

Minutes of Trust Board meeting held on 31 March 2009

Present:	Joyce Catterick Ian Black Bernard Fee Anne Gregory Jan Wilson Steven Michael Nisreen Booya Hazel O'Hara Noreen Young	Chair Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director Chief Operating Officer Director of Nursing, Compliance and Innovation
In attendance:	Peter Aspinall Richard Backhouse Helen Brown Alan Davis Cherrine Hawkins Janey Howl Ruth Unwin Bernie Cherriman-Sykes	Non-Executive Director designate Mental Health Act Commission (for item 3) Observer (Board Development Tool) Director of Human Resources and Workforce Development Deputy Director Finance Observer (Board Development Tool) Director of Corporate Development and Constitutional Affairs Board Secretary (author)
Apologies:	David Hinchliffe Terry Dutchburn Malcolm Featherstone	Non-Executive Director Director of Business Development and Planning Deputy Chief Executive/Director of Finance

TB/09/12 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) opened the meeting and the apologies from David Hinchliffe, Terry Dutchburn (TD) and Malcolm Featherstone (MF) were noted. On behalf of Trust Board, she passed on her condolences to TD on the death of his father. She welcomed Helen Brown and Janey Howl to the meeting, observing Trust Board as part of the Board Development Tool, Cherrine Hawkins, attending for Malcolm Featherstone, and Richard Backhouse, attending for item 3.

TB/09/13 Declarations of interest (agenda item 2)

The following Declarations of Interest were considered by Trust Board.

Name	Declaration
CHAIR	
Joyce Catterick	No interests declared
NON-EXECUTIVE DIRECTORS	
Peter Aspinall (designate)	Director, Primrose Mill Contracts of Clitheroe LLP Director, Primrose Mill Contracts LLP Director, Honley Show Society Ltd.
Ian Black	Non-Executive Director and Chair of Audit and Remuneration Committees, Nisa-Today's Group Limited Non-Executive Director and Trustee, McKeith Press Ltd. Owner, I&B Associates Limited Non-Executive Director, Trustee and Treasurer, Scope Ltd. Governor, Beaumont College, Lancaster Private shareholding in Lloyds Banking Group PLC (retired member of staff)
Bernard Fee	No interests declared
Anne Gregory	Acting Chair, Ridings School, Halifax Director, Centre for Public Relations Studies, Leeds Metropolitan University

Name	Declaration
	Contract with Department of Health to deliver "What good looks like" communication project Contract with East Midlands SHA to deliver communications course Contract with NHS Yorkshire and the Humber to deliver communications course
David Hinchliffe	Shareholding, Wakefield Trinity Rugby League Football Club and member of Charitable Trust Sub-Group Shareholding, Tunstall Healthcare Group of companies and acts as consultant for the Group Trustee, Rugby League Benevolent Fund, which is involved in health and social care provision for seriously injured former players Honorary member, National Council of NSPCC Spouse is Trustee of Caring for Life (charity) Regular contributions to courses run for NHS staff by Cumberlege Connections Ltd. and the House Magazine Ltd.
Jan Wilson	Lay Chair, Yorkshire Deanery Member of project group supported through NHS Yorkshire and the Humber for Regional Medical Support and Regulation Team (part of General Medical Council concerned with Doctors' fitness to practice). Will also entail being an Affiliate to GMC.
CHIEF EXECUTIVE	
Steven Michael	Spouse is Trustee of the Harrison Trust, a charitable body supporting mental health in the Wakefield district
EXECUTIVE DIRECTORS	
Nisreen Booya	Honorary President of the Support to Recovery (Kirklees mental health charity)
Alan Davis	None
Terry Dutchburn	Spouse is Assistant Director of Commissioning at NHS Kirklees
Malcolm Featherstone	<i>Last interests declared</i> Company Secretary, Cognisance Solutions Limited Spouse owns Cognisance Solutions Limited, which provides project management services to public sector organisations, including the NHS
Hazel O'Hara	None
Ruth Unwin	Spouse is co-owner/Director of Different PR, which has contracts with the NHS Spouse is part owner of The Specialists in Communications Ltd., which undertakes work for the NHS organisations Spouse is Vice Chair of Bradford Relate
Noreen Young	On register for mediation practice with Immediation

There were no further 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/09/14 Mental Health Act Commission annual report January 2009 (agenda item 3)

Richard Backhouse (RB) formally presented the fourth and final report from the Mental Health Act Commission in its current form, as it will be subsumed into the Care Quality Commission from 1 April 2009. Mental Health Act Commissioners will remain and will continue to visit detained patients locally, make recommendations

and review follow up action taken but will no longer produce an annual report. Instead, a statement will be produced, summarising the issues arising from local visits, with slightly more formal local visit reports.

Significant extra work was generated as a result of the introduction of the Mental Health Act revisions and the Mental Capacity Act, and RB applauded the Mental Health Act administration staff for coping with the additional burden. He also commented on the high standard of practice throughout services. The introduction of rules around Deprivation of Liberty will also result in increased administration requirements.

RB went on to comment that he was pleased with the progress on implementation of the recommendations from the last annual report and then took Trust Board through the seven recommendations in this report. An action plan is required from the Trust within 28 days of its formal presentation. He thanked staff across the Trust, particularly the Mental Health Act administration staff, for their support for the Mental Health Act Commission over the years.

In response, Ruth Unwin (RU) confirmed that the Trust would produce an action plan within the required timescales, which would be monitored by the Mental Health Act Committee. The Committee will also monitor the audit of provision of rights and other information to detained patients, and the recording of Section 17 leave of absence authorisations. The cultural needs assessment will be included in the mutual respect project currently underway in the Bretton Centre. Hazel O'Hara (HOH) confirmed that a major refurbishment of the toilets on Newton Lodge was now complete. Nisreen Booya (NHB) commented that Deprivation of Liberty training had been provided to doctors as part of Mental Capacity Act training but she would ensure that training was organised specifically for a wider group of clinicians and relevant nursing staff.

Jan Wilson (JW) asked whether the visits from the Commission would be any less rigorous under the new arrangements and was assured that these would follow the same process. She also confirmed that clinical issues raised in the visit reports are taken through the Clinical Governance and Clinical Safety Committee.

Bernard Fee (BF) asked for further assurance regarding the monitoring and scrutiny of the action plan. RU explained that accountability rests with her as lead Director and assurance for Trust Board comes through the Mental Health Act Committee. BF responded that the issue around the toilets at Newton Lodge had been raised by the Commission on a number of occasions and this could be taken to indicate that the Trust has not followed through with its agreed actions. Ian Black (IB) asked why, given the report was dated January 2009, there was no management response as yet. RU explained that the report was formally presented to Trust Board and, on Trust Board's acceptance of the report, an action plan was developed within the required timescales. IB also asked if the Trust was going far enough with gender separation to which HOH responded that this is a good strategic issue for Trust Board. The Trust is working within national guidance but would ideally want to do more than this; however, timing is an issue as capacity is provided on the back of the generation of surpluses in 2013/14. She assured Trust Board that this was addressed in any new builds undertaken by the Trust.

It was RESOLVED to:

- **formally RECEIVE the Mental Health Act Commission report;**
- **DELEGATE authority to the Executive Management Team to develop an appropriate action plan within the required timescales, which will be scrutinised by the Mental Health Act Committee.**

JC formally thanked Richard Backhouse for presenting the annual report and for his work with the Trust.

TB/09/15 Minutes of and Matters Arising from Trust Board meetings held on 13 January 2009 and 17 March 2009 (agenda item 4)

As a point of principle, JC asked Trust Board to support her view that, wherever possible, all Trust Board minutes should be taken in public to ensure good governance, transparency and openness. This was supported.

It was RESOLVED to APPROVE the minutes of the Trust Board meetings held on 13 January 2009 and 17 March 2009, subject to one amendment relating to the substantive appointment of the Director of Finance, as a true and accurate record of both meetings.

There were two matters arising from the minutes from 13 January 2009.

TB/09/07h Maintaining services on the St. Luke's site (Page 8) The Chief Executive (SM) informed Trust Board that he is leading a piece of work with NHS partners and, after a full discussion, it was agreed that a full options paper will be available for Trust Board in April 2009. Alan Davis (AGD) commented that a review of the options would provide an opportunity to ensure the Trust responds to the changing environment in terms of underpinning service models and the estates strategy. However, the Trust would still need to manage the transition period, particularly on the St. Luke's site, which needs to be maintained in an appropriate way to ensure quality of care and patient safety while the Trust remains on site.

It was RESOLVED to receive a paper at the April Trust Board meeting to consider the options for the re-provision of services in Kirklees.

TB/09/09 Marketing Strategy (Page 9) In response to a question by BF, it was confirmed that development of the Marketing Strategy would be included in the next iteration of the Integrated Business Plan.

There were no matters arising from the minutes from 17 March 2009.

TB/09/16 Trust Board assurance from Committee meetings (agenda item 5)

5.1 Audit Committee held on 27 January 2009

There were no issues raised from this meeting. However, IB extended an invitation to all Non-Executive Directors to the Audit Committee meeting on 3 June 2009 to scrutinise and approve the Trust's and charitable funds annual accounts.

5.2 Charitable Funds Committee held on 9 February 2009

JC clarified her point under CFC/16/121 regarding the Trust-wide Service User and Carer Reference Group. Anne Gregory (AG) reminded Trust Board of her previous request for ideas for fund raising given the lack of funds compared to three years ago and the inequitable distribution between localities.

5.3 Clinical Governance and Clinical Safety Committee held on 13 February 2009

JW explained that the planned meeting had been cancelled due to the weather, which meant that the registration for Healthcare Associated Infection with the Care Quality Commission had had to be taken outside of the Committee. This provided a helpful opportunity for the Chair of the Trust and Chair of the Committee to scrutinise the evidence in more detail. She also commented that the Committee had reduced membership and was proposing to shift the focus of the agendas to give maximum assurance in the key area of clinical governance and clinical risk.

It was RESOLVED to RECEIVE a formal proposal regarding the name and work programme of the Committee at the April meeting.

5.4 Remuneration and Terms of Service Committee held on 16 March 2009

BF highlighted AGD's work on the external reviews of Non-Executive and Executive Directors' remuneration. AG commented that, given the current economic climate, should the review of Non-Executive Directors' remuneration not be postponed for a year after achievement of Foundation Trust status in order to offer reward related to performance. BF responded that at no point had any member of Trust Board been involved or engaged in this process, which is being led by AGD and three members of the Members' Council, and will be discussed and ratified by the Members' Council. A review of remuneration was important to ensure that the Non-Executive role was accessible and ensure equality of opportunity, which was a big factor for the steering group. JC commented that it was, of course, a matter for individuals as to whether they accepted any changes to their remuneration.

BF also informed Trust Board that the Committee met on 25 March 2009 and agreed the process for the substantive appointment of a Director of Finance by 1 July 2009. An advertisement will appear in the Health Service Journal this week with a closing date for applications of 24 April 2009. Interviews will be held in the first week of June 2009. It was agreed that the Trust should advertise more widely to maximise the opportunity to attract candidates from a variety of sectors.

5.5 Mental Health Act Committee held on 18 March 2009

There were no issues raised from this meeting.

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

5.6 Trust Board Committees annual work programmes 2009

It was RESOLVED to APPROVE the annual work programmes of the Audit and Mental Health Act Committees.

TB/09/17a Chief Executive's Report (item 6.1)

SM provided Trust Board with an update on the Foundation Trust application. Monitor had not been in a position to support the Trust's application at its March Board meeting as there were three outstanding concerns relating to necessary follow up of personnel issues regarding the KPMG reports; details regarding procurement action required following the KPMG phase 2 report; and assurance on the interim finance Director cover and substantive recruitment. SM had provided sufficient assurance to Bill Moyes that enabled support for the Trust's application at Monitor's Board in April with a view to Authorisation on 1 May 2009. Monitor has subsequently confirmed its requirements for the final part of its assessment.

It was RESOLVED to DELEGATE authority to the Chair and Chief Executive to agree any changes to Appendix B12 and to sign it on behalf of Trust Board.

SM also covered the following:

- lessons from the Healthcare Commission investigation into Mid-Staffordshire NHS Foundation Trust;
- quality improvement – an outline of the process for the Trust to develop Quality Accounts;
- Chief Executive arrangements at NHS Yorkshire and the Humber;
- staff achievements;
- corporate objectives;
- St. Luke's Hospital site.

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

TB/09/17b Report from the Chair of the Audit Committee (item 6.2)

IB explained to Trust Board that two reports had been commissioned from KPMG. The first stage report was confidential but the actions taken by the Trust have been agreed as appropriate by Monitor and KPMG. The action plan from the second stage report will be monitored by the Audit Committee and has been agreed as appropriate by Monitor and KPMG.

JC formally thanked IB for managing a difficult and challenging process, which had also been acknowledged by Monitor.

TB/09/18 Corporate Objectives 2009/10 (agenda item 7)

JC reminded Trust Board that these had been developed as a result of the Strategic Trust Board session in February and are designed to accommodate changes to the organisation in the coming months. These will inform the next part of the planning process and development of the next iteration of the IBP. IB asked for a report in a year's time on the Trust's progress against these objectives. Progress is reported during the year in the Assurance Framework and performance reports; however, **it was RESOLVED to RECEIVE a report on progress against corporate objectives in February 2010.**

In response to a question from Peter Aspinall (PA), SM commented that the Long-term Financial Model (LTFM) was an integral part of the IBP not just a tool produced

for Monitor and would be included in the second objective under 'Strategic Execution'. AG asked how the Trust would measure the more qualitative objectives and commented that she would have liked to have seen objectives more individualised to the Trust developed to reflect the quality of the organisation.

It was RESOLVED to APPROVE the corporate objectives for 2009/10.

TB/09/19 Month 11 reports (agenda item 8)

TB/09/19a Section 1 – Integrated performance report: strategic overview (agenda item 8.1)

Key issues raised from the integrated performance report.

- AG asked whether any plans or processes were in place to negotiate contracts beyond the three years originally agreed and to counter the effect of all three main commissioning contracts coming to an end at the same time. BF asked whether there was any scope for re-negotiating contracts early to allow for staggering of the process. SM indicated that PCTs were developing individual approaches, which may allow for such negotiation, although this is not yet clear. He assured Trust Board that much work is going on within the Trust to maintain and enhance relationships with commissioners at all levels. SM also commented that the introduction of Pathways and Packages and Payment by Results may provide an opportunity to develop different contracting arrangements for different services.
- With regard to each service's market share, AG also commented that it would be more helpful to see commentary on the threats and opportunities for each service.
- 2.1.6 Delivery of CIPs – BF asked why there was a difference in reporting between the performance and finance reports. Cherrine Hawkins (CH) explained that the effect in the finance report was diluted due to other factors. In-year savings for 2008/09 are compensating for non-delivery of recurrent CIPs. This will not affect 2008/09 position but will affect future years CIPs.
- 6.2.2 18-weeks referral to treatment – a detailed report will come to the April Trust Board meeting. HOH explained that the Trust is working with NHS Kirklees to control demand in line with capacity. Further discussions are taking place with Calderdale and Wakefield regarding additional funding to address the capacity commissioned for psychological therapies. NHB commented that initial work with the InPaC classification system tracked against NICE good practice has enabled the Trust to begin to gauge how much treatment a service user needs and to measure this against the capacity commissioned and what it would need to see all referrals. It will also enable the Trust to set a 'price' to commissioners. IB commented that he did not feel able to accept an assurance level of 3 against this target when there is such a big gap between the target and performance, and when there is a potential threat to the Trust of commissioners tendering these services. AG asked whether the Trust should be looking at this issue in another way in that, previously, due to the block contract, commissioners were not paying the full cost of the service and now have to fund demand as it is outstripping supply by so much. **It was RESOLVED to RECEIVE a further more detailed report at the April 2009 Trust Board meeting.**

- JC commented on the SHA priority of no waiting in mental health to which HOH responded that the target is only against the requirement to be able to produce the information not against performance itself at this stage.
- Connected to the comment made above regarding the block contract, AG asked whether disaggregating the block contract presents a threat to the Trust in terms of commissioners being able to pick off certain services. **It was RESOLVED to RECEIVE a paper in April on hotspots for each commissioner area, what the Trust is doing about these and, where plans are not in place, what the Trust intends to do.**

TB/09/19b Section 2 – Finance report month 11 2008/09 (agenda item 8.2)

The following issues were raised.

- The Trust is forecasting a surplus of £1.1 million, £0.5 million over its revised planned surplus of £0.6 million.
- The Trust applied to the Department of Health for a £6 million adjustment to its External Financing Limit and this has been agreed. However, cash will need to be managed down to meet the EFL by the end of March 2009.
- The Trust's Cost of Capital Absorption Duty stands at 4.3%, which is outside of the 5% tolerance allowed by the Department of Health. This is due to the revaluation in-year of the Trust's assets and will be an issue for all Trusts at some point.
- The interim report from Grant Thornton, which will be presented to the Audit Committee on 7 April 2009, indicates achievement of level 3 for Financial Management, Internal Control and Value for Money, and indicates the Trust is on course to achieve level 3 overall. IB commended all involved in the process this year and also commented that, on achieving Foundation Trust status, the Trust may wish to adopt an alternative methodology to assess these areas.
- CH confirmed that there were no significant changes from month 10 on in-year cost savings; however the mix has changed due to the non-realisation of income related to the top floor of the Dales. This cannot be progressed until the Trust becomes a Foundation Trust and is, therefore, unlikely to be realised until 2010/11. This is reflected as a non-recurrent cost pressure in 2009/10.
- Trust Board confirmed that it would not require reporting of month 1 figures for 2009/10. IB asked for clarity on recurrent and in-year costs savings from month 2.

JC formally thanked Malcolm Featherstone for his contribution to the Trust over the last six years and wished him well in his new role in Scarborough.

TB/09/19c Section 3 – Exception reporting and action plans – Forensic service update (agenda item 8.3(i))

AG asked whether, given this was such an area of focus for Monitor, the paper plays down the challenges to the organisation. SM responded that, in his opinion, it did not and that the Trust was aware of the risks inherent in the service and the contract with commissioners. The reduction in the occupancy target to 90% will enable the Trust to manage the service more effectively and the Trust remains price competitive with other providers. It was agreed that the risk to the Trust was not sufficient to enter onto the Risk Register; however, **it was RESOLVED to RECEIVE regular**

reports at the business and risk session of Trust Board, beginning in April 2009.

It was RESOLVED to NOTE the content of the report.

TB/09/17d Section 3 – Exception reporting and action plans – Sustainability plan (agenda item 8.3(ii))

It was RESOLVED to RECEIVE a fuller report at a future Trust Board. SM will discuss timing of this with TD

TB/09/19e Section 3 – Exception reporting and action plans – Medical Workforce Plan (agenda item 8.3(iii))

NHB highlighted two issues from her paper. Firstly, the impact of the European Working Time Directive from August 2009. She assured Trust Board that the Trust will achieve this and arrangements are in place to begin monitoring progress from 1 May 2009. Providing on-call cover within the EWTD and within the current estate configuration continues to be financially and operationally challenging. Secondly, the risk to the Trust from the shortage of middle-grade doctors due to the Deanery's response to the introduction of the EWTD and restrictions on international recruitment is now reducing due to mitigating action the Trust has put in place. JC thanked NHB for a full report and the actions taken to maintain strong medical input to the organisation.

It was RESOLVED to:

- **NOTE the contents of the paper;**
- **RECEIVE a further update report in autumn 2009/early 2010.**

TB/09/19f Section 3 – Exception reporting and action plans – Leadership and management framework – developing Business Delivery Units (agenda item 8.3(iv))

AGD presented the paper explaining that development of Business Delivery Units is part of the Trust's corporate objectives for 2009/10 and the paper begins to flesh out the structure of BDUs and criteria for autonomy. There will be an important piece of work around governance to ensure BDUs operate within the Trust's framework.

BF commented that he was uncomfortable with the paper as he felt the Trust was rushing into BDUs and this would potentially generate a huge amount of change for the Trust at a time when the Trust faced other significant challenges. He would like to have the benefits outlined and assurance around the process and impact on the rest of the organisation and service users. IB also commented that he did not feel that he had been sufficiently engaged in the process; however, it was conceded that much discussion had taken place prior to some Non-Executive Directors joining Trust Board. AGD responded that this was one of a series of papers presented to Trust Board and the EMT time out later in the week would inform a further, more detailed paper. The Trust's move to BDUs reflects the move to Service Line Management promoted by Monitor and increased clinical leadership set out in the Darzi review. NHB commented that the move was well supported by clinical leaders within the Trust.

PA commented that the principles are acceptable but there appears to be duplication of roles and no economies of scale, particularly at Trust Board level in terms of

reporting. He asked where the efficiency savings were to outweigh the costs. AGD responded that EMT had agreed that development of BDUs should be cost neutral.

JC commented that her prime concern was one of governance to which SM responded that, as Chief Executive, it is his responsibility to identify which structure optimises organisational potential to provide efficiency and effectiveness, improves the quality of services, ensures clinical engagement, supports development of the NHS in general, and offers optimum management arrangements for the Trust. These principles were guiding BDU development. SM acknowledged, however, the need for Trust Board to receive further assurance to address any outstanding concerns regarding governance, risk and mitigating action.

It was RESOLVED to:

- **RECEIVE the report;**
- **RECEIVE a further paper at Trust Board, which the Chair and Chief Executive will agree the timing of;**
- **RECEIVE a summary from the Director of Human Resources and Workforce Development on the papers that have been previously presented to Trust Board, which also demonstrates previous agreements.**

TB/09/20 Statement on Internal Control (agenda item 9)

It was RESOLVED to APPROVE the Statement on Internal Control for 2008/09.

TB/09/21 Information Governance Toolkit (agenda item 10)

Noreen Young (NY) explained that, since the report was circulated to Trust Board, a review of two areas had resulted in an increase in the score from 71% to 73% (green rating) and this has been validated by Internal Audit. The Trust's performance against the Toolkit was discussed in detail at the Clinical Governance and Clinical Safety Committee on 13 February 2009. HOH commented that the score on Clinical Information Assurance will increase as the transition from manual to electronic records is completed. RU confirmed that the level of incidents reported to the SHA would indicate whether systems and processes are working and these would be presented to Trust Board through the SUI reporting procedure. BF asked why the Trust had not scored 100% to which RU responded that achievement of a higher level requires a re-audit of processes and systems and, in some areas, these had only just been put in place.

AG asked whether the arrangements in the Toolkit would ensure the Trust had robust business continuity and disaster recovery planning arrangements in place. It was confirmed that these were part of the requirements of the Toolkit and of the annual planning process for SDGs. In response to a question from PA, NY confirmed that all action points in the action plan agreed with Internal Audit had been completed by the required deadlines.

It was RESOLVED to APPROVE the submission to the Department of Health of a score of 73%.

TB/09/22 Healthcare Commission Declaration 2008/09 (agenda item 11)

NY introduced this item and reminded Trust Board of the process undertaken. As part of the process, Non-Executive Directors had raised a number of issues regarding Standards C20a and C21 in relation to the St. Luke's site. This was in relation to the poor fabric of the building and its environs, in particular, in-patient wards, and the length of time low standards had existed. JC reported that she and PA had visited the in-patient wards recently. Some outstanding issues remain.

JC commented that she was extremely disappointed with the response from the SHA and she asked if other members were aware why some organisations had not responded. No-one was informed on this matter.

JW assured Trust Board that Non-Executive and Executive Directors had conducted a robust process to determine the organisation's return was correct. Therefore, she felt quite comfortable with recommending to Trust Board that the Trust can make a declaration of full compliance.

It was RESOLVED to:

- **APPROVE the proposal to make a declaration of full compliance against all core standards;**
- **AGREE the general statement of compliance that South West Yorkshire Mental Health NHS Trust Board had received reasonable assurance that the Trust has complied with all relevant core standards.**

TB/09/23 Diversity Strategy and Single Equality Scheme (agenda item 12)

RU explained that the Trust is required to have Equality Schemes in place and, as an organisation, had chosen to incorporate all six diversity areas into one Scheme. The Strategy and the Scheme demonstrate the huge amount of engagement that has taken place. The effectiveness of the Strategy will be evidenced by performance against KPIs to be developed for 2009/10 and a detailed action plan monitored through SDGs.

The point made by AG regarding the meaningfulness of national statistics and the implications this has for the Trust's own measures was noted.

It was RESOLVED to APPROVE the Strategy and Scheme and to AGREE that both should be monitored through reporting of performance against KPIs to Trust Board and of the action plan through SDGs.

TB/09/24 Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation (agenda item 13)

RU reminded Trust Board that the Standing Orders (and accompanying Standing Financial Instructions and Scheme of Delegation) for the Trust on Authorisation as a Foundation Trust had been approved by Trust Board in March 2008. Trust Board had agreed to hold this position pending Authorisation in June 2008. Given the current situation, some technical changes to the Standing Orders to reflect the Trust as an NHS Trust rather than a Foundation Trust have been made, with re-approval

of the Foundation Trust Standing Orders, already approved by Monitor, at the first Trust Board after Authorisation.

The Standing Financial Instructions and Scheme of Delegation will be reviewed in light of the review by Internal Audit following the KPMG review of procurement systems and process.

It was RESOLVED to APPROVE the changes to the Standing Orders and CONFIRM that there are no changes to the Standing Financial Instructions and Scheme of Delegation at this stage.

TB/09/25 Date and time of next meeting (agenda item 14)

The next public meeting of Trust Board will take place on Tuesday 30 June 2009 at Dean Clough in Halifax.

TB/09/26 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**