

**Minutes of Trust Board meeting held on 25 June 2019
Rooms 5 & 6, Laura Mitchell, Halifax**

Present:	Angela Monaghan (AM) Laurence Campbell (LC) Kate Quail (KQ) Erfana Mahmood (EM) Rob Webster (RW) Tim Breedon (TB) Dr. Subha Thiyagesh (SThi) Alan Davis (AGD)	Chair Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Nursing and Quality/Deputy Chief Executive Medical Director Director of Human Resources, Organisational Development and Estates Director of Finance and Resources
	Mark Brooks (MB)	
Apologies:	<u>Members</u> Charlotte Dyson (CD) Sam Young (SYo)	Deputy Chair/Senior Independent Director Non-Executive Director
	<u>Attendees</u> Salma Yasmeen (SY) Emma Jones (EJ)	Director of Strategy Company Secretary
In attendance:	Carol Harris (CH) Sean Rayner (SR) Simone Kane (SK)	Director of Operations Director of Provider Development Management Assistant (author)

TB/19/47 Welcome, introduction 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 3 members of the public in attendance which included 1 governor. 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.

The Board welcomed Mike Lodge, Calderdale Council, discussing Calderdale Cares, which was taken as the first item on the agenda due to Mike having other commitments – see (item 7.2i).

TB/19/48 Declarations of interest (agenda item 2)

Name	Declaration
Non-Executive Directors	
QUAIL, Kate Non-Executive Director	Owner/Director of The Lunniagh Partnership Ltd, Health and Care Consultancy. Carries out Care and Treatment Reviews (CTRs) – advised will not be carrying these out for any SWYPFT service users in future.

There were no further declarations over and above those made in the annual return in March 2019 or subsequently.

TB/19/49 Minutes of and matters arising 30 April 2019 (agenda item 3)

There were apologies for the late circulation of the minutes of 30 April 2019. No corrections were raised. The minutes to be formally approved at the July 2019 Trust Board meeting.

Action: July Board

The following matters arising were discussed:

- 19/34 - Sean Rayner (SR) explained a meeting took place yesterday and the transition is the subject of a specific bid proposal. This is covered under a separate agenda item.
- 19/36a - Alan Davis (AGD) stated the 3 HR directors and medical directors across West Yorkshire are meeting and that he would provide an update in July. STH confirmed the first part of the action has been completed and closed.
- 19/41f - This has been approved at the Members' Council.

TB/19/50 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to a change to the Neurodevelopmental pathway in Child & Adolescent Mental Health Services (CAMHS). Helen Walsh (HW) attended to present the service user story, discussing the change to the Neurodevelopmental pathway in CAMHS, in which two processes and teams have been brought together into one pathway, looking at all the issues a child has as a whole, as opposed to separately. The family concerned has twin boys, with one boy going down the 'old' pathway, and one going on the 'new' pathway – providing direct comparison.

Following the old pathway the family provided feedback and reported that they found the first process very long, they didn't always know what was happening, it felt confusing and they felt left on their own. It was recognised in screening that the child had traits on the spectrum, and under the old pathway this meant re-starting the process and being put on a process for an autism assessment.

The second child was originally referred to the old pathway, but transferred over to the new. The referral had been accepted for an ADHD assessment, and following assessment it was noted he did not have ADHD, and more likely was on the spectrum. Under the new changes the whole process was resolved in one pathway from assessment through to diagnosis.

The family wanted the Trust to know of their experience, and that the new pathway was quick, efficient, and they were looked at as a whole. A direct quote from the family was that it was the: "first time we felt like we had been treated like human beings".

Rob Webster (RW) reminded the Board that until the last year the waits on the pathways were years, not months, and that this would have meant substantial delays in the "old" pathways. We are now in a position where, by August, the pathway waits will be in line with NICE guidelines of within 6 months, which is a much improved experience. AM asked for an understanding of the referral and assessment process.

HW explained the new assessment process:

- One set of referral documents, with useful information included.
- Offered appointment with parents regarding developmental history.
- Alongside this is a clinical 1:1 with the young person at the same time.
- From initial assessment the young person will access any additional assessments required.
- If there is complexity the additional assessments can be quickly completed.
- All information is discussed together, to finalise whether there is diagnosis or not.

- Feedback appointment with full report which covers all aspects.

Laurence Campbell (LC) stated that the changes sound very positive, and questioned whether this learning can be transferred to other services and places. Carol Harris (CH) explained that the CAMHS service does not work in the same way in every location. It was noted that it is interesting how many other issues are highlighted at the initial assessment, and HW advised this was one of the main drivers for reviewing the pathway and making the service more integrated. CH confirmed that there is definitely learning that can be taken into other services.

The Board was advised that it was HW's vision, tenacity and drive that made this change happen. RW advised that clearly this has made a big difference to individuals, and is very much aligned with the Trust values. The challenge is how we can do this in other places. There is stress and pressures in other services, and there is a need to look at how to support people to make change happen in other services.

The Board thanked HW for attending, and to the service user for sharing their story. CH to report back on how the learning from this change can be used to benefit other services

ACTION: Carol Harris

It was RESOLVED to NOTE the Service User Story.

TB/19/51 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- There will be issues that are being discussed in the private session of the Trust Board, and there was also a private strategy meeting in May. These are items that have met the test of being discussed in private before it comes into the public agenda typically for reasons of commercial confidentiality.
- The Board had the following items in private, which are considered as commercial in confidence or related to individual care:
 - Those aspects of financial performance considered to be commercial in confidence.
 - Serious incidents under investigation.
 - CQC inspection update
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).
 - Minutes of private partnership board meetings.
- The strategic meeting held in May discussed:
 - Organisational development strategy.
 - Interactive session around stakeholder mapping and relationships.
 - Briefing session on CQC well led review for board members.
- To note the Trust is recruiting for a new financially qualified non-executive director with senior financial management experience. The open evening was held yesterday and will close on 3 July 2019.

Chief Executive's report

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

- The NHS Confederation conference was held last week. Strong emphasis on moving forward, implementation of long terms plan, the People Plan and the role of Integrated Care Systems (ICS) in delivering improvements of care. Simon Stevens (CEO of NHSE/NHSI) talked about the NHS being a good employer and this was reinforced in all the sessions attended.
- Second of the Listening Events was held 24.06.19 in Kirklees following an earlier event in Barnsley. The feedback was good and constructively challenging. Discussions included the direction of the organisation. Staff were positive and proud of the work around children, and continue to reinforce the positive nature of team work and resilience; wanting more support on a range of things such as buildings, IT and stronger communications. In addition there were requests for further engagement with GPs and primary care networks, endorsement for staff to make changes and given permission to do so. The feedback will be taken into the Organisational Development (OD) programme. There is a mixture of people attending the events, but not felt to be enough frontline staff and thought needs to be put into ensuring engagement reaches everyone affected.

Tim Breedon (TB) reported from the session he attended it was pleasing to see staff translating the organisational plan into what it means to them with very good examples provided. AM felt it illustrated the benefits of gaining a range and diversity of views. AM noted that engagement with the GPs is one of the areas highlighted for further work in the stakeholder engagement plan.

AGD discussed the team listening events, which had engaged over 700 staff, and team working. Positive feedback around supportive teams and team leaders had been received. More negative feedback had been received around team development not taking place. There was strong support for better engagement – particularly around being involved in decisions on individual jobs and making things better.

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

TB/19/52 Performance reports (agenda item 6)

TB/19/52a Integrated performance report M2 2019/20 (agenda item 6.1)

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

- Under-18 admissions to adult beds – TB advised that the data had been omitted from the summary dashboard due to formatting issues on the front dashboard, but is included in the national metrics section. Unfortunately there has been a recurrence of admissions after a couple of months of good improvement, and there is a need to keep a strong focus on this issue. A new CAMHS group is helping to bring the work together, with a coordinated internal child and adolescent mental health services (CAMHS) improvement programme in place. TB is attending the new CAMHS system governance oversight group and will be taking this issue forward through this group. As part of Tier 4 CAMHS work, when a bed is required for a young person all beds throughout the country are checked for admission possibilities in the first instance, prior to using an adult bed. TB stressed using an adult bed is only used when it is the “least worst” option and specific safeguards are put in place to ensure the safety of the individual.

RW reported that there have been occasions where there have been no beds available in the country, hence the need for adult provision to be used.

AM asked what more we are doing to increase capacity and resource at the preventative end, to avoid the need for admission. CH reported that as part of the development of the

new model of care there has been some investment in home treatment teams. There will always be consideration if a person can be cared for at home first prior to any admission. LC suggested this would be a good subject for a service user story. CH to identify if there is a suitable patient story to come to the Trust Board.

ACTION: Carol Harris

AGD emphasised the importance of the new inpatient CAMHS facility being built in Leeds for West Yorkshire residents. AM noted that a planning application has recently been submitted. RW explained there is no single commissioning model as yet in terms of all the tiers in CAMHS. It is recognised that areas have different models and that the picture is not as joined up as it should be. The Trust can play a role in helping improve this.

Kate Quail (KQ) mentioned targeted and universal prevention work taking place in schools. AM asked how does the Board keep a view on this with sufficient focus and resource, to be confident that we deliver the right approach? AGD asked what in the system has failed given the number of children and young people placed on adult wards in May? It was suggested this is reported as a priority programme in the IPR to give the Board assurance and highlight progress and risks. CH/Salma Yasmeen (SY) to develop a report to include in the IPR on an ongoing basis.

ACTION: Carol Harris/Salma Yasmeen

TB highlighted the following:

- Safer staffing – overall okay, very significant local pressures remain in some places.
- Information Governance (IG) confidentiality breaches – increased this month following a reduction in previous two months. This indicates that positive progress requires embedding in the Trust.
- Out of area - bed numbers increased in May, but lower daily costs given cessation of charges for one complex package of care.
- Aware of acuity and demand pressures, significant regulator workload which has a huge impact on clinical areas of expertise.
- Complaints – progress in terms of quality of responses. Some delay in implementation of the recovery plan due to a reduction in senior management capacity. The numbers are reducing, with people having more local resolution. We are now considering how we ensure the loop is closed in terms of operational turn-around of the query. Expected to get to target in original plan by September, which is challenging.
- Friends & Family Test (FFT) results for mental health – the text message reminders were out of action during the RiO/SysmOne transition which may have reduced numbers.
- Medicine Omissions – deterioration again this month. Data collection issue is being looked at currently. There are some wards doing exceptionally well. The Board will retain a focus on this.
- Falls – decrease in falls back to previous levels which is positive.
- Care Quality Commission (CQC) – have received verbal feedback from the well-led review, with positive messages about leadership in the organisation, and are awaiting the formal report by the end of July 2019.

Erfana Mahmood (EM) asked about the prone restraints, noting that the figure has crept up slightly. TB advised that it is being reviewed. The clinical governance and safety committee (CGCSC) continues to have focus on this area. CH noted that some wards have particularly high acuity and the number of restraints often relates to specific service users.

EM asked about the number of patient incidents with severe/moderate harm. TB explained that the recent figure is the unvalidated level on reporting, which tends to be higher in a

prudent organisation. This can change once the incidents have been reviewed. He advised that all incidents rated as red are fully reviewed.

RW asked if the next report could include details of how many restraints have been carried out on a single individual to show whether there was a general trend or a specific increase due to individual issues. Similarly it was discussed if there is further benchmarking data available that can be used to put the matter into some sort of context. RW had attended the North East, Yorkshire & Humber meeting where the numbers of restraints had been benchmarked, for example. TB to include further prone restraint information in the next IPR.

ACTION: Tim Breedon

AM picked up on IG breaches and what more could be done to reduce and remove these. Mark Brooks (M)B advised that there was a deep dive in audit committee which provided audit committee members with good assurance. The Trust has introduced writing to general managers where issues have arisen and asked for action plans to address the concerns. Where there has been negligence in approach, disciplinary action can be and is considered. There is regular communication in place and MB noted that the number of incidents reportable to the Information Commissioner's Office (ICO) has reduced substantially over the past four years. MB considers the regularity of the awareness campaign to be a key factor in reminding people of their responsibilities. All incidents are investigated and there are areas identified for improvement. RW advised there could be further communication and awareness about the fact that disciplinary action can be taken. EM stated that the figures are low for a Trust of its size, but agreed this needs to be further reduced/removed.

LC noted the yellow, red and amber incidents have dropped. TB advised the drive around reporting and analysis continues and is kept in focus.

LC raised the issue of fill rates falling in some areas. TB explained that the safer staffing group continues to review fill rates, which remain over 100% in aggregate.

Out of area beds – AM challenged the higher usage reported in May – there has been huge effort put into this issue and there are still high numbers and high costs being incurred. CH reported there has been a spike again, with a reduction prior to this. The driver diagram and a more detailed report will be coming to Board in July. Work stream leads have provided feedback. If there was one single issue that caused people to require an out of area bed placement this would have been addressed, but it is a culmination of a wide variety of causal factors. Our external partner, SSG, is providing us with some support which is helping with pace, drive and challenge. It has been identified that we need to reduce the number of people that require acute care. There is ongoing work around community caseloads and effective gatekeeping is essential and we are striving for this to be in place for every case in every area. In addition we are focusing on patient flow, with the aim of a single approach to this, looking at how admissions are facilitated and discharges are brought forward. MB stated that the trend graph over 12 to 15 months is an improved position, and should recognise that Wakefield has not had an out of area placement since August last year. Similarly Barnsley has not required an out of area bed placement for a considerable period of time. CH also stressed that we continue to work closely with partners on this issue and a system wide approach is being taken.

It was noted that bids for crisis team funding have been completed and submitted. RW emphasised the need for fidelity to the model if we are to reduce out of area placements and deliver good community based care.

AM questioned whether there are any areas where there are capacity or resource gaps as opposed to change in behaviours or culture. Dr Subha Thiyagesh (SThi) highlighted the

need for culture change and the positive impact this is having. CH to prepare a detailed update report for the July Trust Board meeting.

ACTION: Carol Harris

It was RESOLVED to NOTE and recognise the wide range of work and effort into this.

MB highlighted the following in relation to the national metrics:

- SystemOne implementation and data catch up – some of the metrics are currently requiring increased checking due to the new system implementation. There is also continued familiarisation required with the new system and how data is entered and reported. As such, not all metrics have been reported this month. For access measures in particular the impact of the data catch up means that it will take a few weeks to be certain of the comprehensiveness of data quality.

EM queried early intervention. MB reported it is potentially a data quality issue which will be kept in focus and reported back at the next meeting.

AM noted that it is positive that the clients in employment has turned green.

CH highlighted the following in relation to the locality section of the report:

- Barnsley general community – Neuro-rehab unit had an open day on 21 May. Work is ongoing in relation to stroke services, and the proposed model.
- Barnsley mental health – community focused hub – reported better communication with teams.
- Calderdale/Kirklees business delivery unit (BDU) – intensive support team work on improving access to psychological therapies (IAPT) continues. David Black from NHS England has been in touch in relation to lower performance in relation to the access target and there are meetings in place with progress updates to be brought back to Board.
- Forensic BDU – work supported by human resources (HR) focusing on leadership, sickness and absence. Highest turnover of service lines. Also focusing on wellbeing and reducing bullying and harassment.
- Specialist BDU – Learning Disability - staff vacancies remain relatively high which does cause problems in relation to waiting lists and times.
- Wakefield BDU – Highlighted the good work on Stanley Ward in relation to medication issues. They are using safety Crosses and have had positive results.

LC asked about the performance notice mentioned and what this was. CH reported this was the notice in Wetherby Young Offenders Institute as previously raised in Board meetings.

MB highlighted the following in relation to priority programmes:

- RiO – access to RiO will cease in five days. We can still access data as an organisation through the archive, but clinicians will not have access directly. The SystemOne go-live continue to progress well with a plan for optimisation of the system due to commence shortly. The data catch up has been completed.
- Out of area bed placements have already been discussed earlier in the meeting.

MB highlighted the following in relation to financial performance:

- YTD we are ahead of plan with a £1.2m deficit. Need to generate a £1m gain in the rest of the year to meet the control total.

- Pay increase in excess of £700k in one lump sum was made in April which impacts significantly on the year-to-date result.
- Financial rating has moved from 1 to 3 and is unlikely to improve from this until end of Q3/early Q4.
- Out of area beds – higher than planned – £115k relating to one service user.
- Staffing costs are showing a net saving to date given the current vacancy levels.
- Agency costs – increased over the last 12 months – on the current trajectory we will be almost £2m over on agency compared to by the end of year. This is heavily influenced by medical locum spend. There are action plans in place to address as far as possible, but there are national supply issues with some staff groups and specialities.
- Cost improvement programmes (CIPs) – there are more unidentified than at start of year largely due to concern over delivery of savings on drugs costs.

LC discussed agency coming up as an issue, and whether it is something to build into the monitoring work at the Finance Oversight Group.

RW questioned bringing back the statement on reducing agency used by the Board previously. As a Board it would be beneficial for the board statement on agency controls to be refreshed. Board statement on agency controls to be updated CH/MB.

ACTION: Carol Harris/Mark Brooks

There is a net risk to achievement of the control total of £1.5m at this stage.

AM asked what the most significant CIPs are and MB highlighted:

- Increase in vacancy rates
- A range of savings in non-pay
- Out of area bed placements

RW stated there needs to be gains in internal productivity and we need to encourage team-led improvements in order to improve the financial position.

It was noted there is detailed discussion through the new Financial Oversight Group (FOG) meeting fortnightly. One of the meetings is around the numbers for the month and the other about CIPs and sustainability.

AGD highlighted the following in relation to Workforce:

- Vacancies –underspending on staff costs due to the number of vacancies. Need to have the intelligence behind this in terms of where they are and what the impacts are. 10% turnover would be seen as expected in an organisation of this size.

EM commented that the sickness reporting is going well. AGD agreed there has been robust work ongoing around sickness, with focused action to support a reduction. SThi advised there is a link between reducing sickness, wellbeing and recruitment. It was discussed how wellbeing impacts on recruitment in terms of staff choosing to work in the Trust.

Engage and listening events have taken place with staff. The wellbeing group is working on collation of feedback and an action plan to draw on key themes, and importantly supporting the BDUs in delivering the actions. The wellbeing group has representatives from BDUs, Occupational Health, Staff Side, Human Resources and Support Services.

It was RESOLVED to NOTE the Integrated Performance Report

TB/19/53a Update on Learning Disability Services and National Context (agenda item 6.1i)

TB reported there are currently three significant issues relating to learning disability services:

- BBC Panorama programme on abuse at Whorlton Hall
- LeDeR annual report
- CQC report - Segregation (long term)

Panorama programme - TB emphasised the appalling and shocking issues raised in the BBC programme. It was noted the Trust does not provide long stay hospital beds. Horizon centre is for short term treatment and assessment. We do not supervise out of area placements ourselves as an organisation and they are commissioned by clinical commissioning groups (CCGs). There may be occasional temporary placements where the Trust remains involved.

LeDer Report - There are matrons working in Calderdale and Huddersfield Foundation Trust (CHFT) and Mid Yorkshire Hospitals Trust linked to our service to provide support. In terms of respiratory related deaths, which came out of the report, a specialist practitioner has been recently employed by the Trust. Mandatory training is being looked at in this area for all staff.

Long term segregation - People in segregation in the Trust are in their own area (lounge, bedroom, dining area etc), with access to the community and direct contact with people in the multi-disciplinary team and elsewhere as appropriate. Often seclusion is about the service user's ability to manage living around other people – which is different to those in seclusion where people are isolated from contact, often in a defined area. Our position is that all service users are assessed by multi-disciplinary teams with appropriate care plans.

The new approach in terms of pathways supports the direction of travel and transition.

AM commented on recognising autism and ADHD within these concerns. She asked if we provide learning disability awareness training and whether it should be mandatory. SThi noted the similarities with dementia training for staff. CH suggested that this would need further consideration and that we need to consider practical ability to deliver and priorities within the resources we have. TB suggested it could be considered as part of induction training. AGD reported that there needs to be a plan behind any mandatory training so that it does not fall down in terms of resources.

RW advised that it is a recommendation from the long term plan, and may require some targeting resources with it. He would like the Trust to commit to training for all staff whether there is a national programme or not.

AM stated that, given the Trust's position as a specialist in this area, we should be increasing awareness of our own staff.

KQ asked for confirmation that we agreed with the three recommendations relating to segregation. TB confirmed this is the case. AGD/TB to report back on the potential training solution for all staff.

ACTION: Alan Davis/Tim Breedon

TB/19/53b Incident Management Annual Report 2018/19 (agenda item 6.2)

The report has been through the Clinical Governance and Clinical Safety Committee (CGCSC). There has been an increase in the number of incidents in the year, with no never events within the organisation reported. The committee felt there were good systems and processes in place to ensure that all the information was properly considered and addressed. The report provides important data to support improvement.

EM gave feedback that it was a very good report to read and AM stated that the committee also commented on the high quality of the report.

LC commented on the violence on staff which appears to be an increasing trend. TB reported that this is also being discussed as part of the staff wellbeing agenda. RW advised that we shouldn't speculate on the cause, and should look at the evidence. RW and CH have met with the police recently and they confirmed that it can be appropriate for somebody receiving services to be subject to criminal proceedings. CH noted there are different approaches taken by different police forces in our geography. The positive relationship with the police was also noted. TB to report on the causes of the increased number of incidents of violence against staff.

ACTION: Tim Breedon

AM asked if levels of absence due to assaults and violence can be broken down. Discussed that this would not be easy as can only be broken down into current categories. CH reported there are discussions in Forensics around supporting staff resilience and looking at alternatives to going off sick after serious incidents, trying to be more proactive, working with staff. Staff side representatives are part of the wellbeing group and these discussions.

It was RESOLVED to RECEIVE the Incident Management Annual Report for 2018/19 and the assurance from the Clinical Governance and Clinical Safety Committee.

TB/19/54 Business developments (agenda item 7)

TB/19/54a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

Engagement as an organisation within the South Yorkshire agenda has improved.

AM asked if we are clear about the opportunities and potential impact for SWYPFT in South Yorkshire. AGD advised that we are involved and that there is opportunity to influence in the area more than previously. The mental health work between the three main provider organisations has always been strong, and is developing well in terms of collaborative work.

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

TB/19/54b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

- The partnership board had its inaugural meeting in June.
- Voluntary and community sector event held Tuesday 21 May which was positively received
- A number of funding bids have been made recently including transforming community mental health and crisis care
- Calderdale (page 6 - 4.1) – Calderdale Cares is being progressed and Primary Care Networks are in the process of being established. There is good evidence about quality improvement that takes place through working across agencies.

Collaborative bids are to be submitted across the partners. We have gone through a collaborative arrangement for additional community staff and crisis care. It is now at a point where the partnership can use the governance in place through the Committee in Common.

AM commented that there was a question from a governor at the recent engagement event in Leeds regarding the potential blurring of commissioner and provider roles and this may need explaining to the members' council.

RW discussed 3.6.1 (Mental Health, Learning Disabilities and Autism Collaborative) – SWYPFT have signed up for and are funding health champions of people with a learning disability. This cadre of people with a learning disability provide advice and leadership on a range of issues. We need to think about how we use this network in developing services in the future.

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/19/54bi Calderdale Cares - One year on (agenda item 7.2i)

Mike Lodge attended from Calderdale Council. Calderdale Cares is the Council's approach to health and integration and is very much a partnership exercise. Mike advised that the last year was a shadow year, experimenting and testing. Groupings have been made on a locality basis of GP practices with populations of 30-50k. The Primary Care Networks dovetail neatly with this approach. There was a slight pause whilst the practices were arranged into networks. The localities are fully committed to working in partnership. Points to note:

- Progress has been quicker in North and Central Halifax.
- Central Halifax carried out a large exercise of getting together front line workers and established this with co-chairs.
- North Halifax has appointed a co-chair.
- Other localities have taken a little longer to establish.
- All five are now in place.

Moving on from the shadow year there are a number of opportunities:

- Adult services are re-commissioning home care services based on locality
- CHFT have arranged some of their community services based on localities.

The local councillors are keen to be involved, and the council's cabinet appointed councillors to each of the five localities which is a very positive initiative.

Examples in the report from the Work Wellness project:

- Discussed example of practice manager, and positive stories of helping people and people getting back into work.
- Working alongside other agencies such as Department for Work & Pensions, Healthy minds etc.

The Board thanked Mike for the overview. KQ gave positive feedback, and asked about the alliance that the CCG is forming. Mike did not have all the details but explained the alliance will be built on the localities work, which is positive.

RW reminded board members there is a leadership group which he attends looking at these issues. The Trust can provide additional support across three broad areas:

- Sports, Art, Leisure, Wellbeing (Spirit in Mind, Recovery College, Creative Minds).
- Mainstream services – The Trust delivers a wide range of services and we need to ensure that they are seen appropriately, extensively through the alliance.
- Governance/Structures – to think carefully about how the alliance is formed and the work that is done with it. A collective view of the service needs to be decided upon.

KQ added we can support moves towards social prescribing.

AM reported that she attended the visioning workshop on climate change and population health in Calderdale, and discussed making sure that this figures as part of the thinking in the whole package, including the link and impact of climate change on people's health.

RW advised there is a presentation which shows the contribution that the NHS makes towards air quality, which would be of interest.

The Board thanked Mike Lodge for joining the Trust Board.

It was RESOLVED to NOTE and COMMENT on the update.

TB/19/54bii Wakefield's Integrated Care Partnership (agenda item 7.2ii)

SR reported that all papers have been previously provided to Board and all partners had the opportunity to comment. Final versions have been presented to Board. There is an aim of multi-agency working based on previously agreed arrangements

Risks and issues pulled out and highlighted in the report to Board:

- There are risks if the Trust is not party to the arrangements, and also in terms of emerging alliances, as we wouldn't necessarily be involved in how they develop and shape.

AM asked to check that all parties are involved, and SR advised he feels assured this is the case to the best of his knowledge.

LC asked in relation to page 3 of the document – connecting care executive – what is the necessity for this? SR advised increasingly less so over the course of time. RW suggested it is expected most of the business will be conducted collaboratively. It is also the case CCGs face reductions in budget and work much more closely with councils in commissioning together. There will need to be governance on how they work together, and therefore some kind of executive function will be required to bring the new arrangements into line.

LC asked about dispute resolution and felt this appeared vague in the documentation about what this exactly means. SR agreed and that it would need to be tested to fully understand how the operational arrangements work. However, he also emphasised the point that the agreement states 'no partner is bound' and that the ultimate action would be to break the agreement.

RW asked to clarify the diagram on page 4 – MH Alliance – under membership. SR reported there are a number of members missing and he will review. AM asked if the scope includes learning disabilities (LD) and autism, and SR advised that it doesn't at this point. It was noted these arrangements are non-binding and do not constitute a significant transaction from a governance perspective. SR to review the diagram on page 4 and advise of any changes.

ACTION:Sean Rayner

SR was thanked by the Board for his hard work into this area.

It was **RESOLVED** to:

- **NOTE** the update on the next stages for Wakefield in further integrating health and social care across the district;
- **APPROVE** a recommendation for the Trust to be a party to the revised terms of reference for the Wakefield Integrated Care Partnership, and a member of the Partnership; and
- **APPROVE** a recommendation for the Trust to be a party to the updated system partnership principles of ways of working together in Wakefield.

TB/19/55 Strategies and policies (agenda item 8)

TB/19/55a Communications, Engagement and Involvement Strategy - progress update (agenda item 8.1)

TB reported that the Comms survey results show a continued and significant improvement in satisfaction rates.

AM gave feedback on the good work, and good reading of the report.

LC observed that the internal networking had “shot up” in terms of staff being informed.

CH noted that specialist services were reported as top in feeling engaged, and hopefully we will see this result in a change in the NHS staff survey results.

RW asked about the appointment of a new Comms and engagement lead. TB reported this was completed last Friday and an announcement would follow due process.

It was **RESOLVED** to **NOTE** the update.

TB/19/56 Governance matters (agenda item 9)

TB/19/56a Update on Annual Report and accounts including Quality Account 2018/19 (agenda item 9.1)

The accounts remain confidential documents until they are laid before parliament which MB expects to be by mid-July.

It was **RESOLVED** to:

- **NOTE** the update
- **RECEIVE** in public the external audit reports relating to the annual accounts and quality account.

TB/19/56b Trust Board self-certification (FT4) - Corporate Governance Statement 2018/19 (agenda item 9.2)

MB introduced this paper and explained it is the second phase of self-certification reporting for compliance with our licence terms. Rationale is provided as to why we comply with the licence. The report has also been reviewed at the Executive Management Team (EMT) meeting. It was also noted that good practice is to have a well led governance review every three years. The Trust has relied upon the CQC well led review in each of the recent years and therefore need to consider when would be the right time to have a well led governance review with an external provider.

AM advised the Board to consider the cost of doing this with a third party, and the risks in not doing so with our regulator, which would inform part of the consideration (risks and benefits).

Minor comments from AM (page 2) should say 2018 not 2019. (Page 8) staff governors as Freedom to Speak Up Guardians to be reworded as not all staff governors have taken up this role. (Page 9) the chair appraisal is reported to council but not the non-executive directors' appraisals. MB will amend these. MB to assess the need for an external well led review. MB to make final changes to the self-certification assessment and submit.

ACTION: Mark Brooks

It was RESOLVED to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its License and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to:

- **the Corporate Governance Statement 2018/19; and**
- **the training for Governors 2018/19.**

TB/19/56c Annual Safety Services Report 2018/2019 and 2019/2020 Action Plans (agenda item 9.3)

This report has also been reviewed by the Executive Management Team and Clinical Governance & Clinical Safety Committee. It does not sit in isolation, linking to a number of other annual reports. AGD raised the following key points:

Sprinkler systems – there was a decision to install all new developments with sprinkler systems. Programme of installation is ongoing.

When looking at Health and Safety – management of violence and aggression has been a key area of focus.

MB asked AGD to confirm to Board members that there is assurance of compliance with all relevant legislation. AGD confirmed that compliance is being met.

LC asked on the issue relating to lone working devices. AGD advised it depends on the team, some areas require the lone worker devices, and others feel there are better options to manage the risk. This is being audited in terms of compliance. OMG receive regular reports and updates.

RW asked to confirm actions arising in terms of CQC where there may be a Health and Safety element. AGD advised the patient call system has not been included in the report; it features in the minor capital report. MB suggested that the CQC action plan is reported in the IPR. Patient call system is being actioned, and if unsuccessful there would be risk.

AM advised the CGCS committee felt the structure was good and clear.

It was RESOLVED to APPROVE the Annual Safety Services Report 2018/2019 and 2019/2020 Action Plans.

TB/19/56d Finance and performance governance - Terms of Reference (agenda item 9.4)

Finance Oversight Group (FOG) - LC reported there was a comment raised at the meeting regarding terms of reference, about whether it would be appropriate to have clinical representation, either as well as, or in addition to, what was included in the draft terms of reference. AGD felt it was important to ensure we provide the best quality of care and including a clinical representative sends a positive message to the organisation. Currently,

there is insufficient non-executive director capacity to add to the number of on the group. It was agreed:

- MB comes off as a member and a clinical member would instead be included as a member. MB would attend the meeting.
- It was agreed in Board that the clinical member would be TB.
- The lead director for the meeting will be RW.

These were agreed and approved, and will be stepped down once an additional non-executive has been recruited and a Finance and Performance Committee established.

It was RESOLVED to APPROVE the terms of reference for the Finance Oversight Group, subject to any amendments agreed in the Trust Board meeting.

TB/19/57 Receipt of minutes of partnership boards (agenda item 10)

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

- Barnsley Health and Wellbeing Board 4 June 2019
- Calderdale Health and Wellbeing Board 20 June 2019 - To ensure there is appropriate representation at the next phase of business plan around new service developments
- Kirklees Health and Wellbeing Board 13 June 2019
- South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board 10 May 2019
- West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group 24 April 2019 & 21 June 2019
- West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive 7 May 2019

It was RESOLVED to RECEIVE the updates provided.

TB/19/58 Assurance from Trust Board Committees (agenda item 11)

Audit Committee 21 May 2019

LC highlighted the following:

- Annual meeting to review, and propose to Trust board the approval of annual report accounts and quality account, together with the internal audit report. Was completed and received by Board.
- Approving minutes of meeting 21 May 2019.

Clinical Governance & Clinical Safety Committee 14 May 2019 and 11 June 2019 Tim

TB highlighted the following:

- Highlights have been discussed in agenda.

Equality & Inclusion Committee 4 June 2019 Chair

AM highlighted the following:

- Performance dashboard has been further developed and metrics agreed.
- Updates on equality standards.

- EDS2 panels – now rated as ‘achieving’, as opposed to ‘developing’, which is positive.
- Received equality strategy annual report.

Mental Health Act Committee 14 May 2019 Kate

KQ highlighted the following:

- CQC observed last meeting.
- Amendment to Mental Capacity Act and Mental Health Act – significant pieces of work.
- Presentation on reducing restrictive practice.
- Young people under 18 and 136 suite.

RW discussed the reducing restrictive practice presentation at the Extended Executive Management Team which was very good. The language used in the area was discussed by EMT, where the common term used is “MAV”, “managing aggression and violence”. EEMT agreed that this was unhelpful as it associates people we support with aggression and violence. The aim is move away from references for “MAV” and RW urged the Board to champion this.

Workforce & Remuneration Committee 7 May 2019 Sam

AM highlighted the following:

- Approved minutes of meeting held on 12 February 2019.

It was RESOLVED to RECEIVE the updates provided.

AM advised that updates from the Finance Oversight Group be included in on future Trust Board agendas.

ACTION: EJ to update to agenda

TB/19/59 Use of Trust Seal (agenda item 12)

It was RESOLVED to NOTE use of the Trust’s seal since the last report in March 2019.

TB/19/60 Trust Board work programme (agenda item 13)

A summary is provided in the IPR, and due to those arrangements will be removed from TB work programme.

ACTION: Emma Jones

It was RESOLVED to NOTE the work programme.

TB/19/61 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on Tuesday 30 July 2019, Conference Centre Boardroom, Kendray, Barnsley.

TB/19/62 Questions from the public (agenda item 15)

TB/19/62a - Question around understanding the elements of transformational change foreseen to help support partnership working, and the element of commissioning services bidding for (eg; Forensics, YP side). Views in terms of growth and income generation to try and gain funding via partnerships.

MB advised that some of this would be commercially confidential and discussed in the private Session. MB suggested that this conversation would be more beneficial outside the Trust Board meeting and agreed would discuss what he is able to with Karen after the Board meeting.

Minute taking

Thanks were expressed to Simone Kane (Forensic BDU) for stepping in to take the Minutes at the Board today.

A handwritten signature in black ink, appearing to be 'A.M.', with a long horizontal flourish extending to the right.

Signed:

Date: 30 July 2019