

Minutes of Trust Board meeting held on 29 January 2019
Small conference room, Wellbeing & learning centre, Fieldhead, Wakefield

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent 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
Apologies:	Laurence Campbell (LC)	Non-Executive Director
In attendance:	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/19/01 Welcome, introductions and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies as above were noted. At the commencement of the meeting there were two members of the public in attendance which included one governor and one member of staff. AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments from members of the public. Questions asked and responses would be included in the meeting Minutes going forward, and a form was available for completion if 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/19/02 Declarations of interest (agenda item 2)

The following declaration was made and considered by Trust Board.

Name	Declaration
Non-Executive Directors	
Tim Breedon Director of Nursing & Quality / Deputy Chief Executive	Son - works in the Trust's occupational health service as a registered nurse.

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

It was RESOLVED to formally NOTE the Declaration of Interest. It was noted that the Chair had reviewed the declaration made and concluded that it does not present a risk to the Trust in terms of conflict of interests.

TB/19/03 Minutes and matters arising from previous Trust Board meeting held 18 December 2018 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 18 December 2018 as a true and accurate record. The following matters arising were discussed:

- TB/18/106 Service User Story - AM advised that she had held individual meetings with both carers to provide feedback from the Board and both were positive and constructive conversations. Carol Harris (CH) and Dr. Subha Thiyagesh (SThi) are also following up on some areas raised.
- TB/18/110a Assessment against NHS Constitution (piloted staff app) - Salma Yasmeen (SY) commented that it was hoped the app could be launched in April 2019 following a meeting with Staff Side. It would be a free base level product which will enable the Trust to communicate key messages to staff.
- TB/18/110c Emergency Preparedness, Resilience & Response (EPRR) Compliance - Alan Davis (AGD) advised that the evidence against all standards would be circulated for the Trust Board briefing session on 29 March 2019.

Action: Alan Davis
- TB/18/78 Chair and Chief Executive's remarks (new legislation covering violence against NHS staff) - AGD commented that the policy would be updated and conversations were taking place with the local police with an aim to agree by end of the financial year.
- TB/18/81a Appraisal / Revalidation Annual Board Report 2017/18 - SThi commented that the advisory group would provide the Responsible Officer with any feedback. If any issues arose the Responsible Officer would pick these up. The Responsible Officer and Medical Director had interface meetings with a clear agenda to ensure all complaints and concerns are picked up. The processes in place would ensure compliance with guidance.

TB/19/04 Service User Story (agenda item 4)

The Trust Board heard a combined staff member and service user story in relation to the impact of agile working. Carol Harris (CH) advised that the story was from a Community Matron in Barnsley, with whom she had attended a home visit, who wanted to explain the difference it had made to their working life as well as the service users. After the initial pilot in July 2017 the matron service in Barnsley began agile working. The following was an extract from feedback given in the staff member's own words:

“As a Community Matron, agile working allows me to be empowered to work where, when and how I choose, enabling flexibility, which helps optimise patient care and staff performance. As a systems leader in the Neighbourhood Nursing Service, agile working enables me to keep in contact with staff by means of emails, instant messaging or Skype calls, without having to drive across town to attend a face-to-face meeting and breaking away from patient care. It offers the ability to access work whilst out and about, enabling work to be scheduled according to the demands of that particular work day and activities.”

CH outlined the advantages highlighted by the member of staff included that it immediately provides increased responsiveness, ability to complete patient records in their own homes and communicate with GPs, increased job satisfaction and personal productivity, training apps that can be watched with the patient. There were however some disadvantages, which included reduced cover and 4G access and the need to be strict because sometimes it was hard to switch off from work.

CH outlined a case study in relation to an elderly service user who lived with their partner and the positive impact of the staff member's agile working on their support to the service user. This included consultations performed in the service user's home, which made them and their partner feel actively involved with the planning of care, the ability to make changes to prescribed medications directly into the system so they were up to date and other records reflecting the service user's changing needs. If paramedic services were needed an Acute Care Plan was implemented, including preemptive rescue medication with all paramedics able to see this on the service user's record and the ability for them to be treated at home rather than requiring a hospital admission. Advance care planning was implemented toward end of life and the service user consented to share this information, therefore it was available for other visiting professionals to see if the Community Matron was off duty, as the service user did not like talking about their prognosis and found it extremely difficult discussing the topic of resuscitation. Unfortunately the service user has passed away, however the plans in place enabled them to do so as they chose, at home with their family.

The Board reflected on the story noting that it highlighted the importance of the timeliness and access to information across services, assisting service users in being actively involved in care planning by seeing the records taken, and preventing service users being asked the same questions repetitively.

Charlotte Dyson (CD) commented that it would be good to have videos of some service user stories to enable them to be shared more widely. RW commented that there were many filmed stories available on the internet which could be updated.

CH commented that the story moved her as she had heard about the service user's condition prior to the visit and had pictured a hospital scene. However when she visited it was someone in their own setting and highlighted the importance of someone being able to receive care at home with their family to support them with quality of life.

Rachel Court (RC) commented that staff not feeling able to switch off was a concern and asked whether there was guidance or safeguards in place to ensure staff did not work extended hours. CH commented that clinical supervision was the best safeguard to work through these areas with staff, including their responsibilities for care and to themselves, as well as through management supervision, team meetings, and general discussions.

Sam Young (SYo) asked if the partner's perspective was known in relation to being a carer. CH commented that they were much involved in the care planning, as well as their own self-care and support, and the plan provided support to both.

Rob Webster (RW) commented that a positive aspect of the implementation of Systmone was that records could be accessed across services, with West Yorkshire and Harrogate being one of the local health care record exemplar (LHCRE) pilot areas. The next stage would be giving people access to their own records.

The Board thanked the staff member and service user for sharing their stories.

It was RESOLVED to NOTE the Service User Story.

TB/19/05 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- The next Members' Council meeting will be held on 1 February 2019 at the Barnsley Football Club commencing at 9.30am.
- The Members' Council election process for 2019 was about to commence with nominations opening on 1 February 2019 until 1 March 2019. This year there were seats available for public governors in Barnsley, Calderdale, Kirklees and Wakefield and staff governors for Nursing support and Social care staff working in integrated teams. The election would be conducted by the Electoral Reform Services (ERS) on behalf of the Trust.
- The Board will be discussing the following items in private session today, which are considered as commercial in confidence:
 - Corporate/organisational level risk register – one specific risk
 - Those aspects of financial performance considered to be commercial in confidence, including draft financial sustainability plans.
 - Draft operational plan 2019/20, which includes the Trust's proposed control total.
 - Update on implementation of the new Clinical Records System (CRS), in particular the governance arrangements for cutover and go live dates.
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs) and an End of Life Alliance agreement in Wakefield.
 - Minutes of private partnership board meetings.

Chief Executive's report

RW commented that there was no edition of "The Brief" communication to staff at the end of December which would have normally been included with the paper. Therefore a separate Chief Executive's report provided a more detailed update on the local and national context than normal, as well as what was happening across the organisation, and highlighted the following:

- Brexit dominates the headlines with 60 days until the UK is due to leave the EU. There was an item agenda in relation to contingency planning.
- There was a lot of planning taking place in response to the NHS Long Term Plan and Trust's Operational Plan with items on the agenda. At the same time commissioners are responding, their five year allocations.
- Within the NHS Long Term Plan there was a significant amount of focus on wellbeing, mental health, community services and primary care, which are in line with the Trust's strategy, and there was continued focus on the health and wellbeing of staff.
- Local allocations had improved in terms of accuracy and place-based needs of local people. Previously, it had been felt that there was further needed in relation to mental health and this has now been factored into the allocations' formula.
- There was still a significant amount of detail missing in terms of planning guidance. There would be two phases of business planning: a one-year plan for 2019/20 for final submission in April 2019, and a five-year plan to be agreed by the ICSs in the autumn.
- Local government social care and public health and NHS workforce budgets were still to be set, and a green paper on social care was still expected.
- Giving the importance of workforce in delivering plans, Julian Hartley, who is currently Chief Executive of Leeds Teaching Hospitals NHS Trust, has been asked to lead the new workforce implementation plan for the NHS
- There would be 20% less infrastructure on commissioning which would affect our partners and focusing on a digitally enabled NHS would support plans.
- The Workforce Race Equality Standard (WRES) data had been published as previously discussed at Trust Board. There were some areas on which the Trust had

improved, and some we had not. The Trust needed to demonstrate the work that was taking place to improve and keep in view.

- In relation to ICSs it was positive that the Trust was operating within two and the NHS Long Term Plan states that all places must be within an ICS in the future. It was important to recognise that the ICS is a system, rather than an organisation with a structure and a hierarchy.

CD asked when the green paper on social care was expected, noting the importance of local authorities to get support and funding in place, as it could impact on the Trust's ability to deliver services. RW commented that it had been expected at the same time as the NHS Long Term Plan but had yet to emerge. He also noted that it was important as a sustainable solution was needed to social care funding. The local authorities in each of the Trust's main places were in the process of setting their three-year budgets and, as they form part of the ICS, the Trust would be able to understand their plans and priorities.

CD asked if it was known who would replace Diana Terris as the Chief Executive Officer of Barnsley Council when she steps down later this year. AM commented that the recruitment process had commenced.

SYo commented that the different levels of planning across the system could create less certainty and asked if there was sufficient capacity in the Trust to react accordingly. Mark Brooks (MB) commented that the turnaround time for submission of the Trust's plans was short, however the processes were in place and have worked fairly effectively in previous years. The agenda item on the NHS Long Term Plan outlines the enormity of the planning process, and it was recommended for a separate discussion in a Trust Board strategic session to agree on which areas to focus. RW commented it would be important to agree the areas of focus in relation to capacity.

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

TB/19/06 Risk and assurance (agenda item 6)

TB/19/06a Board Assurance Framework (BAF) (agenda item 6.1)

MB reported that both the Board Assurance Framework (BAF) and Corporate/Organisational Risk Register (ORR) were reviewed on a cyclical basis by the Executive Management Team (EMT) prior to reporting to Trust Board. In Quarter 3, EMT felt there had been no significant changes which would change the RAG rating. The cover page identifies the changes that have been made since the last report to Trust Board. There are some areas that could change next quarter, including capacity for the Trust to complete the priorities and strategic objectives set and through the review of the NHS Long Term Plan, and recognising the financial challenge, which could move the RAG rating from green to amber. This quarter, following recommendation from the internal auditors, a key had been added to indicate whether assurance was positive or negative and internal or external. At this stage it appears that assurance is very dependent on internal areas and further work is needed to ensure external areas are reflected. The Trust Board would consider whether any strategic risks should change for 2019/20 at a strategic session.

SYo commented, in relation to strategic risk 2.2, that it includes reference to the work taking place nationally on the NHS workforce as well as that taking place by the Trust, such as the quality improvement training addressing areas that lack capacity. CD commented that as well as the quality improvement reference, the work that the Trust is doing to be outstanding needs to be reflected.

Action: Alan Davis

Kate Quail (KQ) commented that she found it difficult at times to determine how the current assurance level had been decided. Emma Jones (EJ) suggested that, as it was discussed by the EMT prior to Trust Board, Non-Executive Directors raise any areas of concern for full Board discussion.

RC commented, in relation to strategic risk 3.1, that the work taking place on the NHS Long Term Plan, financial sustainability plan, and strategic plans needs to be captured. AGD commented that one of the limiting factors around the NHS Long Term Plan was workforce. It was important that the right number of people with the right skills and expertise were in place to deliver the ambitions.

Action: Mark Brooks

RC commented that it was helpful to show the RAG ratings over the year to track progress and suggested a comparison be made over a longer period of time to see what had changed.

Action: Mark Brooks

SYo commented, in relation to strategic risk 3.4 that, while it was RAG rated green overall, there were areas of concern under the surface. MB commented that that the RAG rating of that strategic risk was one of the ones most debated at EMT meetings. AM asked if the cover page of the report could reflect the discussion of EMT in future.

Action: Mark Brooks

MB commented that it was important there was appropriate ownership of each strategic risk to ensure they are updated appropriately to provide assurance to Trust Board. RW commented that any gaps in assurance could be discussed as part of agenda setting. An area for specific consideration as part of the BAF in 2019/20 may be in relation to workforce.

Action: Rob Webster/Angela Monaghan

It was RESOLVED to NOTE the controls and assurances against the Trust's strategic objectives for Q3 2018/19 and actions in place to address the gaps in control.

TB/19/06b Corporate/organisational risk register (ORR) (agenda item 6.2)

MB reported that the cover paper identifies the red risks scored above 15 and those which are outside of risk appetite, including the updates that have taken place over the last quarter. A patient safety risk has been discussed by the Executive Management Team (EMT), and would be discussed further by the Clinical Governance & Clinical Safety Committee, then reported to Trust Board.

Action: Tim Breedon/CGCSC

The triangulation of risk, performance and governance report to Audit Committee noted some areas within the Integrated Performance Report (IPR) which were RAG rated as red and did not have a specific risk on the ORR. In relation to complaints it was included as part of learning and incorporated into the patient safety risk.

AM asked which committee would discuss any risk relation to the percentage of clients in employment which is RAG rated as red on the IPR. TB commented that this could be considered by the Equality & Inclusion Forum with a draft dashboard under development for review by the Forum in March 2019.

Action: Tim Breedon/E&I Forum

Erfana Mahmood (EM) asked if there was a point when the Trust Board would be asked to decide if the level of ongoing risks were unacceptable. MB commented that some risks by their very nature would remain on the risk register however the Trust Board may consider how long a risk should remain outside of the risk appetite. The challenge sometimes was

escalating risks from BDU level to the ORR quickly enough. TB commented that it was sometimes difficult to get balance between transient/emerging risks and ongoing risks, however it was important to make sure that both were covered. RW commented that Non-Executive Director challenge and review of aligned ORR risks at committees was important for feedback and assurance to Trust Board.

CD commented that the Clinical Governance & Clinical Safety Committee had a standing agenda item in relation to CAMHS to provide further assurance on the actions taking place to mitigate the risk. Linking with the IPR the Committee has requested extra assurance in relation to the use of restrictive practices which would be received at the next meeting. RC commented that the Workforce & Remuneration Committee received reports relating to agency staff and recruitment challenges as well as in-depth information on the workforce plans in place. Some risks may continue due to system wide issues. KQ commented that while there were no specific risks on the ORR aligned to the Mental Health Act Committee the Committee still discussed areas of potential risk and mitigations. SThi commented that any risks identified would be raised and discussed by the EMT to consider for inclusion on the ORR.

CD asked, in relation to communication on the delivery of the NHS Long Term Plan and Trust sustainability plans, was the right level of resource in place to understand the key messages and communicate them to staff and partners. SY commented that communication has been discussed at an EMT timeout in relation to the Trust's priorities and priority programmes. Communications and workforce engagement underpins the delivery and the key messages needed were clear. EM asked if a separate risk was needed in relation to capacity. MB commented that it was a strategic risk within the BAF.

KQ asked, in relation to Risk ID 1153, whether the loss of dual trained staff with knowledge and expertise to support service users with long term conditions was adequately reflected as well as potential to rotate staff within the Trust to assist. AGD commented that at a workforce planning workshop for inpatient areas it had been raised and the role of the nursing associate assisted with the skill mix of teams as their training was more acute focused. RW commented that one of the areas agreed in the ICS was a work passport for acute staff so they could more easily move between organisations and it may be an area that could be considered for mental health services.

AM commented in relation to Risk ID 1157 that a further control could be added in relation to the WRES and DES.

Action: Alan Davis

AM commented in relation to Risk ID 1080 that further areas could be incorporated from the recent Trust Board training.

Action: Mark Brooks

AM asked in relation to Risk ID 1214 if the publication of the NHS Long Term Plan would mean that the likelihood of tendering would decrease. MB commented that the risk could be updated following the publishing of the plan.

Action: Mark Brooks

AM asked if the risk grading matrix could be included with future reports to assist with understanding the scoring of risks.

Action: Mark Brooks

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

TB/19/06c Contingency planning for "no deal" Brexit (agenda item 6.3)

AGD highlighted the following:

- At the end of 2018 new guidance was released on actions that needed to be taken.
- The Trust's action plan has been updated in accordance with the guidance.
- Nationally a lot of work was taking place in relation to drug supply and it was felt this was relatively secure. The Trust has service users that require unlicensed drugs that it may need to build sufficient stock in accordance with national guidance.
- It was important to consider any impact on the system before actions are taken and the Trust was working with trusts across West Yorkshire & Harrogate.

EM asked if the number of staff who are EU citizens was known. AGD commented that approximately 25 staff had identified themselves as EU citizens and would be supported by the Trust. There may be a greater medium to long term effect across the system as it was unknown what regulations would be put into place on EU citizens working in the UK.

AM asked if reassurance had been provided to service users and staff through communications in relation to contingency plans. AGD commented that reassuring messages had been provided to staff through staff communications. SY commented that a direct message for staff had also been include on payslips. AGD commented that the service user element may need to be considered.

Action: Alan Davis / Salma Yasmeen

It was RESOLVED to NOTE the content of the report.

TB/19/07 Business developments (agenda item 7)

TB/19/07a NHS Long Term Plan (agenda item 7.1)

MB reported that the paper provided a summary of the NHS Long Term Plan, with language directly used from the plan. It was recommended that the Long Term Plan be discussed in further detail at a strategic session of Trust Board.

TB commented that the summary show areas of alignment to the Trust's plans.

The Board commended that the summary was helpful and supported further discussion at a strategic session.

It was RESOLVED to:

- **REVIEW and COMMENT on the report; and**
- **AGREE to discuss in further depth at a Trust Board strategy meeting which will enable the Board to agree a series of next steps to articulate and define what the long term plan means to the Trust and services it provides.**

TB/19/07b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.2)

AGD reported that SYBICS partnership board meeting in January and February 2019 had been cancelled. Interim governance arrangements were expected to be announced and the paper in the private session of Trust Board included an update from the leader of the ICS. The performance dashboard for the ICS showed that overall it was performing well, however there were still challenges such as cancer target that needed further work. Mental health related targets were all RAG rated green and the Trust plays a significant role in this area.

SYo asked about the transformation funding in relation to a Children & Young People's Service. SY commented that a small amount of funding had been provided to assist with

areas that were already being working on. The Trust is involved in work taking place with schools.

SY commented that the mental health alliance work was showing the positive benefits of working in partnership including ASD/ADHD learning from the work taking place in West Yorkshire and Harrogate. Individual placement and support services are variable across the places within the SYBICS and a bid has been placed to fund an expansion and work was taking place with commissioners and partners to develop a model. In relation to suicide prevention, the SYBICS had secured £0.5m funding with Barnsley Council leading the steering group and the Trust strongly involved in shaping the work. Funding has also been provided to support winter pressures in Barnsley and the Trust was part of the discussions and proposals.

AM asked if the dashboard was published. AGD to provide the website link.

Action: Alan Davis

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

TB/19/07c West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.3)

SY highlighted the following:

- The System Oversight and Assurance Group (SOAG) is looking at areas of concern and hotspots as well as updates from each work programme.
- The WYHHCP received a significant amount of the national budget allocation including capital and £12m to support mental health rehab and recovery and the Trust would work with partners to develop proposals.
- Work is taking place on New Models of Care for CAMHS and Adult Eating disorders as noted by SOAG.
- A workshop was led by the Kings Fund to start planning for the five year ICS plans.
- Place-based planning has leads identified which is positive, with work taking place to develop the plan together, supported by an editorial group.
- The ICS supported the “I will be heard” campaign about Child Sexual Exploitation and, as a Trust, we supported the campaign too with activity over January 2019.
- NHS England, NHS Improvement and NHS Digital visited the ICS to look at areas of best practice to share with the wider system.

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/19/08 Performance reports (agenda item 8)

TB/19/08a Integrated performance report (IPR) Month 9 2018/19 (agenda item 8.1)

TB highlighted the following in relation to Summary and Quality:

- Under 18 admissions to acute wards have reduced for the month, and work continues to ensure this is eliminated.

- Safer staffing fill rates are positive overall, however some very significant local pressures remain.
- Complaints turnaround remains a challenge, additional support is in place and backlog continues to reduce.
- Out of area placements showing a reduction.
- Information Governance (IG) training compliance is below target with further work to be done to ensure the 95% target is achieved.
- Friends & Family Test (F&FT)
- New data on risk assessments -need to look at setting a suitable metric.
- Medicines omissions has been a data collection issue as information was taken on Boxing Day when a number of staff were on leave. SThi stated the next stage of collection is due tomorrow, spread variation across wards, area with maximum is in Wakefield but may be in relation to data collection which will be reviewed.
- Prone restraint position is positive for December and will be an area of focus at the next Clinical Governance & Clinical Safety Committee meeting.
- Falls was showing an increase in frailty.
- Staff supervision reporting has reduced and will be addressed during the final quarter. CH commented that the Operational Management Group (OMG) had agreed to review to ensure all supervision had been included in the data.
- Safety first was showing a slight reduction in the reporting of incidents which will be updated in the Quarter 3 report.
- Apparent suicide looking at the overall trend over the past two years. Important it is linked with the work on prevention.
- Care Quality Commission (CQC) action plan was making positive progress. There will be a dedicated quality improvement meeting in February 2019 to review further. Positive messages had been received from the CQC relationship manager who attended a Clinical Governance & Clinical Safety Committee meeting in relation to how it was conducted and the areas discussed. Whilst focus is on the action plan, high profile work is being started in preparation for the next well-led inspection.

CD asked, in relation to the national concern around child sexual exploitation, how the Trust would support individuals if needed. TB commented that a small working group had met to look at the best approach as the support would need to be bespoke to individuals. It is important that, if they contact the Trust, the services understand they come under this area so the Trust can respond appropriately. At this stage some assumptions have been made on what type of support and intervention would be needed and from early information it was felt the services would be able to meet any potential demand.

KQ asked, in relation to the increase in falls, how it was known that it was due to an increase in frailty. TB commented that they related back to the falls risk assessment tool (FRAT).

RC asked how long the additional resources would be in place to support responding to complaints. TB commented that an internal audit showed the Trust had the systems and processes in place, however it was the capacity that needed focus. As the Trust continues to improve the system including embedding in operational areas it can add additional pressure on workforce. Work was taking place on Datix to support improved reporting and in a month there should be a clear trajectory. SYo commented that the internal audit report had been received by the Audit Committee. TB commented that the internal audit report would also go to the Clinical Governance & Clinical Safety Committee for discussion.

SYo asked, in relation to safer staffing, where local pressures are discussed. TB advised that they are discussed at the staffer staffing group, Operational Management Group (OMG), Clinical Governance & Clinical Safety Committee, and reported half yearly to Trust Board. There is also a report published on a monthly basis on the Trust's website. TB to provide the link to the monthly report.

Action: Tim Breedon

CD asked, in relation to Information Governance (IG) incidents, if there were any themes. MB commented that the only theme was they typically related to individual human error. CH commented that the learning from IG incidents was discussed by the OMG agenda to assist in sharing the learning across the organisation.

AM commented, in relation to risk assessment, although not currently a metric, this was steadily increasing for community but not for inpatient, and structured judgement reviews were showing only 35% of risk assessments were rated good or excellent. CH commented that, for each, work was taking place with wards through teams and named nurses to understand if there were any issues in completing the risk assessments. TB commented that there was ongoing clinical risk assessment training and it was a key line of enquiry through quality visits. It was not necessarily that they were not taking place, it was that they may have not completed them within the timeframe.

AM asked, in relation to cardio metabolic assessments, what actions were taking place to mitigate any risk. TB commented that work was taking place in relation to operational rigour and to ensure all the necessary equipment was available.

AM asked, in relation to the percentage of clients in employment, what actions were taking place. MB commented that the national metric only related to those on the Care Programme Approach (CPA). CH commented that the OMG were checking whether meaningful activity in volunteering could be included.

RW asked, in relation to patient safety incidents resulting in severe harm and death, if it was known what caused the increase in November 2018. TB commented that in November 2018 there had been a cluster of incidents, some related to Kirklees, that were going through a detailed independent review with respect to apparent suicides. No particular trends or themes were identified and, in terms of data, the local population size needed to be considered. CH commented that, in comparison to deaths per hundred thousand, Kirklees was not an outlier.

CD asked, in relation to the review of the transformation of community services, the number of complex cases in core services, the impact on enhanced teams, and if any trends or themes had been identified. TB commented that the report for the Clinical Governance & Clinical Safety Committee identified no trends or themes that required immediate action, however the Committee wanted to understand the impact of the transformation in the long term.

MB highlighted the following in relation to NHS Improvement Indicators:

- The Trust breached the maximum 6-week wait for diagnostics target of 99% in December 2019, leading to the quarter 3 performance of 98.6%. CH commented that the breach related to one incident involving twins and therefore recorded as two around following up the family to see they wanted a revised appointment. This was offered and the family cancelled. This has provided learning for the Trust in terms of timeliness of follow up contact.
- Improving Access to Psychological Therapies (IAPT) looks like it has been marginally achieved for people moving to recovery.

CH highlighted the following in relation to Locality:

- Musculoskeletal (MSK) referrals well above expected levels working with commissioners.

- Pulmonary rehab work is taking place with commissioners.
- Closure of neuro rehab beds.
- The Trust was successful in a recent tender exercise to provide liaison and diversion services across South Yorkshire.
- Adult occupancy on Calderdale and Kirklees wards remains high.
- Final report on independent review at Wetherby Youth Offender Institute (YOI) and working with Leeds Community Health as lead providers.
- CAMHS recent suicides serious case review.
- CAMHS are establishing a senior oversight group.
- Wakefield continue to have no out of area placements.
- Acute inpatient has staffing pressures due to high demand and reporting requirements.

RW commented on the two areas where there was commissioner and partner engagement in responding to concerns. The independent review at Wetherby YOI included, alongside the clinical issues, areas to consider in relation to leadership behaviors and reputation, which would be worked through appropriately with Leeds Community Health as the lead provider. Similarly, in relation to CAMHS suicides in Kirklees and a recent suicide in Wakefield, it was a difficult time for the services and work was taking place in partnership with commissioners. AM asked if the reports would be discussed by the Clinical Governance & Clinical Safety Committee. TB to confirm the dates for the Committee conversations.

Action: Tim Breedon

SY highlighted the following in relation to Priority Programmes:

- Detailed updates on the Clinical Records System (CRS) and out of area placements would be discussed in the private session of Trust Board.
- Older peoples' community services have shared an updated transformation business case with commissioners and further conversations are planned regarding how to take the model forward.

MB highlighted the following in relation to Finance:

- Finance Subgroup meeting held last Thursday with most of the Board in attendance.
- Pre-Provider Sustainability Funding (PSF) surplus of £158k in December taking the cumulative position to £795k deficit.
- Additional non-recurrent income from Barnsley Clinical Commissioning Group (CCG) was the driving factor behind this improved performance.
- Agency staffing costs of £530k in month were broadly the same as previous month and cumulatively these costs are now 13% above the agency cap.
- The cumulative position does include a number one-off benefits including asset disposal gains of over £0.6m.
- Expenditure on out of area beds reduced in-month to £268k meaning cumulative spend is now £3.1m, already £1.4m adverse to full year plan.
- Cumulative net savings on pay amount to £1.2m through the level of vacancies masks overspend on inpatient wards and savings in other areas.
- The cash balance remains in relative health at £26.2m.

AGD highlighted the following in relation to Workforce:

- Sickness absence improved to 5.7% in December and cumulatively has increased to 5.0%. Based on past trends this was anticipated with a reduction in the final quarter. Wellbeing groups are being established in all the BDUs and wellbeing champions being identified.

- Staff turnover has reduced slightly in all areas except Wakefield and overall is slightly lower than the previous month. Work continues on the retention plan to reduce turnover particularly in clinical roles, with actions being fed back into OMG.
- The majority of training targets continue to be achieved although Information Governance has fallen below the 95% target, which needs to be addressed before the end of March.

AM asked whether the ward based fire safety target was on track for year end. AGD commented that the overall Trust target, which remained at 85%, was being met. However, a further local target, which had been set at 95% for face-to-face training, was not being met. It was a stretch target that the Trust would continue to work towards achieving.

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

TB/19/09 Strategies (agenda item 9)

TB/19/09a Estate Strategy progress update (agenda item 9.1)

AGD highlighted the following:

- There would be a refresh of the Estate Strategy to note the work that had taken place and what long term plans were needed. Areas to review would be in relation to The Dales, forensic services, and the estate in North Kirklees.
- Twelve month technical reviews have taken place at Baghill House and Drury Lane and more detailed reviews would now be undertaken. At Drury Lane there had been more difficulties in the change of estate than the other hubs due to a mixture of issues that need to be resolved. An action plan was agreed at the building user group meeting on 28 January 2019.

EM commented that the update showed good progress against the strategy and asked whether, in relation to future disposal of surplus estate, the impact of Brexit had been considered. AGD commented that majority of disposals had been completed. There was one which was now at preferred buyer stage and the Trust was working with them in relation to the site and planning permission.

It was RESOLVED to NOTE the content of the report.

TB/19/10 Governance items (agenda item 10)

TB/19/10a Operational plan 2019/20 (agenda item 10.1)

MB highlighted the following:

- Final planning guidance was issued in January 2019, following on from the outline planning guidance provided in December 2018, with key milestones and timescales identified.
- Control totals remain in place for 2019/20, which have been re-based.
- Financial settlement is a net 2.7% (3.8% uplift less 1.1% efficiency requirement) uplift prior to additional investment in mental health, learning disability and community health services.
- Mental health investment to be at least in line with growth in commissioner allocations.
- The Trust was required to submit a draft plan by 12 February 2019. The outline timetable within the paper should allow the Trust to reach a reasonable draft and then allows more time for the Trust Board to agree the final version at end of March 2019 for submission on 4 April 2019.

RW asked about the role of the ICSs in the plan development. MB commented that as the process developed over the next month in relation to delivery of control totals it would then also need to be considered on an aggregated ICS basis.

It was RESOLVED to:

- **REVIEW and COMMENT on the paper, recognising the requirements and guidance associated the annual operational plan development and submission; and**
- **CONFIRM the governance and approval arrangements outlined in the paper.**

10.2 Review of the Trust Constitution (including Standing Orders) and Scheme of Delegation (agenda item 10.2)

MB reported that the Trust Constitution (including Standing Orders) and Scheme of Delegation were now due for review. It was requested that this review takes place in quarter 2 to take into account any changes required as a result of national guidance. An update to the Scheme of Delegation would be planned prior to consider changes to financial approval levels for staff and any required reference to the West Yorkshire Mental Health Services Collaborate (WYMHSC) Committees in Common.

It was RESOLVED to SUPPORT the proposal to review the Constitution (including the Standing Orders) and Scheme of Delegation at the end of quarter 2 2019/20.

10.3 Update to the Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) (agenda item 10.3)

MB reported that the policy was the overarching policy, based on which all policies are developed and reviewed. The policy was due for review and included some minor amendments. Following feedback from clinical leads the updated policy would be approved for one year to allow for further discussion in relation to the processes for corporate and clinical policies.

SYo suggested that a reference be included in relation to the consideration of digitally-enabled care in the development and review of policies.

Action: Mark Brooks / Emma Jones

It was RESOLVED to APPROVE the update to the policy.

TB/19/11 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:

- Wakefield Health & Wellbeing Board 11 January 2019 - Sean Rayner (SR) commented that the healthy hearts item had good discussion. The Chair of Wakefield Clinical Commissioning Group (CCG) made a good point in relation to the difficult to reach communities not just being geographical, it can also be people with learning disabilities or mental health conditions. In relation to cancer, the Trust provides the smoking cessation service and the commissioner said they were proud to commission such a great service as reduction rates have been significant. In relation to the Public Health Annual Report, work would take place in terms of public messages.

RW commented that the role of each Health & Wellbeing Board was currently being reviewed.

It was RESOLVED to RECEIVE the updates provided.

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

Audit Committee 8 January 2019

The following were highlighted in the paper:

- Data breaches - The Committee asked management for a deep dive on Information Governance (IG) breaches and to look at new ways to improve our performance in avoiding the often serious consequences of these breaches;
- Cyber risk - review of cyber risks and mitigations in the light of the matters raised in the Board training session of 8 January 2019;
- Triangulation report - There were three areas in the Integrated Performance Report (IPR) and not the organisational level risk register for consideration by the Executive Management Team (EMT);
- Committee annual self-assessment - two new questions added for the Audit Committee's self-assessment focusing on effective coverage of Terms of Reference and the effectiveness of division of duties between committees;
- Clinical risk - possible quality risk in relation to community service staffing levels;
- Complaints Internal Audit (Limited Assurance) - Issues around Datix fit-for-purpose question, key performance indicator (KPI) coverage and possible solutions at other Trusts;
- Clinical records system (SystemOne) - Internal Audit phase 2 report required before go-live.

Workforce & Remuneration Committee 18 December 2019

RC highlighted the following:

- Ratification of Clinical Excellence Awards.
- Will circulate a note on confidential items to NEDs.

It was RESOLVED to RECEIVE the updates provided.

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

AM advised that the update to the Risk Management Strategy had been deferred to April 2019 after review by the Audit Committee.

It was RESOLVED to NOTE the work programme and move the update to the Risk Management Strategy to April 2019.

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

The next Trust Board meeting held in public will be held on Tuesday 26 March 2019, Room 3/4, Laura Mitchell Health and Wellbeing Centre, Great Albion St, Halifax HX1 1YR

TB/19/15 Questions from the public

TB/19/15a - *Are there any issues with restricted practice keys with people having to ask someone to lock and unlock rooms.*

CH commented that she was not aware of any issue and would check and confirm. Some service users use wrist bands or fobs to operate the doors.

Action: Carol Harris

The following questions were received in advance of the meeting:

TB/19/15b - *Will it be possible to celebrate Trust anniversary similar to 70 years NHS anniversary?*

Angela Monaghan (AM) commented that she was not aware of what has been considered to date. Alan Davis (AGD) commented that in 2002 the Trust became the South West Yorkshire NHS Mental Health Trust, in 2009 the South West Yorkshire Partnership NHS Foundation Trust, and in 2011 merged with Barnsley. Emma Jones (EJ) suggested that the 10 year anniversary of becoming a foundation trust could be incorporated into the Annual Members' Meeting (AMM) in September 2019. This was supported by the Trust Board.

Action: Angela Monaghan

AGD added, in relation to the Estate Strategy, that part of the Trust becoming a foundation trust was to generate a surplus to allow for investment in services.

TB/19/15c - *Will it be possible for the Trust Board meeting to have not only service user story, but story from:*

- *Volunteer of the Trust?*
- *Learner of the Trust recovery colleges?*
 - AM commented that topics for service users stories were considered as part of agenda setting, including volunteer and learner stories. A previous story in September 2018 was from a service user who had used the recovery college as part of their recovery and was a volunteer for the Trust.

TB/19/15d - *Initiative about future New Optimal Health Care Model for the Trust with the specific focus on Prevention:*

- *Promoting Mandatory Health Science Literacy for the general public (information and education)*
- *Increase role of patient in self-care and lifelong self-education.*

Tim Breedon (TB) took the question on notice for response.

Action: Tim Breedon

Signed:



Date: 26 March 2019