

**Minutes of Trust Board meeting held on 26 March 2019
Rooms 3 &4, Laura Mitchell, Halifax**

Present:	Angela Monaghan (AM) Charlotte Dyson (CD) Laurence Campbell (LC) Rachel Court (RC) Kate Quail (KQ) (from 10.17am) Erfana Mahmood (EM) Sam Young (SYo) Rob Webster (RW) Mark Brooks (MB) Dr. Subha Thiyagesh (SThi) Tim Breedon (TB) Alan Davis (AGD)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance and Resources (author) Medical Director Director of Nursing and Quality/Deputy Chief Executive Director of Human Resources, Organisational Development and Estates
Apologies:	Nil.	
In attendance:	Carol Harris (CH) Sean Rayner (SR) Salma Yasmeen (SY)	Director of Operations Director of Provider Development Director of Strategy

TB/19/16 Welcome, introductions and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies as above were noted. It was noted that Kate Quail would be arriving between 10.00 and 10.30am. At the commencement of the meeting there were three members of the public in attendance which included two governors. 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 members of the public preferred to raise their questions in that way and to enable a response to be provided outside of the meeting.

TB/19/17 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board:

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

Name	Declaration
Non-Executive Director* (*term ends 31 March 2019)	Chair, Invesco Pensions Ltd. Director, Invesco UK Ltd. Director, Leek United Financial Services Ltd. Chair, PRISM. Governor, Calderdale College. Magistrate. Chair, NHS Pension Board.
DYSON, Charlotte Deputy Chair / Senior Independent Director	Independent Marketing Consultant, Beyondmc (including consultancy for Royal College of Surgeons of Edinburgh). Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional). Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Bradford Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee. Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director, Chorley and District Building Society. Non-Executive Director, Plexus/Omega Housing, part of Mears Group PLC. Sister - employee for Guide-Line telephone helpline for Mind in Bradford.
QUAIL, Kate Non-Executive Director	Owner / Director of The Lunniagh Partnership Ltd, Health and Care Consultancy.
YOUNG, Sam Non-Executive Director	Owner / Director, ISAY Consulting Limited. Non-Executive Director, Great Places Housing Group.
Chief Executive	
WEBSTER, Rob Chief Executive	Independent Chair of Panel for assessing clinical commissioning group learning disability commissioning (NHS England). Visiting Professor, Leeds Beckett University. Honorary Fellow, Queen's Nursing Institute. Honorary Fellow, Royal College of General Practitioners. Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System).
Executive Directors	
BREEDON, Tim Director of Nursing and Quality / Deputy Chief Executive	Son - works in the Trust's Occupational Health Service as a Registered Nurse.
BROOKS, Mark Director of Finance and Resources	No interests declared.
DAVIS, Alan Director Human Resources, Organisational Development and Estates	Spouse - Employed by Blackpool Teaching Hospitals NHS FT as the Managing Director for NHS North West Leadership Academy.
THIYAGESH, Dr Subha	No interests declared.

Name	Declaration
Medical Director	
Other Directors (non-voting)	
HARRIS, Carol Director of Operations	Spouse - Engineering Company has contracts with NHS providers including Mid Yorkshire Hospitals NHS Trust.
RAYNER, Sean Director of Provider Development	No interests declared.
YASMEEN, Salma Director of Strategy	Board member, PRISM charity in Bradford.

Note, Kate Henry, Director of Marketing, Communication and Engagement is on maternity leave until her contract ends in August 2019. No interests have been previously declared.

Laurence Campbell (LC) explained that there would be a change to his declaration from 2019/20 and this would be confirmed at the April 2019 Trust Board meeting.

There were no other comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

TB/19/18 Minutes and matters arising from previous Trust Board meeting held 29 January 2019 (agenda item 3)

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held 29 January 2019 as a true and accurate record.** The following matters arising were discussed:

- A number of actions relating to the corporate risk register have been completed and will be presented at the April 2019 Board meeting when the risk register is next on the agenda.
- TB/19/15d – Initiative about future new optimal health care model for the Trust with the specific focus on prevention. Tim Breedon (TB) has a draft response to review and will circulate this week commencing 1 April 2019.
- All actions completed can be taken off the action log.

TB/19/19 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to the experience of Horatio Clare in the form of a recording of an interview with the BBC. Carol Harris (CH) felt that it provided a good insight into how it feels to go through our services. She also explained that use of the story had been discussed with Horatio and he would be pleased to have involvement with the Trust in the future to support our services. He did make some suggestions regarding information leaflets and how we explain things to service users such as the use of fobs.

AM felt that the compassion shown by our staff stood out from the story.

Charlotte Dyson (CD) stated that the story helped remind us of how alien inpatient wards are to people, particularly those entering our services for the first time.

Rachel Court (RC) asked if the Trust does enough to capture user experiences. CH explained that there are daily ward meetings and other formal meetings to do this, but we can always look to improve.

AM asked if a link to the interview could be put on our website. CH will investigate.

Alan Davis (AGD) stated that the observations on the environment were helpful and Dr. Subha Thiyagesh (SThi) agreed with this.

Rob Webster (RW) stated there were 4 key points from his perspective that can be considered from this story. They are 1) maintaining Safewards initiatives and effective communication 2) access to the outside world and provision of meaningful activity 3) training and induction 4) the fact Horatio is willing to work with us in the future

CH explained that the same story had been used recently at the West Yorkshire contract partnership board and the feedback was that it had an impact on all those who listened to it.

CD asked if there could in future be stories from a learning disability service user and a staff member.

The Board thanked the service user for sharing their story.

It was RESOLVED to NOTE the Service User Story and to consider how the story was used for effective communication and picking up further work with Mr Clare. [Salma and Carol to pick up]

TB/19/20 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- Members' Council election - uncontested seats in Barnsley (Keith Stuart-Clark), Calderdale (Phil Shire and Adam Jhugroo) and social care staff working in integrated teams (Paul Batty). Voting opened on 25 March 2019 and closes at 5pm on 18 April 2019.
- The meeting was Rachel Court's last meeting as a Non-Executive Director of the Trust Board. Her contribution and insight has been invaluable and will be missed. Rachel was thanked for all that she has done in her 4 years as a Non-Executive Director with the Trust.
- The Board will be discussing the following items in private session today, which are considered as commercial in confidence:
 - Those aspects of financial performance considered to be commercial in confidence.
 - Serious incidents under investigation.
 - Operational plan 2019/20, which includes the Trust's proposed control total.
 - Commercially confidential 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. His report provided additional information and he highlighted the following:

- The role played by the NHS Confederation and NHS Providers in terms of lobbying on behalf of social care
- The role of the Integrated Care Systems (ICS) is ramping up in respect of the 2019/20 operating plan. This has included involvement in contract mediation and management of risk, including with the Trust
- Care Quality Commission (CQC) has issued reports regarding the Mental Health Act and an update to learning from deaths that are relevant for the Board to consider
- A system wide conference is taking place in relation to safeguarding and will include representatives from a range of stakeholders. Focus needs to be placed on legal duties, remaining professionally curious, not following a general rule of optimism without firm evidence and always seeking evidence
- There is a separate more detailed report on SystemOne implementation. This has largely gone well with good engagement and a fairly smooth transition to the new system. There have recently been some issues with slow running of the system. The reasons for this are felt to be understood and the Trust is working with TPP to address as soon as practically possible.
- The Trust has won an award for most innovative campaign in relation to flu fighters

Sam Young (SYo) reinforced the comments made about SystemOne.

CD asked whether an update relating to learning from deaths will be taken to the Clinical Governance and Clinical Safety Committee. TB confirmed it would be.

CD asked where the report on the national workforce would go and if it covered the mental health workforce. RW stated a report is likely to be available by the end of April and will be included in a future Board paper. It was confirmed it does cover the mental health workforce. AM asked if we have responded to the consultation on this subject. RW explained that a response has been sent by the trust, by the mental health alliance and through the ICS on behalf of all organisations.

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

TB/19/21 Performance reports (agenda item 6)

TB/19T21a Integrated performance report M11 2018/19 (agenda item 6.1)

TB highlighted the following in relation to the Summary dashboard and Quality:

- The temporary placement of children and young people in adult inpatient wards continued in February. TB stressed safeguarding protocols are in place and that helpful conversations have taken place with commissioners.
- In respect of complaints, a new manager has been appointed and the quality of complaint reports is improving. The turnaround in performance is being impacted by available capacity. More time is being spent on local resolution of complaints.
- Medicines omissions improved in February. This needs to become a more sustainable performance.
- An increase in number of falls in February was associated with levels of acuity and complexity.
- Within safer staffing overall fill rates are good, but there are some local pressures.
- Work is taking place on CQC action planning. Our provider information request submission has been made to the CQC. The detailed report will be taken to the Clinical Governance and Clinical Safety Committee.

Erfana Mahmood (EM) asked in light of the high agency spend how often is it sense-checked with safer staffing numbers. TB explained that safer staffing numbers do not include medical staff and a sizeable proportion of our agency costs relates to medical

locums. He added that a formal establishment review was conducted in 18/19 Q3 that is being addressed through current workforce planning workshops. There is also a formal establishment review every six months to the Clinical Governance and Clinical Safety Committee and Trust Board. LC asked if six months was too long a period to wait to make changes. TB explained that professional guidance is used on a daily basis if there are any staffing issues that need to be addressed. The longer term solution is via the establishment review. AM asked how the professional tool had been developed. TB stated it had been developed internally with reference to approaches adopted in other mental health trusts. Changes in regulation and acuity are taken into account as part of the consideration in the establishment reviews.

From the recent internal audit on complaints, LC felt that the processes and use of Datix didn't quite mesh. TB stated that the new manager is reviewing this issue. TB also confirmed additional KPIs could be introduced for April.

LC asked about the detail of Information Governance incidents. MB explained that a deep-dive report is being taken to the April Audit Committee. He also added that additional assurance is being sought on actions taken following an incident by means of a formal letter to general managers and deputy directors.

RW emphasised the need to make the improvement in medicines omissions sustainable. TB stated this needs to be through operational discipline and capacity in the pharmacy team. ST highlighted the issue is an area of focus at the Drugs and Therapeutic Committee.

RW asked why the Friends & Family test results for December were not in the report. This will be followed up.

Action: Tim Breedon

Kate Quail (KQ) asked about the ages of children and young people being admitted to inpatient wards. CH stated they are typically 16 or 17 years olds. KQ also asked if emergency Care Education and Treatment Reviews (CETRs) are carried out with the aim of stopping an admission. TB said this approach would be taken forward via the new models of care team.

KQ asked how the Trust benchmarks with others in relation to incident reporting. TB stated that typically we are quite similar in respect of the proportion of green incidents, but a little lower in terms of total number of incidents reported. Awareness will continue to be raised.

CD asked how red-rated incidents are triangulated with other issues such as staffing numbers. TB explained that calibration is carried out at the risk panel and a regular report is taken to the Operational Management Group (OMG) and Executive Management Team (EMT). CD followed this up by asking how emerging issues are managed. CH explained there is a process of escalation to OMG.

KQ asked if, in respect of the work SSG have carried out on out of area beds, whether parents and carers have been involved. MB clarified that the purpose of the SSG work was to focus on internal processes and external demand factors with the aim of making improvements which would allow for a reduction in the use of out of area bed placements. RW stated that, in respect of children and younger people, there needs to be appropriate input from families and carers into the new model of care.

SYo noted there was a relatively low number of compliments received in the month, whilst acknowledging these need to be reviewed over a period of time. SYo also asked how often the profile and proportion of incident type was reviewed. TB explained that this is carried out quarterly for any trends to be meaningful.

SYo asked about the use of prone restraint for a period of over three minutes. TB explained that any such incident is reviewed by specialist advisors as part of the post incident review. Any learning from these reviews will be taken into account. CD noted these incidents were also reviewed at the Clinical Governance and Clinical Safety Committee. KQ asked if it could be made clear in the narrative that it is the Trust's aim to reduce restrictive practice. TB will include this in the narrative next time.

Mark Brooks (MB) highlighted the following in relation to National metrics:

- There are a small number of metrics not updated in February given the focus of the team on the SystemOne implementation
- Typically the Trust is meeting the thresholds set for nationally reported metrics

CH highlighted the following in relation to Locality:

- Contract negotiations for 19/20 are taking place
- Staff survey results are being assessed with local action plans being put in place
- Work is taking place on finalising a proposed stroke pathway in Barnsley
- Mobilisation of liaison & diversion services is taking place in readiness for these services transferring across to us in South Yorkshire on April 1st
- Anti-ligature work in the ward 18 garden area has been completed
- A recovery action plan is in place for services provided at the Young Offenders' Institute in Wetherby

Salma Yasmeen (SY) introduced the priority programme section and referred to a separate board paper on the implementation of SystemOne, work taking place on the stroke pathway in Barnsley and out of area beds.

EM asked if there were any quick wins on out of area beds. SY stated that criteria-led discharge is now in place across the Trust's geography, however more work was on going to embed this and ensure it is standardised through implementation. MB suggested that, based on the output from the SSG report, there are eight work streams that would collectively make a difference to the use of out of area bed placements as opposed to there being one or two single actions. RW highlighted the fact that work was initiated across the West Yorkshire Integrated Care System in relation to the bed base. SR felt this has not moved in line with initial expectations. A new programme director starts in June and this issue will be raised within the mental health collaborative

MB highlighted the following in relation to Finance:

It was noted there was a deficit of £244k in February with additional non-recurrent income of £400k received from the Kirklees CCGs to support the increased use of out of area bed placements. He also noted there were a number of one-off costs incurred in the month meaning the underlying deficit was £163k. The year-to-date position is a deficit of £325k and the full year target now looks to be very achievable. Issues remain with out of area beds with one service user historically costing circa £2k per night and these costs are set to more than double. Agency costs were similar to previous months' at £545k and are projected to be 23% over the cap by the year-end. Cost Improvement Projects will over achieve compared to plan largely because of the savings resulting from a revaluation in property.

RW emphasised that the Trust had been ahead of plan every month in the year, which was a result of good planning and actions taken during the year such as not filling some

vacancies, particularly in corporate areas. LC echoed this point. CD stated that how the financial position is communicated to staff is important.

AGD highlighted the following in relation to Workforce:

- Sickness fell slightly in February although challenges remain in some areas
- He felt the Trust needs to improve the quality of opportunity offered in some cases
- Actions continue in respect of staff turnover
- All mandatory training targets have been achieved

AM asked how training requirements for medics were captured. SThi explained these are calculated separately as they must achieve 100% in order to meet re-validation requirements

CD stressed the importance of the completion of supervision within policy.

RW highlighted the importance of remaining focused on those issues that are not being resolved quickly. These include the use of out of area beds, workforce issues in forensics and specialist BDUs, psychology waiting times and children and younger people. RC asked whether any external support is required. CH explained that an internal approach has been taken with the forensic and specialist BDUs. The Trust is working with NHS Improvement on recruitment and retention. MB highlighted that he and a group of senior managers are meeting with NHS Improvement's national support team in respect of agency staffing costs.

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

TB/19/21b Staff survey results (agenda item 6.2)

AGD reported that the staff survey results were published in a slightly different format this year, meaning there is less ability to drill down or compare with previous years. Overall the results suggest the Trust is fairly average with the results this year although there are a range of results across services and teams, some of which are positive and others less so. Discussions on the results have taken place within teams, at extended EMT and EMT. Local action plans are being put in place. AGD felt there are four key areas of focus which are:

- Staff engagement
- Quality of appraisals
- Staff wellbeing
- Prevention of harassment and bullying

EM asked if it was still a view that prevention of bullying and harassment would have a positive impact on other issues as well. AGD believes our aspiration on prevention of bullying and harassment is to be the best. EM also asked how the results of the survey calibrated with the work being carried out on equality and diversity. AGD stated one of the purposes of the networks is to challenge the organisation. AGD also stated that in terms of reporting of incidents of harassment and bullying the figure is quite low.

AM asked if the quality of appraisals for doctors is included in these data and how we monitor quality of doctor appraisals.

CD asked how leadership fits in to making improvements. AGD agreed this is an important point and we need to continually focus on how we develop leaders. RC also noted that some bullying is peer to peer and questioned how this issue is addressed. AGD acknowledged this is an issue. RW re-iterated the importance of the Board and senior

leaders setting the right tone. There will be more focus on the staff survey results and ensuing actions at the Workforce and Remuneration Committee.

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

TB/19/21c Clinical Records System update (agenda item 6.3)

SY highlighted the following:

- The go-live on both inpatient units and community services took place as planned
- The delta cut has been taken
- The use of floor walkers continues and the role of super-users has been key
- There have been circa 2,000 calls to date with the majority dealt with and approximately 200 being worked on. Calls have typically related to four categories which are a) how to use the system b) rotas c) user acceptance issues particularly the medic care plan and d) e-discharge in pharmacy
- There is a current issue regarding the speed of the system which has impacted on the Trust since a national update was applied. The cause is felt to be understood and relates to the number of users allocated to individual units in order to complete the catch up data input from when the Trust was without a system. Plans are in place to address for all users by the end of the week
- The Trust will move quickly into system optimisation with plans being developed. RW explained there would be a financial pressure in the short term as a consequence.

EM praised the positive outcome and felt the approach taken had won the hearts and minds of staff. CD asked for an update on the issue with the care plan. SY stated this was on track for completion in May. RC asked if there had been any impact of the slow running on service users. SThi stated the issue of slowness was impacting the time taken to update records and had needed to apologise to service users for this. CD stated that the risks would continue to be reviewed at the Clinical Governance and Clinical Safety Committee. AM asked for an update on the status of staff training. SY noted that training was going very well with particular focus in increased super-user training at the moment.

It was RESOLVED to:

- **NOTE the CRS Go Live progress update and on-going management of key risks; and**
- **NOTE the key programme milestones.**

TB/19/21d Freedom to Speak Up Guardian update (agenda item 6.4)

AGD highlighted the following:

- The annual report by the guardians will be reviewed at the Clinical Governance and Clinical Safety Committee
- There has been some dedicated time committed to the role with Estelle Myers providing an additional one day a week to the role
- An advertisement is in place for a two-year secondment into a part-time position from 2019/20 onwards

RC asked if the vision for the role could be made clearer and simplified in the documentation. CD stressed the importance of closing the loop on issues raised ensuring we are seen to be taking appropriate action. Also a summary of key themes reported to Board would be helpful.

KQ asked how it would be ensured that staff who raise issues remain protected. AGD explained we work closely with the individual on this and agreed there is more that can be done to provide assurance on this matter.

LC asked that if an issue is raised and an individual is moved out of a service/team whether we check back to see if the issue has been resolved. AGD stressed any investigation is independently carried out and that he meets with the freedom to speak up guardians every six weeks.

EM asked what the process would be if a Non-Executive Director had an issue. AGD explained there is a leaflet on the intranet which highlights all the various routes that can be taken to raise an issue. The first point of call for a Non-Executive Director would be the Senior Independent Director.

AM asked what the optimal size for the guardian network is. AGD stated it is a minimum of four and that he is not certain on what the maximum size would be yet.

It was RESOLVED to NOTE the Freedom to Speak Up Guardian update and APPROVE the Vision and Strategy.

TB/19/22 Business developments (agenda item 7)

TB/19/22a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD introduced this paper.

RW stated the most notable issue as being the interim governance changes that are being put in place. AGD believes they are a sensible set of interim arrangements. RW suggested the Trust write formally to the SYBICS to support the interim governance arrangements and reinforce our commitment to being engaged in future arrangements, as well as the ongoing work of the mental health programme and the Barnsley work taking place.

Action: Alan Davis/Angela Monaghan

LC asked for confirmation of accuracy of some of the benchmarking data used in the indicators, particularly that of West Yorkshire. RW believes the information looks appropriate and highlighted that ICSs will all be targeted to deliver improvements in performance.

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

Erfana Mahmood left the meeting.

TB/19/22b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SY highlighted the following:

- Significant work is taking place in relation to the carers' programme
- The looking after your neighbours campaign has been well supported across West Yorkshire and Harrogate with over 300 organisations supporting the campaign

SR stated that, in respect of Transforming Care Partnerships, the aim is to move from three to one, with the one being a West Yorkshire and Barnsley footprint.

RW highlighted that Tom Jackson has presented nationally on work being carried out in relation to learning disabilities.

LC asked about the role of primary care networks and whether these are defined or evolving. RW explained that this varies by location and that there is a maturity matrix. In future, monies will flow through GP contracts for a number of specific services and to incentivise working in networks.

RW also highlighted that the partnership board has held a development session. It was identified that more public representation is required on the board and recruitment is taking place to co-opt four members of the public on to the board.

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**

Erfana Mahmood returned to the meeting.

TB/19/23 Strategies and policies (agenda item 8)

TB/19/23a Updates to Learning from Healthcare Deaths Policy (agenda item 8.1)

TB introduced the updated learning from healthcare deaths policy and explained the process the policy has been through. The main point to draw to the Board's attention is support for bereaved families. He also explained that the first meeting of the new clinical mortality review group (CMR) is taking place later this week.

LC requested that, for any future updated policies, the updates be shown in a different colour or by using track changes.

CD asked how the Board will have oversight. TB stated that key themes will be included in the integrated performance report and it will be an agenda item at the Clinical Governance and Clinical Safety Committee

AM asked whether we are doing enough to prevent deaths including listening to carers and families. CD followed this up by asking how we know if the culture is right. RW stated that there is always an investigation when there is an issue. RW suggested we need 1) fuller reporting 2) involvement from families, carers and service users to drive the culture 3) to follow the thematic review of the CQC at the newly formed CMR group.

TB reminded Board members that learning from deaths is already reported to Trust Board. RW asked whether there is enough focus on the learning from deaths at the Trust Board. CD stated that themes are regularly reviewed at the Clinical Governance and Clinical Safety Committee as part of the quarterly incident management reports.

AM asked about any conclusions from the equality impact assessment, noting that it did not reflect analysis by protected characteristic of deaths recorded since the policy came into effect. TB confirmed any differentials are reviewed. TB will confirm the key points from the equality impact assessment at the next board meeting.

RW asked if the policy had to be named as it currently is with the word 'healthcare' included as it suggests we only consider deaths that are caused by healthcare, rather than deaths where people were in receipt of healthcare. TB stated this was agreed within the northern alliance and he would check for the next meeting.

It was RESOLVED to RECEIVE and APPROVE the Healthcare Deaths policy and the NEXT STEPS identified.

TB/19/24 Governance matters (agenda item 9)

TB/19/24a Eliminating mixed sex accommodation (EMSA) declaration (agenda item 9.1)

TB introduced this paper.

LC noted on page 6 the number in the 'other' column for Wakefield seemed high. TB believed this related to inter-ward movements, and would confirm if this is the case.

Action: Tim Breedon

RW noted in section 5.4.2 there were some reds relating to psychiatric intensive care units (PICU) and asked if these could be explained, including how these affected compliance. TB stated that we are EMSA compliant and referred to the criteria at the front of the executive summary. Essential requirements are met and we are making progress with some desirable requirements.

It was RESOLVED to SUPPORT the compliance declaration that was approved by the Clinical Governance and Clinical Safety Committee on 12 February 2019.

TB/19/24b Data Security and Protection toolkit (agenda item 9.2)

MB highlighted the following:

- The Data Security and Protection (DSP) toolkit has replaced the Information Governance (IG) toolkit.
- MB has reviewed the evidence provided to date and noted that the recent internal audit will provide significant assurance. There are some minor improvements identified which the Trust will put into action. The detailed internal audit report will be reviewed at the Audit Committee.

MB will review the final submission and associated evidence with the Information Governance Manager before it is submitted before the end of the week. MB was comfortable in his role as Senior Information Risk Owner (SIRO) that following review of the evidence, the outcome of the internal audit and the return being in line with previous submissions that a compliant declaration on the submission was appropriate.

RW asked if a Non-Executive Director should review the submission with MB. AM stated she did not feel this was necessary.

It was RESOLVED to:

- **NOTE the work undertaken to date and that which is ongoing to ensure all mandatory standards are met by the deadline for submission by the 31st March 2019; and**
- **AGREE that the Trust submits a DSPT that is compliant with the standards.**

TB/19/24c Update on financial and business planning, integrated performance report, board assurance framework (agenda item 9.3)

MB highlighted the following:

- Progress is being made on the final operating plan for 2019/20. Papers are being taken to the private session of the Board in respect of the financial position and contract status. Once the Board has made an informed decision based on these papers the final templates and narrative will be completed in readiness for the final submission
- Feedback from NHS Improvement on the draft plan will also be incorporated in the final plan
- In respect of the integrated performance report for 2019/20, in recent years MB has circulated a paper following consultation with other directors about which metrics to include in the executive summary dashboard which help inform how well the Trust is doing in meeting its objectives. A separate paper on objectives and priority programmes is being taken to the private session of the Board and following agreement MB will liaise with EMT members and bring a proposal for the full Board to consider in April
- There are likely to be some additional nationally reported metrics for 2019/20 and these will also be highlighted to Trust Board members
- The outline for the Board Assurance Framework (BAF) will also be developed following the agreement of 2019/20 Trust objectives. The report provided to the April Trust Board will be the Q4 18/19 and will also include an outline of the strategic objectives and risks for 2019/20 for discussion and approval

It was RESOLVED to:

- **following agreement with regard to the financial plan for 2019/20, DELEGATE AUTHORITY to the Trust Chair, Chief Executive, and Chair of Audit to agree the final plan submission for the 4 April 2019;**
- **REQUEST a paper on potential updates to the integrated performance report for 2019/20 to Trust Board in April 2019; and**
- **depending on timescales for agreement and impact of year-end reporting on capacity, REQUEST an updated Board Assurance Framework to Trust Board in April 2019.**

TB/19/24d Brexit contingency plan (agenda item 9.4)

AGD provided a summary of the current position, highlighting that the Trust continues to follow national guidance. The Trust plan has been subject to external scrutiny which confirmed our alignment with the national requirements.

CD asked if the work required had incurred additional cost to the Trust with any possibility of reimbursement. AGD stated that we have been asked to maintain a record of costs incurred but no indication of reimbursement at this stage.

It was RESOLVED to NOTE and COMMENT on the content of the report.

TB/19/25 Receipt of public minutes of partnership boards (agenda item 11)

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

- Barnsley Health and Wellbeing Board 5 February 2019
- Calderdale Health and Wellbeing Board 21 February 2019
- Kirklees Health and Wellbeing Board 31 January 2019

- South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board 8 March 2019
- West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group 28 February 2019
- West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive 8 January 2019 and 5 February 2019

It was RESOLVED to RECEIVE the updates provided.

TB/19/26 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

Clinical Governance & Clinical Safety Committee 12 February 2019

CD highlighted the following:

- CQC action plan.
- Waiting lists.
- Patient experience internal audit.
- Forensic CAMHS.
- MAV.

Equality & Inclusion Forum 5 March 2019

AM highlighted the following:

- Recommendation to change the Forum to a Committee.
- Update on the dashboard development.
- Further work required regarding completion of EIAs.
- Update on EDS2 panels – all panels will have taken place by the time the Board meets on 26 March.
- Update on the staff network progress

Mental Health Act Committee 12 March 2019

KW highlighted the following:

- Monitoring & Management Information
 - Considered MHA in IPR & including items on organisational risk register.
 - Report of BDU performance to provide improved narrative and context.
 - New one page tracker for CQC recommendations.
- Committee Annual Report 2018 /2019 and self-assessment (review of effectiveness). Terms of Reference and Annual Work Programme 2019/20.
- The Trust is fully prepared for upcoming legislation.
- Current performance (compliance with Act): Ongoing challenges re documentation (Section 17 leave). Action taken: new MHA Office process - return forms to ward if not completed. SystemOne should also resolve this.
- Partnership working:
 - Positive feedback from CHFT - strong, effective partnership working with SWYPFT services.
 - Variable attendance from Local Authorities. Action: new template for views/ experiences of partners to be fed into Committee.
- Staff Training: MCA/DOLs 92.71%; MHA 86.70%. Increase in both figures.
- Positive feedback from Chair Hospital Managers' Forum - excellent care at Poplars.

Workforce and Remuneration Committee 12 February 2019

RC highlighted the following:

- Organisational Development: Committee reviewed links between the OD Plan and oversight by Sub-Committees and Executive Groups. The Committee noted that the OD Strategy are due for renewal in 2019/20 and suggested this might be a focus of a strategic board session.
- Workforce Strategy Update: The Committee received an update on the Trust's approach to coaching and mentoring including the potential development of reciprocal mentoring.
- 2017/18 Pay Audits based on Gender, Ethnicity and Disability and Action Plan.
- Preventing Bullying and Harassment: Call to Action: The Committee received proposals for an engagement process to develop an organisational wide approach to prevent bullying and harassment in the workplace.
- HR Exception Report: The Committee received a focus report on sickness / absence including a deep dive into Forensic Services. The Committee also received an update on the recruitment and retention action plan.
- Annual review of Annual Report 2018/19 including self-assessment, Terms of Reference and Annual Work Programme 2019/20.

West Yorkshire Mental Health Collaborative Committees in Common 4 March 2019

AM highlighted the following:

- Relationships and communication – organisational check in (local issues, key risks, successes)
- Business and strategy
 - ICU update
 - Programme update delivery report
- Programme governance and infrastructure

TB/19/27 Use of Trust Seal

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

TB/19/28 Trust Board work programme 2018/19 and 2019/30

It was **RESOLVED** to **NOTE** the work programme for 2018/19 and **CONFIRM** the work programme for 2019/20.

TB/19/29 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on Tuesday 30 April 2019, Room 49/50, Folly Hall, St Thomas Road, Huddersfield, HD1 3LT.

TB/19/30 Questions from the public (agenda item 15)

TB/19/30a - *Is possible to be more flexible with the transition age from CAMHS to Adult services.*

CH commented that the new models of care approach does allow for this flexibility and includes CAMHS support from 18-24yrs.

TB/19/30b - *Does the trust utilise both flat and fitted sheets.*

CH confirmed that both are used across the Trust.

TB/19/30c - *Is there a gap in Trust governor representation at ICS level.*

RW explained the current arrangements and acknowledged that the linkage could improve.

TB/19/30d - Concern about the impact of the support messages and memorial tributes upon people in severe distress that are prominent on North Bridge. Is this being considered.

TB advised that this matter is subject to attention through our West Yorkshire suicide prevention work and acknowledged the need for sensitivity when approaching this matter. TB noted that our approach to suicide prevention is the subject of a Members' Council agenda item at the autumn session.

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

Signed:

Date: 30 April 2019