



With all of us in mind

Minutes of Trust Board meeting held on 30 October 2012

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	Julie Fox	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Steven Michael	Chief Executive
	Nisreen Booya	Medical Director
	Tim Breedon	Acting Director of Nursing
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
In attendance:	Sean Rayner	District Service Director, Barnsley
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Anna Basford	District Service Director, Calderdale and Kirklees
	Adrian Berry	Director, Forensic Services
	Karen Taylor	Director of Service Improvement and Development
	Noreen Young	Director of Nursing, Clinical Governance and Safety

TB/12/68 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. The apology from Noreen Young (NY) was noted and IB confirmed that she would be taking ill health retirement from 1 November 2012.

IB also confirmed that District Service Directors and the Director of Service Improvement and Development would attend business and risk meetings of Trust Board from October 2012.

TB/12/69 Declaration of interests (agenda item 2)

Trust Board noted that Helen Wollaston (HW) is no longer Chair of Platform 51. There were no comments or remarks made, therefore, **it was RESOLVED to formally note the removal of this declaration**. No further declarations were made over and above those received by Trust Board in March 2012 onwards.

TB/12/70 Minutes of and matters arising from the Trust Board meetings held on 25 September 2012 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public and private sessions of Trust Board held on 25 September 2012 as a true and accurate record of both meetings. There were no matters arising.

TB/12/71 Mid-Yorkshire Hospitals NHS Trust update (agenda item 4)

The Chief Executive (SM) updated on the current position.

TB/12/72 Estates Strategy (agenda item 5)

TB/12/72a Estates Strategy (agenda item 5.1)

It was RESOLVED to APPROVE the next stage implementation plan for the Estates Strategy.

TB/12/72b Transfer of estate from NHS Barnsley (agenda item 5.2)

It was RESOLVED to APPROVE the business case for the transfer of estate from NHS Barnsley and to PROGRESS the transfer, subject to meeting Monitor's requirements to enable it to assess the risk to the Trust, the self-certification process and consequent reporting to Monitor, which will come to Trust Board in December 2012. The transfer will also be used as a 'case study' for the Members' Council in preparation for its new duties under the Health and Social Care Act 2012 as suggested by IB.

TB/12/72c Aberford field disposal (agenda item 5.3)

IB asked for assurance that the Trust has taken appropriate advice in terms of the benefits of the transaction. Alan David (AGD) confirmed that advice was sought from Starkeys and the District Valuer was asked to provide assurance on the Trust's position not to undertake a commercial assessment or participate in negotiations.

It was RESOLVED to APPROVE, in principle, the Heads of Terms as the basis for an option agreement for the sale of Aberford Field.

Jonathan Jones (JJ) asked for an update on other disposals approved by Trust Board. AGD responded that:

- Carr Street is currently progressing to sale for £135,000;
- a housing association has made an offer on Hyde Park, which is considered to be on the low side. The Trust has been advised that the covenant on the property is enforceable and, under the circumstances, the offer is probably reasonable with the covenant in place; and
- the land at Southmoor is currently being marketed.

TB/12/73 Investment appraisal framework (agenda item 6)

For the next meeting, IB asked for an update on potential developments, development of telehealth and the ideas incubator at the next Trust Board.

It was RESOLVED to NOTE the progress made on key investment projects and to RECEIVE an update on the issues identified above.

TB/12/74 Performance reports quarter 2 2012/13 (agenda item 7)

TB/12/74a Quality report (item 7.1)

Tim Breedon (TB) introduced this item and explained the purpose of the report to:

- provide an integrated report linking national, Monitor and local targets;
- provide a summary of performance against quality metrics; and
- prepare the way for a single performance report, which will include quality metrics.

Bernard Fee (BF) commented that this was an excellent first report, particularly in terms of reporting positive performance. HW suggested that listening to service users and carers and how this measures and informs priorities should be reflected through the report.

TB alerted Trust Board to a national issue relating to the Mental Health Act. The Department of Health has acted to resolve an irregularity in the application by

strategic health authorities through administrative processes to approve doctors under Section 12 of the Act. There is no suggestion that doctors have acted inappropriately or are practising inappropriately. He assured Trust Board that all doctors are appropriately approved under current arrangements. There may be a challenge for the Department of Health or individual Trusts in terms of illegal detention and TB will keep Trust Board informed.

TB/12/74b Performance report (item 7.2)

Alex Farrell (AF) identified three key areas relating to IAPT, sickness absence and the BDU position relating to CQUINs and use of bank staff.

IB commented that the comparison provided of Monitor risk ratings may demonstrate the difference payment by results (PbR) and payment under block makes to Monitor's financial risk rating, which increases concern about and risk of the move to PbR. SM responded that the Trust cannot eliminate the risk but the work to develop mental health PbR has learned from acute Trusts' experience and the need to ensure sustainability of the model. AF commented that development of mental health arrangements is to provide a realistic assessment of the use of resources rather than an average cost as applied in acute Trusts.

IB also asked if the Trust would continue to be 'under the radar' with Clinical Commissioning Groups (CCGs). SM responded that the focus will be on acute Trusts; however, the Trust is working with the Chairs and Chief Executives of CCGs to ensure understanding of mental health and community services. The Trust has a Memorandum of Understanding with commissioners to ensure that PbR does not destabilise the system and the Trust is not put at risk.

TB/12/74c Strategic workforce report (item 7.3)

AGD identified four key issues, which will form a key part of the workforce cost improvements in 2013/14, in relation to sickness absence, appraisal, bank/agency/overtime spend and turnover.

In relation to sickness absence, AGD outlined the action the Trust is taking to manage sickness levels down. JJ asked when Trust Board could expect to see improvements coming through. AGD thought by the end of quarter 3/beginning of quarter 4; otherwise he would expect to see disciplinary action taken against staff. The Remuneration and Terms of Service Committee considered sickness absence in detail at its last meeting and:

- took the view that there is shared ownership within the EMT;
- agreed that there should not be a differential target for BDUs nor an increase;
- noted the specific action taken in the forensic BDU and keep further investment under review until it improves; and
- noted the areas which are improving.

It was agreed there should be a more detailed discussion at the next business and risk meeting.

SM confirmed that AGD provides the framework and policy development for sickness absence; BDU Directors bring a clear statement of performance, including trajectory

for improvement to EMT; and there is a clear discussion with staff side regarding performance, particularly in 'probationary' period.

Julie Fox (JF) asked why Barnsley agency spend was so high. Sean Rayner (SR) responded that this was due to provision of mental health services by integrated teams and a series of particularly challenging clients in the Oakwell Centre. He assured Trust Board that Barnsley BDU has a zero-tolerance approach to use of bank and agency staff and this will be addressed by the full implementation of e-rostering.

TB/12/74d Finance report (item 7.4)

AF commented that the overall financial position has improved since the last report. She is working with BDUs to identify variances, identify action to mitigate these and agree trajectories for improvement. This has been particularly useful in relation to CQUINs and spend on pay linked to sickness absence.

It was RESOLVED to RECEIVE the report.

TB/12/74e Exception reports: serious incidents report (item 7.5(i))

TB took Trust Board through the report.

SM commented that he understood the number of recommendations included those made in the review reports on two homicides in Kirklees; however, the report does identify some potential systemic issues due to the very fact that a large number of recommendations were made. Nisreen Booya (NHB) commented that this could be due to the rigour of the two investigations due to the nature of the incidents. The recommendations will be reviewed through the Incident Review Sub-Group in terms of learning.

JF commented that, in the longer-term, the feedback loop should demonstrate a reduction in recommendations as embedding and transferring of learning takes place across BDUs. NHB added that the appointment of investigators will aid the process both in terms of embedding and transferring learning and ensuring rigour in investigation processes. Assurance on the process will come through the Incident Review Sub-Group. Information on what the Trust has done in terms of acting on the recommendations and the lessons learned will be included in the annual SI report for 2012/13 in June 2013.

It was RESOLVED to RECEIVE the report.

TB/12/74f Exception reports: Service line reporting and currency development (item 7.5(ii))

It was RESOLVED to NOTE progress.

TB/12/74g Exception reports: Children's services (item 7.5(iii))

It was RESOLVED to RECEIVE the report.

SM highlighted two areas of risk relating to children and adolescents' mental health services in Wakefield, which transferred to the Trust under Transforming Community

Services, and Barnsley children's services. Management of the services will not now transfer to the Trust following the OfSTED report.

HW commented that she would appreciate further analysis in relation to the delivery of children's services by the Trust, what benefits the Trust brings, what it costs to deliver services and future developments. TB responded that this would come through the current service reviews and the investment appraisal framework.

TB/12/74h Exception reports: Changes to policies and strategies to meet NHS LARMS (item 7.5(iv))

It was RESOLVED to APPROVE the changes to the Risk Management Strategy, the Policy on Policies, the Health and Safety Policy and the Customer Services Policy to meet the requirements of NHS LARMS.

TB/12/75 Monitor quarter 2 return 2012/13 (confidential agenda item 8)

Dawn Stephenson (DS) took Trust Board through the report and **it was RESOLVED to APPROVE the exception report to Monitor.**

TB/12/76 Assurance Framework and organisational risk register Q2 2012/13 (item 9)

DS alerted Trust Board to an additional risk identified by EMT following the publication of the CQC community survey results, particularly in relation to care planning and care review, and the impact on the Trust's reputation.

HW asked whether the impact of the cost improvement programme should be reflected in the register going forward and SM suggested this could be discussed further at the November strategy meeting. There is also a paper to the Clinical Governance and Clinical Safety Committee on 6 November 2012.

SM also commented that EMT had assessed the risk around clinical commissioning groups but agreed that mitigating action in place took the rating below 15.

It was RESOLVED to:

- **NOTE the process for producing the 2012/13 assurance framework and assurances provided for Q2 2012/13; and**
- **NOTE the areas where gaps in assurance have been identified through the risk register and are being addressed through specific action plans as appropriate, led by the lead Director.**

TB/12/77 Date and time of next meeting (agenda item 10)

The next public meeting will be held on Tuesday 18 December 2012 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

Signed **Date**