



With all of us in mind

## Minutes of Trust Board meeting held on 27 October 2009

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

### **TB/09/93 Welcome, introduction and apologies (agenda item 1)**

The Chair (JC) welcomed everyone to the meeting and the apologies, as above, were noted. JC began by inviting Trust Board to comment on Excellence 09, which all agreed was an excellent event that demonstrated good practice, innovation and outstanding care throughout the organisation.

### **TB/09/94 Declarations of interest (agenda item 2)**

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

### **TB/09/95 Minutes of and matters arising from Trust Board meeting held on 29 September 2009 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the Trust Board meeting held on 29 September 2009 as a true and accurate record of the meeting.**

There were three matters arising.

TB/09/88 Swine influenza (page 4) The Chief Executive (SM) provided assurance to Trust Board that the Trust has plans in place to address and mitigate any risks arising from the second phase of the pandemic. Weekly reports to Trust Board, through the Chair, have begun in line with Department of Health requirements.

Alan Davis (AGD) confirmed that the seasonal flu vaccinations for staff are funded through Trust funds via Occupational Health and swine influenza vaccinations are funded nationally. Vaccinations for 500 staff and 500 service users were received on 26 October 2009 and the Pandemic Flu Team will meet to agree how the vaccination programme will be rolled-out across the Trust, starting with a targeted programme for named staff.

PS/09/24 Principles for future partnership opportunities (page 3 private session)  
Further work will be undertaken to develop partnership principles to inform the Board's strategic session in November.

PS/09/25 Children and Adolescent Mental Health Services This item was taken in private.

The minute under item PS/09/21 (page 2) will be circulated to Non-Executive Directors only.

**TB/09/96 Annual Audit Letter 2008/09 (agenda item 4)**

The Annual Audit Letter for 2008/09 was presented to the Audit Committee at its meeting on 6 October 2009 and approved. In the absence of the Chair of the Committee, the Director of Finance (AF) was invited to introduce this item. She began by commenting that this was an excellent report and reflected the good work undertaken by all involved. The Letter also confirmed the Trust's score against the Auditor's Local Evaluation assessment of use of resources at level 3.

There were two key areas of action identified for Trust Board.

1. As a result of the authorisation of the Trust as a Foundation Trust part-way through the financial year, the Trust needs to ensure that adequate time and resources are made available to meet the increased financial reporting requirements in 2009/10.
2. The Trust should fully implement the agreed recommendations arising from the ALE review to strengthen the Trust's asset management arrangements to improve value for money and stakeholder outcomes.

Action plans are in place to address both of these areas.

The Audit Committee has agreed that the Trust should prepare evidence based on ALE criteria for 2009/10 given that the Trust is now half-way through the financial year and look to alternative measures for use of resources and value for money in 2010/11. Part of this work will evaluate whether the Trust can achieve level '4' when the final criteria are issued by the Audit Commission in November before finally agreeing whether a full ALE audit will be undertaken for 2009/10.

**It was RESOLVED to RECEIVE the Annual Audit Letter for 2008/09 and to NOTE the recommendations contained in the Letter.**

**TB/09/97 Use of the Trust seal (agenda item 5)**

**It was RESOLVED to NOTE the use of the Trust's seal since the Trust was authorised as a Foundation Trust on 1 May 2009.**

### **TB/09/98 Leadership and management arrangements and development of Business Delivery Units (agenda item 6)**

SM explained that this was a position paper in preparation for a more detailed paper for Trust Board in November and had been informed by the session with Non-Executive Directors earlier in the month.

Bernard Fee (BF) asked for clarity on the level of involvement for Non-Executive Directors in determining the structure within the Trust. JC responded that Trust Board has to be assured that leadership and management arrangements meet the requirements of a Foundation Trust moving forward and that internal control systems deliver what is required in an FT environment. It is not for Trust Board to determine the detail of operational structures.

Peter Aspinall (PA) commented that any changes to structure must add value and be workable. He was not sure that receiving a summary of the proposals would be adequate assurance given how much potential there could be for conflict within a matrix approach. SM assured Trust Board that he would provide sufficient detail on the new arrangements to give such assurance and to ensure that Trust Board has sufficient detail of the accountability framework, linked to corporate objectives and Directors' quarterly reviews. This would be reflected in the Statement on Internal Control, which is a key document in providing assurance for Trust Board. The paper in November will also set out clear benefits of the new arrangements, which will enable a process of review and assessment of what has been achieved.

Anne Gregory (AG) commented that she was unsure whether formal approval for the development of Business Delivery Units had been made by Trust Board. SM responded that more work is to be done on devolution and delegation of authority, which will be monitored through the Audit Committee, which will come back to Trust Board for approval.

#### **It was RESOLVED to:**

- **SUPPORT the development of a new management structure by the Chief Executive, based on Business Delivery Units that are district-based, supported by corporate functions providing key skills and infrastructure through development of a Quality Academy;**
- **RECEIVE a paper in November that will provide a summary of the revised structure with an analysis of the financial implications and impact on governance and internal control with a formal paper to Trust Board in December 2009, supported by a revised Statement on Internal Control.**

### **TB/09/99 Procurement Strategy (agenda item 7)**

AF introduced this item and proposed that implementation of the action plan and monitoring performance against delivery of key performance indicators is undertaken by the Audit Committee. JC asked for assurance that, given the findings of the KPMG report, arrangements were in place to ensure the Executive Management Team was in a position to oversee the work of the Director of Finance. AF responded that strong links to the Director of Corporate Development, both within the Audit Committee and through quarterly reviews of the action plan, will give a level of independence to provide this assurance.

The Trust looks to achieve best value for money, which would not necessarily mean choosing the cheapest supplier each time. Softer considerations, such as community benefits and sustainability, will always inform procurement decisions and ensuring best value is built into maintaining procurement system and processes. AGD commented that there are compliance issues for some contracts the Trust lets and these often influence procurement of services over and above issues of cost.

**It was RESOLVED to:**

- **APPROVE the Procurement Strategy and action plan;**
- **SUPPORT the proposal that the Audit Committee monitors implementation of the action plan and performance against key performance indicators.**

### **TB/09/100 Quality reports (item 8)**

#### TB/09/100a Practice Effectiveness (item 8.1)

Noreen Young (NY) introduced this item, which was the second in the series to demonstrate the Trust's response to the Darzi review, 'High Quality Care for All'.

SM commented that the QIPP (Quality, Innovation, Productivity and Prevention) was now seen as the direction for the NHS and the Trust must make sense of the challenge this presents. The Trust has already seen the benefits clinical leadership has brought to the management of one aspect of its services (forensic) in recent months.

JC asked how the Trust knows that its staff are effective and NY outlined a variety of ways the Trust measures performance, particularly of nursing staff. JC responded that she would like to see triangulation with feedback from service users and carers to form a more meaningful measure of Trust success and to make a distinction between staff who perform well and those that do not. She also commented that continued improvement must be based on the Trust exceeding the expectations of service users not just meeting them. AG and BF supported the Chair's view that the Trust needs to know what 'good' looks like and to use softer measures to assess Trust services. Ruth Unwin (RU) responded that, operationally, there are many opportunities for feedback from service users and she is currently looking at ways these can be co-ordinated and reported into the Clinical Governance and Clinical Safety Committee. SM commented that the Pathways and Packages methodology will define pathways, outline what success looks like and what service users can expect from services.

JC asked for a quarterly report to Trust Board building on the development towards the Quality Academy, incorporating the development of InPAC, and how engagement can help the Trust develop and measure outcomes for services.

**It was RESOLVED to RECEIVE the report on practice effectiveness and provide quarterly updates to Trust Board as part of development of the Quality Academy.**

#### TB/09/100b Medical revalidation (item 8.2)

Nisreen Booya (NHB) introduced this item. JC asked that, where there are significant resource implications as a result of the requirements of revalidation, these

should be brought into Trust Board; updates on the introduction of the requirements and the implications for the Trust and its services should be taken into the Clinical Governance and Clinical Safety Committee. This is particularly pertinent in relation to the Responsible Officer role and the impact on the new leadership and management arrangements.

**It was RESOLVED to:**

- **NOTE the introduction of medical revalidation;**
- **REPORT any significant resource implications to Trust Board; and**
- **PROVIDE regular updates to the Clinical Governance and Clinical Safety Committee as part of providing assurance to Trust Board regarding the Trust's implementation of the requirements.**

### **TB/09/101 Response to the Mid-Yorkshire Hospitals NHS Trust consultation (item 9)**

SM reported that he and the Chair had attended a further briefing with the Acting Chair and Chief Executive of the Mid-Yorkshire Hospitals NHS Trust (MYT) as both felt uncomfortable with submitting a response to the consultation from the Trust without any indication of the resource implications and, therefore, the financial risk posed to this Trust. Although the Trust wants to work with MYT and support proposals which benefit the local health economy, the Trust can only support the proposals if it is clear that they will bring no detriment to the people who use Trust services, affect the viability of Trust services and recognises the contribution this Trust makes to the local health economy.

It was agreed the full response should emphasise:

- the value this Trust brings;
- a commitment to the provision of mental health and learning disability services to local populations in Wakefield and North Kirklees;
- that these should not be put in jeopardy;
- the uncertainty and instability the proposals bring until the estate issue in Dewsbury is resolved.

**It was RESOLVED to APPROVE the submission of a formal response to the MYT consultation that emphasises the above points.**

### **TB/09/102 Progress report on the agreement of leases for the Priestley Unit and the Dales (item 10)**

AGD introduced this item on behalf of the Director of Business Development and Planning. He confirmed that the lease position does not affect the Trust's position under the Mental Health Act. The Trust is still classed as a Hospital Manager.

He assured Trust Board that legal advice has been taken on the Trust's position in relation to both premises. AG sought assurance that Catalyst (the PFI organisation at the Dales) is a going concern and, if it was adversely affected by the current economic climate, what the liabilities for the Trust would be.

In response to the Chair's question about increases in cost as a result of re-negotiation of the leases, AGD commented that the Dales would be subject to conditions set for the main lease and the Priestley Unit, if subject to market value, would probably result in a reduction in rent.

JC asked for an update in December on the position given the date of the end of December for resolution of the lease issues for both premises and to be kept informed in the interim.

**It was RESOLVED to NOTE the lease position for both the Dales and Priestley Unit and the status of ongoing negotiations.**

**TB/09/103 St. Luke's Hospital re-provision (item 11)**

This item was taken in private.

**It was RESOLVED to APPROVE the re-provision of services in the interim within the Trust's existing estate.**

**TB/09/104 Quarter 2 performance reports (agenda item 12)**

TB/09/104a Section 1 – Integrated performance report: strategic overview (agenda item 12.1)

SM linked the performance review to the Trust's five strategic intentions and raised three key issues around:

- leadership and management to support the Trust moving forward;
- the link to the change management programme and QIPP and the opportunities this presents to the Trust;
- ensuring the Trust has the right partnerships and relationships in place.

AF highlighted a number of points for Trust Board.

- The Care Quality Commission annual healthcheck assessment resulted in a good for quality of services and good for use of resources.
- Reporting against new KPIs linked to CQUIN, which will enable the Trust to benchmark against other Trusts.
- There has been an increase in demand for psychological therapy services and the Trust is in dialogue with commissioners to address this.
- Action plans are in place to address performance against AOT caseload targets in each of the three localities.

TB/09/104b Section 2 – Human resources and workforce development report Quarter 2 2009/10 (agenda item 12.2(i))

This report will be considered in more detail by the Remuneration and Terms of Service Committee at the end of November. During consideration of quarter 1 HR report, Trust Board asked for benchmarking information for forensic services. AGD explained that this was difficult to realise; however, he had looked at Trust with medium secure services and of a similar size and this was included in the report.

AG had a number of concerns about the outcome of the Remuneration and Terms of Service Committee decision on Executive Director pay awards, which was not supported unanimously by Non-Executive Directors. She would like to seek a review of the membership and terms of reference of the Committee. She also asked for a review of the current settlements to cover a longer period or some other arrangement that would better reflect the current economic climate and public mood. SM responded that any comments regarding leadership and management are his responsibility since he prepared the proposals put to the Committee. He assured Trust Board that, in developing the proposals, he had carefully and fully considered the current economic climate, the independent report from Hay Group, comparisons with other Trusts, affordability and value for money. The Chair suggested that, if AG still had issues with this, she should talk to SM outside of the meeting.

TB/09/104c Section 2 – Compliance report Quarter 2 2009/10 (agenda item 12.2(ii))  
Three areas were highlighted.

- Registration with the Care Quality Commission. It was suggested that a session is arranged for Non-Executive Directors to look at evidence against the requirements for registration.
- Trust Board was asked to note the update on the Safeguarding Children review findings.
- The move from excellent to good for the annual healthcheck was disappointing.

It was suggested that Trust Board considers in November whether achievement of excellent is realistic given the changes happening in the Trust and the increased requirements for performance. It may be that the Trust would wish to maintain the good status to allow for consolidation. NY responded that the Trust needs to keep aiming for excellent as it is unclear how the Care Quality Commission will operate and the standards it will set. Additionally, there were only two areas that brought the score down and the Trust has moved on significantly since March 2009. This was noted. SM commented that he should have been alerted earlier to the areas of risk of non-compliance. It is not acceptable that the Trust could be seen as not providing the right services, with its partners, for people with learning disabilities. He supported NY's view that the Trust was consistently aiming for excellence in service delivery.

TB/09/104d Section 3 – Finance report month 6 2009/10 (agenda item 12.3)

The main issue highlighted by the Director of Finance was the increase in surplus to a forecast year-end position of £5.7 million as a result of continued underspend. She assured Trust Board that these were of small amounts across a large number of cost centres and the Trust remains in a good financial position. The increased surplus provides the Trust with an opportunity to use the cash advantage to either accelerate capital expenditure or reduce next year's surplus requirement, which may be beneficial in reducing the high level of CIP required for one year whilst transformational change programmes are embedded. A proposal will be brought to Trust Board as appropriate.

In response to concerns about the continued use of vacancy management to achieve non-recurrent savings, AF commented that there is an ongoing review of the staffing establishment through the annual planning process to tease out areas where

there is over establishment and where flexibility is needed to manage services. She reiterated the point made earlier about the underspend being small amounts across a large number of cost centres. PA asked whether the £2 million increase in surplus questioned the veracity of the planning process. AF responded that she would prepare a paper for Trust Board that would outline the original position as given to Monitor and the rationale for it, the adjusted budget for 2009/10 as agreed by Trust Board in June and subsequent performance during the year. Trust Board agreed this would be useful. In answer to a question, AF confirmed that she had had conversations with Monitor about the changing financial picture and that Monitor was anticipating the significant change at Quarter 2.

SM accepted that forecasting has not been sufficiently robust. The new Director of Finance has brought stability to reporting but both reporting and forecasting must be much tighter in future and provide more confidence for Trust Board.

TB/09/104e Section 4 – Service performance and activity report Quarter 2 2009/10 (agenda item 12.4)

Trust Board asked for the following to be included in the next quarterly report.

- Bed occupancy – further explanation on whether this includes leave beds or not.
- Fuller explanation on the difference between discharge and referrals and the implications for management of services. This should be assessed both across individual services and localities.
- Further information on Forensic services from the interim Care Group Director.

TB/09/104f Section 5 – Exception reports: Assurance Framework and risk register (agenda item 12.5(i))

RU explained that the risk register had been amended to reflect greater risks in relation to the prison service and care planning approach. For the prison service, there was a real risk that the Trust will not retain the service due to the decision to tender by NHS Wakefield District and the risks of running the service in the interim. There was also a need for review of the action around CPA given the underperformance against the target set by Trust Board.

BF asked for clarity on CPA in terms of the assurance given in relation to the mid-year declaration against core standards and the position reflected in the risk register. It was agreed to change the rating given the assurances from the Director of Nursing in relation to the core standard.

The Chair reminded Trust Board that, in the work towards FT status, it had been agreed to review the method of reporting and measuring risk at a strategic level. The Audit Committee was asked to review alternatives and come back to Trust Board with a recommendation.

**It was RESOLVED to:**

- **NOTE the assurances provided for 2009/10 Quarter 2;**
- **AGREE the changes to the risk register as above.**



TB/09/104g Section 5 – Exception reports: Psychological therapies 18-week wait update (agenda item 12.5(ii))

The Trust is working with commissioners in Calderdale and Kirklees to address key issues. Further work is needed with NHS Wakefield District, particularly as the IAPT service has been commissioned from Turning Point.

A further report was requested in December in the performance report.

**It was RESOLVED to:**

- **NOTE the progress within the service; and**
- **RECEIVE a further report in December.**

TB/09/104h Section 5 – Exception reports: Dementia Strategy (agenda item 12.5(iii))

**It was RESOLVED to:**

- **NOTE the report; and**
- **SUPPORT further exploration of the business opportunities set out in the paper and for their inclusion in the IBP.**

TB/09/104i Section 5 – Exception reports: Position paper on prison mental health service provision (agenda item 12.5(iv))

SM reported on the agreement reached with NHS Wakefield District.

- If the service goes out to tender, it will then be at risk in the interim. Therefore, it had been agreed with the PCT to establish a Quality Board to assess and manage the risk.
- An independent clinical view will be sought by the PCT of the prison re-specification and agreed with both prison Governors.

**It was RESOLVED to:**

- **NOTE the report on the prison service contract;**
- **MAINTAIN the Trust's current position until the intention of the commissioner becomes clear;**
- **CONTINUE to work closely with the PCT to resolve the position.**

TB/09/104j Section 5 – Exception reports: Care Programme Approach (agenda item 12.5(v))

This was covered under agenda item 12.5(i).

**It was RESOLVED to NOTE the ongoing action to ensure continued CPA development in line with national and local policy directives.**

TB/09/104k Section 5 – Exception reports: Scoping analysis following 2008/09 annual healthcheck result (agenda item 12.5(vi))

**It was RESOLVED to SUPPORT the proposal to escalate this to Chief Executive level within each PCT.**

**TB/09/105 Monitor Quarter 2 report (agenda item 13)**

It was agreed that SM would sign off the final return prior to sending to Monitor following the Members' Council meeting on 29 October 2009.

**It was RESOLVED to APPROVE the governance and financial returns and the exception report to Monitor.**

**TB/09/106 Date and time of next meeting (agenda item 14)**

The next public meeting of Trust Board will be held on Tuesday 15 December 2009 in Meeting Room 1, Fieldhead, Wakefield. There is a strategic session for Trust Board on Tuesday 24 November 2009.

The Trust Board meeting on Tuesday 26 January will be a full day meeting, involving a joint meeting with the Members' Council in the morning and a business and risk meeting of Trust Board in the afternoon.

**Signed .....**      **Date .....**