



With all of us in mind

## Minutes of the Trust Board Meeting held on 30 October 2008

<b>Present:</b>	Joyce Catterick	Chair
	Ian Black	Non-Executive Director
	Bernard Fee	Non-Executive Director
	David Hinchliffe	Non-Executive Director
	Jan Wilson	Deputy Chair
	Steven Michael	Chief Executive
	Nisreen Booya	Medical Director
	Malcolm Featherstone	Deputy Chief Executive/Director of Finance
	Hazel O'Hara	Chief Operating Officer
	Noreen Young	Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Alan Davis	Director of Human Resources and Workforce Development
	Terry Dutchburn	Director of Business Development and Planning
	Bernie Cherriman-Sykes	Board Secretary (author)
	Patrick Warren	AstraZeneca (member of the public) from agenda item 3
<b>Apologies:</b>	Anne Gregory	Non-Executive Director
	Ruth Unwin	Director of Corporate Development and Constitutional Affairs

### **TB/08/83 Welcome, introduction and apologies (agenda item 1)**

The Chair (JC) opened the meeting. The apologies from Anne Gregory (AG) and Ruth Unwin (RU) were noted. JC commented that the private session of Trust Board was being taken prior to the public session due to the importance and urgency of some items.

### **TB/08/84 Declarations of interest (agenda item 2)**

David Hinchliffe (DH) asked Trust Board to note that he has shares in Tunstall Healthcare Group and asked for this to be included in his Declaration.

There were no further declarations of interest made over and above those previously declared.

### **TB/08/85 Resolution to Exclude the Public and Press**

**It was RESOLVED that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Section 1 (2) Public Bodies (Admission to Meetings) Act 1960**

### **TB/08/86 Minutes of and Matters Arising from Trust Board meeting held on 20 August 2008 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the Trust Board meeting held on 20 August 2008 as a true and accurate record of the meeting.**

There was one matter arising relating to TB/08/76b Finance Performance Report Month 3 2008/09 (Page 7) Malcolm Featherstone (MF) reported that he had agreed with Ian Black (IB) that a paper on agency and temporary staff and its impact on the Trust would now come to Trust Board in December 2008.

On a separate matter, IB asked for assurance that an action list from Trust Board meetings was produced and maintained. SM assured Trust Board that the action list was actively dealt with by the Executive Management Team and that the Chair received a copy and updates on the actions. IB confirmed that he wished for a similar arrangement to be put in place for the Audit Committee.

## **TB/08/87 Trust Board assurance from Committee meetings (agenda item 4)**

### **4.1 Audit Committee 18 August 2008**

A verbal update was received at Trust Board on 20 August 2008. There were no further issues to raise.

### **4.2 Audit Committee 20 October 2008**

IB raised the following.

1. The Committee scrutinised the Auditor's Local Evaluation (ALE) action plan and was assured that action is in place to move the Trust from level 2 to level 3 in 2008/09. IB also confirmed that the Trust would want to continue with a self-assessment against the ALE standards, at least for a further year, when it becomes a Foundation Trust despite there being no requirement to do so.
2. The Committee also received assurance that the Trust will meet the timetable for implementation of International Financial Reporting Standards.
3. Also raised at the Committee was the issue of the Trust's approach to an environmental strategy and its carbon footprint. Alan Davis (AGD) explained that the Trust was committed to NHS targets on carbon reduction and will develop a strategy by the end of this financial year. A summit will be organised to pull together a realistic and achievable plan and it was suggested that this should form a standing item on a Trust Board Committee agenda. The Chief Executive (SM) highlighted three areas of activity that will help inform a revised Estates Strategy – work with Interserve to look at use of the Trust's estate, including a sustainability workshop arranged for 15 January 2009, work with BT on remote and home working, and work the Trust is undertaking to reduce carbon emissions. It was agreed that an update report should come back to Trust Board in January 2009 and a full environmental strategy and revised Estates Strategy to Trust Board in March 2009.
4. IB also reported that the Committee robustly challenged the increase in Audit fees contained in the Annual Audit Letter 2007/08 and Grant Thornton has agreed to come back to the Committee if circumstances change.

### **4.3 Remuneration and Terms of Service Committee 19 August 2008**

A verbal update was received at Trust Board on 20 August 2008. There were no further issues to raise.

### **4.4 Remuneration and Terms of Service Committee 17 October 2008**

Bernard Fee (BF), Chair of the Committee, reported that the Committee had commissioned a piece of research into Non-Executive Directors' remuneration from Capita. Volunteers from the Members' Council had been sought to form a working group to work with AGD to develop a recommendation for consideration at the first formal Members' Council meeting.

#### 4.5 Clinical Governance and Clinical Safety Committee 30 September 2008

Jan Wilson (JW), Chair of the Committee, had no issues to raise from the minutes of the meeting.

#### 4.6 Mental Health Act Committee 1 October 2008

DH highlighted the following.

1. RU will commission a piece of work to review in detail the reasons for a higher rate of detention of BME service users against other groups, reporting back to the Committee in due course.
2. The Committee commissioned a piece of work as a result of concerns around the level of discharges from Mental Health Act detention or Mental Health Act review tribunal prior to a manager's appeal. JW will meet with clinicians to discuss the outcome of the report prior to the next meeting of the Committee. JW commented that she gained assurance from the report which demonstrated that a similar percentage of detained service users were discharged in North Kirklees whether they had made an appeal or not. In response to a concern raised by Nisreen Booya (NHB), DH explained that the notes presented to Trust Board were in draft form and any issues could be raised at the next meeting of the Committee should NHB wish to do so.
3. The Implementation Self-Assessment Tool for the new Mental Health Act was considered at the meeting and an updated version circulated to all Trust Board members for information as DH had expressed concern regarding the Trust's position. The updated version does show significant improvement but some gaps remain.
4. Regarding the Hospital Managers' personal review process, it was agreed to consider who should undertake these reviews at the Trust Board development session on 4 December 2008.
5. Hazel O'Hara (HOH) alerted Trust Board to the issue of admission of young people to Trust services, which has arisen as a result of a report issued by the Children's Commissioner, "Out of the Shadows: review of responses to the recommendations made to the 'Pushed into the Shadows' – young people's experience of adult mental health facilities".. SM confirmed that the Trust would be reverting back to its original position that it admits no young people under the age of 18 to its services. This would also be discussed at the Trust Board session on 4 December 2008.

#### 4.7 Charitable Funds Committee 17 October 2008

MF reported that the main issue for discussion at the meeting was that funds for Wakefield and Trust-wide were getting low and would not cover all the bids made to the Committee. Further funds will have to be raised and this will be considered at the next meeting.

**It was RESOLVED to RECEIVE the minutes from Trust Board Committees.**

#### **TB/08/88 Chief Executive's Report (item 5)**

SM referred to his written briefing, which had been circulated prior to Trust Board and covered:

- Visioning and Listening events;
- 'Healthy Ambitions';
- Working Together at a time of strategic change;
- Foundation Trust development;
- clinical governance review in Kirklees;
- the Healthcare Commission annual healthcheck and outcome of the random audit;
- visitors from Gujarat, India, and visit to Jonkoping, Sweden;
- MP visits.

In relation to the visit to Sweden, it was suggested that performance information would be of interest to the Trust. SM also read out a letter from the Gujarati visitors thanking the Trust for an excellent visit.

### **TB/08/89 Strategic Development (agenda item 6)**

#### **TB/08/89a Foundation Trust application (agenda item 6.1)**

SM introduced this item and raised two issues.

1. The Trust has received formal confirmation from Monitor of agreement with the proposal based on the conversation with Stephen Hay.
2. The Working Capital Facility with Barclays has been signed to December 2008. The Trust will re-open discussions with Barclays in mid-December 2008 for an extension. MF informed Trust Board that Royal Bank of Scotland had re-entered this market and he intends to meet to determine whether this would be a viable alternative.

JC also updated Trust Board that the Deputy Chair and Chief Executive had agreed to the appointment of a Non-Executive Director designate, Peter Aspinall, selected by the Chair and Chair of the Remuneration and Terms of Service Committee on 16 October 2008. He will meet with JC on 3 November 2008. The appointment is from 1 November 2008 initially for twelve months, with subsequent appointment on Authorisation as a Foundation Trust for a period to be determined by the Members' Council.

IB asked whether there was a contingency plan in place should the Trust be deferred or rejected in its Foundation Trust application, if only with regard to communications. JC agreed to raise this with SM and RU when discussing progress on the application.

**It was RESOLVED to NOTE the progress report on the FT application.**

#### **TB/08/89b Constitution (agenda item 6.2)**

**It was RESOLVED to:**

- **APPROVE the revised terms of reference for the Remuneration and Terms of Service Committee; and**
- **APPROVE the revised membership and terms of reference for the Clinical Governance and Clinical Safety Committee.**

## **TB/08/90 Strategic Execution (agenda item 7)**

### TB/08/90a Performance Report Month 6 2008/09 (agenda item 7.1.1)

JC asked Trust Board members to raise any issues on the report.

1. DH welcomed the additional information on prison activity. HOH commented that this was the first time the information had been collected in this way and, from discussions with the Trust's prison lead, it does not represent the full extent of activity levels provided by the Trust. DH went on to ask whether there were any issues, in terms of sexual discrimination, given the differences in referral rates between New Hall and Wakefield prisons. He asked whether concern could be feedback to NHS Wakefield District. TD commented that the PCT was aware of the issue and much rests on the differing cultures within the prisons. A revised service specification for Wakefield prison would provide an opportunity to address this.
2. IB asked for further information on how the Trust intends to meet the % service users on enhanced CPA offered a care plan (target 2.2.5) by January 2009. HOH explained that there were various strands of activity to address the shortfall in the target highlighted in the narrative on page 33. IB asked how confident HOH was that the target would be achieved and she responded that, in adult services, she was confident of achievement; however, older people's services presented more of a challenge as the reasons why performance remains low are not clear. The Assistant Director for older people's services will undertake a re-assessment of the fundamental issues in the service. NHB commented that the service was not originally included in the care programme approach and differing practices between localities and a tradition of discussing care plans rather than giving them to service users could be factors affecting performance. Work has started with clinicians to agree a standard care plan that can be given to each service user. However, this is likely to provide an improvement in performance by March 2009 rather than January. IB asked for a more detailed paper on this one item with an estimate of when the target will be achieved and it was agreed that this would be presented to the December meeting, with NY co-ordinating its presentation.
3. JW asked whether there was any correlation between the closure of Fox View Annexe and the continued high bed occupancy at Fox View. HOH confirmed that this was not the case.
4. In terms of the risks outlined on pages 3 to 5, BF commented that he would like to see information on action plans in place and how the Trust is monitoring action to mitigate risk, particularly any emergent risks. Additionally, risks raised under other items, such as risks relating to recruitment, are not included in the risk summary. AGD commented that the risks posed by recruitment have been moved to the organisational risk register and is an emerging risk in a number of services and at a number of levels. HOH commented that reporting on emergent risks move to the main body of the report once an action plan is in place and mitigating action is underway.
5. Regarding the Trust's achievement of level 2 for the Auditor's Local Evaluation (ALE), BF commented that the Trust has committed to achieving level 3 in 2008/09 but also set this as a target in 2007/08. He hoped the Trust was clear about what it needed to do to achieve level 3.
6. JC asked how the Trust was addressing achievement of all HCC indicators in 2008/09 and HOH agreed to bring a further report to Trust Board in December.

7. JW commented that the Clinical Governance and Clinical Safety Committee had received an excellent presentation on managing aggression and violence, which gave real assurance that the Trust is managing violence both against staff and against patient by patient. She agreed to raise training for carers at the Committee.
8. BF asked for comment on the target for 18-weeks and TD responded that the Trust is in negotiation with commissioners to address performance; however, the figure quoted is Trust-wide and locality information shows very different performance between PCTs, which demonstrates that, where the Trust has received additional funding, performance against target has improved. Plans are in place to achieve the target in Kirklees and Wakefield.
9. JC asked when the Oasis Centre would be fully available for use across the Trust. HOH responded that there was a phased approach to opening all areas and ensuring wider participation of other services in the facilities.

In summary, SM commented that developments in performance reporting should improve ease of access to performance information to ensure greater understanding of the organisation. The following had been agreed by Trust Board in the development session held that morning:

1. full report quarterly, outlining high level risks linked to the risk register;
2. summary on a monthly basis, based on the '4+2' linked to the dashboard;
3. high level summary corporate reports will remain;
4. quarterly SDG reports, including information of in-year cost savings;
5. exception reports on a monthly basis;
6. higher level reporting with more information available as requested by Trust Board members;
7. draft revised performance report would be circulated for further comment in the next week.

**It was RESOLVED to RECEIVE the report as assurance of the Trust's current performance position and that mitigating action is being taken to address any areas of under performance.**

TB/08/90b Financial Performance Report Month 6 2008/09 (agenda item 7.1.2)

JC invited comments and questions from Trust Board.

1. JC asked what the forecast was for the overspend on utilities to the end of the year and what actions are being taken to reduce this spend. MF responded that this had been built into the forecast and there is sufficient contingency to cover any overspend. Utility budgets will be re-based for 2009/10. He also confirmed that NHS organisations are not empowered to undertake some activity local authorities are considering.
2. IB asked what the impact would be on cashflow and resources of paying suppliers in less time. MF commented that the Government does not have the power to force NHS Trusts to do this; however, David Nicholson has circulated a letter encouraging Trusts to pay suppliers within ten days. The Trust has a policy of being a good citizen and the Trust is moving to two credit runs per week and reducing payment time. However, this is only a small part of expenditure. He

agreed to bring back information on the effect of working capital to Trust Board in December.

3. MF confirmed that the Trust has mechanisms in place that will allow it to pay Calderdale and Huddersfield NHS Foundation Trust under the Service Level Agreement on demand should the need arise.
4. HOH agreed to clarify issues around recruitment leading to a 30% vacancy level in prison services at the next meeting.

SM summarised the agreement reached in the morning session.

1. A combination of versions 1 and 2 will be developed to form version 3 of the finance report for December's meeting.
2. In-year cost savings relating to SDGs will go into the quarterly performance report, followed up by exception reports on a monthly basis.
3. 'In a nutshell' was considered useful and would also include an explanation of the shift in the split between recurrent CIP and in-year cost savings from that in the IBP.
4. The presentation of both reports would be reviewed to look similar.
5. A draft revised performance report would be circulated for further comment in the next week.

**It was RESOLVED to receive the report as assurance of the Trust's current financial position.**

TB/08/90c Annual Audit Letter 2007/08 (agenda item 7.2)

**It was RESOLVED to:**

- **RECEIVE the Annual Audit Letter 2007/08 from Grant Thornton;**
- **NOTE the follow up report against recommendations made in the Annual Audit Letter 2006/07;**
- **NOTE the recommendations contained in the Letter for 2007/08.**

TB/08/90d Treasury Management Strategy and Policy (agenda item 7.3)

JC reminded Trust Board that this had been reviewed in line with the earlier discussion at Trust Board. MF explained that the changes were highlighted in the front sheet to the revised Strategy and confirmed that the current approach is conservative in that the Trust will only invest in organisations highly rated. Any long-term deposits will require authorisation by finance and non-finance Executive Directors, and ratings are higher and more demanding. MF agreed that the proposal from IB to restrict investment to UK regulated banks only given the Iceland experience was perfectly reasonable and this would be included in the Strategy and subject to review as part of the annual review of the Strategy.

**It was RESOLVED to APPROVE the revised Treasury Management Strategy and Policy.**

TB/08/90e Healthcare Commission Annual Healthcheck (agenda item 7.4)

Trust Board noted that the outcome of the HCC Annual Healthcheck was 'excellent' for quality of services and 'fair' for use of resources. IB confirmed that the Audit Committee had asked for an understanding from Grant Thornton on what is required

for the Trust to achieve level 3 for Use of Resources, monitoring of progress and an ongoing report to Trust Board through the Committee.

NY was asked to convey Trust Board's appreciation to staff for the hard work represented by the 'Excellent' rating.

**It was RESOLVED to:**

- **NOTE the outcome of the HCC's Annual Healthcheck;**
- **ASK the Clinical Governance and Clinical Safety Committee to continue to scrutinise Trust activities required to maintain 2008/09 scores for quality of healthcare.**

TB/08/90f NHS LARMS assessment (agenda item 7.5)

NY confirmed that the assessment would take place on 18 and 19 November 2008 and confirmed that the Trust's self-assessment shows that the minimum requirements have been met. Trust Board was pleased to see that significant progress had been made,

**It was RESOLVED to NOTE the current position in relation to the preparation for the assessment in November.**

TB/08/90g Assurance Framework and Risk Register (agenda item 7.6)

SM confirmed that the Risk Register incorporates the amendments previously agreed by Trust Board and will include risks around recruitment under Workforce. The Assurance Framework represents an excellent model to evaluate Directors' objectives on a quarterly basis and provides a clear explanation of how the Trust is handling internal controls within the organisation.

It was agreed that a report on performance against the Information Governance Toolkit should come to the December Trust Board in advance of the self-assessment in March 2009. It was also agreed to escalate the issues around Pathways and Packages to the Risk Register.

IB asked whether local authority investment in Iceland would have any effect on the Trust. MF thought this unlikely as the Trust has very little financial exposure to local authorities.

**It was RESOLVED to NOTE the amendments to the Assurance Framework and APPROVE the proposed changes to the Risk Register.**

TB/08/90h Kirklees Clinical Governance Review (agenda item 7.7)

NY and NHB highlighted the key issues from the report and explained that the '4+2' framework and seven pillars of clinical governance had been used to frame the report. It had also been developed in liaison with NHS Kirklees. An action plan will now be developed with the service, which will be performance managed by the SDG, monitored by EMT through quarterly reviews and scrutinised by the Clinical Governance and Clinical Safety Committee.

In response to a comment from DH regarding mental health services in Kirklees, SM commented that there continue to be many examples of excellent practice and



services in Kirklees and these should not be lost. Nor should the findings of the review be regarded as overtly negative or, for that matter, a reflection of deteriorating performance but should be seen as a learning exercise. Issues in Kirklees are deep-rooted and historical, which the Trust is addressing. AGD urged that existing processes should be used to address the recommendations and avoid the danger of inventing new systems.

**It was RESOLVED to:**

- **NOTE the executive summary of the report;**
- **ASK the Clinical Governance and Clinical Safety Committee to scrutinise implementation of the action plan to address the recommendations; and**
- **ASK the Executive Management Team to performance manage the action plan arising from the review;**
- **PRESENT key milestones back to Trust Board and for the full report and action plan to be presented to the Clinical Governance and Clinical Safety Committee in December.**

**TB/08/91 Culture (agenda item 8)**

No items.

**TB/08/92 Structure (agenda item 9)**

TB/08/92a Trust Board and Committee dates 2009 (agenda item 9.1)

Following a request for Trust Board members to express preferred days to hold Trust Board, Tuesday is the best option. This may present some difficulties for preparation of performance information in some months, which the Executive Team will seek to resolve to ensure timely and relevant information is presented to Trust Board. A schedule will be circulated.

TB/08/92b Leadership and Management Framework – developing Business Delivery Units (agenda item 9.2)

AGD provided an update on progress and explained that the paper picks up issues such as clinical leadership, general management and leadership competencies. BF expressed a concern at the lack of an organisational succession plan accompanied by a talent pool and identification of any gaps, as a third strand to the Leadership and Management Framework. The Trust has a low turnover of staff and he would worry if the Trust did not look externally as well as internally for replacement of senior staff. AGD commented that systems were not yet in place to address this issue; however, he agreed that the next stage of the action plan would address this. A summary will be presented to Trust Board to provide assurance to Trust Board through the Leadership and Management Development Strategy.

**It was RESOLVED to SUPPORT the ongoing development of Business Delivery Units as the Trust's approach to Service Line Management.**

**TB/08/93 Innovation (agenda item 10)**

TB/08/93a Research and development update (agenda item 10)

NHB reminded Trust Board of the background to national research and development funding contained in a previous paper to Trust Board in July 2008 and explained how the new arrangements would benefit the Trust and its access to funding. DH supported the approach and urged Trust Board to give this issue more focus than previously. JW commented that there was a lot of other research and development activity within the organisation and she requested a Trust-wide audit to capture the whole picture.

**It was RESOLVED to SUPPORT the proposal to explore the option of joining a Collaborative for Leadership in Applied Health Research and Care to see if it will be cost effective in furthering the Trust's long-term research and development aspirations.**

**TB/08/94 Partnerships (agenda item 11)**

No items.

**TB/08/95 Date and time of next meeting (agenda item 12)**

JC reminded Trust Board that the next meeting of Trust Board will take place on Thursday 4 December 2008. A programme for the day would be circulated as soon as possible but a full day had been scheduled. The meeting would take place at Fieldhead, Wakefield.

**Signed .....**      **Date .....**