

**Minutes of Trust Board meeting held on 18 December 2018**  
**Small conference room, Wellbeing & learning centre, Fieldhead, Wakefield**

<b>Present:</b>	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
	Dr. Subha Thiyagesh (SThi)	Medical Director
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
<b>Apologies:</b>	Nil	
<b>In attendance:</b>	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
	Emma Jones (EJ)	Company Secretary (author)

**TB/18/103 Welcome, introductions and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. There were no apologies. At the commencement of the meeting there were eleven members of the public in attendance including one governor, eight members of staff and two carers. 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/18/104 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/18/105 Minutes of and matters arising 30 October 2018 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 30 October 2018 as a true and accurate record with the correction of typographical errors.

*Erfana Mahmood entered the meeting.*

The following matters arising were discussed:

- TB/18/94ai Kirklees Health and Wellbeing Plan - Complete. Formal feedback provided to the Kirklees Health & Wellbeing Board.

- TB/18/94aii Wakefield Health and Wellbeing Plan - Complete. Formal feedback provided to the Wakefield Health & Wellbeing Board.
- TB/18/95a Integrated performance report (IPR) Month 6 2018/19 (prone restraint) - Complete. Number of service users now included.
- TB/18/96a Digital Strategy progress update (prioritisation on piloted areas) - Will be considered as part of the annual planning process. Action to be closed.
- TB/18/81a Appraisal / Revalidation Annual Board Report 2017/18 - In progress. Further guidance received from the Nursing & Midwifery Council (NMC), update back to the Board in January 2019.
- TB/18/52d General Data Protection Regulations (GDPR) update (report to Members' Council) - Can be considered for scheduling by the Members' Council Co-ordination Group post internal audit. Action to be closed.

#### **TB/18/106 Service User Story (agenda item 4)**

The Trust Board heard stories from John Laville, Chair of the Kirklees Carers' Forum, and Trisha Fisher about their experiences of being carers.

John talked about his experience caring for his wife. He described different levels of engagement including several changes to psychiatrists and the negative impact the transformation of services could have on a service user. He commented on the importance of carer support through the previous carers' dialogue group, which has since reformed as the Kirklees Carers' Forum. This is run by carers for carers, with fantastic support from the Trust, and a service user group has also been formed. The Forum had run workshops on communication and handovers and noted areas of best practice which are included in the Trust's procedures. However, he felt they were not being followed and suggested carers be invited to undertake an audit. He also recommended that the Trust align one of the Non-Executive Directors (NEDs) to be a carers' champion.

Trisha talked about her experience caring for adult children. She described her experience with crisis teams which she found uncomfortable as each time different staff attended her home. She described the difficulties she experienced being provided with information as a carer and some of the issues that had affected her family in receiving care from the Trust. She also highlighted the difficulty when service users are placed out of area as the Trust does not currently pay transport costs for carers to visit. Trisha had raised some of her concerns but did not feel she had an appropriate apology or resolution.

Rob Webster (RW) said sorry for the difficult experiences described by Trisha on behalf of the Trust and as the accountable officer. He noted the importance of maintaining services through transformation and that even when consent is not given by service users, it was possible to have a good and productive relationship with carers. This has improved in recent times, though more work is required. The Trust has processes in place, including a focus on continuous improvement that will ensure that this is the case. As part of the work under the West Yorkshire & Harrogate Health & Care Partnership, more focus will be placed on improving support for carers, recognising that there are over 260,000 carers across the area.

AM commented that normally the Board would have a discussion at this point of the meeting about any issues raised. Due to lack of time, AM asked the Board to provide their reflections and feedback on the stories so a collective response could be provided, and undertook to follow up personally with both carers.

**Action: Angela Monaghan**

The Board thanked the carers for sharing their stories.

**It was RESOLVED to NOTE the Carers Stories and for Board members to feedback to the Chair. A further response would then be provided.**

## **TB/18/107 Chair and Chief Executive's remarks (agenda item 5)**

### Chair's remarks

AM highlighted the following:

- The Board will be discussing the following items in private session today, which are considered as commercial in confidence:
  - Financial performance including draft financial sustainability plans.
  - Contracting plans for 2019/20.
  - 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.

### Chief Executive's report

RW commented that "The Brief" communication to staff, that was included in the paper, provided an update on the local and national context as well as what was happening across the organisation and highlighted the following:

- The national political landscape was having an impact on NHS and social care including the green paper. It was likely that the NHS Long Term Plan would be published in January 2019 however the Trust would be expected to take this into account as part of its plan for 2019/20.

Charlotte Dyson (CD) asked, in relation to the reported financial concerns concerning Interserve, if there was any impact on the Fieldhead masterplan. Alan Davis (AGD) commented that there was national guidance and advice to continue with the current arrangements including contingency plans. The risk would be in relation to the building of the new acute inpatient unit which is near completion and a lower risk than other developments nationally. SR commented that the situation was being monitored closely and on the project risk register. AGD outlined the contingency arrangements in place.

CD asked in relation to the new websites for Barnsley and Kirklees Improving Access to Psychology Therapies (IAPT) services how the Trust ensures there is extra resource further along the pathway around core and enhanced should demand increase. Carol Harris (CH) commented that there was currently a hypothesis that there would be a higher level of demand and the Trust has asked SSG, who are working with the Trust on patient flow, to review the data with a report due at the end January 2019. RW commented that NHS benchmarking data showed that 1 million people nationally were using IAPT, with good levels of recovery. It was also important to consider the consequences of increasing access to care on other parts of the pathway. Conversations are taking place around how a "primary care mental health" offer could be developed to discuss with commissioners. CD commented that the outcomes of the report may be an area to consider as part of the Integrated Performance Report (IPR) indicators for 2019/20.

Rachel Court (RC) commented in relation to the Brexit update that it was good to see contingency planning taking place and asked if there was a deadline in relation to some areas such as pharmacy where decisions would be needed. AGD commented that contingency planning in relation to pharmacy was being coordinated nationally and there may be a decision to stockpile some items. More national guidance was expected shortly.

AM asked if there were areas that impact partners which may then impact the Trust, such as workforce. AGD commented that this issue was being looked at by the Yorkshire emergency planning group. The Trust was also discussing, as part of the West Yorkshire Mental Health Services Collaborative (WYMHSC), how we support staff who are European Union (EU) citizens to apply for the settlement scheme which is open to health care staff including potential payment of the fee. The Trust has sent out communications offering support to EU staff in applying for the settlement scheme.

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

### **TB/18/108 Performance reports (agenda item 6)**

#### TB/18/108a Integrated performance report Month 7 2018/19 (agenda item 6.1)

Mark Brooks (MB) reported that, due to the earlier timing of meeting, the vast majority of metrics were only just being finalised now. Therefore the full Integrated Performance Report (IPR) for October 2018 (Month 7) has been provided and a presentation would be given on the information available to date for November 2018 (Month 8). The full IPR would be circulated to the Trust Board once complete.

Tim Breedon (TB) highlighted the following in relation to Month 8 data available:

- Children and Young People (CYP) in adult inpatient wards - Under 18 admissions to acute wards remain a concern and a cross-system escalation meeting had been scheduled. Admissions have been escalated to NHS England, conversation is taking place with Mid Yorkshire Hospitals NHS Trust about an individual situation, and the Medical Director for NHS England North would facilitate the cross-system conversation.
- Inappropriate out of area bed days. – 360 days recorded in the month
- Number of patient safety incidents resulting in death - Patient safety incidents involving moderate or severe harm or death. Initially the data shows 47 such incidents. The incidents need to be reviewed in more detail in line with our normal processes.
- Medicine omissions - further work to be done including the way information was being submitted.
- Percentage of prone restraint of three minutes or less. This has improved to 81.3%
- Safer staffing - full report on the agenda.

Laurence Campbell (LC) asked for an update on the staff flu vaccination target. AGD commented that the current position was 68.8% with an extra 170 vaccinations needed to meet the target of 75%. RW commented that he had written to front line staff who had yet to receive their vaccination to further encourage them to have it.

CD asked, in relation to the serious incident figures for November 2018, if the detail on the areas and categories they relate to were known. TB commented that the areas where targeted reviews were needed was known, including an increase in aggression and violence and minor increase in relation to pressure ulcers. Pressure ulcer issues are now being considered as part of risk panel to ensure any trends are understood. There was also new guidance on inpatients who abscond.

Kate Quail (KQ) asked, in relation to the cross-system escalation meeting, whether the local authorities were included. TB commented not at this stage. The initial meeting would be to understand the current situation and any access issues to other services, then look at actions to take forward. Learning events with Barnsley and Wakefield have been agreed, which would include the local authorities.

KQ asked, in relation to structured judgment reviews, where 23% of risk assessments were rated as good or excellent if that meant the others aren't. TB commented that there were only a small number at the moment and the others were rated as satisfactory. The learning from deaths review was showing number of good or excellent ratings, with numbers to be reviewed. AM commented, in relation to the number of records with an up to date risk assessment, if there was a theme. TB commented that it related to a number that had not been reviewed and recorded within the agreed timescales. He suggested that there was evidence of updating risks in different parts of the record but that this was not always appropriately recorded in the risk assessment. Work was needed to improve with some training completed to assist. Further data was due in Quarter 4 2018/19.

LC asked if there had been an impact on customer services due to capacity. TB commented that additional staff from the Trust bank had been brought in to support the team due to staff sickness and an increase in the number of Freedom of Information (FOI) Act requests. The focus on resolving concerns at a local area has assisted and an internal audit has taken place to provide further insight. An independent advisor is also looking at the processes.

LC asked, in relation to the Friends & Family Test, if there were any themes or trends for those who responded as extremely unlikely to recommend. TB to confirm.

**Action: Tim Breedon**

LC commented, in relation to the Care Quality Commission (CQC) action plan, that more seemed to be RAG rated amber than reported in September 2018. TB commented that some have been moved into green/amber as they were off trajectory including some estates work which was delayed and the production of updated care planning advice which is taking place. TB reminded the Board what the different RAG ratings signified.

MB highlighted, in relation to Month 8 data available for the National Metrics, that the 7 day follow up target had been met. The IAPT target for people moving to recovery is not yet available but the target for the quarter may have been met, though by a small margin.

CH highlighted the following in relation to Month 8 data available for Locality:

- Neuro-rehab service beds that have been decommissioned by Barnsley CCG are being marketed nationally to match the income lost.
- Pulmonary rehab - performance notice received. MB commented that a joint investigation had been agreed with commissioners in relation to the target, with the outcome expected January/February 2019.
- Ward 18 - garden area reviewed for overall safety following a safety incident and currently there is restricted access.

CD asked CH if, through the new Director of Operations role, there were areas of learning that could be transferred through the different Business Delivery Units (BDUs). CH commented that the role provided the opportunity to work across pathways, working with deputies and trios to maximise the learning across the Trust. Inpatient teams working together on flow was showing benefit and the plan was to replicate that approach into the community teams.

RW commented that the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) had received national funding for capital developments. However the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) had not. One of the areas of funding requested by the SYBICS was in relation to stroke. This will impact on the location of services for a future pathway, but work on the approach will continue as commissioners have signalled that they want to look at the service provision differently.

RW commended the Wakefield and Barnsley systems for their work on reducing out of area placements, with both BDUs showing no out of area acute bed usage. Despite this, the November figures across the Trust showed the highest spend and focus needs to continue on areas where there are issues.

Salma Yasmeen (SY) highlighted the following in relation to Month 8 data available for the Priority Programmes:

- Older People's Services - Final business case shared with commissioners.
- Out of area - SSG have commenced their review of bed management processes, action plans, and opportunities.
- Clinical Records System - work is progressing including discussions on the go live proposal.

MB commented that there was a separate paper on the agenda in relation to Month 8 data for Finance.

AGD highlighted in relation to Workforce that there were some areas that were currently below target, including Information Governance (IG), Moving and Handling, Cardiopulmonary Resuscitation, and Aggression Management training. Work is taking place to review the figures and understand hotspots at the local level, taking action as appropriate.

LC asked what actions were taking place in relation to recruitment and retention. AGD commented that the Workforce & Remuneration Committee would receive a report in detail at their meeting in February 2019.

RW commented that areas of performance such as training and IG incidents may reflect pressure in the system. These are areas of focus for the Executive Management Team (EMT) and the Operational Management Group (OMG), as well as the need for focus on staff wellbeing and it was important for the Board to keep them in view.

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

TB/18/108ai Finance report Month 8 2018/19 (agenda item 6.1i)

MB highlighted the following:

- Deficit in November of £80k.
- Highest monthly spend on out of area placements for 2018/19 of £417k
- Level of savings was primarily 300k on pay due to the level of vacancies.
- The cumulative position is £1m favourable to plan, but does include one-off asset disposal gains of over £0.6m
- Agency staffing costs were £536k in month and the full year projection of £6.4m is close to breaching the NHS Improvement cap by 25%. This would have adverse implications on our financial risk rating.
- Nuero-rehab currently running at a deficit with focus on selling beds no longer commissioned by Barnsley.
- The cash balance remains in relative health at £23.5m

Erfana Mahmood (EM) commented that the agency spend seemed to be going in the wrong direction, along with retention and sickness absence and asked what actions were taking place. AGD commented that a lot of the agency spend was in relation to medical locums and some posts that are very hard to recruit. In relation to the medical workforce, constructive conversations are taking place with the Child & Adolescent Mental Health Services (CAMHS) consultants and the wider workforce to ensure the service model is right

and to be able to recruit and retain staff in a competitive environment. The Workforce & Remuneration Committee are looking at other possibilities to improve recruitment, including potential of overseas recruitment and us becoming a GMC sponsor. The GMC sponsorship scheme would allow the Trust to recruit doctors from overseas and provide support and training for them whilst they work in the organisation. In relation to nursing, conversations continue with local universities and the possibility of different skill mix alternatives such as advanced clinical practitioners and trainee nurse associate roles. Dr. Subha Thiyagesh (SThi) commented that there are several factors that make people want to work with SWYPFT, such as cultural, financial and workload considerations. Discussions have taken place with research leads to understand what further the Trust could do to create a sustainable position in terms of our employment offer.

Sam Young (SYo) asked if the Board would be happy to accept a reduced financial risk rating from NHS Improvement and if there was anything further that could be done in the short-term to reduce agency spend. MB commented that the implication of the reduced rating would likely be more intense focus from NHS Improvement on the Trust's use of agency spend, based on what happened two years ago. RW commented that the position of the Board was the Trust would not compromise safety over expenditure, including the use of agency staff. It was important to ensure processes were in place for the approval of the usage of staff which was subject to a previous internal audit. Where staff were essential to patient safety, they should be used.

LC commented that it would be good to have some overall Board visibility on the agency initiatives taking place. RW commented that the Board had to complete a self-certification in December 2016 and it might be worth using this to review progress made. This is an area that is reviewed by the Workforce & Remuneration Committee. RC suggested that an update is provided to the Board after the next Committee meeting in February 2019.

**Action: Dr. Subha Thiyagesh / Mark Brooks**

**It was RESOLVED to REVIEW and COMMENT on the report.**

TB/18/108b Serious Incident report Quarter 2 2018/19 (agenda item 6.2)

TB highlighted the following:

- Quarter 2 showed a slight reduction in the number of incidents reported.
- 88% of incidents are graded as low or no harm which is indicative of a positive culture of risk management.
- Violence and aggression continues to be the highest reported incident type. With physical aggression/threat (no physical contact) by patient the most reported category of these incidents.
- There have been no never events reported. The last never event reported was in 2010/11.
- The Clinical Governance & Clinical Safety Committee have considered this report as well as lessons learned which included blue light and green light alerts circulated, as well as a shared network drive to enable access; new SBAR (Situation, Background, Assessment and Recommendation) reports now included in Operational Management Group (OMG) reporting, additional work around safety huddles, a new clinical reference group, work taking place as part of the suicide prevention.

CD commented that the Clinical Governance & Clinical Safety Committee scrutinised the report ensuring any lessons learned are included in the strategy for action. The Committee has requested a specific report in relation to the use of prone restraint.

LC asked when the proposal to allow service users to use e-cigarettes would be introduced. CH commented that the vending machines in inpatient areas were being fitted in December 2018 and once complete and local processes confirmed it would go live. Service users and staff had had a lot of input into the changes. TB commented that the pilot would be monitored and reported.

KQ commented that the learnings from what could have happened earlier to prevent crisis, and shared learning from change and improvement, were helpful and felt very positive. KQ asked where any areas for improvement were included. TB commented that they are reported back to the OMG. CH commented that any areas identified by OMG were fed back into teams or requested for the governance group's review and feedback.

RW commented, as part of the complaints process, he has a monthly meeting with TB and SThi to look at themes and issues and whether they triangulate with any incidents.

LC commented that the report showed Barnsley community had the highest level of incidents and asked if there was a theme. TB commented that he believed these were in relation to tissue viability issues and pressure ulcers. TB to confirm.

**Action: Tim Breedon**

LC asked, in relation to suicide prevention, where any themes or areas for focus were being reviewed. TB commented that these areas were being picked up through the suicide prevention work and patient safety strategy.

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

#### TB/18/108c Safer staffing report (agenda item 6.3)

TB highlighted the following:

- The Trust currently meets its safer staffing requirement overall with staffing fill rates continuing to exceed 100%, although the planned levels of registered nursing staff are not always met.
- Certain inpatient areas continue to experience significant difficulties in meeting planned levels and, in such circumstances, the professional guidance tool is used to maintain safe levels.
- Important to note that underneath the data there are pressures in the system at different times and in some locations.
- An establishment review has been undertaken place the outcome of which will be incorporated into the workforce plan.
- New 'care hours per patient day' data is due to published in January 2019 and will show variations in the acute service. Some are due to how we plan and some due to ward size, which will feed into a transformation review.
- Continued work around community safer staffing report to enable reporting in Quarter 1 in 2019/20.

CD commented that the work on community safer staffing was really important to understand areas of pressure in the overall system.

LC asked why there was a higher fill rate of registered nurses on nights in comparison to days. TB advised it was due to vacancies rather than the rota.

CD asked if the peripatetic workforce could be utilised more in the community. AGD commented that they were now working directly on the wards. This initiative was originally aimed at nurses but utilised more for healthcare support workers. CH commented that by



having the services working more closely together it will enable staff to move between wards.

**It was RESOLVED to:**

- **RECEIVE the report as assurance that the organisation is meeting safer staffing requirements; and**
- **NOTE the assurance provided by the Clinical Governance & Clinical Safety Committee.**

### **TB/18/109 Business developments (agenda item 7)**

TB/18/109a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD highlighted the following in relation to the SYBICS:

- Performance measures are in place with the SYBICS performing well nationally. There are three mental health targets which are all currently RAG rated green with an amber on A&E overall, but Barnsley was performing well and the Trust was a major contributor to both.
- The SYBICS was now starting to work at a place level and look at areas of good practice. It is important that the Trust continues to be involved in those conversations.
- The Governance review is continuing and due to go out for consultation with stakeholders in January/February 2019.
- The SYBICS will be taking place in the national quit programme, with the Trust planning to be involved through the Yorkshire Smokefree service that it currently provides.

SY highlighted the following in relation to Barnsley:

- Work continues with partners and commissioner to develop integrated care, with a workshop held this month, which was positive.
- Work taking place on developing joined up care in neighbourhoods.
- The local authority had received a rating of 'Good' on their OFSTED inspection of children's services.

AM asked how discussions with mental health partners was progressing. RW commented in South Yorkshire the position in terms of priorities was slightly different as out of area placements were rare and suicide prevention received some additional resources centrally. Workforce and IAPT were areas of focus of how we can work collaboratively. The Memorandum of Understanding (MOU) for the West Yorkshire Mental Health Services Collaborative (WYMHSC) has been shared with partners in South Yorkshire and a meeting will take place with Chairs and Chief Executives on whether the same arrangements should be implemented in the SYBICS.. There was a strong sense that the governance review would identify that something separate was needed for mental health as well as acute providers. The SYBICS will have a stronger role in performance managing places and that approach is being adopted. With any proposed changes the discussion should start with 'what is problem are we trying to address collectively?'

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

TB/18/109b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SY highlighted the following:

- Revised governance arrangements were moving forward with the Partnership Board selecting a Deputy Chair.
- The System Oversight and Assurance Group (SOAG) will act as the overarching group for assurance.
- A performance dashboard was in development.
- The unpaid carers' programme was highly commended in the Health Services Journal Awards (HSJ).
- Funding confirmed to support the work streams, including the capacity to accelerate the good work that is happening.
- Wakefield went through a peer review process, with a full report on the outcome available. The other local places will also undergo a peer review.

SR commented, in relation to mental health programmes, two main areas that impact the Trust are: the business case for Learning Disabilities assessment and treatment units which Leeds & York Partnership NHS Foundation Trust is leading and which is due in March 2019; and a forensics new models of care, which this Trust is leading and should be available in January 2019, subject to financial information from NHS England.

RW commented that any remaining funding would be allocated to the public sector. Any capital works would need to be funded from existing resources or elsewhere, which is why an extra provision through the Provider Sustainability Fund (PSF) is important. NHS England North has announced that they will release £4.1m, with £1.5m for winter pressures to be allocated through A&E delivery boards and £2.6m for primary care development. National guidance on funding for next year was yet to be received, including towards suicide prevention.

SR commented that the Trust was part of a mental health provider alliance in Wakefield with the next key milestone the completion of a formal alliance agreement. A draft is expected for consideration by boards in February or March 2019.

KQ commented that the national Mental Health Act review mentioned funding for capital should be made available, highlighting that the estate in general was poor. RW commented that this was not the case in the Trust, which had delivered some significant investment, and it was important to keep commissioners aware of the state of our estate and associated capital charges.

**It was RESOLVED to RECEIVE and NOTE the updates on the development of Integrated Care Partnerships and collaborations including:**

- **West Yorkshire and Harrogate Health and Care Partnership**
- **Wakefield**
- **Calderdale**
- **Kirklees**

**TB/18/110 Governance matters (agenda item 8)**

TB/18/110a Assessment against NHS Constitution (agenda item 8.1)

EJ reported that the paper provided the self-assessment completed by EMT to provide assurance to Trust Board that the Trust meets the rights and pledges set out in the NHS

Constitution in relation to patients and staff. The Trust remains mindful of the commitments in the NHS Constitution in delivering, planning and developing its services.

EM commented that she felt the statement was helpful and asked what further information was available on how the Trust complies. TB commented that one of the key pieces of evidence was through the IPR and it may be helpful in future to map other key areas that are reported into the committees such as incidents, safer staffing, patient experience, financial, performance, and internal audit reports. MB commented another area that can be triangulated was the assurance and controls in the Board Assurance Framework (BAF). RW commented that visits to services either structured through quality monitoring visits or informally would also give a sense of how the Trust was performing against the rights and pledges.

RC asked, in relation to adherence to policies and procedures, whether there were any spot checks to see whether there was compliance. SThi commented that it was part of trainee doctors' supervision, Multi-disciplinary teams (MDT), and management process. AGD commented it was also part of the role of practice governance coaches.

KQ commented that it was important that staff are receiving messages and asked if their views were sought on internal communications such as "The Brief" monthly communication and "The View" weekly communication. AM commented that, at a recent staff side meeting, they said an app had been piloted in the Trust, which may be an easier way to communicate messages and asked about the status of this now.

**Action: Salma Yasmeen**

RW commented that staff surveys on the Trust's communications suggest that communication through "The Brief" and "The View" was significantly better than previously, however there was still further work to do to continue to improve.

RW commented that it was important to also recognise that there are some areas that are not constitutional standards such as wait times and access to services that the Trust wants to improve on.

**It was RESOLVED to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.**

**TB/18/110b Operational plan 2019/20 (agenda item 8.2)**

MB reported that the operational plan for 2019/20 was discussed as part of the Trust Board strategic session in November 2018. Guidance is yet to be fully received nationally; he understands the requirement for submission of a draft on 14 January 2019 will be activity for the acute sector.

KQ asked what would be the impact of the CQUIN change. MB commented that CQUIN has been halved for 2019/20, with half put into tariff and the other half available if the Trust can achieve metrics, with further details to come in the national guidance.

**It was RESOLVED to:**

- **NOTE the outline planning requirements and guidance for 2019/20; and**
- **REQUEST that the finance sub-group of the Board meets ahead of the current January 2019 draft submission with the results from that meeting communicated to and discussed with the full Trust Board ahead of the draft submission.**

### TB/18/110c Emergency Preparedness, Resilience & Response (EPRR) Compliance (agenda item 8.3)

AGD reported that, when the initial self-assessment was submitted, the Trust was fully compliant in 45 and partially compliant in nine of the 54 standards which apply to mental health, learning disability and community trusts, resulting in partial compliance overall. Since then progress has been made, moving three further areas to fully compliant and resulting in a substantial assurance rating. For most of the remaining partially compliant areas, the Trust needs to work in partnership across the system. An important part of the process was the Trust's internal business continuity plans were tested to a high level.

EF asked who was the named officer responsible for compliance and suggested that it would be useful to note in the report the areas of partial compliance that are system wide. AGD advised that he was the named officer.

LC commented that, in relation to some areas, it looked like all providers were doing what they needed to do and asked why it was not rated as fully compliant. AGD commented that the report was triangulated with West Yorkshire partners and agreed that it should remain partial at this stage until all evidence was in place. AM asked where the Board could see the evidence against all the standards. AGD to circulate.

**Action: Alan Davis**

SYo asked when the Board discusses what their duties are under EPRR. AGD commented that most are day to day executive functions and the full Board would not need to get involved in these. The Board's role is assuring compliance, providing public facing leadership if required and a potential review of learning by the Clinical Governance & Clinical Safety Committee. The EMT took part in a mock scenario earlier in the year. MB explained that a genuine incident management would be expected to be overseen and led by operational managers and executive directors. Non-Executive Directors would of course be briefed and advised.

The Board discussed whether all members felt informed enough on future plans to provide challenge and requested:

- that the Health & Safety session planned for the Trust Board in March 2019 include EPRR and the communication process; and
- that the full copy of the plan be circulated to the Trust Board.

**Action: Alan Davis / Salma Yasmeen**

**It was RESOLVED to RECEIVE the current EPRR update and to sign off the Trust's substantial compliance against the core standards.**

### **TB/18/111 Receipt of minutes of partnership boards (agenda item 9)**

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

- Barnsley Health and Wellbeing Board 4 December 2018 - SY commented that work was ongoing to review the Health and Wellbeing Board's role in the wider system.
- Kirklees Health and Wellbeing Board 22 November 2018 - TB commented that the Terms of Reference were being reviewed including membership organisations.
- Wakefield Health and Wellbeing Board 15 November 2018 - SR commented that the plan was approved and presented at the last Trust Board meeting. An "Early Help" Strategy was also presented and approved by the Health & Wellbeing Board. RW commented that the strategy links into CAMHS work in Wakefield.

- West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group 19 November 2018 and 17 December 2018.
- West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive 6 November 2018 and 4 December 2018.

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

## **TB/18/112 Assurance from Trust Board Committees (agenda item 10)**

### Clinical Governance & Clinical Safety Committee 20 November 2018

CD highlighted the following:

- Patient Safety Strategy - whether staff are engaged, was it making a difference for service users, and workstreams. Good evidence provided.
- Ligature - key point was how the Trust audits processes for identifying and managing ligature risks, with plans in place for each service.
- Safer Staffing - as included on the Trust Board agenda.
- CQC Action Plan - included in the IPR on the Trust Board agenda.
- Serious Incidents - as included on the Trust Board agenda.
- Restraints - the Committee has requested a further report.
- CAMHS - top level benchmarking data showed the Trust was an outlier on referral to treatment and progress on actions scrutinised.
- Minutes of the previous Committee meeting held on 18 September 2018 (attached to Trust Board papers)

RW asked if the Committee looked at benchmarking data on the use of restraint. CD commented that it did and they have requested the Deputy Director of Nursing & Quality for further information in relation to reporting and learnings that can be used to further reduce prone restraints.

CH commented, in relation to CAMHS, as part of the work on recruitment and retention the CAMHS consultants have agreed to take on leadership in a particular area, which is a positive development. The areas include care pathways and reducing waits to the service.

### Mental Health Act Committee 13 November 2018

KQ highlighted the following:

- Committee being briefed on the use of the legislative framework in CAMHS. Positive message around the good compliance with Community Treatment Orders (CTOs).
- CQC visits – how the Trust can improve performance management and a refreshed escalation process.
- Ethnicity recording - will be looked at further by the Equality & Inclusion Forum.
- Section 49 requests - impact on the workload of staff.
- Sharing of information with Approved Mental Health Professionals (AMHPs) (Local Authority)
- Minutes of the previous Committee meeting held on 28 August 2018 (attached to Trust Board papers).

RW commented that the Trust was seeing significant additional pressure around the decisions to detain people within parameters set down by law. TB commented that it would be reiterated to partners as part of learning lessons events.

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

**TB/18/113 Use of Trust Seal (agenda item 11)**

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

**TB/18/114 Trust Board work programme 2018/19 (agenda item 12)**

It was RESOLVED to NOTE the work programme.

**TB/18/115 Date of next meeting (agenda item 13)**

The next Trust Board meeting held in public will be held on Tuesday 29 January 2019, Small conference room, Wellbeing & learning centre, Fieldhead, Ouchthorpe Lane, Wakefield.

**TB/18/116 Questions from the public (agenda item 14)**

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:** 29 January 2019