

Minutes of Trust Board meeting held on 30 October 2018
Room 49/50, Folly Hall, Huddersfield

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	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
Apologies:	<u>Members</u>	
	Dr. Subha Thiyagesh (SThi)	Medical Director
	<u>Others</u>	
	Salma Yasmeen (SY)	Director of Strategy
In attendance:	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR)	Director of Provider Development
	Emma Jones (EJ)	Company Secretary (author)

TB/18/88 Welcome, introductions and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. The apologies above were noted. At the commencement of the meeting there were three members of the public in attendance including two members of staff. 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/18/89 Declarations of interest (agenda item 2)

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

TB/18/90 Minutes and matters arising from previous Trust Board meeting held 25 September 2018 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 25 September 2018 as a true and accurate record with the correction of typographical errors. The following matters arising were discussed:

- TB/18/81a TB/18/81a Appraisal / Revalidation Annual Board Report 2017/18 (terms of reference) - Alan Davis (AGD) commented that work was in progress and an update was expected to come back to the Executive Management Team (EMT) in November 2018 then an update would come back to Trust Board.

- TB/18/52d General Data Protection Regulations (GDPR) update - MB commented that an update could be provided to Members' Council next year.

Charlotte Dyson entered the meeting.

TB/18/91 Service User Story (agenda item 4)

The Trust Board heard a service user story told by Rachel Heny (RH) a Senior Mental Health Practitioner from Kirklees Child and Adolescent Mental Health Services (CAMHS).

RH described her role in CAMHS which was embedded in social care and working with 17-25 year olds. She told the story of "Carly who had been removed at birth from her birth mother and went on to be adopted then placed in foster care. Carly comes across as having a learning disability and presents as less able than she actually is. Most of her problems are behavioural rather than symptoms and one of the common problems with CAMHS service users can be that these issues haven't embedded into an illness. As part of the service, RH works with Carly to find a way of thinking through the difficulties she experiences including personal care. During the time she has attended things have needed to change and adapt as her location has changed. Carly can find it difficult to communicate how she is feeling so she has been able to do it through art making. Through social media Carly has discovered her birth mother and has been working with a social worker to go through her life chronology as part of the therapy. She has also connected with someone from an adoption agency to help her work towards a reunion with her birth mother. RH hoped that the package of care with Carly would conclude in six months and she was working with her in a review way to reassess and reevaluate her goals. In the future it may be that Carly will need support from adult services and this process will help her to be able to ask for what she needs. RH commented that there was no typical service user story, sometimes the support could be a phone call, sometimes deep therapy and holding together different areas of therapeutic support including practical areas and emotional.

Charlotte Dyson (CD) commented that one of the things the Board talks about is when people are on a journey. The next stage is important when the service user goes out on her own. How would they know where to come back for support once 18 years old? RH commented that as the service was embedded in social care there were support workers and a drop in centre available for care leavers up to 25 years old. It is also important that there is signposting to other services such as the Recovery Colleges. There are also three short workshops run with Improving Access to Psychological Therapies (IAPT) which includes things like a wellness and recovery action plan.

Tim Breedon (TB) commented that one of the issues around emerging mental health issues was the advantages of having a diagnosis that early. RH commented that it was sometimes complicated to diagnose early, although for some people it was useful to have a diagnosis so they could have access to services. The Trust has an adult illness service which supports people with a diagnosis. At this stage the link was not as strong as it could be. We want to support people to have their own sense of agency to access their own care.

AM commented that the story illustrated the need for a mix of practical and therapeutic support and the issue of transition between children and adult services. RW commented that when people think about joined up care the default can often be to think about adults and older people however it was also about children and young people in transition to adult services.

LC asked what service the service user describe fitted into. RH commented that it would be CAMHs Tier 3. CH commented that people didn't always come in neat boxes but they are accommodated into a service then services need to work together to provide the most appropriate services.

The Board thanked RH and also the service user for sharing their story.

It was RESOLVED to NOTE the Service User Story.

TB/18/92 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- The annual Joint Trust Board / Members' Council meeting will be held on 2 November 2018 which would follow the usual quarterly Members' Council meeting.
- The Board will be discussing the following items in private session today as they are considered commercial in confidence:
 - Investment appraisal framework, which looks at business development opportunities and contract risks.
 - Organisational risk register – one specific risk
 - Financial performance.
 - Update on implementation of the new Clinical Records System (CRS)
 - Business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs)
 - Minutes of private partnership board meetings.
 - Corporate Trustee meeting which will be discussing matters in relation to the Trust's charity, EyUp! and linked charities.

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:

- Strong theme around the need for integration and joined up care, the Care Quality Commission (CQC) have talked in their annual *State of Care* report about the need for incentives in the system.
- The 10 year plan for the NHS continues to develop, planning and delivery will be through the ICSs.
- The Budget including some funding in relation to mental health with detail to follow. What was clear was that mental health services will be expected to grow at the same rate as everything else. The mental health investment standard requires that commissioners increase mental health spend at the same rate as the overall increase in spend in the NHS. In terms of the Learning Disability workstream Early suggestions for investment were in relation to learning disabilities (LD) staff, training, and making it mandatory for people to understand the needs of people with a learning disability.
- In the Budget it was also indicated that there would be more support for social care. There has been £280m allocated for social care as part of winter funds. Through the local authorities there are some resources that will be made available; for example, in Wakefield there will be an additional £200k for mental health and the Trust will work with partners through the alliance regarding the allocation.

- The Trust's Fundraising Manager, Jo Hartigan would be leaving the Trust for another role and the Trust thanked her for the work she has done raising money for the Trust's charity EyUp!.

LC asked how the additional support for A&E liaison within the Budget would be allocated. RW commented that Trust would wait to see the detail. We have previously seen investment as part of the requirement "Core24" standards around psychiatric liaison in acute hospitals.

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

TB/18/93 Risk and assurance (agenda item 6)

TB/18/93a Strategic overview of business and associated risks (agenda item 6.1)

Mark Brooks (MB) presented the paper on behalf of Salma Yasmeeen (SY) and commented that there was a large amount of correlation between the report, the Organisational Risk Register (ORR), and Board Assurance Framework (BAF). MB highlighted the following:

- Ongoing issues around out of area beds and level of acuity.
- Political change with new Secretary of State.
- Brexit uncertainty in relation to staffing and medication supply.
- Carter 2 report was being picked up through the financial sustainability plan.
- Changes to the long term funding of social care and subtle changes to CQUIN and how Providers Sustainability Fund (PSF) will work as part of commissioner contracts in 2018/19.

LC commented on the area raised in the report in relation to the eligibility of European Union (EU) staff, which was yet to be cross referenced with ORR. AGD commented that timing of any changes had not been confirmed nationally. The Trust would not be significantly impacted as it does not have a lot of EU staff, however there may be a knock on effect from other organisations that do have EU staff that may leave, and therefore they would be looking to recruit. This is being discussed within the West Yorkshire Mental Health Services Collaborative in relation to joint workforce planning, and the biggest issue is the uncertainty. RW commented that some trusts are already trying to give people confidence by offering to help to get them settled status and asked if it was an area that the collaborative could discuss. AGD commented that the collaborative was discussing ways to retain staff in the system and keep practices consistent so to not compete to recruit staff.

Sean Rayner (SR) commented that further work was needed to use the report as a live document and for staff to understand the different system offers in each place. In relation to areas of weaknesses identified, if they were in the Trust's gift to control, and have been noted for a year, or more they should be challenged. LC commented that at the Shadow Board meeting they also questioned how the information was being utilised.

The Board discussed whether the level of detail within the report was useful and requested the following areas be considered:

- Whether enough was being done to capitalise on the strengths and opportunities that were in the Trust's control.
- Highlight key areas on the front cover, including what would be done as a result of the analysis and any actions identified.
- Inclusion of the last review date within the report.
- Whether data sharing in relation to the Clinical Records System and safety issues from the CQC inspection were prominent enough, as raised by the Shadow Board.

- Further areas to be reflected in the report including universal credit rollout, legal regulatory framework through the Health & Safety Executive with a focus on managing aggression and violence (MAV) and manual handling, changes to NHS England and NHS Improvement.
- Importance of horizon scanning and whether the external stakeholder survey could be refreshed and repeated to assist with providing an external view.

Action: Salma Yasmeen

It was RESOLVED to NOTE the content of the report.

TB/18/93b Board Assurance Framework (BAF) (agenda item 6.2)

MB reported that the BAF had a cyclic review in place by the Executive Management Team (EMT) prior to Trust Board. The major change from last quarter was in relation to strategic risk 2.4 - increased demand for and acuity of service users leads to a negative impact on quality of care - changing in RAG rating from yellow to amber. The EMT discussed that this change reflected the ongoing out of area bed usage and also the Care Quality Commission (CQC) rating. Other changes to the BAF included the realigning of a number of actions to the Director of Operations. The EMT had challenged themselves on the gaps in control and assurance and further work was needed.

The Board discussed whether the level of detail within the BAF was useful. MB commented that the BAF had received significant assurance from an internal audit.

Laurence Campbell left the room.

RW commented that an increase in demand for services impacts finances and risks and the Trust needs to keep focus on efficiencies. The second element was whether consideration of the BAF meant the right areas were being discussed at Board and whether the report could help shape the Board conversation and any further areas to consider.

CD queried whether, in relation the Trust's current CQC rating, the BAF reflected it sufficiently. MB commented that the EMT discussed and considered that, as 85% of the Trust's services were rated as good by the CQC, the amber RAG rating felt appropriate.

SYo queried whether the green RAG rating for strategic risk 3.4 reflected risks in relation to recruitment and retention.

It was RESOLVED to:

- **NOTE and the controls and assurances against the Trust's strategic objectives for Quarter 2 2018/19; and**
- **AGREE the ongoing targets for addressing gaps in control given the nature of the gaps and risks identified.**

Laurence Campbell re-entered the room.

TB/18/93c Corporate / organisational risk register (ORR) (agenda item 6.3)

MB reported that the ORR had a cyclic review in place by the Executive Management Team (EMT) prior to Trust Board and highlighted the following:

- There were two risks which were rated as 15+ that have had discussion at the Audit Committee, particularly in relation to cyber security.

- EMT reviewed areas of underperformance within the Integrated Performance Report (IPR) and as a result included a new risk in relation to children and younger people requiring a CAMHS bed who are temporarily located in a bed designated for adults.
- Further new risks at the organisational level included falsified medicines directive, no deal Brexit, and the Trust's waste management contract.
- Others areas being considered for the organizational level register were in relation to learning from deaths, inpatient safety and ligature risks.

RW asked if the committees of the Board had reviewed this version. MB commented that the committees review the risks aligned to them from the previous version of the ORR. At the Audit Committee potential new risks were also raised. LC commented that the Audit Committee also discussed in detail the cyber risk and whether any further actions were possible, accepting that the risk level remains high. CD commented that Clinical Governance & Clinical Safety Committee discussed the risks in relation to CAMHS and felt the level of risk was correct and would look at emerging risks at the next meeting. KQ commented that the Mental Health Act Committee was considering areas that link into the Integrated Performance Report and would be working more closely with the Clinical Governance & Clinical Safety Committee. RC commented that the Workforce & Remuneration Committee significantly discussed the workforce risks including the actions and mitigations to ensure all the work taking place was reflected. RC suggested that more information be referenced on the front cover in relation to the work that committees are doing to manage risks.

Action: Mark Brooks

CD asked in relation to Risk ID 1319, regarding the risk that quality of care will be compromised if people continue to be sent out of area, the reason for the reduction in risk level. CH commented that the reduction was due to the confidence in the quality of care provided, with a number of steps in place to ensure the quality of care, including looking at the CQC rating of where people are placed, Trust staff who visit them, day contact to pick up any quality concerns, and returning them back to area as quickly as possible.

RC asked in relation to Risk ID 1212, regarding the risk that the impact of re-commissioning on staff morale leads to sub-optimal performance and increased staff turnover, whether it should be reviewed by the Workforce & Remuneration Committee as a workforce issue rather than the Audit Committee.

Action: Mark Brooks

LC asked in relation to Risk ID 1217, regarding the risk that the Trust has insufficient capacity for change to meet its own and system-wide objectives, whether the Trust was comfortable with the level of risk appetite. RW commented that, whilst within risk appetite, the actions and mitigations would still be in process to try to reduce it further. SYo asked if the target risk level should be the one for focus and whether the Board may confirm that it was acceptable for some risks to be outside the risk appetite. RW commented that the current risk level was the area for focus and the Board needed to be assured that the Trust was doing everything to get to the risk appetite as a minimum. The heat map also assists in highlighting the key issues of risks that may have a major impact.

The Board discussed Risk ID 1368, in relation to children and younger people requiring a CAMHS bed being temporarily located in a bed designated for adults. Actions in place to reduce the level of risk include the work that is being done on CAMHS across the West Yorkshire & Harrogate Health & Care Partnership, and the prioritisation of younger people in beds. Placement in adult beds is only done as a last resort and is considered the "least worst" option on a case by case basis. The timeframe for addressing the capacity issue in the system in West Yorkshire and Harrogate is 18 months to two years, therefore the level of risk may remain for a period of time.

It was **RESOLVED** to:

- **NOTE** the key risks for the organisation subject to any changes / additions arising from papers discussed at the Board meeting around performance, compliance and governance, and
- **DISCUSS** target risk levels that fall outside of the risk appetite and **REQUEST** that the committees continue to scrutinise these risks and for the Executive Management Team to consider how they can be minimised further; and
- **REQUEST** that Risk ID 1368, in relation to children and younger people requiring a CAMHs bed are temporarily located in a bed designated for adults, be looked at in detail.

TB/18/94 Business developments (agenda item 7)

TB/18/94ai Kirklees Health and Wellbeing Plan (agenda item 7.2i)

RW introduced the paper, commenting that the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) was an integrated care system built on places, which included six places and eight local authorities. Health and Wellbeing Plans were a major contributor to the WYHHCP plan. It was important to look at Kirklees as place but also in the context of the WYHHCP, and the Kirklees Health & Wellbeing Plan has been refreshed to reflect this.

Carol McKenna (CM), Chief Executive for Greater Huddersfield & North Kirklees Clinical Commissioning Groups and member of the Kirklees Health & Wellbeing Board (KHWB), and Phil Longworth (PL), Health Policy Officer from Kirklees Council, attended the meeting to present the paper on behalf of the Kirklees Health & Wellbeing Board. CM reported that there was independent place-based work in Kirklees which also had interdependencies with other areas. The refresh of the plan includes the strengths and priorities for Kirklees. PL reported that the style of the document would be updated to assist with the communication of the plan. The refresh provided the opportunity to reinstate the case for change and uses a population health management approach, identifying four main population groups: Living well; Independent; Complex; and Acute or urgent needs. The plan identifies a number of priorities, grouped under the following three key themes: tackling the underlying causes; improving outcomes and experience; and using our assets to best effect. The next steps would include producing a public facing plan and focusing on major change programmes.

LC asked about the involvement of carers and service users in the refresh of the plan. CM commented that it was an example of where the KHWB had strong links with work happening across West Yorkshire and it was an area that one of the KHWB members was passionate about. The KHWB were discussing the communication of the whole plan and the engagement and involvement of people in the key aspects of the plan. PL commented that the refresh highlighted the importance of involvement and there were areas that the KHWB would be particularly proud of, such as learning disabilities and mental health. The plan would need co-engagement on the implementation and delivery of the priorities. CM commented that work would take place across partners to deliver a collective message.

RW commented that the plan reflected the four strategic ambitions of the Trust and that it was hoped that partners recognised that, as well as being a mental health provider, the Trust was also a third sector partner through initiatives such as Creative Minds and the Recovery Colleges. When the KHWB looks at housing and health and primary care models the Trust would also have a role to play in them. CM commented that there was a huge amount of learning that can be taken away, including the provider alliances and how partners work together.

The Board thanked CM and PL for attending to present the Plan on behalf of the Kirklees Health and Wellbeing Board.

It was RESOLVED to:

- **REVIEW and COMMENT on the Kirklees Health and Wellbeing plan; and**
- **AGREE formal feedback from the Trust Board to the Kirklees Health and Wellbeing Board.**

TB/18/94aii Wakefield Health and Wellbeing Plan (agenda item 7.2ii)

Esther Ashman (EA), Associate Director Strategic Planning and Partnership from Wakefield Clinical Commissioning Group attended the meeting to present the paper on behalf of the Wakefield Health & Wellbeing Board (WHWB). EA reported that the development of the plan had been done in partnership and is the only plan for health and wellbeing in Wakefield, rather than having separate plans for organisations. It was a refresh of the 2016 plan to update various areas, including recognising moving towards becoming an integrated care system, the 10 year plan, and the green paper on social care. Workshops were held including through the community safety partnership, children & young people's partnership, New Models of Care (NMOC) board, and safeguarding leads. The plan outlines areas of work that have been done previously in collaboration and includes four priority areas: Healthy standard of living; Preventing ill health; Giving every child the best start; and Sustainable communities.

LC commented that one of the purposes of the WYHHCP was to ensure system best practice and asked EA whether, as a provider, there was any particular view of best practice which may not always be agreed with commissioners. EA commented that at the WHWB there were always discussions on how the WHWB fitted into individual issues and also the wider context. The Plan includes how we share best practice and areas that will be escalated to the WYHHCP level for discussion. A health and care peer review took place in October 2018 which will provide learning to be shared.

SR commented that the focus must continue to be on the provision of services to the population we serve rather than individual organisations. RW commented that areas such as Creative Minds and Recovery Colleges were good examples of services embedded into local communities and that the Provider Alliance which SR was leading would provide an opportunity to do more in a joined up way.

The Board thanked EA for attending to present the Plan on behalf of the Wakefield Health and Wellbeing Board.

It was RESOLVED to:

- **REVIEW and COMMENT on the Wakefield Health and Wellbeing plan; and**
- **AGREE formal feedback from the Trust Board to the Health and Wellbeing Board.**

TB/18/94b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD reported that the Memorandum of Understanding was starting to develop, including an assurance process which would be place-based. The Trust would need to continue to be vigilant to ensure it was part of those discussions. The Hospital Services Review (HSR) would now move to consultation on key proposals. The evaluation criteria originally in the Strategic Outline Case (SOC) were being used with other areas added listed.

RW commented that being a part of the integrated care system gives trusts leverage in relation to national policy and the distribution of funding available and that on 30 October 2018 there was a meeting of integrated care leads being held to look at the 10 year plan, planning guidance, and finance.

It was RESOLVED to NOTE the update from the SYBICS and Barnsley integrated care developments.

TB/18/94c West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

RW reported that the paper outlined the updates from the WYHHCP including amendments made to the Memorandum of Understanding. The System Oversight and Assurance Group (SOAG), made up of the sector leads, held their first meeting where they discussed their Terms of Reference and membership, and stroke care. The SOAG would look at two or three programme works in detail at each meeting and an update would be available on the WYHHCP website.

It was RESOLVED to:

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

TB/18/95 Performance reports (agenda item 8)

TB/18/95a Integrated performance report (IPR) Month 6 2018/19 (agenda item 8.1)

TB highlighted the following in relation to the Summary dashboard:

- Under 18 admissions are above our desired position. Whilst this remains the “least worst” option for those children affected, it must not become a routine position.
- Out of area bed numbers have reduced in October 2018, however acuity and demand was still high across the system. Work is taking place on the possibility of using older people’s beds where appropriate and also to understand the high percentage of people not previously known to the Trust’s services prior to admission.
- Safer staffing fill rates are positive overall, significant pressures still exist in relation to acuity and demand. The establishment review is being considered during the workforce planning sessions.
- People dying in the place of their choosing was showing good performance.
- Staff turnover, which was reviewed in further detail by the Workforce & Remuneration Committee.

TB highlighted the following in relation to the Quality dashboard:

- Number of complaints received remains static, and the backlog of overdue responses has been reduced with seven remaining.
- Medicines omissions were in line with or below the national average in all but one service, with targeted work to take place.
- Staff supervision was showing a slight reduction with focused work to take place.
- Slight increase in falls in Kirklees and Wakefield, which will be reviewed in relation to safety huddles.

- Information Governance (IG) breaches still remain an area of focus with the Operational Management Group (OMG) looking at areas for focused action.
- Prone restraint was above self-set target, linked to high acuity in Psychiatric Intensive Care Units (PICU).
- Patient experience measurement is moving to a new system of feedback.
- Care Quality Commission (CQC) action plan tracker continues to show positive progress, although there are some areas that require close attention. Data requests were increasing as part of their six monthly Prior Information Requests (PIR).

SYo commented that it would be helpful to include the number of service users where prone restraint was used to assist with understanding of the performance against the metric.

Action: Tim Breedon

RC commented that there seemed to be a theme around staff attitude within complaints received. TB commented that further work is needed to understand the detail, which is being undertaken as part of the review of the complaints process. Any local and cross system themes are monitored and discussed by the Operational Management Group (OMG) with nothing particular highlighted.

EF queried the green RAG rating in relation to Information Governance (IG) when there were incidents and asked whether any were reportable. MB commented that the aim was to achieve a 25% reduction year on year which is why the target set was greater than zero. He confirmed none of the September incidents required reporting to the Information Commissioner's Office (ICO), but there is one incident from earlier in the year under review by the ICO.. The impact of the General Data Protection Regulations (GDPR) meant that more were being classified as confidentiality breaches. There have recently been two incidents potentially reportable to the Information Commissioners Office (ICO), however after discussion with the ICO it was agreed they did not require reporting.

LC asked whether the insight report include any comparisons in incident reporting with other NHS trusts. TB commented that the Trust's level of incident reporting was high in comparison with some others, with the Trust more likely to report, and some incidents are split into more than one report due to the way they are recorded on the system. The Board discussed the way incidents are reported on Datix, including areas that may be recorded in the narrative of the visit and potential differences between inpatient and community, with inpatient reporting higher as service users are in front of staff.

RW commented that there were a number of Mental Health Act (MHA) monitoring visits that noted themes that link back to recommendations in the CQC report, and requested assurance that the CQC action plan is followed through to ensure they are seen in MHA visits and are making a difference to practice. TB commented that these areas would be considered as part of joint agenda setting meetings for the Clinical Governance & Clinical Safety Committee and Mental Health Act Committee.

The Board noted the areas of positive performance, including Infection Prevention and Control.

MB highlighted the following in relation to NHS Improvement Indicators:

- 7 day follow up has improved to be marginally over the threshold.
- Proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT) has fallen below the 50% threshold for the month of September, this is the first time this year the threshold has not been achieved. The provisional quarter 2 position remains just above threshold at 50.6%. Possible impact of change of IAPT pathway in Barnsley could be a cause of this.

SYo asked what the consequence was of not meeting the meeting IAPT target. MB commented that above any potential impact on service users it is a nationally reported metric and it may also have an impact on contractual targets.

CH commented, in relation to the Locality section, there were no further areas to highlight above those included on the cover paper of the report and discussed under the previous sections.

MB commented in relation to Priority Programmes the areas to highlight were included on the cover paper of the report. TB added, in relation to the Clinical Records System, that the programme had moved from a green RAG rating to amber as the level of risk increased the closer the programme moved to go live. This reflected the amount of work that was needed and there would be discussion within the private session in relation to the data cutover period, to ensure the change is done safely and efficiently. Training of staff was progressing and a significant amount of work had taken place in relation to configuration and data migration testing to ensure the system works as well as possible and also minimise clinical variation where possible. AM asked, in relation to the risk on resources of the programme, with staff leaving, could the Trust still access the appropriate staff required. MB commented that appropriately skilled staff can be difficult and costly to recruit and that this remained a risk.

LC asked in relation to the management of risk around nurse recruitment if there had been a change from last month. AGD commented that the Workforce & Remuneration Committee received a detailed paper on recruitment and retention which included actions to try to address the shortage of nurses across the system. These include meeting with universities, exploring new roles such as associate physicians, the use of social workers and ways of trying to make the Trust retain as many people as possible. In September there may be a distortion in the figures as new school leavers are recruited.

MB highlighted the following in relation to Finance:

- Net surplus of £424k in month, driven by a gain on disposal of Keresforth. Excluding this one-off gain the position is a deficit of £180k which is higher than previous month's partly due to changes in the IAPT contract.
- Cumulatively the deficit is now £0.8m. The underlying run rate remains adverse to the full year plan.
- Financial risk rating remains at 2 given the deficit margin is slightly better than -1%.
- Out of area bed expenditure amounted to £314k in month. Whilst a slight improvement on August's spend, it remains significantly above historical averages and the number of beds commissioned.
- Agency costs of £522k in month were 14% higher than the cap and cumulatively agency spend has reached £3.1m, with a full year forecast of £6.1m. The full year cap is £5.2m.
- Net pay savings of £0.4m year-to-date put in additional transparency around community and inpatient.
- Capital expenditure including the Fieldhead redevelopment is ahead of plan, which is very much a timing issue. Year-end forecast remains in line with plan
- Challenges in Barnsley and Wakefield, including inpatient pressures and complex care needs with some additional contributions received from commissioners.

AM commented that a number of Non-Executive Directors were part of the finance update at the Executive Management Team (EMT) meeting on 25 October 2018 and as such have been through the financial position in more detail

AGD highlighted the following in relation to Workforce:

- Sickness absence increased to 5.2% in September and is 4.7% year-to-date. Some benchmarking has taken place across the North and the Trust was the second lowest rate with a lot of focus and work taking place. The Workforce & Remuneration Committee have asked for a detailed look at Forensic services, which is on an upward trend and whether it was linked to work related injuries.
- Appraisal completion of band 6 and above stands at the 95% target and is 78.6% for bands 1 to 5.
- Staff turnover is 12.8% year-to-date, projecting a slight increase in clinical turnover.
- The vast majority of training targets are being achieved

TB commented on behalf of ST that in the July IPR, the guardian of safe working hours data related to April, May and June and was incorrectly labeled as January, February and March.

RW commented that the IPR highlighted areas to keep in focus including the impact of any potential changes in Barnsley and uncertainty, lower levels of appraisal, and higher levels of turnover and sickness absence including Forensic services.

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

TB/18/96 Strategies (agenda item 9)

TB/18/96a Digital Strategy progress update (agenda item 9.1)

MB highlighted the following:

- Significant improvement from two years ago with a clear set of plans that were now being delivered.
- The cyber security governance internal audit provided a significant assurance rating.
- The scanning bureau successfully achieved BS10008 accreditation following final audit conducted in April 2018.
- By the Trust signing up to the new NHS-wide agreement with Microsoft for Windows 10, this has significantly reduced the cost pressure in 2018/19, realising a reduction in the cost pressure of approaching £200k.
- More proactive on local and national bids.

LC commented that the Shadow Board thought the Trust Board only received updates on the new Clinical Record System on a six-monthly basis and he had talked them through the Non-Executive Director involvement on the Programme Board and discussions that take place at the Executive Management Team (EMT) meetings. They felt that further communication was needed to assure staff that lessons were learnt from the RiO upgrade. RC commented that video clips had been produced in relation to the CRS. TB commented that the clips were being used for training and that it was important to manage expectations to ensure a safe transfer, as well as facilitating as much change as possible.

CD commented that the report was very clear with good improvement and it was important to not lose sight of areas where the Trust wanted to be more innovative. MB commented that the Trust needed to continue to look for opportunities where there was local and national funding and bid on them to assist with innovation.

RW commented that the report was positive and highlighted areas where the Trust had moved on significantly. He asked that innovations, including a patient appointment reminder system, apps, and iHub were considered. RW asked, in relation to areas like these that

were piloted, what areas were being prioritised for potential rollout Trustwide. The Executive Management Team (EMT) to review and bring back to the Board.

Action: Mark Brooks

The Board recognised the strong progress made and the quality of the report.

It was RESOLVED to COMMENT on and NOTE the update of progress made against the Trust's Digital Strategy.

TB/18/97 Governance items (agenda item 10)

TB/18/97a General Data Protection Regulation (GDPR) implementation update (agenda item 10.1)

MB highlighted the following:

- The Trust is working towards full compliance by 31 October 2018, with processes and policies in place.
- Internal assessments were undertaken in June 2018 and action plans for compliance created by the end of July 2018. Regular review meetings are held to ensure appropriate progress is being made.
- Some areas are still awaiting national guidance, however the Trust was already compliant with the Data Protection Act and GDPR builds on that
- Most of the Trust's legacy systems do not allow old data to be made inaccessible after the retention period lapses. Plans are in place to mitigate.
- An internal audit would take place in six to nine months' time to validate how well the Trust is complying with GDPR

The Board noted the update that the processes and polices were in place and thanked staff for the hard work to put compliance with the GDPR in place.

It was RESOLVED to REVIEW and COMMENT on the report, and RECOGNISE the progress made to ensure the Trust complies with GDPR.

TB/18/97b Workforce Race Equality Standard (WRES) (agenda item 10.2)

AGD reported that the WRES was a requirement for NHS trusts and has been included in NHS standard contracts since 2015. The WRES provides a framework which will support the embedding of workforce equality and its main purpose was to help local and national NHS organisations to review their workforce data against nine indicators. The review then enables organisations to produce action plans to close any gaps in workplace experience between White and Black, Asian and Ethnic minority (BAME) staff and to improve BAME representation at a senior level of the organisation. The report had been discussed by Executive Management Team (EMT) and the Equality & Inclusion Forum, which supported the action plan. There would always be actions that are ongoing, such as engagement with schools. A key action for the Trust was in relation to bullying and harassment and work is taking place with the Communications team on the promotion of a prevention framework that would be delivered in all teams. Discussions were also taking place within the Trust's BAME staff network regarding a potential local stretch target for monitoring improvement. Some indicators should be reported within the Integrated Performance Report (IPR) by the end of Quarter 3 2018/19. Support of the action plan by the Trust Board was an annual requirement to be added to the Annual Work Programme in October each year.

Action: Emma Jones

LC commented that bullying and harassment was an issue for the entire workforce not just BAME staff. AGD commented that it was an area that was higher for BAME staff. Recent evidence has shown that if improvement was made for BAME staff it should support improvement for all staff.

LC commented that the Shadow Board had raised several areas including whether the Trust was more tolerant of bully and harassment from service users due to the Trust providing mental health services. AGD commented that tolerance was an issue and it was important to have the balance right. EM commented that it was important to note how staff were being treated across all areas and that in line with the Trust's values there should be a zero tolerance approach. AGD commented that a cultural change was needed supported at all levels, including us as individuals, colleagues, Board members and the organisation as a whole.

RW commented that the report did not compare to the 2016 data, since when there had been a significant improvement in some indicators. This was marked on recruitment, access to training and disciplinary processes. These are things that are easier to manage and progress was noteworthy. It was also clear that perception indicators had diminished markedly in the staff survey. This is despite genuinely positive results for BAME staff in the Robertson Copper survey. More work needed to be done to ensure that the perceptions of BAME staff were improved through defined actions with the intended impact.

SYo commented that it may be useful for the Workforce & Remuneration Committee to receive case studies to help bring the data to life.

The Board noted that the WRES impacted every area of business and linked to the Trust's commitment around the staff health and wellbeing agenda.

it was RESOLVED to APPROVE the WRES action plan and its ongoing monitoring through the Equality and Inclusion Forum.

TB/18/98 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:

- Barnsley Health and Wellbeing Board 2 October 2018 – RW: are discussing their positioning in the system.
- Calderdale Health and Wellbeing Board 11 October 2018
- Wakefield Health and Wellbeing Board 20 September 2018 – SR: major part was on the health and wellbeing plan and presented the work of the alliance.
- South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board 19 October 2018
- West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group 8 October 2018
- West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive 2 October 2018

It was RESOLVED to RECEIVE the updates provided.

TB/18/99 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

Audit Committee 16 October 2018

LC highlighted the following:

- Review of risks where target exceeds risk appetite, specifically Risk ID 1212.
- The information provided in triangulation report and how it has supported risk identification.
- Approval of charitable funds annual report.
- Progress on General Data Protection Regulations (GDPR) compliance.
- Asset valuation options.
- Counter Fraud quality assessment - RAG rated red on one area due to previous counter fraud not reporting an area.
- External audit risk element - increased element of focus on provisions.
- The approved Minutes of the Committee meeting held on 22 May 2018 and 10 July 2018 were attached to the Trust Board papers.

Erfana Mahmood left the room.

Equality & Inclusion Forum 2 October 2018

AM highlighted the following:

- Performance dashboard to be developed.
- Staff equality networks - positive update on developments.
- Workforce Race Equality Standard (WRES) action plan.
- Equality Impact Assessments showing good improvements.
- The approved Minutes of the Committee meeting held on 12 June 2018 were attached to the Trust Board papers.

Workforce & Remuneration Committee 23 October 2018

RC highlighted the following:

- Workforce Strategy 2018/2019 Action Plan update - requested some further reporting for insight and impact.
- Organisational Development Action Plan 2018/2019 update - requested some further reporting for insight and impact.
- Strategic Workforce Plan update.
- Extension of Pay Audit to cover ethnicity, disability as well as gender - need for further work and analysis.
- Update received on recruitment and retention, sickness absence and agency spend.
- Directors' objectives progress update.
- Risk Register updated with additional actions and timescales.
- The approved Minutes of the Committee meeting held on 3 July 2018 were attached to the Trust Board papers.

West Yorkshire Mental Health Services Collaborate (WYMHSC) Committees in Common 4 October 2018

AM highlighted the following:

- Dementia improvement work.
- Local issues and context.
- Integrated Care System (ICS) update.
- Programme Delivery Report.

Nominations Committee 29 September 2018

Emma Jones (EJ) highlighted the following:

- Chair and Non-Executive Director (NED) remuneration - recommendation to the Members' Council. The meeting was chaired by Jackie Craven, Lead Governor.

It was RESOLVED to RECEIVE the updates provided.

TB/18/100 Trust Board work programme (agenda item 13)

It was RESOLVED to NOTE the work programme.

TB/18/101 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on Tuesday 18 December 2018, Small conference room, Wellbeing & learning centre, Fieldhead, Ouchthorpe Lane, Wakefield.

TB/18/T02 Questions from the public (agenda item 15)

There were no questions received from the public.

Signed:

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

Date: 18 December 2018