



Minutes of Trust Board meeting held on 13 January 2009

Present:	Joyce Catterick	Chair
	Ian Black	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
In attendance:	Peter Aspinall	Non-Executive Director designate
	Alan Davis	Director of Human Resources and Workforce Development
	Terry Dutchburn	Director of Business Development and Planning
	Ruth Unwin	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Bernard Fee	Non-Executive Director
	Anne Gregory	Non-Executive Director
	David Hinchliffe	Non-Executive Director

PS/09/01 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) opened the meeting and sought Trust Board approval to bring forward agenda item 9, Marketing Strategy, to item 3 on the agenda. This was approved.

The apologies from Bernard Fee, Anne Gregory and David Hinchliffe were noted.

PS/09/02 Declarations of interest (agenda item 2)

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

PS/09/03 Minutes of and Matters Arising from Trust Board meeting held on 4 December 2008 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the Trust Board meeting held on 4 December 2008 as a true and accurate record of the meeting.

There were two matters arising from the public session minutes.

TB/08/100 Admission of young people to Trust services (Page 3) The Chief Executive (SM) previously circulated to Trust Board a copy of the letter sent to commissioners outlining the Trust's position following the Trust Board meeting in December.

TB/08/101b Medical Workforce Strategy (Page 4) Alan Davis (AGD) confirmed that this would come to Trust Board in March 2009.

There was one matter arising from the private session minutes.

PS/08/42 HMP Wakefield Clinical Governance review (Page 1) SM confirmed that an internal workshop had been arranged for 20 January 2009 to agree the Trust's response to the review report prior to the Trust's involvement in a wider workshop,

organised by the PCT, to review the service specification linked to the recommendations in the report.

PS/09/04 Trust Board assurance from Committee meetings (agenda item 4)

4.1 Clinical Governance and Clinical Safety Committee held on 5 December 2008

There were no issues raised from this meeting.

4.2 Mental Health Act Committee held on 11 December 2008

There were no issues raised from this meeting.

It was RESOLVED to RECEIVE the minutes from the Clinical Governance and Clinical Safety, and Mental Health Act Committees.

PS/09/05 Monitor appendices (item 5)

PS/09/05a Appendix B9 Board Statement – working capital and financial reporting procedures (agenda item 5.1)

Following presentation of their report on the Trust's working capital and financial reporting procedures by KPMG and presentation by the Director of Finance of the Board Memorandum, **it was RESOLVED that there was sufficient assurance in both documents for the Chair of the Trust to sign the Board Statement (appendix B9) to the Regulator on working capital and financial reporting procedures.**

PS/09/05b Appendix B10 Board Memorandum (agenda item 5.2)

Following presentation of their report on the Trust's working capital and financial reporting procedures by KPMG and presentation by the Director of Finance of the Board Memorandum, **it was RESOLVED that there was sufficient assurance in both documents for the Chair of the Trust to sign the Board Memorandum (appendix B10) on working capital and financial reporting procedures.**

PS/09/05c Appendix B12 Board Statements – clinical quality, service performance, other risk management processes, and board roles, structures and capacity (agenda item 5.3)

Ruth Unwin (RU) introduced this item and began by reminding Trust Board that the application to Monitor has to demonstrate:

- financial viability evidenced through the Integrated Business Plan, Long-term Financial Model, and historical evidence of sound financial management tested through due diligence, the assessment process, the working capital review and the Board-to-Board. The unqualified opinion from KPMG relating to appendices B9 and B10 (above) confirm the Trust's position;
- legally constituted evidenced through a constitution that has been approved by Monitor (September 2008);
- well governed evidenced throughout the application and assessment process and supported by the B12 Board Statements.

She went on to explain that the B12 Statements are a self-declaration from the Board, which complement the B10 Board Memorandum, confirming its confidence that:

- the Trust has effective arrangements in place for ensuring clinical quality and that there are sound plans in place to ensure quality indicators can be maintained;
- there are sound systems in place for the Board to assure itself in relation to risk and performance and that the Board challenges the information it receives and uses it to support strategic decision-making (this was particularly evident in the areas of staff appraisal, fire safety training, care planning and 18-week wait);
- there are plans in place to ensure compliance with all existing targets, including Monitor compliance requirements;
- Board members have no material conflicts of interest;
- all Directors are appropriately qualified to discharge their functions effectively;
- selection and training programmes are in place to enable Non-Executive Directors to carry out their functions effectively and have the right skills and experience, which was confirmed by KPMG in their report;
- the management team has the capacity and experience necessary to deliver the business plan;
- the management structure is adequate to deliver the business plan.

A number of minor additions were suggested for inclusion in the Appendix around mutual respect, stronger evidence of strategic decision-making by the Board and innovation.

It was RESOLVED that, subject to the amendments discussed, there was sufficient assurance and evidence in the document presented to Trust Board and from the report from KPMG to demonstrate that the Trust was able to operate as an autonomous organisation and for the Chair of the Trust to sign the Board Statements contained in Appendix B12.

PS/09/06 Chief Executive's Report (item 6)

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

- strategic context, particularly the emphasis in the Operating Framework on co-production;
- meeting with Steve Shrubbs, NHS Confederation Mental Health lead, where a number of issues were discussed, including the implications of the Operating Framework for mental health trusts and the position on the admission of young people onto adult wards. Seeking advice from the Trust's perspective given recent Trust Board discussions, Steve Shrubbs confirmed that Trust Board was taking the stance that was consistent with similar prudent approaches adopted nationally. In addition, the position of Pathways and Packages and personalisation with reference to the new mental health contract was highlighted. It was reported as a positive and productive meeting;
- World Class Commissioning;
- recruitment of middle grade doctors;

- the current economic situation, particularly in Calderdale (as agreed at Trust Board in December, this is now on the Risk Register);
- environmental update, including reference to the sustainability workshop to be held on 15 January 2009;
- leadership and management (a more detailed paper will be brought back to Trust Board in March 2009).

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

PS/09/07 Month 8 reports (agenda item 7)

JC reminded Trust Board that more detailed quarterly reports were being presented again in Month 8 as well as in December to provide as much information as possible to Trust Board in the run up to the mini Board-to-Board with Monitor.

PS/09/07a Section 1 – Integrated performance report: strategic overview (agenda item 7.1)

Key issues raised from the integrated performance report.

- Jan Wilson (JW) asked whether the reality of World Class Commissioning does present such a risk to the Trust. Terry Dutchburn (TD) reminded Trust Board that it had received a paper on this in July 2008 and that the risks will only become clear when organisational development plans are produced by PCTs as a result of their World Class Commissioning assessments. Malcolm Featherstone (MF) commented that there is a history of co-operation between this Trust and PCTs and he hoped this would continue as a result of any recommendations coming out of PCT assessments. The emphasis in the Operating Framework on partnership along the co-production model sends a strong message to commissioners. Ian Black (IB) asked whether the Strategic Health Authority (SHA) had a view on this and JC responded that there is only one SHA-sponsored formal arrangement for Chairs and Non-Executive Directors to meet. It was suggested that the Board could invite the Chair or Chief Executive of one of the PCTs to a Board meeting to present their strategic plan. SM, however, confirmed that the Chief Executive of the SHA had placed emphasis on the need for relationship management and 'co-production' within Yorkshire and the Humber, which had been relayed at the launch of the Operating Framework for all Chief Executives across the patch.
- SM confirmed that the Trust had successfully appointed an ADHD consultant, which demonstrates continued development of the sub-specialisation agenda.
- Regarding the hours offered by community mental health teams, JC commented that she would like to see the service offering enhanced hours in their annual plans. Hazel O'Hara (HOH) responded that there has been no pressure from commissioners or service users to offer out-of-office hours. Certain new services, such as IAPTs in Kirklees, will have this written into contracts. Nisreen Booya (NHB) felt an assessment of the need and advantages of extended hours of working was justified and HOH agreed to review the Trust's position.
- JC also asked what action the Trust had put in place to address the current issues with delayed discharges to nursing homes. TD responded that he met with both the local authority and PCT in Kirklees and both had acknowledged that they have to manage the market and develop more appropriate nursing

home and residential home services for people with dementia and more challenging mental health problems. He has a further meeting later in January to look at gaps and what else can be done. The Trust will look at the care home liaison service in Older People's Services to ensure the service specification meets requirements and will also look at any other service offers it could make to ease the situation, for example, step down beds. The Trust is also looking at out-of-area provision and discharging individuals to available places whilst they wait for their placement of choice rather than the individual continuing to occupy a Trust bed.

The Trust does have a role in assisting both the local authority and the PCT to ensure individuals are placed appropriately within services, which may not necessarily be Trust services.

- With regard to Payment by Results/Pathways and Packages, SM reported that the Department of Health has written to the health community confirming that the Northern Project model is the methodology to be followed. However, no funding has been forthcoming to support dissemination of the project, which the Northern Consortium is looking at ways to address.
- SM reported that he and RU made a presentation to Extended EMT on the outcome of the study visit to Jönköping. The Trust has been invited to send representatives to present at an international Clinical Microsystems Festival in Jönköping in March.
- HOH asked for guidance on when Trust Board would want to review key performance indicators. It was agreed that the February strategic development session would focus on establishing "what success means for the Trust" and that a review of KPIs at this time would be appropriate.
- JC asked what assurance could be given to Trust Board that the Trust will meet the 80% target for care planning and that it was important this was met through the promotion of a healthy culture ensuring long-term sustainability. Noreen Young (NY) responded that work towards achievement of the target is aimed at maintaining and improving quality aspects of the approach as well as achieving numbers. The main thrust of the work is now focused on clinicians. HOH reported that current figures are 57.4% overall, made up of 69.7% for working age adults and 34.2% for older people's services. The Board accepted that it was important to ensure work being undertaken led to an improved quality and approach to care planning as well as increasing the proportion of people with a care plan and agreed to revised timescales to achieve the 80% target of the end of March 2009 for working age adults and of the end of July 2009 for older people's services.
- JC also asked for assurance on achievement of the PCT indicators by March 2009. HOH confirmed that the crisis resolution and home-based treatment targets would be achieved by then. For the Early Intervention Services, she could not give absolute assurance that the target would be met at the present time. The Trust will not receive full funding for the service across all three areas until April 2010, which has a corresponding impact on activity. For the Assertive Outreach Teams, the target in Wakefield will be reached by the end of March 2009. For Calderdale and Kirklees, the Trust has not historically been funded at a level to meet the national target, which HOH and TD are currently reviewing.

- In response to a query from SM, RU confirmed that the Trust is doing further work on the ethnicity of compulsory admissions to understand the position and, from this, an action plan is being developed. It was agreed that, in view of this, the assurance rating would be raised to 2.
- Regarding the two InPAC targets, HOH explained that there was no end date for these targets; however, activity was in place to ensure achievement, including the appointment of medical champions to work with doctors.

PS/09/07b Section 2 – High level summary reports – HR and workforce development (agenda item 7.2(i))

IB asked whether a more challenging target for sickness absence could be set. AGD stated that the 5.5% target had been very stretching when it was originally set and the Trust's performance compared very favourably compared with other Trusts. Work to further reduce sickness absence would need to adopt a different approach and the Trust was exploring more innovative approaches to supporting improved attendance.

PS/09/07c Section 2 – High level summary reports – Compliance (agenda item 7.2(ii))

NY provided assurance to Trust Board that the Trust was addressing issues raised by the Baby P and Shannon Matthews cases and the requirements of Trusts set out by David Nicholson. A sub-committee of the Clinical Governance and Clinical Safety Committee met to look at the outcome of the review of the CHAI audit and a report will be presented to the Committee in February.

PS/09/07d Section 3 – Finance report month 8 2008/09 (agenda item 7.3)

Trust Board asked for clarification on the position with the underperformance on the Cost Improvement Programme in Older People's and Forensic services. MF and HOH explained that SDGs have identified appropriate substitute CIPs ensuring that the recurrent target could be achieved. In-year savings were reported as ahead of target. This will present a challenge for the coming years. An update position will be presented as part of the annual planning process in March 2009.

Trust Board commented on the positive way in which both SDGs have owned and addressed this issue.

IB also commented that, in case of 'CIP fatigue', he would like to see information on CIPs by SDG and commentary on the impact on services. HOH confirmed this information is included in the Section 4 report produced quarterly for Trust Board. This information will be included in the paper informing consideration of annual plans in March 2009 to ensure all Board members are aware of the position for each SDG.

PS/09/07e Section 4 – Service performance and activity report (agenda item 7.4)

Trust Board noted the content of the report, reflecting the fact that the reports provide valuable 'drill down' information in support of the high level summary reports. HOH reminded Trust Board that this will be a quarterly report in future.

JC formally thanked the finance and performance and information teams for their work and efforts in developing and producing the performance reports over the last few months.

PS/09/07 Section 5 – Exception reporting and action plans – quality improvement (agenda item 7.5(i))

SM introduced this item and explained that NY and NHB will lead the work on behalf of Trust Board to look at the Trust's core clinical services and systems through engaging clinicians to look at what is possible. This links into the remit of all Executive Directors and will inform the structures the Trust will need to deliver high quality services in line with the Statement on Internal Control, Directors' objectives and the Assurance Framework.

In response to comments from a Non-Executive Director, HOH agreed to look at outcome indicators as part of the review of KPIs in support of the above.

It was RESOLVED to ENDORSE the approach outlined in the paper.

PS/09/07g Section 5 – Exception reporting and action plans – Operating Framework and annual planning (agenda item 7.5(ii))

TD introduced this item. SM commented that this paper links the marketing strategy with quality improvement, which will inform the February development session.

The Trust will negotiate with PCTs on the quality improvement target through the Commissioning for Quality and Innovation (CQIN) framework. JC commented that she would like to see in the annual plans that the Trust is making best use of the next two years (2009/10 and 2010/11) when it knows what its funding will be and to look at ways to ensure it has a 'buffer' in the longer-term against any shortfall/reduction in income.

IB asked whether the Trust had assessed the impact of providing single sex accommodation earlier than the Trust is required to do so. MF responded that this depended on the definition used of single sex accommodation. Currently, the Trust is fully compliant with DoH guidance and so meets the expectations of commissioners. Any impact would depend on any changes to the Department of Health (DoH) definition. A fully segregated service would have serious ramifications for provision of services and for service users, particularly in relation to the feasibility of continuing to provide services for women on all four sites. NHB commented that there was a real difference between adhering to the technical interpretation of requirements and providing a quality service that treats service users with dignity. The development of an ageless service would facilitate a move to fully single sex accommodation but this must be part of the development of service models and structures.

JC asked how the Trust decides the criteria for minor capital spend. MF explained that this was part of the annual planning guidance and was a delegated action from Trust Board to the Executive Management Team. It was agreed that consideration should be given for the next annual planning round of bringing the criteria for decision back through Trust Board.

MF agreed he would assess the overall financial position before bringing any recommendation to Trust Board to re-instate the funds taken out of minor capital as recommended by KPMG.

It was RESOLVED to NOTE the issues identified in the paper and receive the final annual plans and budgets at the March Trust Board.

PS/09/07h Section 5 – Exception reporting and action plans – Maintaining services on the St. Luke's site (agenda item 7.5(iii))

SM introduced this item outlining the current position as described in the paper. Work to maintain the site continues with AGD as lead Director. Alternative site provision work continues with MF as lead Director. Trust Board discussed the issues outlined in the paper in detail.

It was RESOLVED to:

- **APPROVE the approach adopted in maintaining services on the St Luke's site, to note progress made in terms of identifying interim contingencies/alternatives and longer term solutions;**
- **AGREE to receive a further, fully costed report with feasible options at the March Trust Board.**

PS/09/07i Section 5 – Exception reporting and action plans – Assurance Framework and Risk Register (agenda item 7.5(iv))

RU explained that there had been no major changes to the Assurance Framework, which were summarised in the front sheet. It had been brought back to Trust Board to meet quarterly reporting timescales.

SM commented that, during the session on 9 January 2009, Trust Board had agreed that the nine risks presented in the Risk Register are all relevant and the top three risks to the Trust are the capital programme, cost improvement programme and World Class Commissioning. It was agreed to consider whether this issue still presents such a major risk or whether sufficient mitigating action has been provided with the development of the Marketing Strategy.

It was RESOLVED to:

- **NOTE the Assurance Framework;**
- **AGREE no further changes were required to the Risk Register.**

PS/09/08 Serious Untoward Incidents update (agenda item 8)

Under item 6, SM gave Trust Board an update on the position of SUI 2008/3790 based on the summary paper circulated with his briefing. HOH confirmed that the individual is still in receipt of 24-hour nursing care through Forensic Services at Pinderfields; however, a nursing home place has now been found in Cambridge. The individual will move in the next two weeks, accompanied by Trust staff who will discharge him at the point of transfer. The reports form RCA within Forensic Services, a review of the specialist medical aspects of the incident, and the neurological investigation have been completed in draft form and the Trust is seeking legal advice on its position.

Trust Board noted that the family has indicated it will make a claim and the process will be managed by the NHS Litigation Authority. The Trust will be expected to pay any excess to a maximum of £10,000. The NHSLA has allowed the Trust to appoint Hempsons as its litigation solicitors.

NY drew Trust Board's attention to the suicide and homicide in Kirklees just before Christmas. Systems and processes have been put in place to review the incident and it is the subject of a Police investigation. Again, the Chair and Deputy Chair of the Trust have been informed throughout the process.

NY also reported that she is meeting with the National Patient Safety Agency to talk through the increase in suicides in the Trust since 1 April 2008, the suicide prevention strategy and comparisons with other Trusts.

It was RESOLVED to NOTE the update on SUIs and Independent Inquiries since 1 April 2008.

PS/09/09 Marketing Strategy (agenda item 9)

TD explained that his paper sets out the process undertaken to develop the Strategy. The use of an external consultant was helpful, particularly in terms of looking at what Trust Board has done before. The 'raw materials', in terms of systems, processes and information, are in place but these had not been drawn into a coherent whole before.

Two key questions were addressed in the Strategy. Firstly, the role of marketing in the NHS based on supporting relationship management and communication with stakeholders, and, secondly, what competition means in the NHS, which now has a different focus following the publication of the Operating Framework for 2009/10.

Trust Board went on to provide comments on the Strategy as follows.

- NHB commented that the Strategy needed to make a stronger statement about broader quality issues linked to marketing, including hotel services and customer care. RU commented that these areas, such as the Trust's offer and hotel services, would be part of the branding of the organisation and the document points to other pieces of work still to be done.
- JW felt the Strategy needed to have a stronger clinical and business focus.
- IB welcomed the document but asked whether it did enough to allow the Trust to seek activity outside of its geographical area. He also commented that, although the Trust takes the lead on a number of initiatives, this rarely seems to translate into 'sales' and these should be included in the Strategy.
- HOH commented that she would welcome a stronger balance between maintaining existing business and improving its quality.
- JC commented that it was a good document, setting out the Trust's approach.

TD responded that marketing plans will come from SDGs and this is where the clinical link would be. The document was intended to set out the principles that inform further work to develop marketing plans for services, based on a core set of values and standards, translated into a brand.

It was RESOLVED:

- **to APPROVE the Marketing Strategy subject to any amendments required as a result of comments made above;**

- to **SUPPORT** the next steps outlined in the document with the understanding that an explicit link is made to the quality improvement agenda and how this will shape the service offer with stronger clinical leadership;
- that, in relation to capacity and capability, consideration of any additional resource needed to support the functions identified would be an executive decision made through the annual planning process;
- to **RECEIVE** a review of the position at Trust Board in six months (July 2009) either through the annual planning process or through performance reporting.

PS/09/10 Date and time of next meeting (agenda item 10)

The next public meeting of Trust Board will take place on Tuesday 31 March 2009 in the meeting room, Ward 7, St. Luke’s Hospital, Huddersfield. There will be an all day strategy session for Trust Board on Tuesday 24 February at Fieldhead, which will focus on “what does success mean to us?”

TB/09/11 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

Signed **Date**