



With all of us in mind

Minutes of Trust Board meeting held on 29 September 2009

Present:	Joyce Catterick Peter Aspinall Ian Black Bernard Fee Anne Gregory Jan Wilson Helen Wollaston Steven Michael Alan Davis Alex Farrell Noreen Young	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director (from agenda item 10.2) Deputy Chair Non-Executive Director Chief Executive Director of Human Resources and Workforce Development Director of Finance Director of Nursing, Compliance and Innovation
In attendance:	Terry Dutchburn Ruth Unwin Bernie Cherriman-Sykes	Director of Business Development and Planning Director of Corporate Development and Constitutional Affairs Board Secretary (author)
Apologies:	Nisreen Booya Hazel O'Hara	Medical Director Chief Operating Officer

TB/09/81 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) welcomed everyone to the meeting, in particular, Helen Wollaston (HW) and Alex Farrell (AF), attending their first formal Trust Board meeting. The apologies, as above, were noted. The Medical Director was attending a meeting with Louis Appleby in London on the Trust's integrated packages of care. Trust Board supported the Chair's suggestion to write to Hazel O'Hara with the Board's best wishes.

TB/09/82 Declarations of interest (agenda item 2)

The following Declarations were considered by Trust Board.

Name	Declaration
NON-EXECUTIVE DIRECTORS	
Jan Wilson	Membership of regional sub-committee, Advisory Committee on Clinical Excellence Awards
Helen Wollaston	Owner/Director, Equal to the Occasion (communications consultancy, supporting equality and diversity in the public and non-profit sector) Chair, YWCA England and Wales Steering Group member, Kirklees Lesbian, Gay, Bisexual and Transgender Community Network Diversity Panel member, West Yorkshire Criminal Justice Board Provided consultancy services to Equity Partnership, Bradford Alliance on Community Care and Council of Ethnic Minority organisations in Bradford Consultant Partner, Equality Works
DIRECTOR OF FINANCE	
Alex Farrell	Spouse is a general practitioner based in Beeston, Leeds

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest as above.** There were no other declarations made over and above those previously declared.

TB/09/83 Minutes of and matters arising from Trust Board meetings held on 30 June 2009 and 28 July 2009 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the Trust Board meetings held on 28 June 2009 and 28 July 2009 as a true and accurate record of these meetings.

There were five matters arising.

30 June 2009 TB/09/56 Public Health (Page 2) The Chief Executive (SM) reported that the Medical Director has an objective to take an explicit lead on public health and to establish a Public Health Trust-wide Action Group to ensure the public health agenda is embedded across the Trust.

28 July 2009 TB/09/73a Improving Access to Psychological Therapies tender (Page 4) Terry Dutchburn (TD) reported that the key issue for NHS Wakefield District on the Trust's tender was cost and the Trust's competitiveness against other providers. This led to a brief discussion on the Trust's approach to development of a 'price' for services.

28 July 2009 TB/09/73b HR high level summary report (Page 5) Alan Davis (AGD) assured Trust Board that the work with Robertson Cooper on wellbeing would link a number of staff surveys to key performance indicators.

28 July 2009 TB/09/73e Members' Council involvement in clinical governance issues (Page 6) Ruth Unwin (RU) commented that the issue of Members' Council involvement in Trust Board Committees had been discussed by the Audit Committee. This needs to be part of a wider Trust Board discussion on the functions of Trust Board and the functions of the Members' Council, and the interface between the two. It was the general view that this presents a conflict for the role of Council Members to sit on Trust Board Committees.

28 July 2009 TB/09/73f Legal advice regarding an asylum seeker (Page 6) RU explained that the individual had voluntarily returned to their country of origin and there had been no need to seek further legal advice.

TB/09/84 Trust Board assurance from Committee meetings (agenda item 4)

4.1 Remuneration and Terms of Service Committee 22 May 2009

There were no issues raised from this meeting.

4.2 Mental Health Act Committee 23 June 2009

There were no issues raised from this meeting.

4.3 Charitable Funds Committee 1 July 2009 and 4.6 Charitable Funds Committee 3 September 2009

(This item was taken at the end of the meeting). Anne Gregory (AG) reported that, following a complaint from a service user, the Committee had reviewed its decisions made on bids and no bias had been found. She also reported on an issue raised by the Audit Committee in relation to the investment of charitable funds and the Committee has agreed to place funds into a safe, interest-bearing account. This would be accompanied by development of a set of investment principles with the intention of achieving tangible results.

4.4 Audit Committee 22 July 2009

Ian Black (IB) raised a number of issues from the Committee.

- Matters had not been addressed as a result of the Patients' Money audit as quickly as the Committee would have liked.
- The charitable funds issues raised by external audit are being taken forward in the Charitable Funds Committee.
- The value for money offered by the Trust's current arrangement for internal audit is being reviewed by the new Director of Finance, with the Chair of the Audit Committee and Chief Executive.
- No change to the Trust's score on Use of Resources is expected following external calibration.
- The Committee was really pleased with the amount of work and speed of implementation of the action plan arising out of the KPMG forensic report.

4.5 Clinical Governance and Clinical Safety Committee 2 September 2009

- Bernard Fee (BF) reported that the underlying concern of the Committee throughout the meeting was the continuing deterioration of the St. Luke's Hospital site. He felt it was really important for Trust Board to continue to monitor the situation closely.
- JC welcomed the intention of the Committee to hold an assurance day.
- JC also raised a number of issues around mixed-sex accommodation following visits to Trust sites. TD responded that this issue is being picked up through PCT Quality Boards. The Trust is now 92% compliant with requirements with a further audit taking place currently. It was agreed that this should be explored in more detail in the Clinical Governance and Clinical Safety Committee.

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

TB/09/85 Revised Committee membership and terms of reference for Remuneration and Terms of Service Committee (agenda item 5)

It was RESOLVED to APPROVE the proposed amendments to the terms of reference for the Remuneration and Terms of Service Committee and to the appointment of Peter Aspinall to the Audit Committee from 6 October 2009.

The formal amendments to the terms of reference of the Remuneration and Terms of Service Committee will be presented to the next meeting of that Committee.

TB/09/86 Clinical Governance and Clinical Safety Committee future direction (agenda item 6)

Noreen Young (NY) explained that the focus of future meetings would be on risk, using a scan of Directors' portfolios to ensure all clinical risks are covered. She also thanked Jan Wilson (JW) for her excellent tenure as Chair of the Committee.

It was RESOLVED to NOTE the future direction for the Committee.

TB/09/87 Chair's report from the Members' Council (agenda item 7)

JC reported that the second meeting of the Members' Council had taken place on 29 July 2009. Attendance had been low, in part due to the holiday period and she

highlighted the very tight requirements to achieve a quorum. She commented that it felt more passive than previous meetings, which had been participative and contributions enthusiastic. The Members' Council Development Group has come up with a plan for future meetings that will provide more opportunities to contribute and retain enthusiasm. However, she is conscious that the meetings must retain a balance between the formal requirements of the Members' Council and the need to ensure participation. Trust Board supported the proposal that JC writes to Bill Moyes at Monitor asking for more time to implement Monitor's requirement for a lead governor for the Members' Council to ensure the Trust can instigate an inclusive process.

It was RESOLVED to NOTE the report from the Chair.

TB/09/87 Chief Executive's Report (item 8)

SM provided Trust Board with the strategic context for this meeting, highlighting:

- discussions with partners and stakeholders around progressing the Trust's strategic intentions;
- the update of the Long-term Financial Model;
- estates re-design;
- leadership and management.

He also reminded Trust Board of the Trust's Festival of Wellbeing, linked to World Mental Health Day, from 29 September to 16 October 2009.

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

TB/09/88 Swine influenza Statement of Readiness and update (item 9)

TD reported that there was an expectation that the next wave of swine flu will begin imminently with a pandemic kicking in between weeks four and six. If this happens, reporting and monitoring will be increased appropriately.

BF commented that he had raised an issue at the Clinical Governance and Clinical Safety Committee regarding an emergency planning exercise to test the Trust's systems. TD responded that he attended an event which 'stress tested' plans. The original 'ripple' has tested the system and, if the next phase does not materialise, a planning exercise will be instigated for November. He also confirmed that the Trust's plan is a Trust-wide response utilising Trust resources with links to local authority emergency planning arrangements.

IB asked whether the Trust has a target for numbers of staff taking up flu vaccinations. AGD responded that last year 370 staff were vaccinated through the Trust. The Trust has purchased 800 vaccinations this year. The Trust has no record of how many staff are vaccinated through other arrangements. IB expressed a concern at the low level of take-up, which, therefore, calls into question the Trust's flu plans. TD responded that it is recognised nationally that insufficient NHS staff take up the flu vaccination and this Trust is not uncommon compared to other Trusts. Trust Board was of the view that the Trust should work proactively to promote

vaccinations to staff. AGD confirmed this was taking place and offered to bring back a detailed action plan. JC felt that something more proactive is required over the next ten to fourteen days to encourage staff to be vaccinated. The Trust cannot rely on or assume that staff will be vaccinated through other arrangements. It was agreed that TD should continue to update the Chair on what the Trust is doing over and above current activity, including action around communications.

BF asked who funds the seasonal and swine flu vaccinations. AGD responded that seasonal flu is funded through the Occupational Health Service and would check the arrangements for swine flu. AGD assured Trust Board that the Occupational Health Service has sufficient capacity to operate a vaccination programme both for seasonal and swine flu. A report will be provided to the Chair between now and the next Trust Board in October and a full report on budgets, costings and take up of flu vaccinations will be presented to the Clinical Governance and Clinical Safety Committee in November.

It was RESOLVED to:

- **APPROVE** the 'Statement of Readiness' for submission to NHS Yorkshire and Humber;
- **PROVIDE** a report to the Clinical Governance and Clinical Safety Committee in November;
- **PROVIDE** an outline of actions the Trust will take to ensure greater uptake of vaccinations.

TB/09/89 Month 5 performance reports (agenda item 10)

TB/09/89a Section 1 – Integrated performance report: strategic overview (agenda item 10.1)

SM commented that performance against KPI 2.4.1 (% service users on new CPA offered a care plan) is still not satisfactory. NY commented that issues remain for some clinical teams on the application of RiO, which is being addressed through coaching. The introduction of a new version of RiO at the end of this year should go some way to addressing the situation. In total, 44 service users on new CPA do not have a care plan and each is being individually assessed.

KPI 2.6.1 vacancy rate. AGD explained that the vacancy rate was set at the behest of KPMG during the original due diligence work for Foundation Trust status. It was designed to be an early warning for Trust Board for a more detailed review of vacancies and the impact on services. JC commented that the figure of 10% seemed very high. AGD responded that it is based on the turnover rate and is mapped closely. He will review the figure and come back to Trust Board with a revision if necessary.

KPI 6.1.1 % seen within 18 weeks referral to treatment. Trust Board receives quarterly reports on this issue and a report will come to the next meeting. The target is helpful in that it engages PCTs in terms of the need for demand management. TD reminded Trust Board that this is an acute Trust target and, as this service is not consultant-led, is not subject to the same measure; however, it offers a good discipline for the Trust to measure and enables comparison with other Trusts. He

also commented that GPs are on the whole unaware that such long waits exist, which PCTs will need to address.

Anne Gregory joined the meeting.

JC commented that it would be useful to consider the Dementia Strategy at the meeting in October.

With regard to the National PCT indicator for Early Intervention Services, TD commented that there is an issue around the cumulative target in that there is an expectation that service users will remain in the service for three years. Some service users are only remaining in the service for 18 to 24 months. The capacity of the service is geared to meeting year 3 targets. This is currently being reviewed as it conflicts with the Trust's aim to provide recovery-based services and not to retain people in the system unnecessarily. TD will bring a short report back to Trust Board in October, which will outline action to be taken by the service to address this.

TB/09/89b Section 2 – Finance report month 5 2009/10 (agenda item 10.2)

AF highlighted three key issues.

- 2009/10 performance targets are being met but some only non-recurrently.
- The Trust's cash balance is very healthy and the Treasury Management Policy will be implemented in October.
- The Auditor's Local Evaluation scores have improved for 2008/09. (This is subject to national calibration but is not expected to change.)

The following issues were raised during the discussion.

- BF queried the presentation of CIP performance as red in the performance report and as green in the finance report. AF responded that the shortfall in recurrent CIPs is pushing performance downward and that she would ensure alignment between the two reports in future or provide a more detailed explanation of the divergence between the two.
- IB asked why, if the Trust has large cash balances, some aspects of the capital programme could not be brought forward. TD replied that a paper would be brought to Trust Board in October in relation to this.
- In response to a query from IB, AF explained that the contribution of £0.5 million from the proposed partnership has been taken out as 'slippage on prior years CIPs' on page 4 of the report as a cost pressure. Therefore, the budgeted surplus of £3.8 million does take this into consideration. AF assured Trust Board that the loss of the contribution would have no affect on the budgeted surplus. AF was asked to include a detailed explanation of this and mitigating action in the finance report for month 6.
- With regard to recurrent CIPs, AF commented that the Trust needs to be realistic about what is achievable in this financial year. For 2010/11, it will be vital that CIPs are translated into recurrent CIPs.
- JC asked for an explanation of the reduction on the savings achieved from the St. Luke's site. AF responded that the Trust has to continue to maintain the quality of the environment whilst services are being decanted from the site. SM reported to Trust Board that discussions with Calderdale and Huddersfield NHS

Foundation Trust had included a timetable for moving from St. Luke's and the present costs of remaining on the site.

- AG asked for a further explanation of the reduction in staff in post and what effect this has on services. AF confirmed that vacancy management was used to achieve savings in-year to which AG suggested that the budget staff in post figure should be reduced. AGD commented that there would be a number of different reasons for vacancies in the system and for how long these had been held. A level of 10% is seen as a trigger for Trust Board concern. It was agreed that this should be a matter for the Executive Management Team to discuss and report back to Trust Board before the end of the year.
- This links to better reporting on CIPs and the impact on services, particularly that of non-recurrent CIPs.
- JW suggested that there should be more clarity on 'staff in post' and 'whole time equivalent'. AGD responded that this is covered in the HR performance report.
- Peter Aspinall (PA) asked whether an assumption could be made that the vacancies are in lower grades as the percentage of cost is lower. AF agreed that you could make this assumption but it would have to be tested.
- AF confirmed that consultancy costs appear on page 10 of the report under 'other costs'.

TB/09/89c Section 3 – Exception reports: Care Quality Commission registration January 2010 (agenda item 10.3(i))

NY informed Trust Board that the CQC has confirmed that it does not intend to qualify the Trust against Standard C2 regarding safeguarding children. Monitor has been informed.

BF commented that there was a significant amount of work involved in maintaining the Trust's Standards for Better Health rating and for registration and it is important that there is sufficient capacity in the system to meet requirements. It was agreed to take formal approval of the Trust's mid-year declaration against Standards or Better Health at the November meeting.

It was RESOLVED to APPROVE the assurance process to enable the Trust to register with the CQC in January 2010.

TB/09/89d Section 3 – Exception reports: Public declaration regarding Safeguarding Children (agenda item 10.3(ii))

NY highlighted that training remains an issue but assured Trust Board that processes are in place to ensure that the position is resolved and that the Trust will be able to make the declaration on its website by 15 October 2009.

BF commented that this work supports the key strategic intentions in the IBP. The training package was an example of 'Thought Leadership'.

It was agreed to receive an update report against the action plan in October.

It was RESOLVED to APPROVE the declaration to be sent to the SHA and placed on the Trust website, and that the Trust's relationship manager at Monitor is informed when it is placed on the website.

TB/09/90 Trust Board and committee dates 2010 (agenda item 11)

The dates for 2010 were approved. JC made a plea that the dates are changed only in exceptional circumstances.

TB/09/91 Date and time of next meeting (agenda item 12)

The next public meeting of Trust Board will take place on Tuesday 15 December 2009 at 2:00pm in Meeting Room 1, Fieldhead, Wakefield.

TB/09/92 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**