

**Minutes of Trust Board meeting held on 25 September 2018  
Rooms 5 & 6, Laura Mitchell, Halifax**

<b>Present:</b>	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair
	Laurence Campbell (LC)	Non-Executive Director
	Rachel Court (RC)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Sam Young (SYo)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
	Mark Brooks (MB)	Director of Finance and Resources
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Dr. Subha Thiyagesh (SThi)	Medical Director
<b>Apologies:</b>	Nil	
<b>In attendance:</b>	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
	Emma Jones (EJ)	Company Secretary (author)

**TB/18/74 Welcome, introduction and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting including new Non-Executive Directors Erfana Mahmood (EM) and Sam Young (SYo) who were attending their first public meeting. There were no apologies. There were two members of the public in attendance, one who is a Trust governor and the other who is an attendee from the Insight Programme and would be shadowing the Board for six months. AM reminded the 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/18/75 Declarations of interest (agenda item 2)**

The following declarations were considered by Trust Board in relation to the two new Non-Executive Directors.

Name	Declaration
<b>Non-Executive Directors</b>	
Erfana Mahmood Non-Executive Director	Non-Executive Director, Chorley and District Building Society Non-Executive Director, Plexus/Omega Housing, part of Mears Group PLC Sister - employee for Guide-Line telephone helpline for Mind in Bradford
Sam Young Non-Executive Director	Director, ISAY Consulting Limited Non-Executive Director, Great Places Housing Group

RW asked for confirmation of where the Great Places Housing Group operated.

**Action: Sam Young / Emma Jones**

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

**It was RESOLVED to formally NOTE the Declarations of Interest by the two new Non-Executive Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none presents a risk to the Trust in terms of conflict of interests. It was also noted that the Non-Executive Directors had signed the declaration of independence and made a declaration that they meet the fit and proper person requirement.

*Salma Yasmeen entered the meeting.*

### **TB/18/76 Minutes of and matters arising 31 July 2018 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 31 July 2018 as a true and accurate record.** The following matters arising were discussed:

- TB/18/63 Chair and Deputy Chief Executive's remarks (acuity triangulation) - TB commented that an initial review had taken place and further discussion scheduled for the next Clinical Governance & Clinical Safety Committee meeting in November 2018.
- TB/18/64a Care Quality Commission (CQC) report (terms of reference) - action plan updated and discussed by the Clinical Governance & Clinical Safety Committee.
- TB/18/66a Integrated performance report M3 2018/19 (West Yorkshire Mental Health Service Collaborative work streams) - SY commented that workstreams in relation to Learning Disabilities and transforming care was being scoped.
- TB/18/68b Proposal for the use of e-cigarettes - CH commented that the practicalities of implementation were being worked through and were expected to be in place in the next four to six weeks. To be added to the work programme for April 2019.
- TB18/70 Assurance from Trust Board Committees (West Yorkshire Mental Health Services Collaborative (WYMHSC) Committees in Common 30 July 2018) - Presentation circulated.
- TB/18/50b Learning Disabilities Mortality Review (LeDeR) report - TB commented that it had been discussed by the Clinical Governance & Clinical Safety Committee.
- TB/18/50c Incident management annual report 2017/18 (Duty of Candour) - TB commented that it had been discussed by the Clinical Governance & Clinical Safety Committee.
- TB/18/52d General Data Protection Regulations (GDPR) update - MB commented that a progress report on the action plan would come to Trust Board in October 2018 and could be shared with the Members' Council.

*Sam Young entered the meeting.*

### **TB/18/77 Service User Story (agenda item 4)**

The Trust Board heard a personal story from a service user who was in attendance.

The service user highlighted their struggle with mental health since the age of 10 when they felt like there was something holding them back and at the time thought it was due to confidence. They completed an apprenticeship and worked their way into a senior

management level in a job where they travelled the world and worked extremely hard, sometimes 90 hours a week. They reflected that despite being successful they continued to feel different and the need to strive for more until they then started to experience panic attacks. Initially they thought they were due to the pressure at work until they started affecting other aspects of their life and that is when they began to seek help. They were prescribed different medication over several years and kept working harder until they burnt out. At their lowest point they considered suicide before being placed on Prozac which they described as a lifesaver.

The service user described hearing of the services offered by the Trust. They felt that previous treatments never got to the bottom of their problems and self-management options sounded like a way they could be in control. They attended patient management courses in a group situation which was daunting but, whilst everyone's conditions were different, a lot of the symptoms could be the same. The course enabled them to understand their symptoms and what they could do help manage them, using tool and techniques and also by giving them the confidence to know they were not alone and to be able to ask for what they needed. They described self-management as setting people on the path to finding help and supporting people to start volunteering and working. Last year they were offered a job as a volunteer support worker in Wakefield to help support people in the community. Outside of this they now also run a self-management and self-help group to help people with isolation.

The Board discussed that the story highlighted the need for early intervention including Child and Adolescent Mental Health Services (CAMHS) and also the value of a spectrum of intervention, including drug therapy. The story also highlighted the value of recovery colleges, peer support, volunteering and seeing people as an asset.

The Board thanked to the service user for sharing the story.

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

## **TB/18/78 Chair and Chief Executive's remarks (agenda item 5)**

### Chair's remarks

AM highlighted the following:

- This would be Karen Taylor's last Trust Board meeting before she retires. Karen has made a huge contribution to the Trust and NHS and her valuable wisdom and insight would be missed. The Board acknowledged and thanked her for her contribution and wished her well in her retirement.
- The Annual Members' Meeting took place on 17 September 2018 in Halifax. It was a fantastic meeting where attendees heard from a number of service users and there were some great questions asked by members of the public.
- In order to be as open and as transparent as we can about the business of the Board, it was reported that the following items will be discussed in private session today:
  - Aspects of the Trust's financial position which are commercial in confidence.
  - Update on the new Clinical Records System implementation where aspects are commercially confidential.
  - Serious Incidents for reasons of confidentiality.
  - Business developments which may be commercially confidential.
  - Letting of a contract for a supply of medical locums that is part of a tender process and is commercially confidential.
  - Assurance from any private partnership board meetings.

### 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 and highlighted the following:

- The Secretary of State continues to promote an agenda of a digital future and the 10 year plan is due to be published in November 2018. Some of the work the Trust has been doing in relation to digital technology and service user support will play into that. There has been less emphasis so far from the new Secretary of State in relation to safety, which was a major priority for his predecessor. However the Trust does not only take their direction from the Secretary of State and safety first remains our mantra.
- The first phase of closer working between NHS England and NHS Improvement was due to be completed by September 2018 and has been delayed, however advertisements for joint roles have now been released. This is an area we will keep in view to understand how the partnerships we are in locally (through two integrated care systems) will interface with the centre.
- Staff Excellence Awards nominations have now been shortlisted. Thank you to those involved in the judging and the large number of nominations received demonstrates the commitment, passion and innovation that is taking place in the Trust.

CD commented that in The Brief it noted the importance of eliminating waste in all that we do and asked how confident the Trust was that this message is being communicated across the organisation. RW commented that we had identified eliminating waste – time, effort, skills, resources – with staff as a key message rather than talking about saving money. This was a key message in all communications and staff had done a good job in reducing the non-pay elements of the budget,. The Executive Management Team have discussed and agreed that there is a need to get people focused on this topic y with a campaign to be put in place. SY commented that this was being looked at by the Communications team as part of the #allofusimprove campaign to be more effective and efficient.

The Board was keen to ensure that these helpful messages were not confused with issues in relation to the disposal of clinical waste.

AM commented that she had seen new legislation had recently been brought into effect which meant stiffer sentences for people who assault emergency workers, including NHS staff. AGD commented that the guidance would be reviewed to ensure the Trust had the right tolerance level and balance within the services it provides.

**Action: Alan Davis**

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

### **TB/18/79 Performance reports (agenda item 6)**

TB/17/79a Integrated performance report M5 2018/19 (agenda item 6.1)

TB highlighted the following from the Summary:

- Under-18 admissions into adult beds remains an area of focus. This only happens when it is the "least-worst" option and must not become a routine position. Conversations are taking place across the mental health system to reduce incidence and the STh and TB are escalating concerns through the appropriate channels.
- Safer staffing fill rates are positive overall, but significant pressures still exist in relation to acuity and demand. The establishment review is being considered during the workforce planning sessions.

- Seven-day follow up target was narrowly missed, all efforts were made to make contact.
- Out of area placements continues to be an area of focus.
- Information Governance (IG) breaches where information is sent to the incorrect address.

CD commented that it would be good to get the summary dashboard on the screen at meetings.

**Action: Tim Breedon / Mark Brooks**

CD commented that, whilst services were under pressure, it was important to get the basics such as IG right as this will allow staff to focus on the areas that really matter. TB commented that some of the work is through reorganising structures and reinforcing accountability and responsibility. The Trust was now in a better position by being able to receive information quickly on areas that are under-performing so they can be discussed through the Operational Management Group. MB commented in relation to IG that the Trust was strong on training and there was tailored support in place to support teams. A lot of work had taken place to match records with those on the national spine and the incidents were down to individual human error.

AM asked when the smoking cessation data would be available. MB commented that for every single service there were different service provisions and targets and the team was working on how to establish a combined target.

RC commented in relation to under 18s in adult beds whether the Trust was satisfied that it had been challenged to the appropriate level. TB commented that each admission is examined and challenged and only used when it is the “least-worst” option on a safety first basis. The Trust is clear that it is not the best solution but the right controls are put in place with plans to move them to a more appropriate location as soon as possible. Conversations have taken place with regulators so they understand the arrangements and they are reported by exception to the Care Quality Commission (CQC). Significant conversations have taken place with NHS England as the commissioner and through the Integrated Care System funding is being provided towards additional Tier 4 beds, which will assist. RW commented that he has asked for the issue to be formally raised with the northern Medical Director for NHS England.

TB highlighted the following in relation to Quality:

- Complaints are showing improvement on closure times and the number of formal complaints has been reduced, which is partly a result of the positive impact from people receiving a local resolution.
- Friends and Family Test results are positive.
- Medicine omissions was showing some significant improvement in some areas but not across the whole system and focused work is needed as part of the CQC action plan.
- Prone restraint did not meet the locally set target. All use is reviewed on an individual basis and is an important area to keep in focus.
- Falls reduction is positive.
- Mortality reporting continues and structured judgment case reviews have been producing good insight.
- Serious Incidents are showing a reduction but need to be monitored over a longer period of time to see if there is a trend.
- Safer staffing levels were maintained in aggregate, however below this there are pressures where skill mix is not what we would like it to be, with registered staff supported by unregistered support workers.

- Establishment review of wards completed and will be reviewed in relation to current number of staff.
- CQC action plan is making good progress and has been reviewed by the Clinical Governance & Clinical Safety Committee.
- A mental health safety improvement partnership meeting has taken place with NHS Improvement and the CQC as part of their support programme to the Trust.

CD commented in relation to safer staffing that it was important to ensure the right level of support in community as well as inpatient areas. TB commented that the Trust was looking at guidance to enable the same approach for reporting as inpatients, looking at aligning to caseloads and an acuity weighting scale. This will be considered as part of the community transformation review. RW commented that the physical health care services provided particularly in Barnsley were significant and asked whether the district nurse caseload was being reviewed. For example, we know that there are occasions where prioritisation of the caseload is required. SR commented that winter peaks in activity require prioritization of caseloads, which takes place. The service had rarely had to close the workload.

KQ asked if the use of restraint should be considered more widely including alternatives. TB advised that the Trust has a prone restraint policy, with a detailed report to the Clinical Governance & Clinical Safety Committee. One of the reasons that Managing Aggression and Violence (MAV) training was placed on the dashboard for this year was to ensure the right level of training is taking place. CD commented that the Committee and the Shadow Board discussed examples of other Trusts who operate a zero prone restraint policy and asked whether others measure the CQUIN in relation to reducing restrictive practices in the same way. TB commented that the Trust was clear on what is reported through the CQUIN although it was acknowledged that reporting across the system was not always the same. The Board discussed ways of learning from best practice including the reducing physical interventions group, discussions with regulators, and the use of networks including the academic health science network and mental health benchmarking.

The Board discussed waiting lists, particularly in relation to CAMHS, noting that data reported in a recent story in the Health Service Journal was not accurate. Comments included:

- Clinical Governance & Clinical Safety Committee receive a detailed report at each meeting with a lot of hard work being undertaken by teams to improve the position in two years.
- A summit was held in Wakefield which included the local authority and other partners on how we are improving services including CAMHS. From that, work is taking place with GPs to improve the crisis pathway and the Trust has been invited to a learning event.
- Work is ongoing nationally in relation to different levels of funding in commissioning areas and the challenges of tailoring services to fit the funding available. Funding was received through Children in Mind however there are different levels of funding now and some activity has been absorbed into business as usual, without the continued funding.
- Importance of understanding what services people are waiting for, why there is a wait and if there is an alternative.
- Recruitment of the staff to provide the services and looking at different clinical roles that could assist with the caseload.

MB commented that performance against the national metrics had been highlighted in other areas already discussed and there was nothing to add.

The Board discussed the level of work taking place to reduce out of area placements and the exception report received at the Trust Board meeting in July 2018 including:

- Daily out of area bed reports to understand the areas of pressure and demand.
- Gatekeeping taking place to ensure admissions are for the right reasons.
- Flow of people through the inpatient system including CH/TB/SThi sending information to teams to ensure 72 hour review in place, and daily reviews undertaken to ensure people are in for a shorter period of time.
- Working with commissioners to understand the level of need, overuse of commissioned beds, and new activity with 60% of referrals not previously known to our services, which is very high.
- Agreed trajectory with commissioners over a three year plan to eliminate out of area beds by 2020.
- Understanding approaches undertaken by partners across the system.
- Work needed in the community to prevent admissions particularly in Calderdale and Kirklees.

CH highlighted the following in relation to Locality:

- Out of area beds as discussed.
- Commissioners are working on waiting lists in relation to psychology, which is monitored through the Clinical Governance & Clinical Safety Committee.
- Consultant vacancies and gaps causing pressure.
- Barnsley community neuro-rehab bed reduction may impact on winter flow, which has been raised with commissioners.
- Calderdale and Kirklees noted delayed transfers of care mainly in relation to older people's services.
- NHS England have signaled their intention to close eight learning disability beds and the Trust is working with them to understand the impact.
- In Wakefield good work is taking place in relation to management of patient flow.

SY highlighted the following in relation to Priority programmes:

- Out of area beds as discussed.
- Clinical Records System work continues to schedule training including super users who have received additional training to support staff in their areas. There was a positive outcome from integration testing. A number of backlog issues that the system provider is working through before next stage of testing which will use one week of contingency, with three weeks remaining. Configuration continues including agreeing what standards and principles are built into the system. Risks include retention of system team with some agency staff backfilling, the length of the cutover period with significant planning and consideration of all options to ensure the period is the minimum and safest option.
- Older people's services continuing ongoing engagement with commissioners.

LC asked in relation to the Clinical Records System, what the risk of a lack of ownership of the solution was across the clinical structure and what actions were taking place to mitigate this. TB commented that the risk was more in relation to the level of variation that users of the system may want and it has been made clear that it will only be varied where necessary. SThi commented that there had been strong clinical engagement, which has enabled a realistic expectation of the new system as the transition between systems needs to be safe. There has been a high level of uptake to training which is positive.

MB highlighted the following in relation to Finance/contracts:

- Out of area bed expenditure amounted to £392k, which is higher than recent months, and would normally lead to a deficit of a similar value
- Net deficit of £139k in month, which is favourable to plan. This position was boosted by a gain on disposal and a one-off VAT reclaim. As such the underlying position was a deficit of close to £0.4m
- Financial risk rating improved to 2 given the deficit margin is slightly better than -1%.
- Agency costs of £575k in month were 24% higher than the cap and represent the highest single month's expenditure since March 2017. Cumulatively, spend is 6% above the cap. A significant proportion relates to CAMHS.
- Net pay savings of £0.3m year-to-date.
- Cumulative deficit is now £1.2m. The underlying run rate remains adverse to the full year plan.
- Year-to-date CIP delivery of £3.6m is £0.1m above plan.
- Cash balance of £24.8m is slightly ahead of plan.

Erfana Mahmood (EM) commented that given factors such as the agency spend being above forecast whether there was a cut off point where the Trust has to go back to regulators to change its full year forecast. MB explained the Trust has negotiated a one-off deficit plan for this year given the impact of sizeable income reductions, but from its own perspective and that of the regulator will need to focus on achieving that planned position.. Further areas in relation to finance will be discussed in the private session as they relate to contract discussions that are commercial in confidence. RW commented that in relation to the agency cap the Board had previously discussed and supported safety first and if agency staff are needed and we can afford it agency will be used to support this.

AGD highlighted the following in relation to Workforce:

- Mandatory training compliance is positive.
- Sickness absence is not far off target year to date with a number of green areas. Forensic services are significantly higher compared to last year with the lowest performance on appraisals and highest on turnover rate. Work is taking place to understand if there are links and a detailed report will be reviewed by the Workforce and Remuneration Committee. CH commented that as it is a bed based service a lot of staff will start off their career there then will progress in their career and move on.

LC asked if there were known differences in comparison to Bradford. AGD commented that a collaborative approach on workforce planning in West Yorkshire was being established and the current differences could be in their structure as they do not have forensic services.

**It was RESOLVED to NOTE and COMMENT on the Integrated Performance Report.**

TB/17/79b Serious Incident report Q1 2018/19 (agenda item 6.2)

TB highlighted the following:

- Overall figures were slightly lower in quarter 1, however the annual report showed an overall trend of reporting with the Trust supporting a reporting and safety culture.
- Possible links of aggression and violence to the Smoking Policy.
- Category of apparent suicide over last four quarters is showing higher than expected levels from national analysis.
- Review of apparent suicide cases showed no concerns or trends, however still important to understand if the community transformation had an impact.



- The Clinical Governance & Clinical Safety Committee (CG&CSC) reviewed the report and noted that the systems and processes around reporting and investigation were positive, the downward trend positive, and the work undertaken on apparent suicide and suicide prevention.

CD commented that the report showed a higher level of apparent suicide in Calderdale and Kirklees and the final report was needed to provide further assurance on the information received to date. The CG&CSC also queried whether it needs to be raised on the corporate/organisational level risk register.

LC asked in relation to the review if there was a contact or relationship between service users. TB commented that this is looked at as part of a key line of enquiry and there was no indication. CD commented that it was also an area in the CAMHS review. TB commented that a deep dive showed that the thematic review wasn't incorporated and it has been agreed that the details would be circulated to the CG&CSC.

RW commented that the Board should receive an update on the zero suicide approach and progress to reduce the percentage of suicide of those known to our services. TB commented that the CG&CSC also received an update on learning lessons and suicide prevention work. There will be a full report to the next CG&CS with the full metrics. CD commented that the reports showed good evidence of learning process. However the concern for the CG&CSC was the recurrent themes in relation to process and recording and it is important that there is a triangulation of learning that can be fed into the strategy. It was recognised that the Trust was ambitious with its plans but also that there needs to be continued focus and promotion of the positive work that is taking place.

RC commented that it was useful to have the key points discussed at CG&CSC highlighted as further assurance.

**It was RESOLVED to NOTE the quarterly report on incident management and the assurance provided from the Clinical Governance & Clinical Safety Committee.**

## **TB/18/80 Business developments (agenda item 7)**

### **TB/18/80a South Yorkshire updated including South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) (agenda item 7.1)**

AGD highlighted the following from the Partnership Board meeting in August 2018:

- Still a lot of focus on the Hospital Services Review (HSR) and since then some detailed briefings have been sent to Boards.
- A group has been set up and consultants appointed to help with the work on the governance review which is hoped to be completed in October 2018.
- In terms of estates strategy and capital bids, a long process has taken place to prioritise capital bids for national consideration which only includes Sheffield in relation to mental health, the rest being in relation to the HSR.

SY added that at the September 2018 meeting the partnership discussed the Memorandum of Understanding, which is being reviewed by commissioners. There has also been a Mental Health Executive Group workshop to identify areas where there is value in taking a collective approach to achieve system efficiency. There was good conversation on the work that can be done collaboratively.

SY highlighted in relation to Barnsley that the Trust was continuing to work with all partners. The commissioner's intention is for Barnsley to become an Integrated Care System and they have met with NHS England and NHS Improvement regarding this process. The Trust will continue to work with our provider partners to develop models of care.

It was noted that there was a further paper in the private session which would be covering some commercial in confidence aspects.

**It was RESOLVED to NOTE the update from the SYB ICS and Barnsley Integrated Care Developments.**

TB/18/80a West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SY highlighted the following in relation to the WYHHCP:

- Updated Memorandum of Understanding (MoU) is on the agenda under a separate item with the revised collaborative arrangements reiterated.
- Patient and public involvement remains a key and strong enabler, and through the discussion of governance arrangements there is a proposal for the chair of the public panel group, which should be in place before April 2019.
- Peer challenge process is a positive development around mutual accountability. Wakefield will be prototyping the approach that is well known to local authorities to evaluate how well they are working on integration agenda and understanding key issues.
- Transformation funding was discussed in a private session of Board with £8.75m discretionary funding prioritised to support primary care network developments, winter plans, loneliness, and capacity to deliver the partnership programmes. Winter plans have been discussed at each A&E Delivery Board with place based plans developed to manage pressures, and the funding will support that.
- The King's Fund is providing support to a number of Integrated Care Systems in relation to system leadership. They have offered five days to support the governance arrangements and partnership work.
- The West Yorkshire Mental Health Services Collaborative (WYMHSC) held a workshop in relation to collaborative communications and a strategy is being developed.

RW commented that one of the benefits of being part of an Integrated Care System is the influence we can have nationally. Shortly the WY&H Partnership would be hosting Non-Executive Directors from three of the national bodies and as part of that work will be looking at the integration work that we want to get them involved in. Alongside this, the Trust recently hosted the President of the Royal College of Psychiatrists and the Number 10 specialist advisor separately, looking at integration, creativity and mental health.

SR highlighted in relation to Wakefield that the Wakefield Provider Alliance Development Group had been discussing governance arrangements, outcome framework, and the establishment of further engagement. All Boards had now approved the case for change which is moving on to the next phase.

SY highlighted in relation to Kirklees that a draft place based plan for health and care is in development which is aligned to the direction of travel and priorities set out by the WYHHCP and the Trust's strategy. RW suggested that the Health & Wellbeing plan and joint strategy could be brought to the next Trust Board meeting and a board member invited to present.

**Action: Salma Yasmeen**

SY highlighted in relation to Calderdale that partners are working together to deliver integrated, joined up care in line with the Single Plan for Calderdale.

The Board discussed the importance of clearly communicating the Trust's strategic intentions and services provided externally to partners so they understand what the Trust has to offer. The Board also noted the place based plans and the opportunity to support less variation through working with partners in integrated care systems. The aim is to have standardised high quality specialised mental health services for people in crisis which can be tailored for people in the community who have special needs. SY commented that work is in progress to review the delivery of the Communications, Engagement and Involvement Strategy and it is noted that further work is needed to strengthen the outward conversation.

**It was RESOLVED to:**

- **RECEIVE the update; and**
- **DISCUSS and COMMENT on the development of Integrated Care Systems and collaborations including:**
  - **West Yorkshire and Harrogate Health and Care Partnership**
  - **Wakefield**
  - **Calderdale**
  - **Kirklees**

TB/18/80c WYHHCP Memorandum of Understanding (agenda item 7.3)

SY reported that the updated Memorandum of Understanding (MoU) formalises the working arrangements and supports the next stage of development of the WYHHCP. The MoU builds on the existing partnership arrangements to establish more robust mutual accountability. The draft was discussed at the private Trust Board in January 2018, was reviewed by a sub group of the Board in August 2018, and discussed by the Board in a development session on 4 September 2018.

The Board supported the signing of the updated MoU and asked to pass on their thanks to the team for the work that took place to put together a clear and consistent document.

**It was RESOLVED to APPROVE the MoU and AUTHORISE the Accounting Officer (Chief Executive) to sign the MoU on behalf of the Board.**

**TB/18/81 Governance matters (agenda item 8)**

TB/18/81a Appraisal / Revalidation Annual Board Report 2017/18 (agenda item 8.1)

SThi reported that the annual report provides assurance that the statutory functions of the Responsible Officer role are being appropriately and adequately discharged, updates on the progress of medical appraisal and revalidation during 2017/18, and supports the signing of the Statement of Compliance. Progress continues on the medical appraisal and revalidation processes to ensure they are robust.

EM asked where nurse revalidation was monitored. TB commented that it was monitored through the Clinical Governance & Clinical Safety Committee and reported to Trust Board.

CD commented that at the Shadow Board meeting they were seeking assurance in relation to fitness of practice and what it means for service users. SThi commented that any concerns would be brought to a Responding to Concerns Advisory Group meeting which would then decide what actions would take place and if the concern needed to be investigated further, with clear processes in place to manage concerns.

CD commented that the Shadow Board also sought assurance in relation to ensuring agency and locums perform to the right standard as the appraisal process seemed different. SThi commented that there was a clear expectation that the appointed lead requests a copy of an appraisal that has taken place in last 12 months. AM asked if those processes were audited. SThi commented that agencies used for procurement were required to provide a statement of compliance. MB commented that where one was required it would be requested.

AM asked where the Responding to Concerns Advisory Group reported and which Non-Executive Director would take part in any disciplinary process. AGD commented that the group was formed originally as an advisory group to the Medical Director. However its role had broadened over time and governance arrangements would be reviewed. In relation the Non-Executive Director role, if a formal disciplinary process was needed training was provided, which has been by Capsticks in the past due to the legal nature of the process.

**Action: Alan Davis / Subha Thiyagesh**

AM asked who would form part of the new group and who would have oversight. SThi commented that work was taking place on the terms of reference and the proposal was for it to be a supporting group to be established to look at informal concerns. RW commented that it was important that the appropriate oversight was in place during the year if there was a decision taken that an appraisal was not acceptable against the standards rather than waiting for an annual report.

**Action: Alan Davis / Subha Thiyagesh**

**It was RESOLVED to RECEIVE the report and APPROVE the statement of compliance confirming that the organisation as a designated body is in compliance with the regulations.**

**TB/18/81b Sustainability Annual Report 2017/18 (agenda item 8.2)**

AGD reported that the annual report evidences the excellent performance of the Trust against the Sustainability Strategy 2015/16 – 2019/20 and associated policy in driving down energy consumption and carbon emissions through a combination of estate rationalisation, investment in energy saving processes and equipment, and good housekeeping.

**It was RESOLVED to NOTE the content of this report.**

**TB/18/81c Health & Safety Annual Report 2017/18 (agenda item 8.3)**

AGD reported that the annual report provided an update of the key actions against the role and responsibilities of the Board for health and safety as set out in the Health and Safety Policy. The report also detailed the high level priorities for 2018/2019 approved by the Executive Management Team and Clinical Governance and Clinical Safety Committee including:

- Continue to embed a robust risk based monitoring and audit programme.
- Refine the set of performance indicators.
- Continue to deliver and improve health and safety training.
- Develop regular communications framework for health and safety.
- Ensure the Trust responds to ongoing learning from the Grenfell fire
- Revise the Trust's Health and Safety Policy.
- Trust Board training following recent NHS corporate manslaughter cases.

MB commented that there was a lot of legislation that the Trust needs to comply with and it was important for the Board to receive assurance that all areas were covered. AGD commented that previously Capsticks had provided some specific training to the Board which could be scheduled again.

**Action: Alan Davis**

LC commented that the lone worker training numbers seemed to be low and asked if there was a known issue. AGD commented that the issuing of devices was risk based and the Trust was focusing on the use and monitoring of the devices issued.

RW commented that the report provided a sequential view however the new priorities were being received formally half way through the financial year. RW asked if the Board could consider the priorities annually in March. AGD commented that the action plan could be separated from the annual report.

**Action: Alan Davis**

RC commented that the report noted reduced resources and pressure on the team and asked if sufficient resources were in place. AGD commented that where team members had left they had now been replaced.

**It was RESOLVED to APPROVE the health and safety annual report for 2017/18 for and AGREE the action plan for 2018/19.**

**TB/18/81d Changes to Committee membership (agenda item 8.4)**

Follow changes to Directors' portfolios and the arrival of new Trust Board members, the following changes were proposed to the membership and attendance for the committees and forum of the Board:

- Audit Committee - Erfana Mahmood and Sam Young to be members, replacing Chris Jones.
- Clinical Governance & Clinical Safety Committee - Sean Rayner to no longer attend.
- Mental Health Act Committee - Kate Quail to become committee chair and Erfana Mahmood to be a member, replacing Chris Jones.
- Workforce & Remuneration Committee - Sam Young to attend.
- Equality & Inclusion Forum - Erfana Mahmood and Sam Young to attend, replacing Chris Jones.

Further amendment needed to show Carol Harris as in attendance at the Mental Health Act Committee.

**Action: Emma Jones**

**It was RESOLVED to SUPPORT the changes to the Trust Board committee and forum membership from 25 September 2018.**

**TB/18/82 Receipt of 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 and Wellbeing Board 9 August 2018
- Kirklees Health and Wellbeing Board 6 September 2018

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

## **TB/18/83 Assurance from Trust Board Committees (agenda item 10)**

Clinical Governance & Clinical Safety Committee 18 September 2018

CD highlighted the following:

- Learning Lessons report.
- Suicide deep dive.
- Care Quality Commission (CQC) action plan.
- Child & Adolescent Mental Health Services (CAMHS) update.
- Freedom to Speak Up Guardian business case.
- Patient Led Assessment of the Care Environment (PLACE) report.
- Approved the Minutes of the meeting held on 19 June 2018 (attached to Trust Board papers for receiving).

## Mental Health Act Committee 28 August 2018

KQ highlighted the following:

- Audit of section 132 patients' rights - overall positive, issue remains around reiteration of rights, will keep on annual work plan. It is hoped that the new clinical records system will assist.
- Audit of advocacy - a lot of progress, highlighted need for further support to staff for independent Mental Health Act and Mental Capacity Act advocates. Response rate was low from Forensic Services and a re-audit has been requested.
- Recording of ethnicity - it is hoped that the new clinical records system will assist.
- Approved the Minutes of the meeting held on 15 May 2018 (attached to Trust Board papers for receiving).

RW commented that within the Integrated Performance Report there was a section in relation to Mental Health Act visits and themes identified which are some of the same issues identified by the CQC. KQ and CD to triangulate the information received by the Mental Health Act Committee and Clinical Governance & Clinical Safety Committee to ensure appropriate assurance is provided.

**Action: Kate Quail / Charlotte Dyson**

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

## **TB/18/84 Use of Trust Seal (agenda item 11)**

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

## **TB/18/85 Trust Board work programme 2018/19 (agenda item 12)**

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

## **TB/18/86 Date of next meeting (agenda item 13)**

The next Trust Board meeting held in public will be held on Tuesday 30 October 2018, Room 49, Folly Hall, St Thomas Road, Huddersfield, HD1 3LT

## **TB/18/87 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/18/87a - It feels like a lot of fingers are pointed at the Trust by regulators, partners, and commissioners. Does the Trust point them back on areas where they are not meeting their criteria e.g. housing.*

RW commented that there is a theory that public sector organisations who are not driven by profit have to have some other source of “voltage” that drives performance. This can come from staff, commissioners and regulators and balance is needed to set the right level of “voltage” to get the right performance. Too low and nothing happens, too high and the system breaks. The Trust is working in collaboration with partners through a series of alliances to provide the best outcomes for the population. The real test will be when the alliance needs to make tough decisions and challenge will be welcome from partners at this point.

*TB/18/87b - Risk assessments on restrictive practices identify hazards and risk but areas can appear as high level risks which may restrict clear identifications of actions to reduce the risk e.g. the risk of attack and risk of escape have the same scores.*

TB commented that work is taking place to include more narrative as part of the formulation of risk rather than a checklist. In relation to risk scoring, further work is needed in relation to people’s perception around the likelihood of a risk as well as the consequence.

**Signed:**

A handwritten signature in black ink, appearing to be 'A.M.', written over a horizontal line.

**Date:** 30 October 2018