



NHS Foundation Trust

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Minutes of Trust Board meeting held on 30 March 2010

Present: Joyce Catterick Chair

Peter Aspinall
Ian Black
Bernard Fee
Anne Gregory

Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director (part)

Jan Wilson Deputy Chair

Helen Wollaston Non-Executive Director
Steven Michael Chief Executive
Nisreen Booya Medical Director (part)

Alan Davis Director of Human Resources and Workforce Development

Alex Farrell Deputy Chief Executive/Director of Finance

Gill Green Acting Director of Nursing, Compliance and Innovation
In attendance: Adrian Berry Interim Care Group Director (Forensic Services) (part)

Tim Breedon Interim District Director

Terry Dutchburn Director of Business Development and Planning

Dawn Stephenson Director of Corporate Development and Constitutional Affairs

Bernie Cherriman-Sykes Board Secretary (author)

Apologies: Noreen Young Director of Nursing, Compliance and Innovation

TB/10/15 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) welcomed everyone to the meeting, in particular Dawn Stephenson (DS), attending her first formal Trust Board meeting. The apology, as above, was noted.

TB/10/16 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	Director, Primrose Mill Ltd. (replaces Primrose Mill Contracts of Clitheroe LLP and 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, 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	Director, Centre for Public Relations Studies, wholly owned by Leeds Metropolitan University, which has a number of contracts with the Department of Health Contract with NHS East Midlands to deliver Masters course Contract with NHS Yorkshire and the Humber to deliver Masters course Contract with NHS Institute for Innovation and Improvement to deliver Graduate Diploma Contract with NHS Yorkshire and the Humber to deliver	

Name	Declaration	
	evaluation system	
	Council Member, Chartered Institute of Public Relations	
	(Director) who will seek business with the NHS	
	Leeds Metropolitan University (employer) will seek to co	
	business with the Trust	
Jan Wilson	Lay Chair, Yorkshire Deanery	
	Member, Regional Sub-Committee, Advisory Committee on	
	Clinical Excellence Awards	
	Public Appointments Ambassador Network through	
	Government Equalities Office	
Helen Wollaston	Owner/Director, Equal to the Occasion	
	Chair, YWCA England and Wales	
	Consultant Partner, Equality Works	
	Associate, Infrastruct Ltd.	
CHIEF EXECUTIVE		
Steven Michael	Member of Huddersfield University Business School Advisory Board	
	Engaged with Leeds University as part of International Fellowship Scheme	
	Spouse is Trustee of the Harrison Trust, a charitable bo	
	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	
Alex Farrell	Spouse is General Practitioner based in Beeston, Leeds	
Gill Green	Trustee, Well Women Centre, Wakefield	
Dawn Stephenson	Voluntary Trustee for Kirklees Active Leisure	
	Voluntary Trustee for Dr. Jackson Cancer Fund	
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/10/17 Minutes of and matters arising from Trust Board meetings held on 15 December 2009 and 26 January 2010 (agenda item 3)

The minutes from the meetings held on 15 December 2009 and 26 January 2010 were approved. It was RESOLVED to APPROVE the minutes of the Trust Board meetings held on 15 December 2009 and 26 January 2010 as a true and accurate record of the meetings.

There were no matters arising.

TB/10/18 Assurance from Trust Board Committees (agenda item 4)

Trust Board received the minutes from the Remuneration and Terms of Service Committee held on 27 November 2009 and 2 February 2010, the Audit Committee held on 2 February 2010, the Clinical Governance and Clinical Safety Committee held on 16 February 2010, the Mental Health Act Committee held on 22 February

2010, and the Charitable Funds Committee held on 27 November 2009 and 9 March 2010.

Jan Wilson (JW) alerted Trust Board to the Mental Health Act Committee's concern regarding the attendance of local authority social care representatives. Tim Breedon (TB) agreed to ensure this is taken into the local partnership boards for Calderdale, Kirklees and Wakefield.

(Taken at the end of the meeting.) Anne Gregory (AG) informed Trust Board that the Committee wishes to adopt a proactive approach to fundraising and had asked the Executive Management Team to discuss various options (set out in the minutes from the meeting on 9 March 2010). As a result, a number of areas will be taken forward. She confirmed that only Kirklees has any funds at its disposal currently and any ideas on further sources of fundraising were welcome.

It was RESOLVED to RECEIVE the minutes from Trust Board Committees and to APPROVE the revised terms of reference for the Charitable Funds Committee.

TB/10/19 Chief Executive's report (agenda item 5)

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

- ➤ The recruitment exercise for District Directors produced a strong field and resulted in a tough decision for the panel. The calibre of internal candidates, in particular, was excellent. Anna Basford, currently Deputy Chief Executive/Chief Operating Officer at NHS Bolton, has been appointed as District Director for Calderdale and Kirklees, and Tim Breedon, currently Interim District Director, as District Director for Wakefield. A start date of early July 2010 is anticipated.
- > SM commented on the excellent visit to Jönköping and the opportunities for cross-working and placements for clinical staff with colleagues in Sweden. The Trust version of the Esther project, 'Jo's story', was very well received.
- ➤ SM alerted Trust Board to a protest that had taken place at Fieldhead on 29 March 2010 involving the family of a service user who had received care at Newton Lodge. This attracted some press attention.

lan Black (IB) asked whether any reconfiguration of regional NHS arrangements would impact on the Trust. SM responded that it was far more likely that there would be a reconfiguration at local level, which the SHA would facilitate. The 30% reduction in management costs at the SHA is unlikely to affect the Trust. The SHA has a leadership role in QIPP for the region in providing information and engaging leaders to facilitate change.

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

TB/10/20 Trust three-year plan 2010/13 (agenda item 6)

TB/10/20a Framework (item 6.1)

Terry Dutchburn (TD) commented that the move to a three-year rolling plan provides an opportunity to reflect changes in the overall environment in a timely way. JC commented that there had been a good level of engagement across Trust Board on development of the plan and formal sign-off of the plan to be submitted to Monitor would take place on 25 May 2010.

It was RESOLVED to NOTE the process and timescales required to complete the plan for Monitor by 31 May 2010.

TB/10/20b Quality Academy prospectus (item 6.2)

Gill Green (GG) briefly introduced this item and the following comments were noted.

- ➤ IB queried the priority of St. Luke's under the Estates and Facilities portfolio. Alan Davis (AGD) clarified that this section relates to the facilities function rather than estates planning and so focuses on maintenance and support of the existing site to ensure safe and effective services. It was agreed this could be made clearer in the section's narrative.
- ➤ JW asked for clarification of the audience for this document and GG responded that the prime intention was for services to understand the support available from support services and to begin to frame a future Trust offer.
- ➤ Bernard Fee (BF) asked whether it could be made clearer in the Chief Executive's opening remarks that this document provides a framework for Business Delivery Units (BDUs) and support services to work within. This is the first step on a journey with the next stage demonstrating where support services want to be in terms of supporting services to improve quality through the Quality Academy and what difference this will make.

Nisreen Booya joined the meeting.

- > JC asked to see statements of ambition in the document.
- ➤ BF asked for a statement that defines the terms of engagement between BDUs and support processes and SM agreed to include a description of the process to make this clear.

The document will now be refined for design and publication and the prospectus launched in four to six weeks. Further updates on the prospectus will be included in the quarterly report to Trust Board on the Quality Academy and in quarterly compliance reports.

It was RESOLVED to APPROVE the content of the prospectus, subject to the above comments.

TB/10/21 South Kirklees re-provision of services (agenda item 7)

DS introduced this item and commented that this provides a timely opportunity to write to MPs, Council leaders and key local stakeholders before the date of the General Election is announced to ensure there is clarity on what the Trust is doing, how and by when.

Tim Breedon (TB) highlighted the service re-design workshop held at the Galpharm on 4 March 2010 involving service users and carers, staff and commissioners, which was successful and well received. Trust Board also noted that two Council Members

now sit on the St. Luke's Project Board and their contribution has been helpful to the process.

IB expressed two concerns. Firstly, that two land searches produced no result and how this could be perceived in South Kirklees. Secondly, the Trust is going ahead with an interim solution with no final plan in place. The public may take this, therefore, as being the permanent solution. TD responded that the two land searches had been as robust as they possibly could be by two experienced agents and there is nothing suitable for the development of a hospital site at the present time in South Kirklees. He was unsure what else the Trust could do when expert advice has realised nothing suitable. The two companies also have an open brief to review the land searches undertaken last year.

Alex Farrell (AF) reminded Trust Board that the service offer will drive the requirement for buildings and not vice versa. The Trust does have a plan and that is to move off the St. Luke's site by the end of the calendar year to ensure services are provided in a safe and secure environment and to reduce the current risk of clinical isolation for the two remaining in-patient wards remaining on site. The Trust's focus is on developing the service offer, optimising use of estate and ensuring that in-patient facilities are governed by the service offer and service need as part of a pathway of clinical services. BF supported AF's view but suggested that the Trust must be able to articulate this and present the direction of travel externally.

As members of the St. Luke's Project Board, GG and Nisreen Booya (NHB) assured Trust Board that the interim solution offers safe, sound and effective services. She went on to describe how matters of clinical safety must be addressed in any new provision of in-patient facilities. Critical mass will also enable the Trust to develop specialist services in the future.

IB confirmed that his concerns had been allayed.

It was RESOLVED to NOTE the report on the re-provision of services in South Kirklees.

JC asked for a report to each Trust Board from April 2010 onwards which sets out progress on service re-design alongside the logistics and progress on re-provision. BF commented that it would also be useful to include a brief summary of the two land searches to address Trust Board concerns in the April 2010 report.

TB/10/22 Principles for prioritisation of minor capital (agenda item 8) It was RESOLVED to APPROVE the Trust's approach to the prioritisation of minor capital bids.

TB/10/23 Month 11 performance reports (agenda item 9)

<u>TB/10/23a Section 1 – Integrated performance report: strategic overview (agenda</u> item 9.1)

In introducing this item, AF highlighted two issues.

- ➤ 6.2.3 Assertive Outreach Team caseload the current contract with NHS Kirklees incurs a penalty if the target is not achieved. Trust performance has been reviewed by the Executive Management Team and an action plan is in place to ensure the target is achieved.
- AF explained to Trust Board that there was an issue with the Care Quality Commission's assessment of data quality with regard to use of HoNOS. The Care Pathways and Packages Project required the Trust to use the SaRN cluster allocation tool from April 2009 so no HoNOS data is available from then. The Trust is lobbying through the national project that this is an unfair target for Trusts taking part in the national project as these Trusts will automatically fail to meet the target. SM commented that, as the national project is intended to improve quality, it seems anomalous that a Trust would be penalised for participating. He clarified that this was a different issue to the one raised by JC at the January 2010 meeting.

Trust Board discussed access to treatment (APT) within 18 weeks and it was agreed that the Trust needs to find a solution. The Trust has received increased resources in both Kirklees and Wakefield and this seems to have generated more activity from primary care; however, by measuring the 18-weeks target, the Trust has been able to identify and raise these issues with commissioners.

The introduction of CQUIN targets means that the Trust will continue to focus on access to services, although it has been suggested to commissioners that the Trust should not be penalised for non-achievement of targets when the numbers referred are out of the control of the Trust. The Trust needs to engage with primary care adopting a two-fold approach to demand management and revision of the Trust's service offer to understand what it can deliver within its resources.

Adrian Berry joined the meeting.

SM commented that the development of BDUs would provide an opportunity to engage clinicians, particularly psychologists, in developing services and ensuring that psychological therapy services are part of the mainstream Trust offer. BF commented that the Trust appears to have a service it cannot afford to run as commissioners are not funding at an adequate level to meet demand. It was agreed to receive a paper to aid further discussion at the meeting in April 2010, which outlines the full scope of the issue, including figures, funding levels, etc., what action the Trust can take and what options the Trust has.

Helen Wollaston (HW) asked why some KPIs are still to be confirmed in the performance report this late in the year. AF responded that the benchmark for CQUIN targets will be an average against other Trusts and will be reported in Month 12 of 2009/10. For 2010/11, measurable KPIs will be linked to objectives from Quarter 1.

JC asked when the Trust would meet the NICE CBT requirements. GG responded that there will be a training pack available from early September 2010 for the Early Intervention Service and Assertive Outreach Teams with implementation by the end of the 2010/11 financial year. JC commented that she was uncomfortable with not complying for twelve months and asked GG to look at options to address the

position. A further paper was requested for the April 2010 meeting on the options, implications for the Trust and cost.

Anne Gregory joined the meeting.

TB/10/23b Section 2 – Finance report month 11 2009/10 (agenda item 9.2)

AF highlighted one issue relating to the re-valuation of assets reflected in the accounts in Month 11. This has resulted in a reduction of £10 million in the value of the Trust's assets but has no affect on the Trust's risk rating or cash position.

TB/10/23c Section 3 – Exception reports: Swine flu vaccination report (agenda item 9.3(i))

AGD commented that a survey of frontline staff indicates a strong reluctance to be vaccinated based on the reaction of colleagues to the vaccine and the perception that the vaccine has not been tested adequately. A different approach is being developed with Occupational Health for a second wave of vaccinations. IB asked if and when this would present a significant threat to the provision of services if not addressed. AGD responded that the target is set nationally and the Trust is an average performer amongst mental health trusts. Occupational Health will look particularly at vulnerable services to ensure activity is focussed in the right areas.

It was RESOLVED to NOTE the content of the report.

TB/10/23d Section 3 – Exception reports: Information governance report summary (agenda item 9.3(ii))

GG asked Trust Board to note that information governance has been subject to an internal audit, which provided full assurance. BF asked whether the two incidents reported in the paper suggested that IT systems were not robust. GG stressed that these, due to human error, do not negate the toolkit as it looks at systems and processes.

It was RESOLVED to APPROVE the scores to be submitted and to NOTE the issues raised.

<u>TB/10/23e Section 3 – Exception reports: Clinical engagement (agenda item 9.3(iii))</u> The following comments were made on the paper.

- ➢ BF commented that he would like to see a broader paper focussing on clinical engagement and how the Trust gathers research and insight both clinically and culturally from service users and carers. AGD commented that the development of the Human Resources Strategy has involved service users and carers and has shown how they want to be involved in areas such as recruitment and selection, and staff attitude.
- > JW commented that she was still unclear what role Trust-wide Action Groups have in Trust processes and it was confirmed this was due for review by EMT.
- ➤ AG commented that there was no reference to 'The Communicating Organisation' document produced by the Department of Health in November 2009, which provides insight to service user and carer experience. It was agreed that DS would look into this.

- Nisreen Booya suggested that a clearer framework was needed for service user and carer engagement. In some areas, such as drugs and therapeutics, involvement is strong but there are other areas where involvement needs to be encouraged and enhanced.
- Future clinical engagement will be developed within BDUs led by District Directors. The Forensic service offers a good example of engagement and of clinicians and general management working in partnership as there is clinical engagement at all levels of planning and decision-making.
- > JC commented that she would like to see a stronger emphasis on clinical engagement in the next iteration of the Quality Academy development.

It was RESOLVED to NOTE the paper on clinical engagement.

TB/10/24 Estates Strategy (item 10)

TD introduced this item, which sets out the strategy to underpin the Trust's threeyear plan. An integrated estates plan, involving estates planning and facilities, the planned six-facet survey and Agile Working project will support the Strategy.

- It was suggested that the above should be sign-posted in the document.
- ➤ It was also suggested that the Equality Impact Assessment should be included in the Strategy.
- ➤ AG commented that she was pleased to see reference to green sustainability in the document but thought this could be broadened.
- ➤ BF asked whether there were any targets for a reduction in estates costs moving forward and AF responded that this will be agreed through the three-year plan in terms of savings around estates optimisation and efficient use of estate, and the outcome of the Agile Working project.

It was RESOLVED to APPROVE the Estates Strategy, subject to the amendments agreed above.

TB/10/25 Information Management and Technology Strategy (item 11)

Peter Aspinall (PA) asked whether IM&T would be included in any review of back office functions. AF responded that it is a workstream in the KPMG sustainability project. JC commented that there is an emphasis on back office functions by the Chief Executive of the NHS so this must be an area that the Trust reviews. AF responded that an outline of a number of areas where the Trust plans to invest in IM&T will be included in the implementation plan.

He also asked whether the Trust had considered shared services to which AF responded that Wakefield organisations are currently looking at opportunities for shared services in Wakefield, particularly in HR and that the Trust is already in shared services for IM&T with other NHS bodies. The Trust was part of financial shared services some years ago but withdrew as the system did not deliver what the Trust needed at the time. This will be evaluated against the current arrangements at some point although, at the moment, the Trust's internal system offers good value for money by comparison.

Two pieces of work will further inform the Trust's approach – the Agile Working project, which will inform use of technology, and the work to develop a Sustainability Strategy. IB volunteered to hold an Non-Executive Director brief for the sustainability project. A further paper on 'back office' functions will come to Trust Board.

It was RESOLVED to APPROVE the Information Management and Technology Strategy.

TB/10/26 National strategies (item 12)

TB/10/26a Mid Staffordshire NHS Foundation Trust Inquiry report (item 12.1)

DS explained that there is an expectation that Boards of all NHS organisations will consider the Francis Report, which contains eighteen recommendations. She will undertake a piece of work to clarify which are relevant to the Trust, gaps and mitigating action for a further report to Trust Board and the Members' Council in April 2010.

It was RESOLVED to NOTE the update on the Francis Report.

TB/10/26b Delivery same sex accommodation – Trust compliance statement (item 12.2)

TD explained that the Trust is required to make a declaration on 31 March 2010 on its position in relation to the delivery of same sex accommodation. The Trust is 100% compliant with the terms of the declaration. Trust Board noted that non-compliance is a Nationally Specified Event (never event) within contracts, which would attract a financial penalty if they occurred.

It was RESOLVED to APPROVE the compliance declaration.

TB/10/26c NHS Constitution (item 12.3)

DS explained that the document sets out how the Trust is meeting the requirements of the NHS Constitution. In response to a comment from AG, she undertook to look at a mapping exercise of NHS values against Trust local values through the Quality Academy.

It was RESOLVED to APPROVE the paper demonstrating how the Trust is meeting the requirements of the NHS Constitution.

TB/10/26d Healthy NHS Board (item 12.4)

It was RESOLVED to NOTE the summary of the Healthy NHS Board.

TB/10/26e 'Taking it on Trust' (item 12.5)

It was RESOLVED to APPROVE the assessment against the questions for boards and that ongoing monitoring of the action plan would be undertaken by the Audit Committee.

TB/10/27 Trust governance arrangements (item 13)

TB/10/27a Changes to the Trust's Constitution (item 13.1)

It was RESOLVED to APPROVE the changes to the Trust's Constitution prior to submission to the Members' Council and Monitor for approval.

TB/10/27b Statement on Internal Control (item 13.2)

It was RESOLVED to APPROVE the Statement on Internal Control for the one month the Trust was an NHS Trust in 2009/10 and for the eleven months as a Foundation Trust.

TB/10/27c Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation (item 13.3)

It was RESOLVED to CONFIRM that the current Standing Orders, Standing Financial Instructions and Scheme of Delegation remain extant pending revision in due course to support the establishment of the new BDUs.

TB/10/27d Policy on Policies (item 13.4)

It was RESOLVED to APPROVE the revisions to the Policy on Policies.

TB/10/28 Date and time of next meeting (agenda item 143)

The next public meeting of Trust Board will be held on Tuesday 29 June 2010 at St. Luke's, Huddersfield. There will be a business and risk meeting on Tuesday 27 April 2010 at Dean Clough, Halifax, and a full day strategic session, facilitated by Ann Utley, on Tuesday 25 May 2010 at Fieldhead.

TB/10/29 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
oigned	Date