

**Minutes of Trust Board meeting held on 30 April 2019
Room 49/50, Folly Hall, Huddersfield**

Present:	Angela Monaghan (AM) Charlotte Dyson (CD) Laurence Campbell (LC) Kate Quail (KQ) Erfana Mahmood (EM) Sam Young (SYo) Rob Webster (RW) Mark Brooks (MB) Tim Breedon (TB)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance and Resources (author) Director of Nursing and Quality/Deputy Chief Executive Director of Human Resources, Organisational Development and Estates
	Alan Davis (AGD)	
Apologies:	<u>Member</u> Dr. Subha Thiyagesh (SThi)	Medical Director
	<u>Attendee</u> Carol Harris (CH)	Director of Operations
In attendance:	Dave Ramsay (DR) Sean Rayner (SR) Salma Yasmeen (SY) Emma Jones (EJ) Dr Richard Marriott (RM)	Deputy Director of Operations Director of Provider Development Director of Strategy Company Secretary (author) Consultant Psychiatrist / Guardian of Safe Working (item 8.3)

TB/19/31 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies as above were noted with Dave Ramsay in attendance for Carol Harris. At the commencement of the meeting there were seven members of the public in attendance which included three governors. AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments from members of the public. Questions asked and responses would be included in the meeting Minutes going forward, and a form was available for completion if members of the public preferred to raise their questions in that way and to enable a response to be provided outside of the meeting.

TB/19/32 Declarations of interest (agenda item 2)

The following declarations were made and considered by Trust Board.

Name	Declaration
Non-Executive Directors	
YOUNG, Sam Non-Executive Director	Additional interest: Spouse, is employed as the Head of End User Computing for Macmillan Cancer Care
CAMPBELL, Laurence Non-Executive Director	Removal of interest: NHS complaints advocacy for Kirklees.

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

It was RESOLVED to formally NOTE the Declarations of Interest. It was noted that the Chair had reviewed the declarations made and concluded that they do not present a risk to the Trust in terms of conflict of interests.

TB/19/33 Minutes of and matters arising 26 March 2019 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 26 March 2019 as a true and accurate record. The following matters arising were discussed:

- TB/19/21a Integrated performance report M11 2018/19 - Tim Breedon (TB) commented that the Friends & Family test results were now included.
- TB/19/22a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) - AM commented that a letter was sent seeking a meeting to clarify governance arrangements. No response had been received to date.
- TB/19/24a Eliminating mixed sex accommodation (EMSA) declaration - TB advised that the “other” was not just in relation to inter-ward movements but also short term closures due to acuity. A report would be received by the Clinical Governance & Clinical Safety Committee.
- TB/19/15d public question regarding initiative about future New Optimal Health Care Model for the Trust with the specific focus on Prevention - TB commented that a response has been provided.
- TB/18/78 Chair and Chief Executive’s remarks (Chief Executive’s report) - Alan Davis (AGD) advised that the policy in relation to managing violence and aggression towards staff had been updated in line with the new legislation.

TB/19/34 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to the Learning Disability service read by Dave Ramsay (DR):

“James” is young man with moderate learning disabilities who was referred to our adult community learning disability services in Barnsley aged 17yrs due to his behaviour (violence, aggression and property damage).

Despite receiving community support from our nursing and clinical psychology teams, James’s mental health deteriorated and his community placement broke down.

Aged 19yrs James was detained under the Mental Health Act and he spent a short period of time in our psychiatric intensive care unit (PICU) service in Barnsley before being transferred to an out of area hospital placement to continue his treatment and recovery. Unfortunately that placement was terminated shortly after his admission due to serious safeguarding concerns about the care provided to him and James was transferred back to the PICU service in Barnsley.

The local community intensive support team provided an in-reach service to the PICU - working in partnership with the inpatient team to support James’s recovery, by combining psychiatric expertise with specialist knowledge and skills in supporting people with learning disabilities and complex and enduring behavioural issues. Supporting James in the PICU environment was challenging, but eventually he was discharged to a supported living placement in the local community. Unfortunately he

struggled in this placement and his aggressive behaviour escalated resulting in him assaulting another tenant and a member of staff. James was subsequently arrested and held in police cells for over 72hours, before being transferred to a low-secure hospital where he was regularly managed in seclusion for up to 18hours/day.

Our Intensive Support Team (IST) continued to provide support to James and the inpatient staff team during this admission, and a significant therapeutic relationship was established – supported by regular sessions with a psychologist. This consistency of relationship enabled James to disclose for the first time that he had experienced significant physical, emotional and sexual abuse during his childhood. The disclosure proved to be a significant turning point in James's recovery and the level of aggression he displayed. After 6months he was deemed to no longer require a secure hospital admission and was transferred to another out of area hospital placement in the North East of the country.

Again the Barnsley IST continued to support James during his time there; working jointly with the new hospital team, local authority staff, commissioners and James's family to ensure continuity of therapeutic activities and crucially continuity of relationship with services. Regular multi-agency communication through care programme approach (CPA) meetings, multi-disciplinary team (MDT) meetings and care and treatment reviews (CTRs) were essential in enabling the collective team to focus on James's treatment and recovery, ensuring they were grounded in the longitudinal assessment and formulation work completed over the preceding years.

After 12 months, James was discharged from hospital and he is now living back in Barnsley in his own flat which is attached to a residential care home. He is supported with 1:1 staff and regularly says how happy he is with his 'new life'. He is continually having new experiences and developing new skills – he has developed a particular passion for horse riding – and he is due to commence college in September. He is hoping to move into a more independent tenancy in the next 12-24 months.

DR commented that he felt that it provided a good example of the work the service is involved in each and every day. Although this has been a long journey of recovery for James - with many pitfalls and disappointments along the way - this is a real story of success, of a young man navigating huge life challenges but ultimately finding a way (with help) to live a good life in his local community with optimism for the future. The story demonstrated on-going co-ordination from our Intensive Support Team, which stayed with James throughout his journey through services, over a number of years and in various parts of the country, and the positive working relationships between all parties within James's multi-agency support network, was central to him achieving his positive outcome.

TB commented that the story highlighted the importance around communication, people's understanding of what they need from the system, and how much time it takes to build trust with the individual and families in order to provide benefit. It is also important to minimise the number of changes of workers with the individuals and highlighted the benefits of continuity of care in teams. The move of service users from children's services to adult services can mean a loss of information and trust through transition and more was needed in the system to make the continuity of services the better.

Charlotte Dyson (CD) commented that it was good to hear a story in relation to the Trust's learning disability services and that transition was an area discussed frequently by the Clinical Governance & Clinical Safety Committee. CD asked if there was potential to extend services beyond 18. TB commented that there were various areas of services where this was possible and the Trust was looking at mapping and minimising the disruption as part of

the transition as well as services staying in touch longer with previous service users once they had moved.

Kate Quail (KQ) commented that it provided an example of where the Trust is good at providing support when people are in the Trust's services. KQ commented that it would be good to look back to the younger years of what services were provided across the system that may have assisted earlier. It is also the Trust's role to promote the system including early intervention and a collective approach.

RW commented that this story should be used as an example the next time the Board made decisions relating to learning disabilities, by thinking about what would this mean for James. Learning disability services are part of transforming care partnerships. The Barnsley, Calderdale, Kirklees and Wakefield services partnership will merge with Leeds and Bradford under a single partnership so that services provided can be better coordinated across the footprint. Learning disabilities will be an area of focus in the 10 year plan to improve the services and bed base. It was important for the Board to recognise that this partnership exists and Sean Rayner (SR) is the Trust's representative on the partnership. The Trust is the lead for the operational delivery network for Yorkshire and Humber and it should be raised through this network about how the learning is being captured to inform how the transition works for people across the community.

Action: Sean Rayner

The Board thanked the service user for sharing their story.

It was RESOLVED to NOTE the Service User Story.

TB/19/35 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- Members' Council election - voting closed on 18 April 2019 and new governors will commence in role from 1 May 2019. Details are on the Trust's website. There are now no vacant seats on our Members' Council which is positive news and we look forward to welcoming our new and re-elected governors.
- The next Members' Council meeting will be held on 3 May 2019 at the Textile Centre of Excellence in Huddersfield. One of the items on the agenda is a recommendation for reappointment of a previous Non-Executive Director supported by the Nominations' Committee.
- The Board will be discussing the following items in private session today, which are considered as commercial in confidence:
 - Investment appraisal framework
 - Corporate/organisational level risk register – one specific risk
 - Those aspects of financial performance considered to be commercial in confidence
 - 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.
 - Financial sustainability plan
 - Draft Integrated Performance Report indicators for 2019/20
 - Minutes of private partnership board meetings.
 - Corporate Trustee for charitable funds meeting which is held quarterly

Chief Executive's report

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

- A national workforce strategy is due to be published, however it has been delayed.
- Guidance for five year plan that integrated care systems (ICS) have to develop by autumn has been delayed to May. It should however not stop the planning process as we know what is in the long term plan, what the targets might be and financial allocations are set for the medium term.
- The NHS Assembly met, which comprises 52 people drawn from across the health and care system including service users, carers, frontline staff, managers, leaders and think-tanks. The aim of the Assembly is to advise on the work of NHS England and NHS Improvement and the discussion was around the approach to the Long Term Plan, its implementation and changes to legislation.

CD commented that The Brief monthly communication and The View weekly communication reflects what the Board has discussed, and asked if staff have communicated back about whether it feels right to them. Salma Yasmeen (SY) commented that an annual internal communication survey is conducted and year upon year it has shown an increase in the percentage of staff who feel informed. RW commented that, since this way of communication was introduced, there had been a double digit improvement and overall a positive response. Work is also taking place to engage staff in response to bullying and harassment and making this Trust a great place to work, led by AGD and also conversations around quality and engagement with the Care Quality Commission (CQC) are being led by TB. Directors are having a conversation each week in different teams and listening events will take place in June 2019. TB commented that the conversations were a way of closing the loop and at each Extended Executive Management Team meeting, where The Brief is first communicated, comments are also provided back on the previous version. The most important part is making The Brief relevant to all staff. AGD commented that through April, May, and June directors were visiting teams to engage further and ask staff what the key areas for action should be. It has been positive to listen to teams about what is and isn't working and sharing areas of good practice. RW commented that it was important that the Board continued to be visible to all staff when out in the Trust. KQ commented that when she visits services the feedback received is that the level of communication feels right and staff are realising the benefit.

AM commented that the feedback received from staff indicated that some staff still did not receive the communications if they don't use email and asked for an update on the release of the staff app. SY commented that final details were being confirmed with the supplier. The app is free and would provide basic areas of communication at this stage. There would also be a re-launch of iHub for staff with 2,000 staff already registered users, which further enables conversations around making the Trust a great place to work and support around the CQC inspection.

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

TB/19/36 Performance reports (agenda item 8)

TB/19/36a Guardian of safe working hours annual report (agenda item 8.3)

Dr Richard Marriott (RM) highlighted the following:

- Rotas are compliant with requirements and working well. Confident that these have been managed correctly.

- Ongoing issues for trainees about the implementation of the contract.
- Survey of those who had not done any exception reports indicated that they felt they did not need to do any.
- Largely speaking, they are happy with the working hours and how they are managed in the Trust, with concerns remaining around the contract.
- Under recruited at the moment with potentially 6-7 vacancies, priority moving forward is making the experience as positive as possible so they want to come back to work with the Trust.

CD asked how the Trust was utilising the information provided about getting junior doctors to continue to work with us and how the Trust compared to other organisations. RM commented that some areas were outside the remit of the role of Guardian of Safe Working, although it was an important issue. Through being part of the interview panel for the colleague tutors, it showed there was lots of interest in some areas but not all. It was key that the educational tutors and supervisors were in place to provide support and development. AGD commented that it was important to find ways that the Trust could offer something that prospective employees find attractive to encourage recruitment and retention.

Erfana Mahmood (EM) asked if anything further could be done to manage exceptions. RM commented that a meeting takes place with all junior doctors when they commence with the Trust to go through requirements and encourage reporting and there was a forum every three months. Largely speaking they are happy with the hours, some of the other concerns which are discussed in the forum were areas that local leads could potentially assist with to improve further. One of the areas raised has been that trainee doctors only receive six weeks of mental health training which means they need lots of support when they commence with the Trust. RW commented that it was important to ensure that for any risks, if there are gaps, that they are appropriately managed and escalated.

Action: Dr. Subha Thiyagesh

RW commented that AGD, in his role as lead across West Yorkshire & Harrogate, could feed into the discussions to see if these areas could be resolved collectively.

Action: Alan Davis

It was RESOLVED to RECEIVE, REVIEW and CONFIRM assurance that the Trust has met its statutory duties.

Dr Richard Marriott left the meeting.

TB/19/37 Risk and assurance (agenda item 6)

TB/19/37a Strategic overview of business and associated risks (agenda item 6.1)

SY reported that it had been a changing environment in last six months, particularly responding to the NHS Long Term Plan. Changes in the SWOT analysis included feedback from the Board on the areas of quality for inclusion, the integrated care systems (ICS) playing a stronger role, and high level of activity.

Laurence Campbell (LC) commented that it was important that there was a coherent alignment between the corporate/organisational level risks and the Board Assurance Framework (BAF) to pick up the strategic risks. SY commented that this was being looked at further. AM commented that it should also be cross referenced with the investment appraisal framework. RW commented that the paper showed a significant update as the context was changing all the time. It was important to consider cross referencing without making it too difficult to read.

Action: Salma Yasmeen

CD commented that it reflects the organisation, priorities and risks, however the commercial point of view needed further work. Sam Young (SYo) commented that she had some further comment on areas for inclusion in the next update. AM requested that any comments on detail be fed back to SY.

Action: All

RW commented that SR and SY had been working on a prospectus for each of the Trust's main locations. SY commented that the communications team had been working with service managers to develop these, along with working with Business Delivery Units (BDUs) on stakeholder mapping and analysis, with the aim to have drafts in place by June 2019. RW commented that part of the discussion at the Trust Board strategic session in May 2019 would be around external facing and stakeholder management work which should assist.

It was RESOLVED to NOTE the content of the report and ADVISE on further developments required.

TB/19/37b Board Assurance Framework (BAF) (agenda item 6.2)

MC reported that the BAF included the outcome of Quarter 4 for 2018/19 framework and also included what the changes to the strategic risks would be in 2019/20 following discussion at the Trust Board strategic session in February 2019. MB highlighted the following:

- Each strategic risk was reviewed by lead directors and discussed by the Executive Management Team (EMT) prior to Trust Board.
- Strategic risk 2.4: Increased demand for and acuity of service users leads to a negative impact on quality of care - it was felt it should move from a RAG rating of amber to yellow and rationale included in the report on actions taken and the self-assessment completed in preparation for CQC inspection.
- Strategic risk 3.1: Deterioration in financial performance leading to unsustainable organisation and inability to deliver capital programme - financial plan achieved for 2018/19, therefore move from a RAG rating of amber to yellow.
- Strategic risk 3.4: Capacity / resource not prioritised leading to failure to meet strategic objectives - need to keep an eye on capacity and resource, RAG rating to remain as green.
- As the BAF included the high level strategic risks they would not change hugely year on year.
- In 2019/20, there would be a fourth strategic objective about making the Trust a great place to work and strategic risks would be realigned as needed.

The Board noted and supported the RAG ratings outlined.

LC asked in relation to patient level costing, which would be a new development financially in 2019/20, whether there should be one fully defined costed clinical model and unwarranted variation under improving resources. TB commented that unwarranted variation was included under improving health, although resource aspect may not be covered. MB commented that a separate paper had been taken to EMT outlining the need to move to patient level costing.

CD commented that more insight and business intelligence was needed and whether this was adequately reflected. RW commented that the need for capacity recognised by EMT which included expertise in analysis and how to turn this into good intelligence to increase productivity. These areas are covered in the risk register, however they could potentially be drawn out as separate strategic risks. AM suggested that it could be included under delivering efficiency improvements and made more specific.

Action: Mark Brooks

AM commented that the Board would have a further discussion on the BAF for 2019/20 at the next Trust Board strategic session in May 2019.

It was RESOLVED to:

- **NOTE the controls and assurances against the Trust's strategic objectives for Quarter 4 2018/19;**
- **AGREE the ongoing targets for addressing gaps in controls and assurance in the paper given the nature of the gaps and risks identified; and**
- **AGREE to the updated strategic risks to be included in the Board Assurance Framework for 2019/20.**

TB/19/37c Corporate / organisational risk register (ORR) (agenda item 6.3)

MB highlighted the following:

- Risks are aligned to individual committees and reviewed in depth to understand the controls and actions.
- The ORR is reviewed on a cyclical basis by the EMT and the report identifies the discussion and updates made in Quarter 4.
- Triangulation of risk, performance and governance risk report to the Audit Committee which includes the collective consideration of the ORR, BAF, strategic overview of business and associated risks, and integrated performance report (IPR).
- Two risks were recommended for closure at this level, where EMT were satisfied they have reached where they need to in relation to risk scoring.
- Two new risks have been included at the corporate/organisational level including a patient safety risk which has been considered by the Clinical Governance & Clinical Safety Committee (CG&CSC).
- The risk scoring in relation the clinical records system should now be able to be reduced following implementation.

TB commented, in relation to the new corporate/organisational level risk regarding patient safety, that a number of risks were already included on BDU risk registers, however it felt appropriate that a collective risk was included at this level. The risk had been discussed by the Clinical Governance & Clinical Safety Committee to ensure key areas continue to receive a specific amount of focus. CD commented that the committee felt it was important to show the commitment to patient safety overall and the different factors involved in that. The committee felt these included anti-ligature, learning from deaths, and complaints, along with others. RW commented that when the Board discusses the complex nature of services and pressure, the first consideration was safety first always. Having the collective risk draws that discussion together further.

AM asked for further information on the new corporate/organisational level risk in relation to succession planning and talent management. AGD commented that this was an issue which had been raised across the NHS and a lot of work was taking place regarding talent management and how the Trust could nurture it within the organisation. This risk would be discussed further by the Workforce & Remuneration Committee.

LC commented that the review of the risks aligned to committees was working well, which allowed committees time to have a detailed discussion. CD agreed it worked well. AM commented that the inclusion of the risk grading matrix with the report was helpful to allow for a detailed review of the scoring. RW commented that the arrangements had improved including the review of risks outside of risk appetite and felt they included a sense check of the key risks within the organisation.

It was **RESOLVED** to:

- **NOTE the key risks for the organisation subject to any changes / additions arising from papers discussed at the Board meeting around performance, compliance and governance;**
- **NOTE the two new risks escalated to corporate/organisational level; and**
- **AGREE the two risks recommended for closure.**

TB/19/38 Business developments (agenda item 7)

TB/19/38a South Yorkshire updated including the South Yorkshire & Bassetlaw Integrated Care System (agenda item 7.1)

AGD commented that the Trust was continuing to seek further conversation about its role in governance arrangements.

SY highlighted the following:

- Bid for individual placement support was successful. The Trust was now working with partners to develop a joint bid and working to agree who the lead provider would be.
- Emergency care provider group was working on supporting people in crisis with the aim for a draft proposal to come to each provider for sign off.
- Suicide prevention work taking place led by the local authority in Barnsley.
- Deep dive taking place on autism and autism spectrum disorder (ASD).
- The Trust was contributing to work taking place on workforce.

RW commented that the liaison and diversion service went live with the service provided in Sheffield, Rotherham, Doncaster and Barnsley, which demonstrates that the Trust's reach goes beyond Barnsley in South Yorkshire.

The Board thanked staff for the safe and successful transition of the liaison and diversion service.

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

TB/19/38b West Yorkshire and Harrogate Health and Care Partnership update (agenda item 7.2)

SY highlighted the following:

- All trusts had accepted their control total except one, with the integrated care system (ICS) supporting them to be able to accept.
- Check and confirm sessions are in place to provide clarity on what is being delivered together, the capacity, and feedback which would be discussed by the West Yorkshire Mental Health Services Collaborative Committee in Common (WYMHSC C-i-C).
- Angela would take over as Chair of the WYMHSC C-i-C for the next 12 months.
- NHS England and NHS Improvement are working on an 'implementation framework' which will describe in more detail the requirements for 5-year strategies.
- The Leadership Group took part in a workshop that focused on supporting good health services for people with learning disabilities. This was coordinated by Change, a national human rights organisation led by disabled people, based in Leeds. From that, work was taking place to develop health champions.
- Launch of 'looking out for our neighbours' campaign had been successful.

AM asked as part of the five year plan development, how equality and inclusion would be included along with addressing environmental sustainability. SY commented that the Trust already has a strong relationship with Healthwatch, a range of carer groups, and other third sector groups and would continue to build on that. There was a survey that has gone widely into the public and the Trust has helped publicise it. RW commented that the overall plan was built from the six place based plans, where sustainability and environment vary in each plan. In June 2019, the partnership board for West Yorkshire & Harrogate would meet to discuss what the focus and emphasis may be and it could be picked up there. AM commented that the focus was welcomed and that there also needed to be a focus on children and young people through those plans.

CD asked in relation to the performance dashboard for the ICS, how the Trust would feed into the development so that it was clear what the Trust was responsible for. RW commented that, in South Yorkshire & Bassetlaw, which was slightly ahead on performance, this would be in relation to Barnsley as a place being held to account for performance. It was unclear at this stage how this would develop, although it was assumed this would be how the Trust was being held to account currently by regulators. In West Yorkshire & Harrogate, the development of the ICS was one phase behind. Peer reviews are taking place with the work to come together in September 2019.

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; and**
- **Kirklees.**

TB/19/39 Performance reports (continued) (agenda item 8)

TB/19/39a Integrated performance report M12 2018/19 (agenda item 8.1)

TB highlighted the following from the Summary and Quality dashboards:

- Young person on adult wards - four days occupancy by one service user, remains an area of focus and only used if it is considered the least worst option with safeguards in place.
- Safer staffing fill rate - 118% but significant staffing challenges remain in response to increased acuity.
- Information Governance (IG) - showing a reduction which was positive, however it still needs focus to consistently reduce.
- Out of area usage - included under Locality.
- Friends & Family Test - excellent performance with mental health scoring 95% and community services 99%.
- Medicine omissions - maintained positive performance.
- Falls - an increase in the number of falls has been reported given service user acuity and complexity. Increased observations and staffing being put in place.
- Staff supervision - positive results for Quarter 4.
- CQUIN performance - positive in the year, with circa 98% achieved.
- Incidents - total number of reported incidents remains in line with recent trend and the expected range, although increase in red and amber incidents which will be looked at by Clinical Governance & Clinical Safety Committee. Risk panel reporting into Operational Management Group (OMG).
- CQC action plan - doing everything we can to ensure actions are completed. Detailed report to Clinical Governance & Clinical Safety Committee.

EM asked for further information in relation to the spike in pressure ulcers. TB commented that they are reported at a point in time, then reviewed and may return back within range when reported the next month. The spike had been noted in the risk panel and would be subject to detailed review. KQ asked if they were cross referenced with staffing levels. TB commented that they were at a local level and also at OMG.

KQ commented that the report stated that an increase in falls is related to increased acuity and asked if risks were assessed and increased based on needs. TB commented that they were, however when acuity was substantially increased the risk would also increase.

AM asked for further clarification in relation to safer staffing fill rates where five wards remained the same. TB commented that they were just below 80% and were reported every time. LC asked about the change in specialist services fill rates. TB commented that they had changed in terms of some of the care packages being delivered.

CD asked in relation to CAMHS 18 weeks waits if there was an overall trend since September 2018. TB commented that March 2019 data was not yet available, however it was hoped it would show a decrease and it remains an area of focus by the Clinical Governance & Clinical Safety Committee.

AM asked in relation to reducing physical interventions where there is a red RAG rating in relation to the CQUIN. Some detailed discussion has taken place at the Clinical Governance & Clinical Safety Committee where assurance was provided about the range of activity, although there was still an increase. TB commented that reporting requirements were being reviewed in comparison to others as potentially several matters were being reported as one in other trusts.

EM asked if the downward trend in out of area placements was due to SSG actions. MB commented that it was through continued action but may be too early to tell if it was a trend.

RW commented that operationally the Trust needs to continue to take falls, incidents, the use of prone restraint, and pressure ulcers seriously, with discussions continuing at the Operational Management Group (OMG) and EMT meetings. When considering areas for the 2019/20 IPR, child and adolescent mental health services (CAMHS) waiting times must have the right indicators separated by BDU, and the Trust's ambition around the use of restraints, falls, and pressure ulcers.

MB highlighted the following in relation to NHS Improvement Indicators:

- All improving access to psychological therapies (IAPT) targets have been met.
- Limited national metric data currently available for March given the impact of SystemOne implementation. Most data expected to be available by early May. Based on February's performance would not expect a large change.

MB highlighted, in relation to Locality, that the garden area in Ward 18 had been reviewed for overall safety and new anti-ligature, anti-climbing and netting would be put in place. Further anti-ligature work was taking place across the Trust.

AM commented that average length of stay was in excess of target in a couple of areas and could be an area for consideration in the IPR for 2019/20 in terms of consistency.

SY highlighted the following in relation to Priority Programmes:

- Work has commenced on implementing the work streams agreed as part of the recommendations made in the independent SSG report in relation to improving the out of area beds position.
- The use of SystemOne for mental health is becoming more embedded in daily operations. Focus remains on data catch up and support to users.
- Out of area is expecting to see some outcomes out of the first lot of SSG work.
- Stroke pathway is under development with Barnsley Hospital and Barnsley Clinical Commissioning Group (CCG), with particular focus on the model, activity and finances. There were potential risks in terms of timescales.

KQ asked when work would commence around the optimisation of SystemOne. SY commented that conversations were taking place at EMT. The focus was currently on catch up and stability, with an aim to move forward with optimisation plans in June 2019.

Sean Rayner left the meeting.

RW commented that the SystemOne implementation was an example of where the programme approach has worked well. EMT have been discussing all the work that is taking place in children's services such as CAMHS and it is felt that it could be coordinated more effectively using this approach. Proposal will come regarding how the implementation is structured going forward.

AM commented that engagement and involvement work taking place wasn't always clear in the IPR and could be an area for consideration in the IPR for 2019/20.

MB highlighted the following in relation to Finance:

- Detailed discussion at the Executive Management Team meeting on 25 April 2019 with Non-Executive Directors in attendance.
- Pre Provider Sustainability Funding (PSF) deficit in for 2018/19 of £1.6m compared to the revised plan of £2.0m.
- Included in the March position is non-recurrent income of £0.35m for out of area bed usage from Calderdale CCG.
- The cumulative position is £0.5m favourable to plan and includes a significant saving in capital charges (£1.4m) from a revised calculation for asset valuations, as well as one-off asset disposal gains of £0.5m and non-recurrent income support of £1.3m.
- Since the finance report was produced correspondence has been shared by NHS Improvement indicating the draft value of provider sustainability funding for 2018/19 is £4.7m, which is £2m higher than the previous forecast and £1.6m higher than expected.
- Expenditure on out of area beds of £355k takes the full year spend to £3.9m and is the highest ever by the Trust. One individual case accounts for £0.6m of this cost.
- Agency staffing costs were £0.6m in month, and £6.5m for the full year, which is £1.2m higher than our cap and £0.7m above last year.

AM commented that it was important to recognise the work that has been done throughout the organisation and the controls in place through our governance arrangements.

AGD highlighted the following in relation to Workforce:

- Sickness absence reduced to 4.6% in March and to 5.0% for the full year. This compares favourably to 2017/18 when the full year rate was 5.2%. Forensic is an area of focus for proactive prevention processes.

- Staff turnover reduced year on year from 12.6% to 11.9%. It is an important area of focus in a competitive market for staff.
- All mandatory training targets have been achieved and in a number of areas exceeded.

EM asked where the Trust would measure in relation to the trend for medical staff data for turnover. AGD commented that it was only small numbers and junior doctors rotated every six months. Further details would be in the agency reports which showed the spend on medical staff. EM asked where the detail of vacancies was discussed, versus the financial spend. MB commented that this information was reviewed monthly by the staffing group. AGD commented that the detail was included in the agency report received by the Workforce & Remuneration Committee.

RW commented that areas of focus were Barnsley, where sickness rates and turnover had historically been lower, along with CAMHS and Forensic services with conversations taking place at EMT. AGD commented that Barnsley sickness absence rates had remained stable in spite of significant change. Further work was taking place on stability rates for newly qualified nurses which is an additional area which needs focus.

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

TB/19/39b Safer staffing report (agenda item 8.2)

TB highlighted the following:

- The report is presented in a prescribed format and was discussed in detail by the Clinical Governance & Clinical Safety Committee.
- The report highlighted the difference between the overall position and local position where there are significant areas of pressures.
- The use of bank staff, outcome of the establishment review, and challenges to recruitment.
- Looking at a way of aligning with all other workforce initiatives, rather than mandated reporting so the two areas are linked.

LC asked for further information in relation to care hours per patient data. TB commented that the data was in its early stage of reporting and a discussion had taken place with NHS Improvement on areas where the Trust was higher and ratios which were better than in other areas. Some providers were including allied health professionals in their data and some are not which needs to be considered further along with the difference in ward sizes. Further information would be provided to the Clinical Governance & Clinical Safety Committee.

CD asked, in terms of the establishment review, whether some of the data had been included. TB commented that some of the early data was now available and needed to be updated.

LC asked in relation to the nurse overall day fill rate whether it was on a downward trend or related to specialist cases. TB commented that it was often related to learning disability services and also specific one to one care packages.

RW commented that the Board should note the previous investment made in safer staffing 2-3 years ago and the investment the Trust wants to make. The way the Trust manages staffing across the whole of the Trust needs to remain an area of focus and in relation to care hours per patient it did appear that the Trust had larger ward sizes in comparison to others.

It was RESOLVED to NOTE the report.

TB/19/40 Strategies (agenda item 9)

TB/19/40a Digital Strategy progress update (agenda item 9.1)

MB highlighted the following:

- Most significant programme of work has been the successful go-live of SystemOne for mental health clinical record system.
- Completion of year 2 of the 3 year capital investment plan improving IT infrastructure, business continuity and cyber security.
- Gaining non-recurrent funding to support paper free and recruitment to the associated positions.
- The procurement and re-tendering for the continued provision of a clinical information system that supports the requirements of the Improving Access to Psychological Therapies (IAPT) services was completed ahead of the end of March 2019 deadline.
- The cyber security governance audit conducted in July/August 2019 provided a significant assurance rating and all recommendations have been completed.
- A clinical coding audit was undertaken which demonstrated an improvement on last year's performance and also confirmed that 100% finished consultant episodes were coded within the 6 weeks target, maintained throughout year.
- The scanning bureau has improved the average number of scanned records per month and as at the end of March 2019, 27,736 paper records (6,606,423 pages) had been scanned since the programme of work commenced in April 2017.
- For all areas where guidance has been published, the Trust achieved full compliance for General Data Protection Regulations (GDPR) as at 31 October 2018.
- The Data Protection & Security Toolkit (IG Toolkit) audit was completed in March 2019 with the outcome being significant assurance opinion received and the assessment status achieved for 'standards met'.
- A number of services are actively using ORCHA and promoting apps through their services, the services specifically utilising the platform are Yorkshire Smoke Free, Wakefield Recovery College, Health and Well-being service, Wakefield CAMHs, Calderdale/Kirklees CAMHs and Early Intervention in Psychosis.
- Establishment of a Trust Digital strategy group which will oversee and co-ordinate initiatives which explore new and emerging digital opportunities to bring about further digital evolution across the organisation.

AM commented that the report highlighted areas of positive performance and that when discussing strategic objectives it was important that digital is considered throughout.

The Board noted the positive performance and thanked the wider IM&T team for their work.

It was RESOLVED to NOTE and COMMENT on the update of progress made against the Trust's Digital Strategy.

TB/19/40b Update of the Risk Management Strategy including review of Risk Appetite Statement (agenda item 9.2)

MB reported that the current Strategy was approved by Trust Board in 2017 and was now due for review. The recommended updates had been considered by the Executive Management Team and Audit Committee and there was a separate procedure document which sits behind the Strategy. Following review no change to the Risk Appetite was recommended.

AM requested that future updates were received with tracked changes when coming for approval at Trust Board. LC commented that the Audit Committee had received the suggested updates in tracked changes which had been supported prior to coming for Trust Board approval.

AM provided the following suggested amendments:

- References four risk committees. The Equality & Inclusion Forum is now a Committee following the Board's approval under agenda item 10 and they currently have oversight of one organisational level risk.
- Noting that the Audit Committee Chair was currently also a member of other committees.
- The roles of different individuals and groups such as the Organisational Management Group.
- Equality Impact Assessment (EIA) to be reviewed as to whether the implementation of this strategy could impact any of the protected characteristics differentially.

Action: Emma Jones

It was RESOLVED to APPROVE the update to the Risk Management Strategy and NOTE the Risk Appetite remained unchanged.

TB/19/41 Governance matters (agenda item 10)

TB/19/41a Audit Committee Annual Report 2018/19 including updated terms of reference for Trust Board committees (agenda item 10.1)

Laurence Campbell (LC) reported that all committee chairs and lead Directors were invited to attend the Audit Committee which received the annual reports of each Board committee and highlighted the following from the discussion:

- Overall there was assurance across the committees that they are meeting their terms of reference.
- There was a slightly inconsistent approach to membership numbers of Non-Executive Directors and executive directors which may need to be reviewed further.
- Workload was also discussed, including the possibility of realigning some areas between the Clinical Governance & Clinical Safety Committee and the Mental Health Act Committee.
- The current draft Head of Internal Audit Opinion is one of significant assurance.

RW commented that the report was helpful and a good process was in place for the annual review of committees. A point was also raised in relation to whether a separate finance and performance committee was needed which needed further discussion and consideration.

CD commented that the agenda was challenging for the Clinical Governance & Clinical Safety Committee. Have done some work with KQ, Yvonne French, Assistant Director Legal Services now also attends Clinical Governance & Clinical Safety Committee to provide further oversight from the Mental Health Act Committee. A potential new finance and performance committee may assist with the workload of the Clinical Governance & Clinical Safety Committee.

Emma Jones (EJ) commented that amendments had been made to the terms of reference of committees in response to internal audit recommendations. AM commented that now the Equality & Inclusion Forum was recommended to become a committee, the previous governor member, who is not a director of the Board, would in future be in attendance, in accordance with the Trust Constitution. In practice that would not change how the group works. RW commented that the link between the Members' Council and the previous Equality & Inclusion Forum had been helpful and there may be other ways to incorporate the views of governors to ensure we are focusing on the right kind of protected characteristics.

RW commented in relation to a potential finance and performance committee, that this would assist with the delivery of the financial sustainability plan. LC commented that it was important to consider where oversight was needed rather than the form of the group. EM commented that such a group could enable commercial aspects and investment discussions to take place with rigour. KQ agreed that a group to focus on those aspects was important although a committee may not be needed and to include performance elements may be too much for one group to do in detail over and above the financial sustainability plan. RW commented that adhoc arrangements had been in place with a sub group of Non-Executive Directors attending the Executive Management Team meeting for a more detailed discussion on finance. However, there would be further requirements nationally on performance such as waiting time standards for mental health that would need focus. AM commented that it was anticipated that a more detailed proposal would come to the next Trust Board meeting

It was RESOLVED to:

- **RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through:**
 - **committees meeting the requirements of their Terms of Reference;**
 - **committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and**
 - **committees can demonstrate added value to the organisation.**
- **APPROVE the recommendation that the Equality and Inclusion Forum now becomes a formal committee of the Trust Board;**
- **APPROVE the update to the Terms of Reference for the:**
 - **Audit Committee;**
 - **Mental Health Act Committee;**
 - **Clinical Governance and Clinical Safety Committee;**
 - **Workforce and Remuneration Committee;**
 - **Equality and Inclusion Committee; and**
- **CONSIDER whether the Trust requires a separate finance and performance committee with further discussion as part of the Financial Sustainability Plan.**

TB/19/41b Internal meeting governance framework (agenda item 10.2)

MB reported that the internal meetings' governance framework has now been updated to reflect changes that have taken place in the last year, including reflecting the disbanding of the Workforce Development Trust Action Group (TAG) with increased reporting now going to the Workforce & Remuneration Committee (previously Remuneration & Terms of Service Committee), and the addition of the West Yorkshire Mental Health Services Collaborative (WYMHSC) Committee in Common, which meets quarterly as Committees in Common with three other trusts in West Yorkshire.

The Board discussed the following additional amendments:

- Charitable Funds Committee to be reflected as a committee of the Corporate Trustee.
- Operational Governance Group to be added under Charitable Funds Committee.
- Reference to Trust Board and Members' Council meetings being held in public.
- JLMC and Trust Partnership Forum to be a dotted line to the Workforce & Remuneration Committee as reports are received by exception.
- Update the name of the Equality & Inclusion Forum to Committee following the Board's approval under agenda item 10.

Action: Emma Jones

It was RESOLVED to RECEIVE the update to the internal meetings' governance framework.

TB/19/41c Draft Annual Governance Statement 2018/19 (agenda item 10.3)

MB reported that the draft Annual Governance Statement followed a prescriptive format set by regulators. Following approval of the draft it will be provided to external auditors for review prior to final approval by the Board in May 2019. Some figures are still awaiting final end of year data.

AM provided the following suggested amendments:

- Objectives for the Chief Executive are agreed with the Chair.
- Confirmation of who appraises directors.
- Reference to Council of Governors to be updated to Members' Council.
- Reference to Bi-annual training to be changed to biennial.
- Number of audit reviews to be reconfirmed.
- Information Governance training to be updated to 2019.
- Bullet points in relation to Equality & Inclusion Forum to be reviewed.

Action: Mark Brooks

AM commented that the AGS was comprehensive and provided an excellent summary which showed the Trust has good governance and controls in place.

It was RESOLVED to REVIEW the draft Annual Governance Statement and COMMENT accordingly.

TB/19/41d Compliance with NHS provider licence conditions and code of governance - self-certifications (agenda item 10.4)

MB reported that the paper included the first self-certifications required by NHS Improvement with the next due in June 2019. It provides assurance that the Trust complies with the terms of its Licence and sets out a broad outline of the licence conditions and any issues for Trust Board to note.

Trust Board is asked to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to compliance with the conditions of its Licence.

TB/19/41e Operational plan 2019/20 (agenda item 10.5)

MB reported that delegated approval had been given on the final operational plan to the Chair, Chief Executive, and Chair of Audit Committee. This version would be available on the Trust's website and was being received in public session of the Trust Board for completeness.

It was RESOLVED to NOTE the final version of the 2019/20 operating plan which will be made available on the Trust's website.

TB/19/41f Update of the Scheme of Delegation (agenda item 10.6)

MB reported that the draft updates to the Scheme of Delegation had been included in tracked changes and included recognising the role of the Members' Council in appointing the Chair and Non-Executive Directors, areas around Estates in terms of the final disposal transactions, tightening of internal financial approval levels around financial challenge, and which strategies require the approval of Trust Board.

The Board discussed the following additional amendments:

- Consideration of any specific powers delegated to the Senior Independent Director.
- Update references in relation to innovation and change.
- Approval of memorandums of understanding by Trust Board.
- Removal of discipline of employees.
- Update the name of the Quality Strategy.
- Update the name of the Equality & Inclusion Forum to Committee following the Board's approval under agenda item 10.
- Whether the learning from healthcare deaths policy needs to continue to be approved by Trust Board.
- Update the name of NHSLA to NHS resolution.
- Reflect that the Charitable Funds Committee is a committee of the Corporate Trustee.

Action: Mark Brooks

It was RESOLVED to:

- **REVIEW the proposed changes to the Scheme of Delegation and COMMENT accordingly including which strategies need to be approved by the Trust Board and which can be delegated to a committee of the Board and**
- **APPROVE the updated Scheme of Delegation and to RECOMMEND the final for approval to the Members' Council.**

TB/19/41g Going Concern (agenda item 10.7)

MB reported that there is a requirement for the directors of an organisation to confirm whether or not it is appropriate for the accounts of an organisation to be prepared on a "going concern" basis. The external auditors require evidence with respect to how that conclusion has been derived with the principles to be followed outlined in the paper.

It was RESOLVED to APPROVE the preparation of the 2018/19 annual accounts and financial statements on a going concern basis.

TB/19/42 Receipt of minutes of partnership boards (agenda item 11)

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

- Barnsley Health and Wellbeing Board 9 April 2019 - SY commented that the terms of reference were discussed with no change to the Trust's membership. The integrated care outcome framework was discussed with recognition that mental health outcomes were not as strong as they could be. The joint strategic needs assessment approach was agreed which will assist with being able to analyse data at a departmental level. RW commented that the Board would need to receive the revised terms of reference if it became a formal member.
- Action: Salma Yasmeen**
- Calderdale Health and Wellbeing Board 21 February 2019 - TB commented that the Trust was signed up to the domestic abuse pledge.
 - Kirklees Health and Wellbeing Board 28 March 2019
 - Wakefield Health and Wellbeing Board 21 March 2019
 - West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group 19 March 2019 & 24 April 2019

- West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive 2 April 2019 - RW commented that the System Leadership Executive has been discussing the financial plans for 2019/20.

It was RESOLVED to RECEIVE the updates provided.

TB/19/43 Assurance from Trust Board Committees (agenda item 12)

Audit Committee 9 April 2019

LC highlighted the following:

- Risk committee effectiveness: Inconsistent approach to voting membership; workload levels; role in key programmes for 2019/20; do we need a Finance Committee?
- Internal Audit plan approved for 2019/20;
- Information Governance deep dive;
- Patient Level Costing in 2019/20 and impact on Trust priorities;
- Head of Internal Audit opinion: Significant Assurance subject to finalising outstanding reviews.
- Approved the Minutes of the Committee meeting held on 8 January 2019 (attached to Trust Board papers).

Clinical Governance & Clinical Safety Committee 2 April 2019

CD highlighted the following:

- Care Quality Commission (CQC) action plan.
- CQC letter.
- Wetherby YOI report.
- Whistleblowing Freedom to Speak up Guardians.
- Bullying & Harassment – for discussion at Workforce & Remuneration Committee
- Approved the Minutes of the Committee meeting held on 12 February 2019 (attached to Trust Board papers).

Nominations' Committee 9 April 2019

AM highlighted the following:

- Nominations' committee annual report and revised terms of reference - prior to receipt and approval by Members' Council.
- Review of skills and expertise required on the Board, including recommendation for the re-appointment of a Non-Executive Director to the Members' Council.
- Lead Governor appointment process - prior to review by Members' Council.
- Committee work plan for 2019/20.
- Approved the Minutes of the Committee meetings held on 16 July 2018 and 28 September 2018 ((attached to Trust Board papers).

It was RESOLVED to RECEIVE the updates provided.

TB/19/44 Trust Board work programme 2019/20 (agenda item 13)

Trust Board is asked to NOTE the work programme.

TB/19/45 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on Tuesday 25 June 2019, Room 5/6, Laura Mitchell Health and Wellbeing Centre, Great Albion St, Halifax HX1 1YR.

TB/19/46 Questions from the public (agenda item 15)

TB/19/46a - Is the scanning of records done by an outside company and does it convert them into text?

MB commented that the Trust had its own scanning bureau which has to operate to a standard definition which allows the destruction of original records.

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

Signed:

Date: 30 July 2019