



**Minutes of Trust Board meeting held on 15 December 2009**

<b>Present:</b>	Joyce Catterick	Chair
	Peter Aspinall	Non-Executive Director
	Ian Black	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
	Gill Green	Acting Director of Nursing, Compliance and Innovation
<b>In attendance:</b>	Terry Dutchburn	Director of Business Development and Planning
	Ruth Unwin	Director of Corporate Development and Constitutional Affairs
	Bernie Cherriman-Sykes	Board Secretary (author)
<b>Apologies:</b>	Hazel O'Hara	Chief Operating Officer
	Noreen Young	Director of Nursing, Compliance and Innovation
<b>Public:</b>	Alison Moreton	Wakefield LINK
<b>Press:</b>	Nick Lavigueur	Huddersfield Examiner (up to item 9)

**TB/09/107 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 welcoming Gill Green (GG) to her first Trust Board meeting as Acting Director of Nursing, Compliance and Innovation, and Alison Moreton from Wakefield LINK.

She alerted Trust Board to the change in Caldicott Guardian and Senior Information Risk Officer from Noreen Young to GG.

On behalf of Trust Board, JC commented on the absence of both Noreen Young and Hazel O'Hara and wished them both well.

**TB/09/108 Declarations of interest (agenda item 2)**

The following declarations were considered by Trust Board.

Name	Declaration
<b>CHIEF EXECUTIVE</b>	
Steven Michael	Member, Huddersfield University Business School Advisory Board Member, Leeds University International Fellowship
<b>EXECUTIVE DIRECTORS</b>	
Gill Green	Trustee, Well Women Centre, Wakefield

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

**TB/09/109 Minutes of and matters arising from Trust Board meetings held on 27 October and 24 November 2009 (agenda item 3)**

Alex Farrell (AF) asked for the surplus figure on Page 7 of the minutes from 27 October 2009 to be changed to £5.7 million. Subject to this amendment **it was**

**RESOLVED to APPROVE the minutes of the Trust Board meetings held on 27 October and 24 November 2009 as a true and accurate record of the meeting.**

There were no matters arising.

**TB/09/110 Trust Board assurance from Committee meetings (agenda item 4)**  
Trust Board received the minutes from the following Committees:

Charitable Funds 3 September 2009;  
Mental Health Act 1 October and 3 November 2009;  
Audit 6 October 2009;  
Clinical Governance and Clinical Safety 30 November 2009.

Bernard Fee (BF) alerted Trust Board to one issue raised at the Clinical Governance and Clinical Safety Committee regarding single sex accommodation. The Committee has asked the Executive Management Team to consider bringing forward some elements of the capital programme given the level of surplus currently and Trust Board supported this approach.

The minutes from the Remuneration and Terms of Service Committee (27 November 2009) and Charitable Funds Committee (8 December 2009) will be presented to the next appropriate Trust Board meeting. Peter Aspinall (PA) commented that the Remuneration and Terms of Service Committee considered the human resources quarterly performance report for the first time and had asked Alan Davis (AGD) to develop a narrative dashboard to enable the Committee to scrutinise the report at a strategic level.

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

**TB/09/111 Chair's report from the Members' Council 29 October 2009 (agenda item 5)**

**It was RESOLVED to NOTE the Chair's report from the Members' Council held on 29 October 2009.**

**TB/09/112 Chief Executive's report (agenda item 6)**

The Chief Executive (SM) highlighted the following from his report.

- The national context and the continued delay in the publication of the Operating Framework.
- The publication of 'New Horizons' (the Department of Health strategy for mental health), which has a strong emphasis on wellbeing and self-directed care. Helen Wollaston (HW) suggested that the Trust hosts an event on the strategy and it was agreed this would be considered as part of the members' events for the spring.
- The Big Tent event in Wakefield in January to develop a co-ordinated approach to the current economic challenge.
- The opening of Newhaven on the Fieldhead site on time and to budget.

- Monitor visit to the Trust on 9 December 2009. The Relationship Management Team concentrated on the challenge facing the Trust in terms of delivery of services but had reinforced that the Trust is performing extremely well from both a financial and governance perspective.

Anne Gregory (AG) commented that she would like to see a sharper focus on sustainability and ways to reduce the Trust's carbon footprint in particular. SM responded that a clear plan would come to Trust Board in January and sustainability will be a key part of the integrated business plan building on the work currently underway in this area.

**It was RESOLVED to NOTE the Chief Executive's report.**

#### **TB/09/113 Leadership and Management arrangements (agenda item 7)**

SM introduced this item and began by saying that the move to a district-based focus is the appropriate response to the challenges facing the Trust. The leadership and management arrangements offer a strong balance between service delivery and cross-cutting support. The Quality Academy will offer clearly defined and well-recognised standards (a 'brand') that all Business Delivery Units will be expected to deliver. The role of the Quality Academy will be to define how the 'brand' will support a joined-up approach to service design, compliance requirements, workforce, finance, use of estate, and stakeholder and community engagement, and will ensure the Trust delivers services that are consistent with the Trust's mission, vision, values and goals. It will support existing services and any service developments in the future.

**It was RESOLVED to NOTE and SUPPORT the introduction of revised leadership and management arrangements.**

#### **TB/09/114 Risk Management Strategy (item 8)**

Ruth Unwin (RU) explained that the Trust Board is required to review the Risk Management Strategy annually and highlighted the main changes over the previous version. She also alerted Trust Board to three further amendments:

- in her role of Company Secretary, she attends all Committees except Remuneration and Terms of Service;
- reference to the role of the Chair of the Audit Committee in scrutiny of risk arrangements. It was agreed that the Audit Committee Chair will have the opportunity to attend each Trust Board Committee at least once per year to provide assurance to Trust Board of the robustness of risk management arrangements within the Trust;
- the interim nature of Tim Breedon's appointment as district director for all three districts.

She confirmed that the Chief Executive will need to prepare two Statements on Internal Control for 2009/10 (one for the one month the Trust was an NHS Trust and one for the remainder of the year as a Foundation Trust). These will be brought to Trust Board together in the new year as the Statement for the majority of the year

needs to reflect the move to district-based Business Delivery Units and changes required to governance arrangements.

**It was RESOLVED to APPROVE the Risk Management Strategy as amended.**

**TB/09/115 St. Luke's re-provision update (item 9)**

The focus since the decision taken by Trust Board in October 2009 to re-provide the services on the site by the end of 2010 has been:

- internal and external engagement and communications, including service users, staff and Kirklees Overview and Scrutiny Committee;
- putting in place clear and robust project management arrangements;
- seeking alternative premises for community services to fit with the revised service offer.

SM commented that this is an interim decision to support safe and secure services in South Kirklees. Communications with external stakeholders, service users and staff is very important. The Trust will work with commissioners to look at innovative ways to provide local community services in line with need. RU supported this by reminding Trust Board that the Trust has to balance the practicalities of this short-term solution whilst ensuring the long-term solution is the right one for service users. Views given to the Trust will be used to demonstrate engagement at all stages of the process.

AGD commented that engagement with staff has begun and individual options appraisals will aim to minimise the impact on staff.

The Trust has received assurance from Calderdale and Huddersfield Foundation Trust that a sub-lease for the Dales can be secured once its position with Catalyst is clarified. There will be no financial implications for the Trust as this is purely a technical issue. For the Priestley Unit, the Trust has discussed the implications of Mid Yorkshire Hospitals NHS Trust (MYT) capital programme for the Priestley Unit and the continued delivery of Trust services on the site. MYT is developing a statement that will explain its approach to managing risk between the two organisations. JC asked to be kept informed as appropriate.

It was agreed to put the lease situation on the organisational risk register as no definite timescales for resolution have been agreed.

**It was RESOLVED to NOTE the contents of the paper.**

**TB/09/116 Care Quality Commission registration (item 10)**

GG explained that there had been a meeting for Non-Executive Directors prior to Trust Board to provide assurance of compliance with the requirements of registration.

BF asked whether there was any appropriate mechanism for peer or external review to provide stronger assurance to Trust Board. He recognised the amount of work

involved in ensuring the Trust is compliant but felt some additional validation would be welcome. GG had agreed to take this to the regional Quality Forum and to see if there are any other mechanisms in place within the NHS that could be used. SM commented that an independent review approach would be helpful given the lack of clarity round the registration process and triangulation undertaken by the Care Quality Commission (CQC). Jan Wilson (JW) and BF will look in more detail at the evidence before Trust Board in January 2010 and Ian Black (IB) also asked to be involved. It was agreed that the Executive Management Team would discuss peer review further with a report back into Trust Board as part of reports on the development of the Quality Academy.

**It was RESOLVED to NOTE the continuing implementation of assurance processes to enable the Trust to declare compliance with the requirements of CQC registration.**

**TB/09/117 Policy for handling concerns, comments and complaints (item 11)**

RU explained that this was one of a small number of policies reserved for Trust Board approval. A number of comments were made as follows.

- The policy needs to be flexible to reflect interim and long-term leadership and management arrangements.
- AG asked whether there was any provision for compensation for contraventions of the NHS Constitution. AF responded that the Trust has provision for such items in the accounts.
- Nisreen Booya (NHB) asked for the policy to include clarity of the limits for personal contact between staff and service users to which RU responded that the new approach allows the Trust to have dialogue (which must be recorded) with individuals about how they want to have their issues dealt with. Therefore, it would always be good practice for clinicians and staff to talk to customer services to ensure contact with service users is consistent and appropriate across the Trust.
- HW asked whether there was any analysis of individuals who feedback to the Trust. RU confirmed that the Trust is required to collect this information.
- JC asked for advocacy services to be included in relation to vexatious complainants.
- IB asked whether there is a danger of this policy encouraging under-reporting. RU responded that this was not the intention; the policy was aimed at capturing and monitoring the intelligence coming into the organisation. All staff are encouraged to resolve issues at a local level. Guidance will be issued to staff, which will make the policy more accessible. The change in focus for the customer services team from scrutiny to support and assistance will also help.

RU also confirmed that there will be a suitable key performance indicator to measure complaints for Trust Board performance reporting.

**It was RESOLVED to APPROVE the policy for handling concerns, comments and complaints.**

## **TB/09/118 Month 7 performance reports (agenda item 12)**

### **TB/09/118a Section 1 – Integrated performance report: strategic overview (agenda item 12.1)**

In introducing this item, AF commented that the format and content of the strategic overview will be revised for April 2010. She highlighted the following key issues.

- The Change Management Programme and link to the Integrated Business Plan and annual plans for 2010/11.
- A meeting with NHS Calderdale on how the two organisations can work together on the QIPP agenda.
- There were three serious untoward incidents in month 7.
- Performance issues were highlighted as % seen within 18-weeks referral to treatment, Assertive Outreach Team caseload and the increase in sickness absence (attributed to flu and viral illnesses).

AG asked whether there was any indication of the size of the affect on the Trust's financial position. AF reminded Trust Board that there would be a flat cash position from 2011/12 and therefore any inflationary uplift would become a saving the Trust has to make. Downside scenarios submitted to Monitor outlined the Trust's view of its position. The position will become clearer when the Operating Framework is issued; however, the Trust is already working with partners to develop a common understanding of the challenge facing the NHS and how it can be met locally in partnership with other organisations.

AF noted the comments made by BF regarding the difference in reporting of CIPs in the performance and finance reports.

IB asked whether the Trust can explain and justify its position on the 18-week wait particularly as this can only be resolved in the longer-term. TD will bring a detailed paper to Trust Board in January 2010. SM responded to the charge that the rationale that the Trust is dependent on others may not be understandable externally by saying that the Trust needs to discuss changes to the way access to psychological therapies is funded and how GPs refer individuals to Trust services with commissioners. NHB commented that a single point of access might be an appropriate way to ensure individuals get access to the most suitable part of the Trust's system to address their needs.

SM reminded Trust Board that the current financial climate might mean that the Trust cannot get sufficient resources from commissioners to support the level of demand or an increase in capacity and the Trust will need to look at innovative ways of addressing these issues.

### **TB/09/118b Section 2 – Finance report month 7 2009/10 (agenda item 12.2)**

AF highlighted the following issues.

- The forecast surplus remains at £5.7 million due to a continued release of provisions and slight increase in staff underspend.
- There is a continued overspend on support services as the income assumed on Newhaven has been deferred from September 2009 to the next quarter.
- The Executive Management Team is reviewing the potential impact on surplus if there is a requirement to revalue the Trust's estate as a result of the continued

downward trend in property values. Any revaluation would be in accordance with accounting policies under IFRS. Following the review by Executive Directors, AF will seek the view of external audit and then the Audit Committee will consider any recommendation at its meeting in February 2010. AF's view is that if other Trusts are revaluing and external audit supports the District Valuer's view then it is likely that external audit will require the Trust to make an adjustment. She assured Trust Board that a revaluation would have no affect on the Trust's risk rating and is non-recurrent.

- The Treasury Management policy has been implemented with the placing of £15 million with Royal Bank of Scotland and Yorkshire Bank. The Trust has earned £7,000 more than it would have done with the Paymaster General's Office. It was agreed that the policy should be reviewed at the Audit Committee in February 2010 and any recommendations for change considered by Trust Board in March 2010.
- AG asked whether the Trust could use any of the surplus to alleviate the affect of CIPs on services. AF responded that the shortfall in recurrent CIPs would have to be found in annual plans for 2010/11. To date, CIPs have been identified where there are efficiency and productivity opportunities to ensure there is no reduction in the quality of services. This will become harder in future years and the Executive Management Team will have to look at different ways of apportioning CIPs to services and support services.
- AF was asked to look at any opportunities the Trust could make use of before the rise in VAT.

#### TB/09/118c Section 3 – Exception reports: Customer feedback (agenda item 12.3(i))

RU explained that the report was a forerunner to a customer engagement and involvement strategy in March 2010. BF commented that he would like to see more information and analysis of engagement and evidence of the way the Trust is using feedback to develop services to meet community needs. JC suggested that RU works with BF and HW to make use of their expertise in this area.

Alison Moreton commented from a LINK viewpoint that she would like to see Wakefield LINK working in partnership with the Trust and working with LINKs in Calderdale and Kirklees to learn from each other. BF commented that it might be appropriate for the Trust to use LINK's networks as it may be easier for LINKs to access communities. RU commented that a special interest group for mental health will provide a mechanism to involve LINKs in future. The Trust is also using its membership to widen its contact with the public and service users and provide turnover for fresh ideas and views. SM commented that the challenge moving forward would be to develop innovative ways and mechanisms to receive feedback; however, the paper offers an excellent framework for the Trust to build on.

**It was RESOLVED to NOTE the report.**

#### TB/09/118d Section 3 – Exception reports: Quality report – patient safety (agenda item 12.3(ii))

GG explained that this was the third in a series of reports to demonstrate how the Trust meets the requirements of the Darzi report, 'High Quality Care for All'. The report was supported by BF as Chair of the Clinical Governance and Clinical Safety Committee.

**It was RESOLVED to NOTE the report on patient safety.**

**TB/09/119 Longitudinal research project (agenda item 13)**

This item was taken in the private session.

**TB/09/120 Date and time of next meeting (agenda item 14)**

The next public meeting of Trust Board will be held on Tuesday 30 March 2010 at St. Luke's, Huddersfield.

**Signed .....** **Date .....**