a further paper in July 2012.**

TB/12/27e Integration of policies (item 8.4(ii))

It was suggested that assurance of the embedding of integrated policies might be an area internal audit should review in 2012/13.

**It was RESOLVED to NOTE the updated schedule of integrated policies and NOTE the progress made.**

TB/12/27f Procurement Strategy and action plan April 2012 to March 2015 (item 8.4(iii))

PA confirmed that the comments made by the Audit Committee had been incorporated into the revised Strategy.

HW asked if the Trust was using its purchasing power to act as a responsible and corporate citizen to promote good practice, promote social enterprise and working with service users. DS responded that the purchasing strategy is based on the Trust acting as a corporate citizen.

AGD asked if the Strategy was sufficiently ambitious or stretching in identifying cost savings, particularly in areas it has control of. DG responded that this is included in the detailed plans and cost improvements are reviewed on an annual basis; however, the aim would be to exceed these targets, particularly in later years.

**It was RESOLVED to APPROVE the Procurement Strategy.**

TB/12/27g Information Management and Technology Strategy update (agenda item 8.4(iv))

SM commented that the Health Informatics Service (HIS) does not provide the Trust with the service it needs; however, coming out of its contract with the HIS is a Trust Board decision and will come back for consideration as appropriate.

**It was RESOLVED to NOTE the Strategy update.**

TB/12/27h Review of working capital facility for 2012/13 (item 8.4(v))

**It was RESOLVED to APPROVE the extension of the working capital facility with Barclays until June 2013 and that this could be done without the need for a tender process.** Trust Board acknowledged that it was spending this sum to maintain its financial risk rating with Monitor.

**TB/12/28 Governance issues (agenda item 9)**

TB/12/28a Audit Committee annual report (agenda item 9.1)

**It was RESOLVED to SUPPORT the view of the Audit Committee that it can provide assurance to Trust Board that, in terms of the effectiveness and integration of risk Committees, risk is effectively managed and mitigated through assurance that Committees meet the requirements of their Terms of Reference, that Committee workplans are aligned to the risks and objectives of the organisation, and that Committees can demonstrate added value to the organisation. It was also RESOLVED to APPROVE changes made to terms of reference by Committees during their annual review.**

TB/12/28b Monitor Code of Governance (agenda item 9.2)

It was agreed that internal audit should be asked to re-audit the Trust's compliance with the Code following any changes made to accommodate the Health and Social Care Act and that compliance should be reviewed in January 2013 and then every three years.

**It was RESOLVED to RECEIVE the self-assessment as assurance that processes are in place to ensure the Trust complies with the Monitor Code of Governance.**

TB/12/28c Trust Board self-certification for the annual plan 2012/13 (agenda item 9.3)

**It was RESOLVED to CONFIRM that Trust Board can provide adequate assurance of meeting the criteria of the self-certification.**

BF asked at what point the Trust's cash position becomes an issue for the Trust and Monitor. SM responded that it is seen as prudent practice to have cash reserves with a rationale for the level of these. IB commented that he would like to see a timetabled capital plan arising out of the work of the Estates Forum.

BF commented that he was uncomfortable with the current position and that the Trust has no apparent plan for utilising the reserves to improve services. JJ responded that there will be a clear plan for estates by the end of the calendar year and the Trust needs to be prudent in the resources it has available. Willmott Dixon will make a presentation to Trust Board, following discussion at the Estates Forum on 21 May 2012.

It was suggested that a programme of pump-priming/non-recurrent spend on new or to improve services, not necessarily related to estate, should be developed. SM will take this forward with EMT.

TB/12/28d Quality Governance Framework (agenda item 9.4)

AGD commented that this was a retrospective review and suggested that the assessment for 2012/13 should be a forward look with a retrospective audit at the end of the year. NY welcomed a meeting outside of Trust Board to discuss a different approach for the coming year.

PA asked how clinical audit fitted with the Framework. BF commented that this was an area not fully reviewed within the Trust outside of regular reports to the Clinical Governance and Clinical Safety Committee. He suggested presentation of the work programme and process to the Audit Committee, with the detail continuing to come to Clinical Governance. PA was keen that this would be on the understanding that this does not duplicate activity between the two Committees. PA and BF, as Committee Chairs, agreed to discuss the process and report to the next Board meeting.

IB summarised that there is a shared view that the Trust is compliant and internally the Trust can evidence compliance; however, further work to link compliance with the Framework to standards, customer insight report and stakeholder perceptions work is needed.

**It was RESOLVED to CONFIRM that Trust Board has had regard to the Framework in determining the level of assurance to be reported in respect of quality.**

**TB/12/29 Monitor Q4 return (agenda item 10)**

**It was RESOLVED to APPROVE the exception report.**

**TB/12/30 Any other business**

Creative Minds

Following a request by BF at the Audit Committee, a report on project spend under the Creative Minds programme indicated a spend of £463,000 during 2011/12. BF asked for a better understanding of the purpose of the programme, which will be presented to the Board in May. It was also agreed there should be an evaluation of individual projects above a certain level included in the customer insight report and a summary of all projects collated for publication.

**TB/12/31 Date and time of next meeting (agenda item 11)**

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 strategic session on Tuesday 29 May 2012 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

**Signed .....** **Date .....**