

**Minutes of Trust Board meeting held on 26 June 2018  
Room 49, Folly Hall, Huddersfield**

|                       |                            |   |
|-----------------------|----------------------------|---|
| <b>Present:</b>       | Angela Monaghan (AM)       | Chair   |
|                       | Charlotte Dyson (CD)       | Deputy Chair  |
|                       | Laurence Campbell (LC)     | Non-Executive Director  |
|                       | Rachel Court (RC)          | Non-Executive Director  |
|                       | Chris Jones (CJ)           | Non-Executive Director  |
|                       | Kate Quail (KQ)            | Non-Executive Director  |
|                       | Rob Webster (RW)           | Chief Executive   |
|                       | Mark Brooks (MB)           | Director of Finance and Resources   |
|                       | Dr. Subha Thiyagesh (SThi) | Medical Director  |
|                       | Tim Breedon (TB)           | Director of Nursing and Quality   |
|                       | Alan Davis (AD)            | Director of Human Resources, Organisational<br>Development and Estates            |
| <b>Apologies:</b>     | <u>Members</u>             |   |
|                       | Nil                        |   |
|                       | <u>Other</u>               |   |
|                       | Sean Rayner                | District Director - Barnsley and Wakefield  |
| <b>In attendance:</b> | Carol Harris (CH)          | District Director - Forensics and Specialist Services,<br>Calderdale and Kirklees |
|                       | Kate Henry (KH)            | Director of Marketing, Communications and Engagement                              |
|                       | Karen Taylor (KT)          | Director of Delivery  |
|                       | Salma Yasmeen (SY)         | Director of Strategy  |
|                       | Emma Jones (EJ)            | Company Secretary (author)  |

**TB/18/45 Welcome, introductions and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. The apologies above were noted. There were five members of the public in attendance, including four governors. AM reminded members of the public that there would be an opportunity at the end of the meeting for questions and comments from members of the public. Questions asked and responses would be included in the meeting Minutes going forward and a form was available for completion if questions were not able to be answered to enable a response to be provided outside of the meeting.

**TB/18/46 Declarations of interest (agenda item 2)**

Chris Jones (CJ) declared a potential conflict of interest in agenda item 7.3 West Yorkshire Mental Health Services Collaborative (WYMHSC) Memorandum of Understanding, as the WYMHSC is doing some work in Bradford although not specifically related to Bradford College for which he is the Interim Chief Executive Officer.

There were no further declarations over and above those made in the annual return in March 2018 or subsequently.

### **TB/18/47 Minutes and matters arising from previous Trust Board meeting held 24 April 2018 (agenda item 3)**

AM advised that one of the attachments to the paper for TB/18/40b Audit Committee annual report including updated Terms of Reference for committees contained a typographical error. Within the Mental Health Act Committee Terms of Reference Salma Yasmeen (SY) remains a member of the committee.

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 24 April 2018 as a true and accurate record with the amendment of a typographical error.** The following matters arising were discussed:

- TB/18/35a Safe Working Hours Doctors in Training annual report - Tim Breedon (TB) advised that Datix had been updated for inclusion.
- TB/18/36a Strategic overview of business and associated risks - KH advised that performance against the Communications, Engagement and Involvement Strategy was now included in the Integrated Performance Report (IPR).
- TB/18/40a Equality and Inclusion Forum annual report - AM advised that the annual report would now form part of the annual reporting process to the Audit Committee.
- TB/18/40a Equality and Inclusion Forum annual report - TB advised that the Workforce Race Equality Standard (WRES) indicators would be included in IPR in July
- TB/18/20a Integrated Performance Report Month 11 2017/18 - TB advised that the Clinical Governance & Clinical Safety Committee discussed the trajectory for the complaints process performance improvement.
- TB/18/28 Trust Board Work Programme 2018/19 - Emma Jones (EJ) advised that this would be completed once the Clinical Governance & Clinical Safety Committee confirmed their work programme for 2018/19.

### **TB/18/48 Service User Story (agenda item 4)**

The Trust Board heard a service user story. Carol Harris (CH) advised that last week was Learning Disabilities (LD) awareness week and the following story was in relation to "Rachael" who had been admitted to Horizon, which is an assessment and treatment centre for people with LD.

"Rachael" is in her 30s and was admitted to Horizon in crisis. Rachael was admitted as an emergency due to an acute episode of mental illness resulting in placement breakdown. Rachael has a moderate Learning Disability and Schizophrenia. On admission Rachael was physically and verbally aggressive towards staff, suffering from self-neglect (not showering/washing and refusing to eat and socially isolating herself from her family), refusing to allow her mother to visit the ward. The level of physical aggression towards staff resulted in Rachael having to be restrained and on a couple of occasions seclusion was the only safe option left. Rachael also became distressed as she was convinced that staff were stealing her limbs and organs, asking questions such as "who has stolen my legs/ears/heart" and becoming very tearful and abusive.

Despite all of these behaviours, staff were able to see the potential in Rachael and after two weeks were able to get her to shower, she agreed to eat her meals in her bedroom and gradually began to gain weight. Rachael was treated with a mood stabiliser and atypical antipsychotic medication whilst the team developed a Positive Behaviour Support Plan to manage the physical aggression. After four weeks, Rachael finally agreed to let her mother onto the ward (her mother had visited at least twice a week from admission only not to see her daughter as Rachael refused).

The incidents of physical aggression significantly reduced and the episodes of verbal aggression were less severe. After seven months Rachael was discharged to her new home. The following feedback was received from Rachael and her mother:

*Rachael*

I was very sick and think I had a mental breakdown. The staff helped me with my treatment. They were there when I needed them. I like food sometimes and I drink a lot of tea and there is always somebody to give it to me in times of need, I would like my family to come in hospital for treatment. I will come again if I had a mental breakdown. Staff are kind to me. Sometimes I don't like it here when people are talking about me. I like Doctor Marios, he sorted my medication out. I like Jade she is a good staff, she helped me when she is on shift. I like weekends because I can ring Mum and have takeaway.

*Rachael's mother*

When Rachael came to you she was really quite unwell but thanks to your excellent care, kindness and understanding she is now able to move on to the next positive stage in her life. Thank you.

CH commented that the Trust Board had previously talked about the use of prone restraint which is reported in the IPR. The story also provided an example of how service users can be complex and don't just have a LD or mental health issue and the importance of how we care for the whole needs of an individual.

Rob Webster (RW) commented that within the IPR it showed that physical violence on staff was up to 100 episodes a month and was an area to keep in view so as to continue to ensure the right clinical leadership and governance is in place and restrictions are appropriate.

The Board asked to pass on their thanks to the service user and her mother for sharing the story which demonstrated the pressures for staff as well as the service user and family when dealing with a complex individual who needs a lot of care and support.

**It was RESOLVED to NOTE the Service User Story.**

## **TB/18/49 Chair and Chief Executive's remarks (agenda item 5)**

### Chair's remarks

AM highlighted the following:

- This Trust Board meeting was a performance and monitoring one, with focus on the IPR plus areas of business development.
- As part of the Trust's values to be open, honest and transparent, the Trust Board aims to conduct as much business as possible in public. However sometimes, for reasons around commercial confidentiality or to enable free and frank discussion on areas that are in development, some items are considered in private session. The Trust Board approved some guidance in relation to matters considered for private discussion in January 2018. Further to this, the Board would be discussing today in private session ways to further improve the transparency of these discussions, to be reported at the next Trust Board meeting.

- The Non-Executive Director recruitment process was continuing for two upcoming vacancies. The Nominations' Committee met on 20 June 2018 and supported a shortlist of seven candidates for final interviews in July 2018. The final recommendations for appointment would be taken to the Members' Council meeting on 3 August 2018. Thank you to governors and staff for their involvement in the discussion panels.
- This would be Kate Henry (KH), Director of Marketing, Communications and Engagement's last meeting before maternity leave. Thank you to KH for the fantastic contribution she has made at Trust Board meetings and for the significant improvements to communications across the Trust.

#### Chief Executive's report

RW commented that "The Brief" communication to staff, that was included in the paper, provided an update on the local and national context as well as what was happening across the organisation. Last week was LD awareness week and this week is safeguarding week. As the debate continues around funding for the NHS and a five year plan, it is important to focus on safety first always. The historical story on the failings at Gosport Hospital in the 1980s and 1990s has dominated the headlines this week regarding the inappropriate prescribing regimes that led to the early deaths of hundreds of people. Alongside the detail, the critical messages for us are around culture and clinical safety. At the NHS Confederation Conference bullying and supporting leaders was discussed. As a Board we set the tone including the culture of the organisation. We have a shared accountability for all the staff we support and we need to keep asking ourselves 'is it safe and how do you know?' Non-Executive Directors have a role in that in relation to challenge and assurance on matters. It is important for all staff to have it at the forefront of their mind.

CJ commented that within The Brief it shows that the safer staffing fill rate was RAG rated as green for performance and asked if this was how it felt to staff. He commented that it was important to balance the communication to set the right tone. TB commented that the review of staffing establishment levels would be discussed at the Clinical Governance & Clinical Safety Committee meeting in September 2018. The six-monthly report to Trust Board reports against the levels set on an annual basis and the establishment levels are reviewed annually to ensure they are responding to local needs. Whilst some areas' performance is shown as overachieving, some of this relates to higher levels of acuity, which can distort the levels, and it may be proposed that some of those heightened levels become the normal establishment going forward. KH added that the Communications team was reviewing the way the performance levels are communicated to staff on areas that are RAG rated as green, as staff are under pressure in many of these areas

Rachel Court (RC) asked if there was a way to tie in the performance data with relevant areas from the staff survey. RW commented that within the IPR there was some data such as sickness absence and turnover which could provide an indication. During the recent Care Quality Commission (CQC) inspection, positive feedback was given around the provision of great care and professionalism of staff. In the staff listening events, issues were raised in relation to staffing levels, record keeping and estate which was variable. All of these areas would be triangulated.

CD advised that as part of the Shadow Board programme, she chaired a Shadow Board meeting on 25 June 2018 where they reviewed the Trust Board papers. As part of the discussion there was a focus on safer staffing in inpatient areas as well as a recognition of the pressure within community services, which is an area for the Clinical Governance & Clinical Safety Committee to discuss further. TB commented that it was noted within the IPR under staffer staffing to look further into caseloads and acuity in the community.

## **TB/18/50 Performance reports (agenda item 6)**

TB/18/50a Integrated performance report month 3 2018/19 (agenda item 6.1)

TB highlighted the following in relation to the Summary dashboard and Quality:

- Under 18 admissions - no admissions this month into acute mental health wards, we want to be able to sustain that position, however recognise that it is not always in our control. We continue to work with partners to develop appropriate pathways, including inpatient beds
- Out of area beds - numbers reduced, however acuity and demand remains considerable across the Trust.
- Safer staffing - levels maintained with a reduced skill mix on occasions and can mask some of the pressures within the services.
- Use of restraint - has seen a spike and the hypothesis is that this relates to increased acuity, a detailed report will be considered by the Clinical Governance & Clinical Safety Committee.
- Complaints - fewer new complaints received and showing a reduction on those not closed within 40 days. The position is still not where we want to be, the early indications show that action taken is moving position in the right direction.
- Falls - previously had seen spike which has now reduced to below last year's average, with action taken having a positive impact.
- Information Governance (IG) breaches - one or two areas require some focused work, however most are individual human error linked to incorrect addresses

MB commented that the summary dashboard was being developed in line with discussion at the last Trust Board strategic meeting. Information available has been included and further will be available in the next report to Trust Board.

LC noted the change in the Friends and Family Test. TB commented that it was primarily in relation to CAMHs and work was taking place to improve people's understanding. CH added that in Barnsley and Wakefield waits to treatment were challenging, which could impact the results. A detailed report is reviewed by the Clinical Governance & Clinical Safety Committee including the plans in place with commissioners to try to and address the issues.

CJ asked if there was a reason why fewer complaints had been received. TB commented that as part of reviewing processes, one-to-one conversations were now being put in place with a clinical lead to aid informal resolutions before they become a formal complaint. RC asked if they would still be recorded. TB commented that they were still recorded as concerns and the themes were reviewed collectively.

CJ asked whether the change in processes would assist the completion time. TB commented that 40 days completion was a self-set stretch target and it was too early to see if the reduction was a trend. CD commented that it was an area that had been raised by the Clinical Governance & Clinical Safety Committee and also by the Shadow Board and asked how the Trust was performing in comparison to others. TB commented that he was not aware of other Trusts locally that had a similar target of 40 days.

AM asked about the involvement of service users in Patient-Led Assessments of the Care Environment (PLACE) Programme work taking place. KH commented that volunteers are involved in the assessments who quite often had been service users. AGD commented that people who take part in an assessment team are trained and included service users and representatives from specialist providers and the community. RW asked whether governors could be trained to take part in assessments.

**Action: Alan Davis**

RW commented that in relation to suicides there had been 41 in the last year which was higher than the 28-30 anticipated and asked if an exception report was needed in relation to the work taking place under the system wide Suicide Prevention Strategy. TB commented that this was an area that had been discussed by the Clinical Governance & Clinical Safety Committee to bring forward the suicide prevention report in order to review the learnings. This will be cross referenced with the Patient Safety Strategy action plan.

CD asked about the service users followed up within 7 days of discharge metric which was not achieved in April. CH commented that the follow up target was not missed due to staffing resources, it related to being unable to contact three service users and these exceptions were reviewed.

AM asked in relation to restraints how widely the statistical analysis data is used to understand areas of fluctuation. TB commented that there was a focus on areas that we are familiar with, such as restraint and safer staffing. This could be extended across other areas in line with the patient safety action plan and there was a need to ensure the right resource is available to undertake the analysis.

MB highlighted the following in relation to NHS Improvement indicators:

- Meeting the vast majority of national metrics including the 7 day follow up target, following a slight dip in performance in April 2018.
- Improving Access to Psychological Therapies (IAPT) - proportion of people completing treatment and moving to recovery remains above target.
- Out of area beds - agreed trajectory of reduction joint plan with commissioners, which is not currently being met.

The Board discussed out of area beds including whether the reduction since February and March was as a result of the Trust's actions or the system. KT commented that it was a result of both. The Trust can identify some actions where there has been a decrease such as in Calderdale, however a reduction in-month was not long enough to ensure sustained improvement. In addition usage is still well above historical averages. Demand was still the main issue and a significant risk with local variations and working taking place to address those. SY added that deep dives had provided improvement work, and nationally there was some work to learn from in relation to discharge. Shared learning was taking place with Bradford to look at improvement approaches that have worked there. Due to the 58% increase in use of out of area beds in this period compared to last year, the Board requested an exception report on work taking place as part of the priority programme and across West Yorkshire.

**Action: Karen Taylor**

AM asked how the performance against the percentage of clients in employment metric could be improved. MB commented that the metric did not cover all of the Trust's service users. CH added that there was also a difference in the way the Trust describes employment and there was a series of areas that need to be met to qualify as this national metric. It is important to ensure it is measured accurately and this would form part of the changes to the clinical record system. AM requested that narrative in future reports includes the work taking place to meet this metric.

**Action: Tim Breedon**

CJ asked about the proportion of people detained under the Mental Health Act (MHA) who are from Black, Asian and other non-white minority ethnic (BAME) backgrounds metric. This is considered by the MHA Committee who receive a report on this data and it is acknowledged that there was a need to ensure the data is accurate. TB commented that some new metrics around data quality have been identified which will be included in future

reports. KQ commented that this was also an area raised at by the Clinical Governance & Clinical Safety Committee in relation to the new clinical records system. TB commented that the issue of integrity of data would not impact on this particular indicator, it would be small numbers who would not have their ethnicity recorded.

CH highlighted the following from the Locality report in relation to Specialist Services:

- Waiting times for treatment in Wakefield and Barnsley - continue to review the on call arrangements across CAMHs, an initial proposal has been developed and will review the detail of our contract across each area. A workshop will take place around an all-ages liaison model, building on adult liaison services already in place, which would address part of the issue and offer a more accessible service.
- OFSTED visit of Wakefield local authority services - awaiting the formal report and working with the Wakefield system in improving access to CAMHs.
- Learning Disabilities - capital work will start in Horizon in June 2018 and it is hoped that beds can be opened for spot purchase for service users who have previously been sent out of area.
- Operational Delivery Network for Learning Disabilities - the Trust's bid to lead the network across the Yorkshire and Humber region has been successful.

CH highlighted the following from the Locality report in relation to Calderdale and Kirklees:

- Out of area beds - pressure predominately in Calderdale and Kirklees. The Calderdale Home Based Treatment Manager is actively managing the situation.
- Inpatients - showing pressures due to a number of highly acute male service users.

AM commented that she liked the format of the Calderdale and Kirklees narrative. CD added that this was also commented on by the Shadow Board.

KT highlighted the following from the Locality report in relation to Wakefield and Barnsley:

- Out of area beds - areas of focus are length of stay and a review of Home Based Treatment.
- IAPT Barnsley sustained performance

RW commented that at a Provider Alliance meeting in Barnsley a national push around systems and improvements was discussed which they referred to as "super stranded patients". All parts of the system have been asked to reduce the number of people out of area and Barnsley is seen as one of the best performing areas in the country. Work is taking place to understand their systems including support from the local authority in relation to social services. The Trust's services that link into intermediate care assists this.

SY highlighted the following in relation to Priority Programmes:

- Clinical Records System - slight delay around the migration of data to the new system which has now taken place successfully. A recommendation would go to the Executive Management Team (EMT) to agree to move to the next phase. There is a key risk in relation to training with work taking place to prepare and an approach approved by clinical management staff. The numbers booked onto training will be reported on weekly.
- Older People's Services - was a priority programme in 2017/18 and is moving into the next phase with formal discussions taking place with commissioners.
- The Communications team has done a significant amount of work around how the priorities and priority programmes are communicated to staff and the public.

RC commented that in relation to the Clinical Records System a lot of the contingency had been used to date, however there was still a lot of confidence from the programme board that the timescales can be achieved.

CJ asked in relation to workforce productivity how the actions to date focus on productivity. SY commented that it was a new priority programme for 2018/19 which had just been scoped. AGD commented that last year the priority in relation to operational excellence focused on the use of bank staff and reducing sickness absence. This year the programme would focus on workforce redesign, establishment of new roles, and retention programmes to assist in making the workforce sustainable for the future. The programme would be an area of focus for the Workforce and Remuneration Committee. RC commented that it formed part of the Workforce Strategy and there was a need to ensure it was a focus in all areas of work.

MB highlighted the following in relation to Finance:

- In line with plan, although this is the first time the Trust has had a deficit plan, and the run rate is adverse to the full year plan.
- Need to recognise financial challenge in terms of income reduction in the second half of the year
- Out of area bed expenditure is adverse to plan and is 58% higher than the corresponding period for 2017/18.
- Net pay costs are showing a saving compared to temporary staffing costs.
- Agency costs are variable at this stage and connected to levels of acuity and vacancies in medical. There are also areas of disproportionate use in CAMHs and LD.
- Financial risk rating moved from 1 last year to 2 given the deficit positions, with a risk that it will move to 3 if there is a difference compared to plan.
- Cash has reduced from year end as expected
- CIP is below target with an overspend on drugs.
- The Carter 2 report has been released which looks at potential savings across mental health and community services.
- When the plan was set with a £2.6m deficit the Trust did not have full plans in place to meet this and there has since been a further risk in relation to out of area beds due to 40% of the annual budget now spent. Given the change in financial position, NHS Improvement have attend Operation Management Group (OMG) and Executive Management Group (EMT) meetings where financial discussions have taken place and they will provide formal feedback.

LC asked if there was a way the decision making in relation to CIPs could be accelerated without compromising quality and safety. MB commented that work has already been done to improve the governance processes with the schemes subject to weekly discussion at OMG and monthly at the EMT meeting that Non-Executive Directors are invited to attend. The remaining areas are those where OMG are yet to agree as they need to ensure rigor in the schemes or pace of the implementation.

AGD highlighted in relation to Workforce:

- Sickness absence - positive start to the financial year, Wakefield and Barnsley in particular due to the positive actions taking place around wellbeing. There are hot spots for focus in relation to Specialist Services in LD. Calderdale and Kirklees CAMHs have seen a reduction with the Clinical Governance & Clinical Safety Committee reviewing a detailed report. A lot of good engagement work was taking place through local wellbeing groups and with management.



- Staff turnover is currently reported as being 8.5% year-to-date.
- Mandatory training - Following discussion at the recent board development session it is suggested the training metrics included in the summary dashboard for 2018/19 are for compliance with Managing Aggression and Violence (MAV) and Moving and Handling training, which are nationally areas of focus.

RC asked, in relation to the staff turnover, if figures are shown in the same way as other trusts excluding TUPE to assist with comparison. AGD commented that the measurement was the same as others nationally and the detailed report was received by the Workforce & Remuneration Committee.

RW asked if there were themes from the turnover and sickness absence rates in Specialist CAMHs and Learning Disabilities. CH commented that there were different hot spots, turnover in CAMHs and sickness absence in Learning Disabilities. Information from leavers relates to pressure in caseloads, waiting lists, and on call. AGD commented that at the last EMT meeting the detailed report which goes to Clinical Governance & Clinical Safety Committee was discussed and an area for consideration is a CAMHs summit to engage staff and develop some actions. CD commented that CAMHs was a standing agenda item at each Clinical Governance & Clinical Safety Committee where there was recognition that there is a lot of good work going on, although still concerns for inclusion on the Corporate/Organisational Risk Register.

KQ asked in relation to the LeDeR report whether Learning Disability training should become mandatory. CH commented that a request in relation to the Greenlight toolkit would be discussed by the EMT.

**It was RESOLVED to:**

- **NOTE the Integrated Performance Report and COMMENT accordingly; and**
- **AGREE the training metrics in the summary dashboard for 2018/19 are for compliance with Managing Aggression and Violence (MAV) and Moving and Handling training.**

TB/18/50b Learning Disabilities Mortality Review (LeDeR) report (agenda item 6.2)

TB highlighted the following:

- National annual report published in May 2018 which will be discussed in detail by the Clinical Governance & Clinical Safety Committee.
- System coordinated by NHS England and Clinical Commissioning Groups (CCGs).
- Trust is required to ensure that deaths are reported as appropriate, support the CCG panel, and offer reviews where possible.
- Any learnings from reviews that relate to people within the Trust's services are included in our quarterly reports, which go to the Clinical Governance & Clinical Safety Committee.
- Areas that the Trust will review in response to the national report are outlined in the paper.

KQ commented that she felt the avoidable/preventable deaths were not clearly reflected in the national report and that seclusion and general care for LD differs nationally. The Trust was good at conducting the reviews, what more could be done and how can we be more ambitious? TB commented that the Trust was now the lead for the LD workstream in West Yorkshire. It is an area of specialism, experience and knowledge and becoming the lead reflected this. It is important to reflect learnings at a team level as well as reflecting across the system, including primary care, the importance of reasonable adjustments. The report

will be discussed in more detail by the Clinical Governance & Clinical Safety Committee in September 2018 along with an action plan.

CD commented that the Shadow Board asked how learning was shared across the organisation. TB commented that the greenlight toolkit is used along with specialist support the Trust provides to Mid Yorkshire Hospitals NHS Trust (Mid Yorks).

RW commented that one of the Trust's four strategic ambitions was to be a regional lead for LD, working in all of our localities and asking others what they are doing about it, such as the local Health & Wellbeing Boards. Operationally the Trust is leading on LD in West Yorkshire. We have discussed the work we have done with Mazars around mortality reviews and within this national report it challenges the work we have done to date and highlights what more we need to do. TB commented that the report would be considered at the next Mazars meeting, such as responsible adjustments for recording, how we are aligning the Serious Incident and other processes with the mortality review processes, the required speed of reporting, and data sharing across the system. The CCGs are the lead and we need to work with them. RW requested that the Executive Management Team through to the Clinical Governance & Clinical Safety Committee look at what the current arrangements are, what more do we need to do, whether a day to day lead is needed, and the training arrangements.

**Action: Tim Breedon**

**It was RESOLVED to RECEIVE the report and NOTE the implications for the Trust and plans in place.**

TB/18/50c Incident management annual report 2017/18 (agenda item 6.3)

TB highlighted the following:

- Report considered by the Clinical Governance & Clinical Safety Committee.
- Similar format to previous, with updated data analysis.
- Significant number of incidents reported, indicative of positive reporting culture.
- 87% low or no harm.
- 71 Serious Incidents reported, accounting for 0.58% of all incidents reported.
- Increase in apparent suicides, the Clinical Governance & Clinical Safety Committee considered in line with apparent suicide report to ensure we get the best learning.
- This report has been turned around faster than previous as it was important to have early sight of key findings.
- Improvement shown in the staff survey around reporting.
- Two internal audits received significant assurance.
- Positive feedback received from the CQC.
- Good signs from Patient Safety Strategy.
- Key messages from the Clinical Governance & Clinical Safety Committee included that the report was of good quality, well structured, understood, robust systems and processes were in place through assurances received, and the importance of weekly risk panel. The committee requested further assurance around actions and outcomes in the Integrated Performance Report and a deep dive on increase in apparent suicide in Kirklees, which would be considered at next meeting to complete assurance that actions are in place. CD added that further assurance in relation to apparent suicides was important and secondly the need to ensure we get learnings and actions.

CD commented that the Shadow Board had discussed that when the themes of learnings and concerns are considered they are consistent over time and it was important to understand what actions are taking place and what was being changed in response.

CJ asked if it was known which themes of activity to reduce the incidents have worked. TB advised that all have measures within Patient Safety Strategy action plan. Examples are Safety Huddles which support culture and awareness and methodology which relates to human factors.

CJ asked if there had been any improvements in record keeping. TB advised that there has been some improvement but further work to do which relates to the clarity of recording.

LC asked about the risks and opportunities related to the implementation of the new Clinical Records System. SY commented that there is a clinical safety workstream lead by Mike Doyle, Deputy Director of Nursing, which includes a range of senior clinicians and has access to a wider reference group and the system maps are being reviewed with Trios. The new Clinical Record System would include some significant improvements in recording and reporting and there could be further developments to be included in a second phase. RW commented that it provided an opportunity to reinforce record keeping by clinical leadership and through staff communications.

LC asked if there were further actions that could be in place to manage aggression and violence to protect staff. TB commented that there may be some learnings as a result of restraint work along with a national position as a result of NHS staff surveys. The behavior of service users can be due to the circumstances in which people arrive into services as well as level of acuity.

RW commented that in relation to Duty of Candour requirements, a number were in relation to Barnsley BDU which are still awaiting review by BDU, which is higher in comparison and asked if it was due to infrastructure or cultural issues. TB commented that it had been considered at BDU governance groups. KT commented that it was felt to be an operational issue around the capturing of information. Information to be provided to the Clinical Governance & Clinical Safety Committee for review.

**Action: Tim Breedon / Sean Rayer**

**It was RESOLVED to RECEIVE the report and NOTE plans for 2018/19.**

**TB/18/50d Healthy Eating CQUIN (agenda item 6.4)**

AGD reported that the Trust has met the technical requirements for the 2017/18 CQUIN in full and there is an ongoing commitment to achieve full compliance as part of a three year requirement which has higher targets each year. The only wider impact of the CQUIN is financial as it is not anticipated that the reduction in sugary drinks will result in reduced sales as the low sugar options are the better sellers already as people take greater responsibility for their health.

CJ asked if there was more the Trust could do in relation to children and young people which is something outside the CQUIN reporting. AGD commented that it could be looked at as how the Trust operates.

**It was RESOLVED to NOTE the content of the report and APPROVE the circulation of this report to the relevant Quality Boards.**

**TB/18/51 Business developments (agenda item 7)**

**TB/18/51a South Yorkshire and Bassetlaw Shadow Integrated Care System (SYBsICS) update (agenda item 7.1)**

AGD highlighted the following:

- Setting up for next phase of ICS, number of negotiations taking place around technical elements such as control totals.

- Now appointed a Director of Finance.
- Revised version of the Memorandum of Understanding (MoU) due to come to Boards.
- Hospital Services review progressing.
- An update on priorities was received with most progressing well.
- Our work with the other mental health trusts is positive and with good sharing of learnings.

RW commented that the stroke programme had a material impact on the Trust's services and he had a discussion with partners in Barnsley about what the consequences might be such as working as a virtual Multi-Disciplinary Team (MDT) with the Hospital. There would be an allocation of funding in relation to suicide prevention in South Yorkshire and we need to understand whether the Trust would receive any of that funding.

SY commented that the mental health trusts would be working to try to address out of area beds across the system. Barnsley has been signed as a locality to learn from, with out of area beds defined differently in South Yorkshire to other areas.

**It was RESOLVED to NOTE the update from the SYB sICS Collaborative Partnership Board.**

TB/18/51b West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) update (agenda item 7.2)

SY highlighted the following:

- Formally part of the next wave of Integrated Care Systems (ICS).
- Lots of engagement work taking place across the system.
- Workforce plan under development.
- Trust to take a lead role for improving LD services across the system.

RW highlighted the following:

- The revised MoU would likely come to Trust Boards in September 2018 following a request from local authorities for more time given recent elections.
- A joint development programme for ICS would take place.
- Likely that there would be some delegated funding this year and the ICS would still be able to bid for funding including capital. One of the top priorities is for locked rehab and the West Yorkshire Mental Health Services Collaborative is supporting that work.
- Not required to deliver a combined control total this year, however need to agree performance trajectory with the centre, which would come back to the Trust Board.
- Professor Don Berwick would be visiting West Yorkshire on 27 June 2018 to spend time with clinical leadership in relation to cancer and a system developed based on mutual accountability.

KQ asked if a joint risk-sharing approach had been agreed and how are they included within the Trust's plans. RW commented that the Trust's priorities for 2018/19 include developments in both the South Yorkshire & Bassetlaw and West Yorkshire & Harrogate systems and we need to get better at reflecting risks as a Trust. Work would take place to develop how we would hold each other to account in the ICS. It was intended that there would be a system oversight assurance group, with a lead Chief Executive from the main sectors, where issues are raised and actions aligned.

**It was RESOLVED to RECEIVE the update on the development of the West Yorkshire and Harrogate Health and Care Partnership.**

TB/18/51c West Yorkshire Mental Health Services Collaborative (WYMHSC) Memorandum of Understanding (agenda item 7.3)

AM reported that in the private sessions of Trust Boards in March 2018, the Boards of the four organisations comprising the West Yorkshire Mental Health Services Collaborative agreed the memorandum of understanding (MoU), subject to a number of points of clarification. These points were clarified with the members of the Committees in Common and at its first meeting on 30 April 2018 the Chairs of the four organisations signed the MoU. The final version was now provided in public for noting.

**It was RESOLVED to RECEIVE the final version of the Memorandum of Understanding.**

**TB/18/52 Governance items (agenda item 8)**

TB/18/52a Operational Plan 2018/19 (agenda item 8.1)

MB highlighted the following:

- The draft Operating Plan was submitted to NHS Improvement (NHSI) on 8 March 2018 in line with what was agreed by the Trust Board.
- Following discussion in the private session of Trust Board in April 2018 Trust Board, the final plan was approved by the Chair and Chief Executive and submitted ahead of the 30 April 2018 deadline. .
- The final plan is provided for noting in public along with the feedback received from NHSI. The feedback stresses the need to improve underlying performance for 2019/20 and to ensure achievement of the 2018/19 plan. It also offered the Trust the opportunity to re-submit its plan by 18 June 2018 given the points raised. The Trust has not changed or re-submitted the plan.

**It was RESOLVED to NOTE the final operating plan submitted for 2018/19 and the COMMENTS provided as feedback by NHS Improvement.**

TB/18/52b Update on Annual Report and accounts including the Quality Account 2017/18 (agenda item 8.2)

MB highlighted the following:

- The submission of the 2017/18 annual accounts, Annual Report and Quality Account took place in accordance with the requirements.
- The report explains the process undertaken to generate these submissions and provide assurance regarding the governance of the process.
- The reports generated by the external auditors, Deloitte LLP, following their annual audit were also included in the papers.
- The final Annual Report and accounts including the Quality Account for 2017/18 cannot be published until they are laid before parliament which is due to take place in July 2018.

AM commented that the Trust had produced a short 'Our Year' document, which highlighted the achievements of the Trust in 2017/18 and was available on the Trust's website.

**It was RESOLVED to:**

- **NOTE the update on the process relating the annual report, accounts and quality account process and submissions; and**
- **RECEIVE in public the external audit reports relating to the annual accounts and Quality Account.**

TB/18/52c Trust Board self-certification (FT4) - corporate governance statement 2017/18 (agenda item 8.3)

MB reported that self-certifications (G6 and CoS7) against the NHS Provider Licence were agreed at the Trust Board meeting on 24 April 2018. The final self-certifications (FT4 and training of Governors) were now required to confirm that the Trust has complied with required governance arrangements through a Corporate Governance Statement and the training of governors.

LC asked whether the recent CQC report would impact on the Corporate Governance Statement. EJ commented that the report covered 2017/18 and as the report was yet to be published by the CQC any impact could not yet be reflected. The CQC report may impact the statement for 2018/19.

**It was RESOLVED to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to:**

- **the Corporate Governance Statement 2017/18; and**
- **the training for Governors 2017/18.**

TB/18/52d General Data Protection Regulations (GDPR) update (agenda item 8.4)

MB highlighted the following:

- A report is made to each Audit Committee meeting on the progress to date against plan.
- Information Governance (IG) policies have been updated, approved and placed on the Trust's intranet.
- The Trust's public privacy notice has been updated and placed on the website.
- A programme of training on the completion of privacy impact assessments (PIAs) was delivered to management teams over the six months prior to the enforcement of the GDPR.
- Confidentiality leaflets for patients are being updated in readiness for sharing upon confirmation of a small number of points.
- The Trust is working towards full compliance by the end of October 2018 in line with requirements.

LC asked if the Trust had the resources in place to implement any requirements. MB commented that, whilst the number of staff was low there was very skilled resource in place.

CD commented that the Shadow Board had asked if anything had been sent to staff regarding the potential impact of GDPR. MB commented that no specific communication had been sent to staff individually however there was a comms plan in place.

RW asked if the Members' Council could provide additional oversight and assurance. MB to discuss with AM regarding possible scheduling at a future Members' Council meeting.

**Action: Angela Monaghan**

AM asked what the impact of GDPR was on the Trust's membership. MB advised that discussions were taking place with other trusts to ensure a consistent approach.

AM asked for a review to ensure that any public facing policies were easy to access by members of the public. KH commented that this was currently being discussed. Previously, all policies were automatically published to the Trust's website, however due to technical issues that was ceased. Copies of policies can be requested via the Customer Service team

and the Communications team will work with the Corporate Governance team regarding access on the website.

**Action: Kate Henry**

The Board noted the huge amount of work undertaken. MB commented that a number of other trusts have spent a large amount of money on implementing the new regulations, in comparison with SWYPFT.

**It was RESOLVED to NOTE the work undertaken to date and that which will be completed in the coming weeks to ensure the Trust continues to strengthen its compliance with GDPR with the aim of achieving full compliance by 31 October 2018.**

### **TB/18/53 Receipt of public minutes of partnership boards (agenda item 9)**

A list of agenda items discussed and minutes where available were provided for the following meetings:

- Calderdale Health & Wellbeing Board 21 June 2018
- Barnsley Health & Wellbeing Board 5 June 2018 - RW commented that the local health and care record exemplar was a national programme. Yorkshire & Humber had applied for the final place in the programme and if successful would mean an investment of £7.5m across the region to assist joined-up records.
- Kirklees Health & Wellbeing Board 28 June 2018 - RW commented that the leadership group has started to meet again and have requested work to take place similar to Calderdale Cares on the strategic direction for Kirklees.

**It was RESOLVED to RECEIVE the updates provided.**

### **TB/18/54 Assurance and receipt of minutes from Trust Board Committees (agenda item 10)**

#### Audit Committee 22 May 2018

- Draft Annual Report and accounts and Quality Account for 2017/18.

#### Clinical Governance & Clinical Safety Committee 15 May 2018 and 19 June 2018

CD highlighted the following from 19 June 2018:

- Organisational Risk Register was discussed in relation to Child and Adolescent Mental Health Services (CAMHS) and whether the risk was described accurately. Mitigating actions and scoring will be discussed further by the Executive Management Team prior to reporting at the Trust Board meeting in July 2018. In relation to Out of Area Beds there was a need for greater assurance in relation to actions taking place. Once the CQC report is published this will be reviewed to ensure risks have been captured.
- Serious Incidents and Apparent Suicide reports.
- CAMHS report and the need to ensure the right level of assurance.
- Actions to be escalated to other committees and forums such as the management of Equality Impact Assessments (EIA) by the Equality and Inclusion Forum and recording of ethnicity which is also discussed by the Mental Health Act Committee.
- Approved Minutes of the Committee meeting held on 6 February 2018 (attached with the Trust Board papers).
- Approved Minutes of the Committee meeting held on 17 April 2018 (attached with the Trust Board papers).

- Approved Minutes of the Committee meeting held on 15 May 2018 (attached with the Trust Board papers).

#### Equality & Inclusion Forum 12 June 2018

AM highlighted the following:

- Equality and diversity annual report, which will come to Trust Board in July 2018.
- Update on Equality Impact Assessment completion.
- Equality and Diversity Standard (EDS2) update.
- Update on inclusive leadership and development.
- The meeting was quorate, however there was a low attendance.
- Approved Minutes of the Committee meeting held on 6 March 2018 (attached with the Trust Board papers).

#### Mental Health Act Committee 15 May 2018

CJ highlighted the following:

- Recording of ethnicity.
- Bed availability and impact on our partners and patients.
- Lack of response of Yorkshire Ambulance Service (YAS) and Police.
- Section 136 increase and need to work together as Crisis Care Concordat.
- Good presentation from clinical leadership in Horizon.
- Approved Minutes of the Committee meeting held on 6 March 2018 (attached with the Trust Board papers).

RW commented that there had been a previous concern raised by the committee in relation to actions from MHA audits that were not always followed through and asked if further assurance had been provided. CJ commented that this was in relation to recurrent learnings where actions are tracked, however it was important to maintain a level of consistency. The committee felt assured in general that the Trust responds positively to those inspections.

#### Nominations Committee 20 June 2018

AM highlighted the following:

- Recommendation of the shortlisted Non-Executive Director candidates was discussed and supported for final interview.
- Committee annual report and updated Terms of Reference were approved, which will go to Members' Council meeting on 3 August 2018.
- Approved Minutes of the Committee meeting held on 10 April 2018 (attached with the Trust Board papers).

#### Workforce and Remuneration Committee 8 May 2018

RC highlighted the following:

- Workforce Strategy: 2018/2019 Action Plan.
- Organisational Development Strategy 2018/2019 Action Plan.
- Strategic Workforce Plan – Executive Summary.
- Human Resources Exception Report – Workforce Strategy Dashboard; Prototype.
- Approved Minutes of the Committee meeting held on 23 March 2018 (attached with the Trust Board papers).

#### West Yorkshire Mental Health Services Collaborative Committees in Common 30 April 2018

AM highlighted the following:

- Memorandum of Understanding, which was received at Trust Board today.



- Update on workstreams.
- Draft Minutes of the Committee meeting held on 30 April 2018 would be received in the private session of Trust Board.

It was **RESOLVED** to **RECEIVE** the updates provided.

**TB/18/55 Use of Trust Seal (agenda item 11)**

It was **RESOLVED** to **NOTE** use of the Trust's seal since the last report in March 2018.

**TB/18/56 Trust Board work programme (agenda item 12)**

It was **RESOLVED** to **NOTE** the work programme.

**TB/18/57 Date of next meeting (agenda item 13)**

The next Trust Board meeting held in public will be held on Tuesday 31 July 2018 in the small conference room, Wellbeing and learning centre, Fieldhead, Ouchthorpe Lane, Wakefield.

**TB/18/58 Questions from the public (agenda item 14)**

Comments and questions were invited from members of the public in attendance. A summary of the questions and responses is provided below:

TB/18/58a - *Is it true that people in outpatients at Folly Hall are carrying weapons?*

CH commented that she was not aware of any incidents reported and if they had a concern for it to be reported outside of the meeting for follow-up.

TB/18/58b - *A visitor's badge was not given on sign in at Folly Hall as reception staff advised they were too busy. Should this be the case?*

CH commented that service users would be signed in so that services knew they had arrived for their appointments. AGD commented that he would review the local arrangements at Folly Hall to ensure the correct process was in place.

**Action: Alan Davis**

TB/18/58c - *In terms of the Trust's strategy to form and forge alliances, had anything been considered in relation to resource allocation and a formula that could be applied?*

RW commented that any opportunity would also have a cost. The Trust had done a lot of work over the last couple of years to streamline our priorities, vision, mission, and values, aligning our priorities to reflect the strategy of the organisation including the resources we have. Reviews undertaken by the CQC and others had noticed and commented on that work. The context continues to change nationally and it was important for the Trust to spend time with partners to understand the impact locally.

**Signed:**



**Date:** 31 July 2018