

**Minutes of Trust Board meeting held on 27 March 2018  
Rooms 3 and 4, Laura Mitchell, Halifax**

<b>Present:</b>	Angela Monaghan Charlotte Dyson Laurence Campbell Rachel Court Chris Jones Kate Quail Rob Webster Mark Brooks Tim Breedon Alan Davis	Chair Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance and Resources Director of Nursing and Quality Director of Human Resources, Organisational Development and Estates
<b>Apologies:</b>	<u>Members</u> Dr Adrian Berry	Medical Director
	<u>Other</u> Karen Taylor	Director of Delivery
<b>In attendance:</b>	Carol Harris  Kate Henry Sean Rayner Dr Subha Thiyagesh Salma Yasmeen Emma Jones	District Director - Forensics and Specialist Services, Calderdale and Kirklees Director of Marketing, Communications and Engagement District Director - Barnsley and Wakefield Deputy Medical Director Director of Strategy Company Secretary (author)

**TB/18/15 Welcome, introduction and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. The apologies above were noted.

**TB/18/16 Declaration of interests – annual declarations (agenda item 2)**

Dr Subha Thiyagesh (SThi) declared a conflict of interest in agenda item 9.1 and would leave the room for the item.

The following declarations were considered by Trust Board:

Name	Declaration
<b>Chair</b>	
MONAGHAN, Angela Chair	Spouse - Strategic Director at Bradford Metropolitan District Council. Spouse - Director of the National Association for Neighbourhood Management.
<b>Non-Executive Directors</b>	
CAMPBELL, Laurence Non-Executive Director	Director, Trustee and Treasurer, Kirklees Citizens' Advice Bureau and Law Centre, includes NHS complaints advocacy for

Name	Declaration
	Kirklees Council.
COURT, Rachel Non-Executive Director	Director and Chair, Leek United Building Society. Chair, Invesco Perpetual Life Ltd. Director, Invesco UK Ltd. Director, Leek United Financial Services Ltd Chair, PRISM Governor, Calderdale College Magistrate Chair, NHS Pension Board
DYSON, Charlotte Non-Executive Director	Independent Marketing Consultant, Beyondmc. Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional). Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Bradford Teaching Hospitals NHS Trust Clinical Excellence Awards (CEA) Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee. Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.
JONES, Chris Non-Executive Director	Director and part owner, Chris Jones Consultancy Ltd. Interim Chief Executive Officer at Bradford College.
QUAIL, Kate Non-Executive Director	Owner / Director of The Lunnagh Partnership Ltd, Health and Care Consultancy.
<b>Chief Executive</b>	
WEBSTER, Rob Chief Executive	Independent Chair of Panel for assessing clinical commissioning group learning disability commissioning (NHS England). Visiting Professor, Leeds Beckett University. Honorary Fellow, Queen's Nursing Institute. Honorary Fellow, Royal College of General Practitioners.. Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership (Sustainability and Transformation Plan). Member of Bercow Review Panel, Royal College of Speech and Language Therapists (RCSLT).
<b>Executive Directors</b>	
BERRY, Dr Adrian Medical Director (to 31 March 2018)	No interests declared.
BREEDON, Tim Director of Nursing and Quality	No interests declared.
BROOKS, Mark Director of Finance and Resources	No interests declared.
DAVIS, Alan Director Human Resources, Organisational Development and Estates	Spouse – Managing Director, NHS North West Leadership Academy

Name	Declaration
THIYAGESH, Dr Subha Medical Director (from 19 April 2018)	No interests declared.
<b>Other* Directors</b> (non-voting)	
HARRIS, Carol District Director – Forensic, Specialist, Calderdale and Kirklees	Spouse - Engineering Company has contracts with NHS providers including Mid Yorkshire Hospitals NHS Trust.
HENRY, Kate Director of Marketing, Communication and Engagement	No interests declared.
RAYNER, Sean District Director – Barnsley and Wakefield	No interests declared.
TAYLOR, Karen Director of Delivery	No interests declared.
YASMEEN, Salma Director of Strategy	Board member, PRISM charity in Bradford.

There were no 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.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

### **TB/18/17 Minutes and matters arising from previous Trust Board meeting held 30 January 2018 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 30 January 2018 as a true and accurate record.** The following matters arising were discussed:

- TB/18/06a Corporate/organisational risk register - The heat map will be reviewed for the next Business and Risk Trust Board.
- TB/18/07b Customer services report quarter 3 2017/18 - Policy review in May 2018, due to come to Trust Board in June 2018. The second action was included in the annual planning guidance sent into the BDU governance groups.
- TB/18/08a Trust Strategy refresh - Final amendments complete.
- TB/18/08b Digital Strategy - Final amendments complete.
- TB/18/09b Internal meetings' governance framework update - Timings for reporting included in work programme for EMT / Board
- TB/18/09d Board development programme - Board development session now confirmed for the September 2018 strategic session of Board with an external facilitator. Between now and then there will be a development review of leadership and governance using NHS Improvement well led developmental review framework. TB commented that any actions from the Care Quality Commission (CQC) well-led review could also be incorporated.
- TB/18/11 Assurance from Trust Board committees - General Data Protection Regulations (GDPR) presentation circulated to the Trust Board and regular updates provided to the Audit Committee.

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

The Trust Board heard a service user story. Carol Harris (CH) advised that at the last public Trust Board meeting the service user story outlined the challenges of an out of area bed placement. From this there was a need to better define the role of the care coordinator, patient flow manager and patient flow clinical lead so that clear roles and responsibilities were understood and the process for communication with the service user and their loved ones was clear. Out of area placements are still challenging for us, as identified in the Integrated Performance Report (IPR), and today's story demonstrates that when we communicate better we can get better outcomes.

"John" is a middle aged man who was under the care of the intensive home based treatment (IHBT) team for depression. He was having relationship difficulties and his marriage was breaking down. This led to him feeling so desperate that he rang the IHBT from Scammonden Bridge. He said he felt suicidal and he wanted to take his own life. The IHBT went to find him and felt he needed an admission to hospital to maintain his safety. There were no beds available in the Trust so he was admitted to Manchester as the closest available bed nationally.

IHBT and bed managers stayed in close contact with each other and with John and his partner. It became clear very quickly that the distance away from home was problematic as his partner could not travel to see him and the distance was not helping them to resolve the relationship difficulties they had. The IHBT and the bed managers immediately recognised this and worked to repatriate John to a local bed to ensure his partner could visit regularly. John was returned into the next available bed on a local ward within 36 hours of his initial admission. John is now discharged from our service. We asked John to tell us about his experience of having to go to an out of area bed. He told us that

- Initially he refused to go out of his local area. He believed that going so far away would increase his levels of anxiety as he felt it would impact on his attempts to reconcile his relationship, so the admission then would make things worse rather than better.
- Support from staff and his family persuaded him to accept the bed in Manchester.
- He felt the communication from out of area placement staff was poor for the day he was with them, however he does accept this may have been because they knew he was due to be transferred back.
- The transfer back to a local ward was welcomed and he appreciated we did everything we could as quickly as possible to move him back and reduce the anxiety of being away from his family.
- Stated he is happy with the care he has received.

Final thoughts on this story are that accessing an out of area bed helped John to manage his own safety in the short term. His worries about this were managed with support from our staff and his family. The IHBT team and the bed managers remained in close communication and the roles between them were clear. The bed managers prioritised a local bed and John's transfer back to the local area was successful and in line with his wishes and needs.

Mike Doyle, Deputy Director Nursing and Quality leads the work across the West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) on suicide prevention and the Suicide Prevention Strategy. It is an example of the work we are doing with partners on areas identified as high risk.

Tim Breedon (TB) commented that the story reinforces that we know the importance of keeping people as close as possible to family and friends, what the risks are, and how we try to mitigate them as much as possible. Some of the work we are doing across the system will assist this.

Rob Webster (RW) commented that the Trust talks about safety first always. Under the Single Oversight Framework, out of area placement was now a national indicator that everyone was held to account for. In relation to out of area placements, there was a financial and also human cost. Learning from previous situations helps us make out of area placements work better. The WYHHCP workstreams were about consistency of approach and arrangements, the right communications, and building better and stronger relationships. In relation to Scammonden Bridge, the Trust works with partners including the Police, Local Authority and other NHS organisations to collectively reduce the risk.

The Board asked to pass on their thanks to the couple for sharing their story.

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

## **TB/18/19 Chair and Chief Executive's remarks (agenda item 5)**

### Chair's report

AM advised that voting was underway for the Members' Council election and closes on 20 April 2018. The Trust was appreciative of all of those who have put themselves forward for the available seats on the Members' Council.

### Chief Executive's report

RW commented that The Brief communication to staff, that was included in the paper, provided a sense of what was happening across the organisation and system. Since publication of the Brief there had been several updates and RW highlighted the following:

- Announcement between Staff Side and NHS Employers nationally, recommending a pay deal to members. There had been speculation that staff would lose a day of annual leave which had not been part of any final offer. The proposal was a 6% pay rise over three years for staff on Agenda for Change. The psychological impact of lifting the pay cap was helpful and there has been a commitment of funding to pay for the award. It was important to recognise that staff have yet to accept the change and the Trust may or may not get the total funding required from the centre.
- Significant pressure in the system in mental health and physical care. Staff continue to be supportive across the system. Pressure specifically in relation to out of area beds will be discussed as part of the Integrated Performance Report.
- Nominations for the Trust's NHS70 Superstars has seen over 900 nominations received from staff and service users. RW read two nominations out selected at random.

Chris Jones (CJ) asked if there were examples of how the Trust had supported winter pressures. Sean Rayner (SR) commented that this winter has seen a multitude of pressures both on services and supporting patient flow from hospitals. Staff have been really resilient and our sickness rate, although higher than we want it to be, has been kept at a reasonable level. The NHS organisations over the Trust's geographical area have handled the pressures quite well compared to other areas in the country. CH commented that staff had worked together to maintain resilience and service delivery.

Alan Davis (AGD) commented that part of supporting staff was to ensure they have access to Occupational Health. Support has been provided to managers around individual staff health and wellbeing. AGD spoke to ward managers and staff about how they are supporting each other and, even though the pressure has been, there they have had time to talk about what has been going on in the service. RW commented that hot spots in the services identified in the staff survey point to where we need to do some more work.

Charlotte Dyson (CD) commented that in the media there was a report on where someone's physical health had been prioritised ahead of their mental health in an acute setting, leading to a serious incident, and asked how the Trust works with partners on this. STHi advised this is through the mental health liaison team who conduct regular training sessions. Communication and training are two important elements of managing the needs of a service user.

**It was RESOLVED to NOTE the Chair's remarks and content of the Chief Executive's report.**

### **TB/18/20 Performance reports (agenda item 6)**

#### TB/18/20a Integrated performance report month 11 2017/18 (agenda item 6.1)

TB highlighted the following on the summary dashboard:

- Under 18 admissions - remains an issue, there has been one person for 28 days with the proper safeguards in place. Adult beds are only used when it is the "least worst" option for the service user. We need to keep this issue in focus and work with commissioners.
- Out of area beds - remains an issue, some good work being done with partners in the West Yorkshire and Harrogate Health and Care Partnership regarding a shared bed system.
- Safer staffing levels - wards under pressure, however ratios met sometimes with a use of a diluted skill mix.
- Mental Health Act/Mental Capacity Act mandatory training - levels sustained.
- Agency spend - impacted by medical staff vacancies and requirements under waiting lists initiatives.

TB highlighted the following in relation to quality:

- Significant demand and resulting pressure in the system.
- Complaints - process is on an improvement journey, with process mapping producing some benefits, and ownership from deputy district directors and trios.
- Incidents - good reporting culture, particular increase in February in the Serious Incident report.
- Supervision - issue identified in relation to evidencing / recording, a focused piece of work has taken place and have met the target.
- Falls - increased in February, particularly relating to an individual in Forensic services. CH commented that there was a robust action plan in place. TB commented that further work was needed in relation to falls, the Trust has a high level of assessment which needed to be completed in a short period of time and the roll out of safety huddles as standard will support this work.
- Information Governance - whilst RAG rated amber in relation to confidentiality breaches the overall trend compared to last year was much better.
- Friends and Family Test - slight drop in relation to children's vaccination team.

- Prone restraint - internal target, need to continue to monitor closely.
- Mortality - internal audit received significant assurance of the Trust's mortality review process.
- Infection prevention and control - performing in line with the plan and hand hygiene and training levels sustained.
- Managing aggression and violence (MAV) - showing the largest reduction in physical violence to staff due to the Trust's physical intervention programme.

CJ asked in relation to complaints, improvements were not yet shown in the performance reporting and asked when it was expected. TB advised that there is a trajectory for improvement, which would be circulated to the Board.

**Action: Tim Breedon**

CJ asked if delayed transfer of care was showing a trend. TB advised that it was flagged last month as nationally it was not an issue. CH commented that detailed work was taking place with commissioners which may improve our recording. As part of patient flow, teams review anyone that has been admitted for over 40 days.

CH commented in relation to safer staffing numbers that whilst no ward fell below 90% there was an increase in a number of wards not achieving 80% of registered staff. A number of actions took place such as moving staff between units and completing a risk assessment to best manage demand and resources. CH reminded the Board that where the report shows over 100% it relates to acuity and demand where staffing levels have needed to be increased. CD asked what further assurance could be provided in relation to skill mix. CH advised that there was always a registered nurse on each shift and the Trust used registered community staff where needed to enhance numbers. Ward managers work across shifts to provide clinical leadership as well as practice governance coaches. TB added that within the professional guidance tool there was a checklist. RW commented that the Trust was talking to commissioners in relation to the levels of acuity during the contract process.

CD commented that she was surprised at the staff Friends and Family Test results. TB commented that there were a number of factors which link into the staff survey.

MB highlighted that in relation to the National Metrics that the Trust was RAG rated green for almost all indicators.

CD asked in relation to out of area beds if the Trust was an outlier. CH advised that a meeting with Bradford and Leeds identified similar pressures this month. Barnsley had not sent patients out of area for a long time, however they had experienced a higher level of acuity and demand. RW added that Leeds had spent a lot of resources on acute out of area beds and Bradford, Barnsley and Sheffield has not sent anyone out of area in acute. There were differences across the footprint in relation to the availability of Intensive Home Based Treatment and how it was applied as well as differences in commissioning with discussion taking place with commissioners.

CD commented that in relation to Improving Access to Psychological Therapies (IAPT) the Trust had worked hard to meet the target on outcomes. CD asked if information was collected in relation to ethnicity and if there were good outcomes for BAME service users. MB commented that the ethnicity of service users is collected however not specifically correlated to the outcomes. AM suggested that it could be discussed by the Equality and Inclusion Forum when they receive updates on EDS2.

**Action: Angela Monaghan / Tim Breedon**

SR highlighted in relation to Locality - Barnsley that changes to the system were sometimes a balance between operational excellence and change and development and there were a number of workstreams that were under change and development. The Trust strives for operational excellence and improvement in quality and experience for service users, however there may be changes to funding from commissioners.

SR highlighted in relation to Locality - Wakefield that work was taking place to address capacity issues to retain staff.

CH commented that in relation to Localities - Calderdale, Kirklees, Forensic and Specialist services that the areas highlighted in the Integrated Performance Report (IPR) had been discussed under other sections of the IPR.

RW commented that there were different relationships and different commissioners in each of the places within the Trust's footprint. A lot of time and effort was taken by the Trust to ensure the communications, engagement and relationships were right. We make sure discussions always link back to the service, including service excellence and service improvement. Where there are variances in the service we need to work on them and where there are areas where we can learn from them we do. The out of area beds learnings from others has been helpful and IAPT is an example of a service where there is a variance across the BDUs and commissioning.

Salma Yasmeen (SY) highlighted the following in relation to Priority Programmes:

- Significant amount of work taking place, despite pressure across the system.
- Perinatal - fully operational and handing over to business as usual with a Quality Impact Assessment (QIA) completed. There will be a post-implementation review conducted in the future.
- Child and Adolescence Mental Health Services (CAMHs) - launch of referrals through single point of access.
- Clinical Records System - now in the co-design phase of the project and is on track with key milestones.
- Older People's Service Transformation - Business case is progressing and work continues with the community workforce model to ensure new roles are an integral part of the model design.
- Patient flow and out of area beds - action plans are in place to reduce immediate out of area expenditure and sustainability plans are being developed to reduce people being placed out of area.

RC commented in relation to the clinical records system, a risk in relation to data migration was the time period given by the suppliers of a 10 day window which will need to be negotiated down. SY commented that there was a comprehensive risk register maintained and updates provided to the Audit Committee. There will be a robust process in place for the cut over period and conversations have started at an early stage to ensure best and safest transition. Other risks identified with mitigating actions in place are in relation to training and loss of data. LC commented that the Audit Committee would be focusing on critical milestones and evidence to ensure safety was not compromised.

RW asked if the RAG rating for the patient flow was because the programme had not delivered as planned. SY commented that ultimately the aim of the programme is to reduce out of area bed placements and redesign patient flow and to date the work has not made the impact originally expected.



MB highlighted the following in relation to Finance:

- Encouraging pre-STF surplus - £0.6m generated in February, driven by an unplanned gain on disposal of £350k, pay savings and an agreement to refund some bespoke care costs
- In-month out of area bed costs - increased to £373k meaning the year-to-date overspend is now in excess of £1.9m. Part of this was the cost of a particular service user, with agreement by the commissioner to refund.
- Agency costs - increased to £563k in the month which is the highest of the year with increasing acuity on inpatient wards a key factor. Projected to be above the cap at year end.
- Cash is ahead of plan at £25.5m due to the timing of capital expenditure and asset disposal receipts.
- Capital - lower than plan, expected to catch up some of that in the last month through the expenditure for the Fieldhead redevelopment
- Contracting - commercial in confidence at this time and will be discussed in the private session of Trust Board.
- CIP delivery of £6.8m is £0.7m lower than plan

CD asked for assurance that the right controls were still in place around agency spend. MB advised that a recent internal audit provided limited assurance in relation to controls around agency spend and this report will be taken in full to the Audit Committee One action was in relation to community staff, which has been resolved since moving to a new supplier, and some were in relation to medics. SR commented that in relation to medics there was a clear trail of approval of use of medical locums. CH commented in relation to nursing staff it wouldn't be appropriate for a Director to need to approve all use, however ward managers had oversight and this is reported to the Operational Management Group.

CJ asked about performance against the drug cost target. MB commented that in the past the target may have been set on insufficient evidence. A tool has been purchased to identify high drug costs and ownership is needed to achieve better efficiencies. SThi commented that based on what she has seen so far there was scope for further work to reduce the spend.

AGD highlighted the following in relation to Workforce:

- Sickness absence - whilst the Trust compares well to peers, a stretch target was set and performance was not where planned. A number of actions have been put in place including KT leading a task group to look at sickness absence and a staff wellbeing and attendance programme for managers. Health trainers have been appointed to work with Occupational Health in relation to rapid referral for stress and musculoskeletal issues. A hot spot was identified in Forensics who have set up their own wellbeing group for focused work. 70% was long term and a lot of the preventative work was to mitigate staff getting to that level of absence.
- Appraisals - new appraisal system from 1 April 2018 which was a streamlined value based appraisal.
- Turnover - the Executive Management Team and Remuneration and Terms of Service Committee supported a Trust retention plan as part of NHS Improvement programme. NHS Improvement have received the plan and confirmed they are happy with the actions in place. The plan will focus on hot spot areas, developing better career pathways, streamlining the recruitment system, and marketing and branding ourselves.

RC asked in relation to trainee doctors and recruitment challenges what further actions could be put in place. SThi advised that there were national issues as well as local issues in comparison with other trusts with a number of gaps to try to address. Previously 69% went on to do medical training, now the number is between 30-40%. Through the guardian of staff working process and regular meetings working is taking place to try to understand the issues and how to support trainees with more robust systems to be put in place. The Trust was taking place in a medical training initiative which is a national initiative and another aspect is widening access to specialist training. AM commented that it was an area that the Remuneration and Terms of Service Committee could focus on through workforce reports.

TB/18/20b Serious incident report quarter 3 2017/18 (agenda item 6.2)

TB highlighted the following:

- Includes learning from deaths Quarter 2 information as part of new reporting system.
- Already highlighted the number of incidents and 'low harm' incidents are at a good level.
- Report has been considered by the Clinical Governance and Clinical Safety Committee in detail including a suicides report. A number of actions were agreed including deep dives on CAMHs and themes from Kirklees.
- Whilst the number of incidents has increased, the same level has been experienced in previous years. It was important to consider them over a longer period of time to provide real intelligence around themes.

CJ asked what a themed review would include. TB advised that it would look at recommendations from each individual report, scan across all the individual interviews including staff and about comments of issues they have seen themselves or any shortfalls identified. It would also review against national framework or any local or regional incidents. For CAMHs, an independent person would conduct the review to give an independent view.

KQ asked if there was a role for a Non-Executive Director as part of the Serious Incident process. TB would look into this and advise.

**Action: Tim Breedon**

KQ commented that she had attended an event on learning from deaths where a psychiatrist said trusts were implementing the requirements but "there was a long way to go in terms of implementing the spirit", and what does it mean for our Trust? TB advised that when the requirements were reported to Trust Board it was clear that there was a concern that they could become process driven. From our perspective we have been clear to maintain focus around outcomes not just reporting. Further work around embedding this will take place after Quarter 4. CD commented that she had spoken to Mike Doyle, Deputy Director Nursing and Quality, regarding the learnings that had come out of the initial review around better communication.

LC asked how the Trust knows that it was collecting the data of all the people within the required scope. TB advised that the reporting was reliant on everyone entering the required information. We trust our staff know the requirement and data is also collected from the broader NHS system. To really make an impact we need to know everything. Conversation was ongoing on with coroners to assist with gaining better information.

**It was RESOLVED to:**

- **NOTE the quarterly report on incident management, including learning from healthcare deaths Quarter 2 data;**
- **NOTE the ASSURANCE and FURTHER ACTION REQUIRED by the Clinical Governance and Clinical Safety Committee; and**

- **REQUEST reports from the Clinical Governance and Clinical Safety Committee on any areas where they are not assured.**

TB/18/20c NHS staff survey (agenda item 6.3)

AGD reported that the NHS staff survey reflects the importance of ensuring we have regular feedback to staff, noting that surveys were more about engagement, action, and feedback and highlighted the following:

- BDU forums were already using the survey information to understand what action we need to take.
- Results showed a mixed picture, with some good elements and areas we need to respond to.
- Previous years' surveys were only sent to a sample of staff and this year it was opened to everyone, which gives us a better picture across the different parts across the organisation.
- Sickness and appraisal rates in relation to CAMHs is provided to the Clinical Governance and Clinical Safety Committee
- Actions would also be linked to work in place as part of the Workforce Strategy.

RC asked if the actions in place regarding CAMHs did not have the desired effect what would be the next steps. CH advised that initially the challenge was around first assessments with improved access to first appointments, however there was a lot of work to do on the pathways. One of the challenges in recruiting is around on-call, which has been reported to Clinical Governance and Clinical Safety Committee and ranges from distress to impact on morale and job satisfaction. Human Resources and wellbeing staff are engaged in relation to managing stress and demand. AGD commented that previously, Learning Disability staff was an area that had a concern with some additional work and support put in place and it now shows improvement in this survey. Sometimes results can show areas where the system isn't working which puts pressure on our services. CH added that this was the reason why updates are a standing item on the Clinical Governance and Clinical Safety Committee agenda.

AM noted that there were already a lot of actions taking place as part of the Workforce Strategy and we now needed to determine what additional actions were required in response to these results.. The Remuneration and Terms of Service Committee would review the results in detail.

SR commented that it was important that Staff Side were engaged in the process, particularly in areas where staff are transferred, as they are a supportive group to work with. AGD commented that there was regular dialogue with Staff Side through the wellbeing group and local partnerships groups. Working is taking place to further break down the data in order to understand the results more. This will also identify areas of good practice as it is important to learn from those areas too.

**It was RESOLVED to NOTE the report, the high level actions and next steps.**

**TB/18/21 Operational plan 2018/19 (agenda item 7)**

MB highlighted the following:

- The draft operating plan was submitted to NHS Improvement (NHSI) on 8 March 2018 in line with what was agreed at the previous Trust Board.
- Contract variation negotiations are progressing with each commissioner.

- The Trust has requested a reduction in control total. This is challenging but achievable based on the work carried out to date and would mean a cost improvement programme of 4.6%.
- The Trust did not accept its control total of £374k surplus in the draft plan submission.
- The West Yorkshire and Harrogate Health and Care Partnership has submitted an expression of interest to become an Integrated Care System (ICS). This will potentially mean working to a single control total across West Yorkshire.
- The full plan needs to be submitted to NHSI by 30 April 2018. It will therefore be presented in full at the Trust Board meeting in April 2018.
- Work is continuing on the financial plan which will be discussed further in private session of Trust Board.

## **TB/18/22 Business developments (agenda item 8)**

### TB/18/22a South Yorkshire and Bassetlaw Integrated Care System update (formally STP) (agenda item 8.1)

AGD advised that the collaborative board had discussed consultation and were keen to ensure there was a strong engagement process. There was good debate around the complex agenda and the process that they have gone through was robust. They would be moving into shadow Integrated Care System (ICS) arrangements from 1 April 2018. They discussed what they need to do to put the ICS in place including governance arrangements and that the list of priorities would need to be streamlined. SY added that the review of stroke services would have an impact on the Trust's services in Barnsley and the Trust was working with partners and other providers to consider the impact. The Trust continues to be a proactive partner contributing to ICS discussions.

RW commented that Staff Side had asked what the Trust's status was in the ICS and we reminded them that we are a "partner in". The Trust expressed an interest in being a "party to", which would give us a greater say in decisions, and that this would be reviewed during the ICS process.

**It was RESOLVED to NOTE the update and that the Trust continues to be an active and supportive partner in South Yorkshire.**

### TB/18/22b West Yorkshire and Harrogate Health and Care Partnership (formally STP) and local integrated care partnerships update (agenda item 8.2)

SY reported that the 'Our Next Steps to Better Health and Care for Everyone' document outlined the significant amount of work that was taking place and progress made since 2016 and sets out ambitions and delivery plans to address the challenges. A lot of work is taking place on the delivery of the key priorities and detailed updates on each of the programmes was provided in the report.

**It was RESOLVED to:**

- **NOTE the contents of the 'Our Next Steps to Better Health and Care for Everyone' document and progress made by the WYHHCP; and**
- **NOTE that the Board would be engaged in any further developments in shared arrangements.**

## **TB/18/23 Strategies and policies (agenda item 9)**

### TB/18/23a Quality Strategy (agenda item 9.1)

TB reported that the Quality Strategy sets out our commitment to providing high quality care for all while achieving our organisational mission, to help people to reach their potential and live well in their communities. It sets out the framework of how we assure and improve from a quality perspective. A lot of consultation has taken place and the draft was discussed at Clinical Governance and Clinical Safety Committee. One of the challenges of updating the strategy was to include immediate goals, ambition, and links into other supporting strategies. The detail will form part be shown in each of the implementation plans over the three years of the strategy, with 2021 aims reflecting our aspiration. The Strategy aligns with the Care Quality Commission (CQC) domains, and existing narrative around where are we now, where do we want to be, what do we need to get there. The work described in the Strategy is already part of the Integrated Performance Report and discussions. It is also linked strongly to the #allofusimprove campaign.

KH commented that there had been a soft launch of the #allofusimprove campaign, focusing on key three themes - experience, safety and effectiveness. Feedback on the campaign will be built in as part of the implementation.

CJ commented that it was a good document and it was important to continue to revisit what success looks like in order to track achievement.

CD asked who would oversee the implementation. TB advised that the Quality Improvement Group would oversee it, although it may become part of a priority programme in order to coordinate the implementation. RW commented that, as the action plan is developed, it needs to emphasise the role of partnership with service users and carers.

AM asked how the Trust ensures that it is open and learning from others and taking on best practice. TB advised that there were mechanisms in place and it was important to ensure the Trust continued to have the right links with other key trusts.

CD commented that the Clinical Governance and Clinical Safety Committee discussed the draft in detail and was clear that everyone was accountable for delivering this Strategy. It was important to have strong messages in the campaign.

RW commented that this Strategy has a clear thread for delivery, through Quality Account and the links with the Integrated Performance Report and scrutiny at committees and Trust Board.

**It was RESOLVED to APPROVE the Quality Strategy.**

### TB/18/23b Update to the Trust Board declaration and register of fit and proper persons, interests and independence policy (agenda item 9.2)

AM reported that the policy had been updated to align it further with the wording in the Standards of Conduct in Public Service Policy for staff, which had been updated in accordance with newly-issued NHS England guidance for NHS organisations on managing staff conflicts of interests.

**It was RESOLVED to APPROVE the updated policy which is aligned with the guidance issued by NHS England on managing conflicts of interest.**

*Dr Subha Thiyagesh declared a conflict of interest and left the meeting for item 9.1.*

## **TB/18/24 Governance matters (agenda item 10)**

### TB/18/24a Appointment of Responsible Officer for Medical Revalidation (agenda item 10.1)

AGD reported that the decision of Dr Adrian Berry (ABe) to retire from the post of Medical Director on the 11 April 2018 gave the opportunity to re-look at the role. The Remuneration and Terms of Service Committee considered the key priorities of the Medical Director role for the next two years and the importance of attracting high calibre candidates. It was agreed to redesign the role to allow the new Medical Director to maintain a clinical case load in the first instance. In order to do this it was also agreed to separate the Medical Director role and the Responsible Officer for Medical Revalidation. In order to facilitate this redesign, the Committee agreed to the retire and return of ABe to continue with his current role as Responsible Officer for medical staff revalidation. Dr Berry is required to have a break in service and will leave on 11 April 2018 and be re-employed on the 1 May 2018. This would mean a potential gap in the Trust having a Responsible Officer for Medical Revalidation. SThi has been appointed as Medical Director and will take up the role on the 12 April 2018 following ABe's retirement. SThi has attended the training for a Responsible Officer and the proposal is that she acts as Responsible Officer from the 12 April 2018 to 30 April 2018.

**It was RESOLVED to:**

- **CONFIRM the appointment of Dr Subha Thiyagesh as Responsible Officer for Medical Revalidation from the 12 April 2018 to 30 April 2018; and**
- **CONFIRM Dr Adrian Berry as Responsible Officer for medical staff revalidation with effect from 1 May 2018.**

*Dr Subha Thiyagesh returned to the meeting.*

### TB/18/24b Eliminating mixed sex accommodation (EMSA) declaration (agenda item 10.2)

TB reported that the paper was to provide assurance to the Trust Board of the organisation's level of compliance with the national standard in respect of EMSA. The Trust is expected to make a declaration to commissioners by 31 March 2018 to confirm the Trust's position regarding compliance with the EMSA standard and the statement of compliance would then be published on the Trust's website. While the Trust was compliant with the regulations, there are still further improvements that we can make.

**It was RESOLVED to APPROVE the compliance declaration.**

### TB/18/24c Information Governance toolkit (agenda item 10.3)

MB reported that the Information Governance (IG) Toolkit is an annual requirement with compliance at level 2 across the 45 requirements needed to remain IG Statement of Compliance (IGSoC) compliant. An internal audit has been conducted which has provided significant assurance on the process. The Trust has surpassed the 95% target on IG mandatory training, which is a good achievement as a new training programme was implemented, which takes longer to complete and was not in place at the start of the financial year. In relation to IG incidents there is one outstanding incident remaining with the Information Commissioner's Office (ICO). A voluntary audit was conducted by the ICO at end of 2016 and a General Data Protection Regulation (GDPR) internal audit was completed in September 2017.

The Board noted the significant work that had taken place despite capacity issues in the team.

**It was RESOLVED to NOTE the current position regarding the points noted and APPROVE the submission of the IGTK for 2017/18.**

#### TB/18/24d Review of Risk Appetite Statement (agenda item 10.4)

MB reported that at the strategic session of Trust Board in February 2018 the Board discussed the current risk appetite to ensure that what we present in our risks is reflected accurately. The current Risk Appetite Statement would be reviewed by the Executive Management Team and Audit Committee with a proposal for any changes to come back to Trust Board for approval.

**It was RESOLVED to SUPPORT the approach to review the Risk Appetite Statement.**

#### **TB/18/25 Receipt of public minutes of partnership boards (agenda item 11)**

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

- Kirklees Health and Wellbeing Board 22 March 2018 - arrangements for an integrated commissioning board were discussed.
- Calderdale Health and Wellbeing Board 16 March 2018
- Barnsley Health and Wellbeing Board 30 January 2018 - Falls Prevention, Early Help and Frailty is one of the health and care working together arrangements.

AM commented that the Trust continues to be actively involved and engaged with all Health and Wellbeing Boards.

#### **TB/18/26 Assurance from Trust Board Committees (agenda item 12)**

AM highlighted that the latest approved Minutes for each committee were included in the papers for receiving by the Board.

#### Clinical Governance and Clinical Safety Committee 6 February 2018

CD highlighted the following:

- Minutes from 14 November 2018 approved and attached.
- Review of Draft Quality Strategy prior to approval by Trust Board.
- Report on apparent suicides for 2016/17, looking at key themes with 48% males under 35 and a high proportion unemployed. There are key areas of review including what we can do recognise external work taking place.
- Waiting lists are included on the organisational risk register and are part of the Care Quality Commission (CQC) inspection 'must do's'. The Committee has a good understanding of areas where we have made improvement with work still to do including commissioning and pathways.
- There is a proportion of Quality Impact Assessment (QIA) for our CIPs which are still RAG rated as red. MB commented that these were not included in the plans for 2018/19.
- Audit Committee review of cross committee synergies, on occasions where we might want to ask other committees to review items.

#### Nominations Committee 22 February 2018

AM highlighted the following:

- Minutes from 24 October 2017 approved and attached.
- Future Non-Executive Director recruitment - CJ has advised that he will not seek renewal at the end of his three year term and RC will not seek full renewal at the end of her three year term. A recruitment process was agreed to be conducted internally

as more cost efficient. Recruitment/information events will be held in each of the four localities. The Committee will continue to meet throughout the process.

- Non-Executive Director re-appointment recommendation to Members' Council - recommendation that CD be re-appointed for a further three year term and RC for a further flexible term up to one year would go to the next Members' Council meeting.

#### Mental Health Act Committee 6 March 2018

CJ highlighted the following:

- Minutes from 21 November and 19 December 2018 approved and attached.
- It was Dr Adrian Berry's last meeting as Medical Director and lead director for the Committee. The Committee thanked him for his service.
- Increase in young people in 136 suites in the last quarter.
- Changes to places of safety requirement showed good partnership working in districts and across West Yorkshire.
- Recording of ethnicity.
- Review of internal audits – what audits come to Committee and ensure correct coverage.
- Operational Management Group (OMG) – strengthening work of the Committee in the Trust.
- CH was able to attend which assisted in providing assurance from BDUs.

#### Equality and Inclusion Forum 6 March 2018

AM highlighted the following:

- Minutes from 2 October 2017 approved and attached.
- Agreed annual report 2017/18, revised Terms of Reference, and work programme for 2018/19. The Forum will recommend to Trust Board that it becomes a standing Forum rather than time limited and that a Governor who has been in attendance becomes a full member.

#### Remuneration and Terms of Service Committee 26 March 2018

RC highlighted the following:

- Workforce Strategy and action plan with the vast majority of actions complete.
- Freedom to Speak Up Guardians role including the lack of protected time for staff governors. A review of process will go through the Clinical Governance and Clinical Safety Committee.
- Turnover and retention and agency expenditure as included in the Integrated Performance Report.
- Gender pay gap will be required to be published by the Trust. The gap is just under 20% which means the Trust is not an outlier in relation to other NHS trusts, however is driven by proportion of females in lower-paid roles versus males in higher-paid roles. Males are also more likely to go on-call and receive Clinical Excellence Awards. RW commented that 80% of Band 1 and 2 staff are women and 50% of male consultants get a Clinical Excellence Award compared with 40% of female consultants.
- Clinical Excellence Awards will be reinstated, subject to clarification on backdating.
- Reviewed workforce risks and impact of pay gap on morale.
- Annual report 2017/18, work programme for 2018/19, and Terms of Reference reviewed to give an increased focus on broader workforce matters. The Committee will recommend to the Trust Board that it be renamed the Workforce and Remuneration Committee.
- Confidential items will be updated to Trust Board members outside of this meeting.



LC asked what communications would be put in place in relation to the gender pay gap. AGD commented that the required report was lengthy and an infographic would be produced.

**It was RESOLVED to receive the approved Minutes of the above committees.**

**TB/18/27 Use of Trust seal (agenda item 13)**

**It was RESOLVED to NOTE use of the Trust's seal since the last report in December 2017.**

**TB/18/28 Trust Board Work Programme 2018/19 (agenda item 14)**

TB commented that it was important to ensure that, once the work programmes for the committees of the Board were approved, that the sequencing of reports from committees into Board is aligned.

**Action: Angela Monaghan**

**It was RESOLVED to NOTE the Work Programme for 2018/19.**

**TB/18/29 Date of next meeting (agenda item 15)**

The next public meeting of Trust Board will be held on Tuesday 24 April 2018 in the Conference Centre Boardroom at Kendray in Barnsley.

**Signed:**



**Date:** 24 April 2018