

Minutes of Trust Board meeting held on 31 July 2018
Small conference room, Wellbeing & learning centre, Fieldhead, Wakefield

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

TB/18/59 Welcome, introduction and apologies (agenda item 1)

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

AM advised that it would have been the last Trust Board meeting for Chris Jones whose term as Non-Executive Director ends. He was unable to attend the meeting and had sent a letter to AM which she read to the Trust Board. The Board thanked Chris for his valuable contribution to the Trust.

TB/18/60 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/18/61 Minutes and matters arising from previous Trust Board meeting held 26 June 2018 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 26 June 2018 as a true and accurate record. The following matters arising were discussed:

- TB/18/50a Integrated performance report month 3 2018/19 (PLACE assessments) - Alan Davis (AGD) commented that this year's assessments had taken place and the Head of Estates will provide the information when the next round of assessments was being organised.
- TB/18/50a Integrated performance report month 3 2018/19 (Percentage of clients in employment metric) - Tim Breedon (TB) brief narrative included in IPR
- TB/18/52d General Data Protection Regulations (GDPR) update (Policies on the website) - Salma Yasmeeen (SY) commented that the Trust would launch a new internet site within the next three months and work would take place with the Corporate Governance team to enable quicker access to Trust policies for members of the public.
- TB/18/58 Questions from the public (Visitors badges) - AGD commented that the first response that it was a one off incident and a local review has been requested. Any feedback will be circulated.

TB/18/62 Service User Story (agenda item 4)

The Trust Board heard a service user story. Karen Taylor (KT) advised that the story was from a service user in Forensic Services who was encouraged to study an academic course as part of this recovery. It became evident very quickly that there was an expectation that students would have access to a computer to complete their coursework. It is not uncommon within Forensic Services to have blanket rules, particularly around technology including laptops, mobile phones and even gaming equipment that has access to the internet. In more recent times the service has been challenged to question its own restrictive practices and in 2017/18 one of the CQUIN initiatives was to reduce restrictive practices. The following is in the service user's own words:

"I have been at Bretton Centre since last year. I came from Newton Lodge and at first found moving to low secure strange as there seemed to be more rules than in medium. At the time I wanted to take an Open University course. I asked if I could have a laptop so that I could do the study in my own time but these are banned items and at first I wasn't allowed. Staff spoke with the Doctor and it was agreed that they would look at how this could be managed. Staff said that it could be managed as part of least restrictive practice. This is where patients get to have access to more things so that they can be more independent. I would have liked to have had a laptop in my own room so that I could get on with my course work but this was not possible. Instead staff said that I could access the computer when I wanted and use it in a room on the ward. I had to sign it out and return it but I could use it on my own. There was no internet so that meant that I could only use the computer for my work. I really appreciated what the staff did for me and it meant that I could get on with the course. As it turned out I couldn't finish it because I was too busy but it was good to know that staff were helping me. I think least restrictive practice is really good for patients because it means that they can do things that people in the community do."

Charlotte Dyson (CD) commented that on a recent visit to another ward, one of the observations she made was that when people's health improves it was important that they have access to things to get them ready to go back into the community, although she understands it can be difficult to get the balance right.

AM commented that previously services users had no internet access and a positive change was the national wifi programme that the Trust was taking part in. KT commented that there was access in inpatient areas however it is monitored and has restrictions in place. TB commented that there are differences in secure settings and there may be supervised access. The Trust understands the importance of the use of social media for service users in order to keep in contact with friends and relatives as part of their recovery. AGD commented that there were positive comments received from the Care Quality Commission (CQC) as part of their recent inspection that staff were testing system boundaries in order to provide the right access for service users where appropriate.

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

It was RESOLVED to NOTE the Service User Story.

TB/18/63 Chair and Deputy Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- One of the governors on our Members' Council sadly passed away recently. Tina Harrison was a publicly elected governor for Kirklees. A letter of condolence has been sent to her family and the Members' Council will observe a minute's silence at their meeting on 3 August 2018.
 - An extensive and robust process has taken place for the recruitment of two new Non-Executive Directors to replace Chris Jones, whose term ends today, and Rachel Court, whose term will end in the next year. The panel made a recommendation to the Nominations Committee on the candidates for appointment who have supported the recommendation, which will go to the Members' Council for approval on 3 August 2018.
 - As agreed at the last Trust Board meeting, in order to be as open and as transparent as we can about the business of the Board, the Chair will note in the public meeting those items to be discussed in private. Today, the following items will be discussed in private session:
 - One corporate/organisational risk, including whether it can now form part of the public risk register.
 - Papers relating to the Trust's financial sustainability.
 - Commercial Strategy
 - Developments in South Yorkshire including the South Yorkshire & Bassetlaw Integrated Care System.
 - Developments in West Yorkshire including the West Yorkshire & Harrogate Health & Care Partnership.
 - Minutes of private partnership boards.
 - Corporate Trustee for charitable funds items including Minutes and assurance from the Charitable Funds Committee.
- All items in the private session are scrutinised to ensure the Board discusses as much as possible in public in accordance with the guidance agreed by the Board in January 2018.

Deputy Chief Executive's report

TB 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. Internally it represented the significant demand, pressure, and levels of acuity. Nationally, areas to keep a focus on to see whether there is any impact for the Trust are the new Secretary of State, social care green papers, and changes to deprivation of liberty legislation.

Rachel Court (RC) asked whether commissioners would respond to the increase in acuity. Mark Brooks (MB) commented that acuity can be difficult to measure specifically. General conversations with commissioners have taken place and work will continue in relation to the level of demand and acuity. CD asked if through safer staffing there were other ways to measure acuity, such as the cancellation of leave. TB commented that there were a few different measures that could be used including safer staffing, which reported to the Trust Board every six months and is subject to establishment review, the number of people on observation, length of stay, and the case workload in community. AGD commented that there was an element of e-rostering that could also help. Middle Ground programme participants had been discussing pressure in the services and felt reassured that the Board were discussing it and that it was also being discussed with commissioners. AM asked if the increase in acuity and triangulation taking place could be looked at further by the Clinical Governance & Clinical Safety Committee.

Action: Tim Breedon

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

TB/18/64 Risk and assurance (agenda item 6)

TB/18/64a Care Quality Commission (CQC) report (agenda item 6.1)

TB highlighted the following from the report:

- The Trust was subject to a well-led inspection by the Care Quality Commission (CQC) in March & April 2018.
- Draft reports were provided to the Trust for factual accuracy checking, which was undertaken by corporate support and operational teams.
- The Trust was not required to take any immediate actions during or following inspection.
- The Trust has received its final reports, which consist of six core service reports and one overall quality report, which were published by the CQC early July 2018.
- Key findings from the reports highlight our areas of strength and improvement including our community learning disability services, our open culture with good reporting of incidents, and our established and experienced Board.
- The CQC have also provided a fair representation of the areas where we're facing significant challenges such as the level of acuity and pressure, in particular our acute and community mental health services and our child and adolescent mental health services (CAMHS), long waits in some of our services, our approach to nurse call systems across our inpatient areas, on-call arrangements in CAMHS, and restrictive practices.
- The overall rating for the Trust is 'Requires improvement', with 11 of our 14 core services rated 'Good', and all services rated 'Good' or 'Outstanding' for being caring.
- Attached to the paper is the high-level action plan submitted to CQC and a detailed action plan for 'must dos' and 'should dos' will go to the Executive Management Team (EMT) and Clinical Governance & Clinical Safety Committee in September.

LC asked how many of the actions related to policies and how much was due to performance. TB commented that the findings within the report were less to do with policy and more to do with practice and recording. Some informal questions were asked in relation to some of the approaches. AGD commented that he was keen to understand the change in stance in relation to a nurse call system, which was not seen previously as a clinical risk to the organisation and which is why it was not in place. TB commented that they have raised a question in relation to nurse call systems but not said the decision not to have one is wrong. The Trust's position in relation to inpatient nurse call systems and community based services for ligature risk would be reviewed.

CD commented that it was clear from the report that there are gaps in some areas across the system such as clinical record keeping. TB commented that the clinical governance group would have the responsibility of coordinating action plans and also to ensure there isn't significant variation of practice across the system. The action plan would be reviewed in detail by the Clinical Governance & Clinical Safety Committee. RC asked if there would be reports into the Trust Board. TB commented that the action tracker would form part of the Integrated Performance Report. Laurence Campbell (LC) asked for clarification on the role of the Operational Management Group (OMG). TB commented that the governance groups would report into OMG and the flowchart within the action plan would be updated to reflect this. AM commented that it was important to understand the reporting lines and accountability. TB commented that the terms of reference would go to the Clinical Governance & Clinical Safety Committee.

Action: Tim Breedon

It was RESOLVED to:

- **NOTE the report;**
- **SUPPORT the approach described in the CQC action plan governance framework; and**
- **CONSIDER the next steps required which were set out in the paper.**

TB/18/64b Board Assurance Framework (BAF) 2018/19 (agenda item 6.2)

MB highlighted the following from the report:

- As part of the recent inspection, the CQC gave verbal feedback that, while they recognised the structure of our BAF, they found it difficult to follow in places.
- The layout had been reviewed by MB and Emma Jones (EJ) and it was felt that by aligning the controls and assurances to the individual strategic risks it may make the document clearer.
- The previous strategic risk 1.2 - Trust plans for service transformation are not aligned to a multiplicity of stakeholder requirements - was reviewed and felt no longer to be as significant a risk given that many of the transition programmes are complete or underway and similarly much work had been carried out on the previous strategic risk 2.4 - Failure to create and communicate a coherent articulation of Trust mission, vision and values leading to inability for staff to identify with and deliver against Trust strategic objectives.
- Considering the current operating environment, two new strategic risks were identified as:
 - Strategic risk 1.2 - Impact of or differences between a multiplicity of commissioners and place based plans, and those not being aligned with Trust plans.
 - Strategic risk 2.4 - Increased demand for and acuity of service users leads to a negative impact on quality of care.
- The new format and recommended changes to the strategic risks have been reviewed and supported by the EMT and Audit Committee.

- EMT have reviewed and aligned the controls and assurance for each strategic risk and indicated an overall current assurance RAG rating of 'yellow'. The rationale and the individual risk RAG ratings are set out in the attached report.

LC commented that the changes were discussed by Audit Committee who felt the changes were a positive development. CD commented that the updated layout of the BAF was easier to navigate.

AM commented that overall the BAF shows that there has been an improvement since Quarter 4 which would be indicative of a less risky environment however she was not sure that this appropriately reflects the current position. MB commented that in the individual strategic risks only one was RAG rated as 'green' and the other differences were marginal with many areas of control and assurance in place.

AM asked if the latest CQC inspection report had been reflected in the BAF. MB commented that there is a cyclical approach to the review of the BAF on a quarterly basis and now the final CQC report had been published it would be part of the review in the next quarter along with the risk register. TB commented that now the CQC action plan had been submitted this would be considered.

Action: Tim Breedon

AM asked whether any gaps in control had been identified for strategic risk 2.4. TB commented in relation to the risk as a result of increase acuity and demand, it was being managed and at the moment a direct impact had not been seen. At this point it is highlighted as an area of increasing risks for focus and review.

RC asked if the clinical records system should be reflected within the BAF as given the particular risks in relation to implementation there could be a material impact on patient care.

Action: Tim Breedon

AM asked if the gap in control for strategic risk 3.4 was an area of assurance. SY commented that the gap was in relation to capacity and the wording would be reviewed.

Action: Salma Yasmeen

AM commented that some of the assurances reference past dates. TB commented that some may relate to when the last report was received and the next expected date could be added.

Action: Mark Brooks

It was RESOLVED to:

- **SUPPORT the revised format of the BAF for 2018/19;**
- **AGREE the changes recommended by EMT and supported by the Audit Committee to strategic risks 1.2 and 2.4 for 2018/19; and**
- **NOTE the controls and assurances against the Trust's strategic objectives for Q1 2018/19 and ongoing work to address gaps in control.**

TB/18/64c Corporate / organisational risk register (ORR) (agenda item 6.3)

MB reported that the ORR is reviewed on a cyclical basis which includes the review of aligned risks by the committees of the Board. The major changes made in the last quarter are identified on the front cover of the report, including a risk at the organisational level in relation to out of area placements.

CD asked in relation to Risk ID 1158 what actions had taken place to reduce the level of risk. AGD commented that some of the actions were now controls including that the recruitment and retention plan was in place, task group up and running, and the Trust was taking part in the NHS Improvement programme on recruitment and retention. CD asked if these areas were showing an initial impact. AGD commented that it was in its early stages and can show periods of fluctuation. The plans would be monitored through the Workforce and Remuneration Committee. MB commented that there may be a reduction in overreliance on agency staff rather than reliance given that the level of usage of agency staff has reduced over the past 15 months. The BDU level risk register may include risks for a couple of specific services such as CAMHS.

AGD commented that Risk ID 1155 was closed however in view of recent system pressures it might be a risk to revisit for the ORR by the Workforce and Remuneration Committee.

Action: Alan Davis

CD asked in relation to Risk ID 1196 what the impact was in relation to Information Governance (IG). MB commented that it did not have a direct impact and the biggest risk in relation to IG was in relation to people sending things to incorrect addresses.

AM commented in relation to Risk ID 1132 whether there was a more significant impact in relation to the people on the waiting list. MB commented that a risk in relation to the impact was on the BDU risk register which would be reviewed for potential escalation to the ORR.

Action: Karen Taylor

It was RESOLVED to NOTE the key risks for the organisation.

TB/18/65 Business developments (agenda item 7)

TB/18/65a South Yorkshire and Bassetlaw Shadow Integrated Care System update (agenda item 7.1)

AGD reported that the paper provided an update on the work of the South Yorkshire and Bassetlaw Shadow Integrated Care System (SYBSICS) including the Hospital Service Review (HSR) and the work in relation to stroke services which would have an impact on the Trust. A lot of good work is taking place locally and the direction of travel supports the model within the HSR. A briefing note was received and a response was sent providing general support.

SY reported that the Barnsley Clinical Commissioning Group (CCG) had been working with partners including the Trust to develop joined up integrated care. The CCG have been discussing with partner organisations, including the Trust, proposals for a new model for health care provision and commissioning for Barnsley involving an integrated care system. It was agreed by all the partner organisations that as part of the early engagement process, a series of Staff Side and Staff briefings should take place in July about the CCG proposals to develop a single integrated care organisation. A number of briefing sessions on the CCGs proposals have taken place in Barnsley and with corporate services

CD asked if there had been any concerns raised by staff in relation to Barnsley. SR commented that he had several briefings with staff and in clinical services the feedback received was generally positive and they see it as an opportunity. This is not the case in other areas, with some staff raising concern in relation to the long time scale. AGD commented that staff had also raised an issue about the amount of time that was being spent on this process which takes away from service development. There were still a lot of unknowns and staff appreciated that it was the start of the discussion.

AM commented that since the paper was produced the SYBSICS had extended the timeline on the HSR paper and further comments could be provided. The Board supported that no further response was needed.

It was RESOLVED to NOTE the update from the SYBSICS on the Hospital Services Review and the latest position on Barnsley CCG's proposals for a new model of service provision and commissioning.

TB/18/65b West Yorkshire and Harrogate Health and Care Partnership update (agenda item 7.2)

SY highlighted the following from the report:

- West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) draft Memorandum of Understanding continues to be updated and is due to come to Trust Board for approval in September 2018.
- Shadow Integrated Care System (ICS) governance arrangements have been reviewed to reflect the roles and there will be a chance for the Trust to reconsider its involvement in the ICS.
- A new group will be established focusing on performance and mutual accountability around key targets and deliverables which RW will lead as lead of the WYHHCP.
- Public panel workshop as part of an ongoing programme to strengthen the communication and engagement with the public.
- A second joint Non-Executive Director and Governor event for the West Yorkshire Mental Health Services Collaborate (WYMHSC) took place. There has been significant work on the mental health workstreams which is reported in the Integrated Performance Report.

AM commented that the Trust Board had not had a chance to look at the revised draft Memorandum of Understanding in detail since January and that it would be helpful before it came for approval to review it so that feedback can be provided for the final version. SY to circulate draft to LC, AM, CD and MB for review and feedback.

Action: Salma Yasmeen

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

TB/18/66 Performance reports (agenda item 8)

TB/18/66a Integrated performance report M3 2018/19 (agenda item 8.1)

TB highlighted the following from the report in relation to the Summary:

- Under 18 admissions - three during the month and unfortunately an issue we raise with commissioners on a regular basis. The same arrangements were in place, as for previous admissions including ensuring proper safeguards, as the least worst option. It is an area that we need to keep in focus as a longer term solution is needed across the system with Tier 4 providers.
- Out of area beds - a separate paper is included under agenda item 8.2.
- Percentage service users followed up within 7 days of discharge - noting that sometimes it is difficult to make contact with people.
- Mandatory training - new metrics in relation to managing aggression and moving and handling mandatory training have been added.
- Sickness absence - showing an increase in month.

- Information Governance (IG) - unfortunately we have another incident reportable to the Information Commissioners Office. They are issues of individual human error; and the only theme is information being sent to wrong addresses.

TB highlighted the following from the report in relation to Quality:

- Complaints - improving the rate of closure within 40 days although still work to do. There has been a reduction in the number of formal complaints which is positive by ensuring there are local resolutions.
- Medicine omissions - some good work is taking place in relation to Older Peoples Services that needs to be replicated across the Trust. Some of the underperformance relates to staff turnover and the availability of clinical pharmacy which forms part of a targeted piece of work.
- Prone restraint - is a self-set target and work is ongoing to reduce the time. All instances are reviewed by specialist advisers and further information is received by the Clinical Governance & Clinical Safety Committee.
- Falls - there has been a minor increase which will be further investigated.
- Pressure ulcer - one in month.
- Mortality - reporting of information is progressing well and information around the new structure of case reviews is showing some benefits.
- Serious incidents - number has reduced which needs to be monitored over a longer period to establish if there is a trend.
- Safer staffing – overall lessons have been maintained, however there are areas of significant pressure to maintain those levels and escalation process remains in place where planned levels are not met.

CD asked in relation to the reduction in the number of staff receiving clinical supervision if it was in specific areas. TB commented that it may have been impacted by staff receiving their annual appraisal and the level will be monitored.

CD asked in relation to incident reporting whether staff were clear on what aspects of an incident may need to be reported separately so themes can be monitored. TB commented that the important part is that people are reporting incidents, which are then reviewed by line managers and often there is a second review by a specialist manager. When incidents are recorded codes can be allocated depending on the type and there are also sub sets where various different areas can be assigned for the necessary advisers to be alerted.

LC asked in relation to mortality reporting structured judgment reviews, what the other 40% that were not rated overall care as good or excellent were rated as. TB commented that the rating would have been satisfactory. The 60% highlights those that are that are rated as good or excellent practice.

CD asked what the target was for CAMHs referral to treatment. TB commented that there is not currently a percentage target and the metric was set to monitor for any trends and then a RAG rating could be applied.

MB highlighted in relation to the National metrics that the Trust continues to typically achieve the vast majority and there was a separate paper in relation to out of area beds under agenda item 8.2.

SR highlighted the following from the report in relation to Locality:

- Barnsley - Improving Access to Psychological Therapies (IAPT) performance is holding well following the national team's support to improve performance, and the new service mobilises from 1 August 2018. Waiting times for psychological services

was noted in the CQC report, the current wait list was being addressed within acceptable parameters and discussions are ongoing with commissioners regarding funding to address backlog waits.

- Calderdale and Kirklees - areas of sickness absence.
- Specialised BDU - ongoing challenges in regard to medical recruitment and retention which flows through to agency spend.
- Wakefield BDU - discussions are taking place about acuity and the overspend in relation to bank and agency staff. In Wakefield there is now a district housing support coordinator working on the wards as part of a pilot programme. It is hoped that there will be learning from the pilot that can be applied to other wards across the patch, which will help service users and also length of stay.

AM asked if there was an opportunity to do some similar partnership work in relation to employment. SR commented that there were different schemes in place at a place based level that may not work in the same way, however the Recovery Colleges are an example of a service which has strong links with employment programmes, as well as community services.

SY highlighted the following from the report in relation to Priority Programmes:

- Out of area - separate paper under agenda item 8.2.
- Clinical records system - now in its second phase with the co-create phase successfully completed. Data testing has commenced and the outcome was far more positive than anticipated with one week of contingency gained back although still a risk. Configuration has commenced which will be an important phase to continue engagement with staff. The training approach has been coordinated with the learning and development team with staff involved in co-design and has been tested with clinical and non-clinical staff. It is a labour intensive period and risks continue in relation to developing a plan for cutover. Work is taking place on the 'go live' plan and robust contingency plan. An internal audit was completed which has assisted with identifying further actions. These particularly included putting in place a consolidated overall resource plan, to help understand all resource requirements over the coming weeks and months. A proposal on further reporting on key milestones and the gateway decision process will come to the Trust Board meeting in September 2018.
- South Yorkshire - working with partners in Barnsley to develop an integrated pathway in stroke services. A capital bid has been put in nationally which may have an impact.
- West Yorkshire - a significant amount of work taking place including in relation to eating disorders with the pathway now fully operational in all places where we are a partner.

RC commented in relation to the clinical records system that the risk identification and management processes have matured over the last couple of months and were fit for purpose and that the oversight of the programme by the programme board was more positive.

AM commented in relation to West Yorkshire that Learning Disabilities and transforming care work was added as an additional programme as part of the WYMHS. SY commented that it will be included in the reporting as the workstream is scoped out and developed.

Action: Salma Yasmeen

MB highlighted the following from the report in relation to Finance:

- Disappointing performance with an overspend on pay, and out of area beds contributing to the increased deficit position. Year to date the spend on out of area beds is £1.1m which is 69% over this period last year.
- Slightly below the agency cap, however the cap will reduce significantly from August onwards.
- High level of overspend on inpatient facilities, exception information has been included.
- Financial risk rating is 3, due to size of deficit in terms of our income.
- Cash levels are down at end of month, due to two slightly late payments by commissioners.
- Capital expenditure forecast is currently in line with plan. There may be additional capital requirements following the outcome of the CQC inspection.
- New model of IAPT goes live tomorrow in Barnsley with significantly lower income attached to the new model.
- The internal forecast for the full year is currently £1.5m adrift from plan.

AM asked what actions were taking place to address the difference between the plan and forecast. MB commented that actions include minimising the impact of risks and realising the potential opportunities identified. These include realising commissioning for quality and innovation (CQUIN) income, reducing out of area bed costs, completing asset disposals and reviewing asset valuation methodology.. TB commented that a key aspect was how areas of pressure can be demonstrated to commissioners to ensure it is reflected in funding.

AGD highlighted the following from the report in relation to Workforce:

- Sickness absence - is showing improvement which is a positive sign particularly when challenges in the system.
- Appraisals - support services is at 92% and the end figure at 84%, the system is seen as a crucial aspect in the retention of staff.
- Mandatory training - in relation to food handling training there is an action plan in place.

LC asked what actions were taking place in relation to staff turnover. AGD commented that focus groups were held in areas of high turnover to try to understand the issues and engage staff in what actions need to be taken. Those discussions have been fed back to OMG and will inform the recruitment and retention plan.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/18/66b Out of area placements - update report (agenda item 8.2)

KT reported that the paper brings together all of the information on work taking place grouped into three areas: increased operational focus, improvement approach, partnership approach. The changes in the system were volatile with 268 bed days in February, 730 in March, 536 in April, 284 in May, and 375 in June. There is no seen correlation between months and demand. The report includes the governance structure to see where areas are reviewed and discussed, and the areas of focus for the future with joint trajectories for improvement agreed with commissioners.

CD commended staff for the huge amount of work taking place and from talking to staff it was clear the amount of resource the work is occupying and noted that it was important to understand the community aspect to support the internal pressures. KT commented that there was a focus on both inpatient as well as community to support people getting to that stage. LC asked if there was a lack of resource in community. KT commented that it was

variable across different localities partly due to different service models and level of commissioning. TB commented that community resource is a bigger picture than purely what the Trust provides, it also includes the local authority and third sector provision, which have also been challenged financially.

RC asked how much more difference can be made on the work that has already taken place. KT commented that further work could still be done in relation to the length of stay and admission rates as they are the area that could potentially make the biggest impact in addition to six or seven other areas. Some changes are needed in relation to staff culture and clinical leadership. AM asked if there was anything further that could be done to accelerate progress. KT commented that the provision of extra resources and the release of staff to do the dedicated work required would assist.

AM commented that Sheffield had reported no out of area beds and whether lessons could be learned from their procedures. KT commented that discussions had taken place with colleagues and they are willing to share their learnings. There are various components to their performance including a high level of investment in their acute wards and staffing levels which they feel has reduced the length of stay.

It was RESOLVED to RECEIVE the report.

TB/18/67 Strategies (agenda item 9)

TB/18/67a Estates Strategy update (agenda item 9.1)

AGD highlighted the following from the report:

- The Trust Board approved an Estates Strategy in 2012 with three key aims:
 - Modernising inpatient environments
 - Developing the Trust's community infrastructure
 - Disposing of buildings and land surplus to requirements
- Over the past 6 years there has been major capital expenditure across all our inpatient areas including a new build and adult acute wards on the Fieldhead site. The Fieldhead development has seen phase 1, the Unity Centre, open and become operational and the final phase is due to complete around March 2019.
- The development of community hubs has progressed well with the opening of Laura Mitchell, Halifax, Baghill House, Pontefract and Drury Lane, Wakefield. There still continues to be teething problems at Drury Lane and remedial work has been undertaken there. The local building user group is being supported to deal with issues and ensure the effective operation of the building.
- The attached report also provides an update on emergency planning, fire safety and health and safety where significant work has been undertaken in light of national developments. These include plans in place around heatwave which are reviewed regularly and action cards in place in relation to inpatients and community.
- The capital plan is £72k below plan with a huge amount of work taking place to keep our estates up to standard.

AM asked if there had been any incidents in relation to the recent high temperatures. TB commented that nothing had been raised through the clinical risk panel. AGD commented that there was quite a lot of guidance nationally and regionally. AM commented that she was aware of an issue in relation to the management of medication. AGD commented that it was an area that was being reviewed however in terms of patient safety there was not a risk as if the temperature was above a certain level the medication would be disposed of, which would then become a cost issue.

LC asked if there had been an assessment of the community hubs as part of a post project implementation review. AGD commented that they had been completed and would be reported to the EMT and could be included in the next update to Trust Board.

Action: Alan Davis

It was RESOLVED to NOTE the update on the Estates Strategy and safety arrangements in the Trust.

TB/18/67b Organisational Development Strategy update (agenda item 9.2)

AGD reported that the implementation plan was developed to assist in the delivery of the Organisational Development Strategy. The action plan had been reviewed in detail and supported by the Workforce and Remuneration Committee for approval by the Trust Board.

It was RESOLVED to APPROVE the Organisation Development action plan for 2018/19.

TB/18/68 Governance matters (agenda item 10)

TB/18/68a Equality and diversity annual report 2017/18 (agenda item 10.1)

TB reported that the annual report set out the work that had taken place in relation to quality and diversity in 2017/18 and had been reviewed and supported by the Equality & Inclusion Forum. As part of the work on equality and diversity it was clear that some improved coordination of the work was needed and a proposal will go to the Executive Management Team.

It was RESOLVED to RECEIVE the Equality and Diversity Annual Report 2017/18.

TB/18/68b Proposal for the use of e-cigarettes (agenda item 10.2)

KT reported that the proposal to amend the Trust's policy to allow service users to use e-cigarettes in ward environments had been discussed at length by the Executive Management Team. A lot of other organisations have implemented the proposed changes which gives the Trust an opportunity to learn from them, with the detail included in the report. Colleagues from health and wellbeing, fire safety, ward management, and clinical experts are in support of the proposal. This is something that the service users have been asking for as they currently are required to go outside of the hospital boundary and often need to be escorted by staff. The proposal to use e-cigarettes in our ward environments would form part of the existing policy and the Trust would still continue to support people to cease smoking. This change only related to service users and not staff.

CD asked if the change would be a step backwards in the policy implemented by the Trust and how the change would be monitored. TB commented that there was further work to be done in relation to the change if the principle was supported. KT commented that if e-cigarettes were allowed that the Trust may provide the supply to ensure safety and assist with monitoring use. AM commented that other Trusts are supplying the devices and whether service users would need to pay for them. KT commented that one of the areas being considered was the provision of one product, then further e-cigarettes would need to be purchased by the service user at cost.

RC commented that the evidence nationally was that the use of e-cigarettes could help people to quit smoking and it may also have a positive impact on managing aggression and violence (MAV). AM commented that there were a number of MAV incidents in relation to smoking. KT commented that staff would say that this is one of the biggest issues they face on a daily basis and it was a pragmatic decision about what we think could improve the situation for staff and service users.

CD asked if there would be any potential impact on service users who did not smoke who may be exposed passively to vapor. KT commented that as part of a next stage discussion would take place with service users and, if it was an issue, that use may be confined to individuals' rooms only. MB commented that EMT discussed the potential health and safety issues around the type of device and fire safety. KT commented that by supplying a certain type of device would help reduce the risk. LC commented that he felt the potential health impact of the use of vapor was still unknown. TB commented from a clinical health perspective that there had been a change in position by Public Health England since the Trust implemented the policy in 2006, and they now recommend that it is better to vape than smoke cigarettes. The Trust has listened to service users and staff and knows how difficult the current policy is to implement, and how hard it is to stop people smoking at significant times of distress. Clinically the Trust is reluctant to make changes as our organisation promotes healthy lifestyle, however people are getting distracted from their care and treatment and as long as this approach is part of the overall context of stopping smoking initiative then it makes sense. There is further work to do on detail of the changes to the policy and there is a lot of information to use nationally on others who have implemented the use of e-cigarettes.

AM commented that the Trust would still remain a smoke-free site. CD asked if staff would be able to use e-cigarettes on site. KT commented that it was not currently an area raised by staff and the starting point is that we do not allow staff to use e-cigarettes on site.

It was RESOLVED to:

- **SUPPORT the principle of allowing the use of e-cigarettes for service users;**
- **SUPPORT EMT to have oversight of changes to the policy and the implementation plan; and**
- **REQUEST assurance of effective implementation from the post implementation review at 6 months.**

TB/18/69 Receipt of 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 - SR advised that a development session was scheduled for the first week in August 2018.
- Wakefield Health and Wellbeing Board 26 July 2018 - SR advised that a colleague attended this meeting on his behalf with the Suicide Prevention Strategy agreed. Wakefield are the first Health & Wellbeing Board to sign up to the National Suicide Board.
- Kirklees Health and Wellbeing Board 28 June 2018

It was RESOLVED to RECEIVE the updates provided.

TB/18/70 Assurance from Trust Board Committees (agenda item 12)

Audit Committee 10 July 2018

LC highlighted the following from the meeting:

- SystemOne implementation - assurance level increased, still in a limited assurance phase:
 - workstream risk mapping
 - deadlines

- Trust Board sign-off of design - requested information to strategic Trust Board in September 2018.
- key decisions intra gateways
- transitional system during cutover
- Delivering service change - need to review some projects at points before formal Gateways.
- Risk register – growing/emergent risks such as acuity and out of area bed risk.
- Board Assurance Framework (BAF) revision – changes supported but more input on strategic risks needed.
- Triangulation report – gaps against BAF required in future.
- Recognise progress on Information Commissioners Office (ICO) and General Data Protection Regulation (GDPR) audits - both closed.
- Counter fraud plan 2018/19.
- Approved Minutes of the Committee meeting held on 10 April 2018 (attached to Trust Board papers).

Nominations Committee 16 July 2018

AM highlighted the following from the meeting:

- Recommended appointment of two Non-Executive Directors (NEDs) to Members' Council on 3 August 2018.
- Sub-group to be established to review the Chair and NED remuneration recommendation to Members' Council on 3 August 2018.
- Approved Minutes of the Committee meeting held on 20 June 2018 (attached to Trust Board papers).

Workforce and Remuneration Committee 3 July 2018

RC highlighted the following from the meeting:

- Middle Ground programme - now being delivered with a focus on developing healthy teams.
- Sickness/Absence – positive trend in the first two months and Trust currently below target.
- Recruitment and Retention :
 - Recruitment and retention action plan agreed
 - Agency Spend – reviewed current level of agency spend and noted particular pressures in Children & Adolescent Mental Health Services (CAMHS) medical staffing
- Directors structure - confirmed arrangements for Deputy Chief Executive (Directors portfolios attached to Trust Board papers).
- Risk Register reviewed – agreed that the equality and diversity and Workforce Race Equality Standards (WRES) need to be linked to the work of the Equality & Inclusion Forum as well as the Workforce & Remuneration Committee.
- Approved Minutes of the Committee meeting held on 8 May 2018 (attached to Trust Board papers).

West Yorkshire Mental Health Services Collaborative (WYMHSC) Committees in Common 30 July 2018

AM highlighted the following from the meeting:

- Public Health England presentation on understanding local mental health statistics and context of national statistics. This information will be shared with the EMT.
Action: Angela Monaghan
- Joint Non-Executive Director/Governor event feedback.

- Integrated Care System update and high level business plan and approach to RAG rating.
- The approved Minutes of the Committee meeting held on 30 April 2018 are to follow.

It was RESOLVED to RECEIVE the updates provided.

TB/18/71 Trust Board work programme 2018/19 (agenda item 13)

AM advised that the medical appraisal/revaluation annual report will come to the next Trust Board meeting.

It was RESOLVED to NOTE the work programme.

TB/18/72 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on Tuesday 25 September 2018 in meeting rooms 5 & 6, Laura Mitchell, Halifax.

TB/18/73 Questions from the public (agenda item 15)

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

TB/18/73a - In relation to agenda item 7.2, the West Yorkshire & Harrogate Heath & Care Partnership WYHHCP) seems to be replicating the governance arrangements between the System Leadership Executive and new Partnership Board, who will set the strategy and are made up of the same people.

SY commented that all the partners across the WYHHCP had been involved in drafting the updated Memorandum of Understanding (MoU) for the WYHHCP which is why it has taken a long time to finalise. When the WYHHCP becomes a formal Integrated Care System (ICS) the System Leadership Executive will have a different focus due to the requirements of being an ICS. AM commented that one of the reasons that the new Partnership Board is being established is to bring together the Chairs of each organisation.

TB/18/73b - In relation to the Suicide Prevention Strategy, people have been leaving good vibe notes on the North Bridge in Calderdale. Has there been any coordination with partners on risk assessing it as by promoting it risks makes it a suicide hot spot.

SR commented that the one referred is the joint Wakefield Suicide Prevention Strategy however there was an equivalent strategy in Calderdale. TB commented that he agreed that it was a delicate area to manage and the organisations needed to work together to minimise the means. The key risk areas include bridges, highways, railway, canals and these areas are discussed by the partnership group as part of the Suicide Prevention Strategy. Through the Strategy it has been agreed to reduce the means, raise awareness, and provide support to people. Reducing the means is a big area to address and there has been some good practice such as the enclosing of bridges.

Signed:



Date: 25 September 2018