

**Minutes of Trust Board meeting held on 30 July 2019
Conference centre boardroom, Kendray, Barnsley**

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

TB/19/63 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 five members of the public in attendance which included one staff member and two governors from the Members' Council. 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/19/64 Declarations of interest (agenda item 2)

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

TB/19/65 Minutes of and matters arising 30 April 2019 and 25 June 2019 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 30 April 2019 as a true and accurate record and the 25 June 2019 as a true and accurate record with the correction of a typographical error. The following matters arising were discussed.

- TB/19/36a Guardian of safe working hours annual report - Alan Davis (AGD) will provide an update following the regional meeting for safeguarding. Date of action to be changed to September 2019.
- TB/19/42 Receipt of minutes of partnership boards - once terms of reference finalised and received they would formally be presented to Trust Board.

TB/19/66 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to the neighborhood rehabilitation and crisis team. Rachel, an Occupational Therapist with the team, attended to present the service user story regarding an elderly lady who was admitted from acute services after treatment over three years for cancer. As a result of her treatment she could not eat and even drinking fluids was very painful. Peg feeding had been tried and was unsuccessful and at the time of contact with the team she had pneumonia following a chest infection, was incontinent and had developed pressure ulcers. Initially staff questioned where she should receive care in the community but she wanted to be at home and to self-care where possible. Through a Multi-Disciplinary Team (MDT) approach including the service user, family, care home staff, therapy assistants, and the cook, they looked at what could be provided. She was initially nursed in bed and the cook suggested liquidised food, which was tolerated, and eventually she was able to have a normal diet. Passive bed exercises were done which she was then able to progress to do them unaided, and eventually increased in strength until she was able to walk to the toilet and use it by herself. When the service user returned home the team followed her out, conducting assessments, getting the re-enablement services in from the council who could support her in certain areas. She had got to a point where she was able to get in and out of bed, had no pressure ulcers, and could shower and dress herself, which is where she wanted to be. She had four weeks at home until she sadly died from a stroke. The family wanted her story to be shared as they felt she had a good quality of life following the support provided.

Carol Harris (CH) commented that the story provided an example of why it was really important to work with service users and their families to understand people's aspirations and what was important to them, in order to restore that for them and their families.

Tim Breedon (TB) asked for Rachel's thoughts on what the service user's quality of life may have been if there had not been an MDT approach to care. Rachel commented that initially it was thought a hospice may have been the appropriate place to provide care. Without everyone's input and encouragement, as well as the service user themselves, she felt they would have remained in bed until they passed away. TB commented that the story highlighted the importance of people working together. Sometimes the roles and responsibilities may become blurred, which did not matter if the right treatment could be provided. Rachel commented that it was important to allow for roles and boundaries to be blurred to work out how to best support someone in the way that they want.

AM asked how the joint working with councils was working. Rachel commented that it was getting better, with more joint working and meetings taking place with other organisations along with the third and voluntary sector to understand what services are available and options that could be brought in to support people. She commented that she felt lucky to work in an environment that was patient centred.

AM asked if there were there any barriers or problems in putting the package of care in place for the service user. Rachel commented that the main barriers were getting her home with a re-enablement service due to the waiting times and capacity pressures. With some forward planning this was overcome by working as an alliance and this is getting better.

The Board thanked Rachel for attending, and to the family of the service user for allowing the sharing of the story.

It was RESOLVED to NOTE the Service User Story.

TB/19/67 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- A recruitment process has taken place for a financially-qualified Non-Executive Director on the Trust Board. The Nominations Committee had met to discuss the recommendation from the final interview panel and a recommendation for appointment will go to the Members' Council meeting on 2 August 2019.
- The Members' Council meeting will be held in public on 2 August 2019 at The Shay Stadium in Halifax.
- There will be issues that are being discussed in the private session of the Trust Board, and there was also a private strategic board meeting in May. These are items that have met the test of being discussed in private before they come into the public agenda, typically for reasons of commercial confidentiality.
- Today the Board will discuss the following items in private:
 - Those aspects of financial performance considered to be commercial in confidence.
 - Serious incidents under investigation.
 - Aspects of the care closer to home programme considered to be commercial in confidence.
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).
 - Minutes of private partnership board meetings.
- There will also be a meeting of the Corporate Trustee for charitable funds today, which meets on a quarterly basis.

Chief Executive's report and Deputy Chief Executive's remarks

TB 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 Trust was keeping a close eye on significant government changes taking place particularly in relation to the health and social care agenda. It was helpful that Matt Hancock had remained in post along with the suicide prevention minister appointment.
- The Green paper on social care delay and potential impact on families and support available outside the service.
- Changes around the current request for reduced capital expenditure, with the Trust considering how that may impact our services, ensuring the right Quality Impact Assessment (QIA) process was taking place.
- Maturity of Primary Care Networks (PCNs) which over the next few months would become more significant and consideration of how the Trust works with those networks. The Executive Management Team (EMT) discussed this at the quarterly timeout meeting to ensure the right engagement plans were in place.
- Despite the fact it was summer holidays, the levels of acuity and demand within the system remained the same, along with some extreme weather conditions.

Charlotte Dyson (CD) asked, in relation to the PCNs, how work the Board will be kept up to date about the different approaches in each district and how the Trust works with them. Salma Yasmeen (SY) commented that there was an update within the papers under the Business Development agenda item.

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

TB/19/68 Risk and assurance (agenda item 6)

TB/19/68a Board Assurance Framework (BAF) (agenda item 6.1)

Mark Brooks (MB) reported that the fourth strategic objective in relation to 'making SWYPFT a great place to work' had been included along with further changes as discussed by Board members at the February 2019 Trust Board strategic session and Trust Board meeting on 30 April 2019. Lead Directors had reviewed and updated the information within the report with the majority of areas RAG rated as yellow based on self-certifications and achieving targets for 2018/19. In relation to strategic risk 3.4 - Capacity / resource not prioritised leading to failure to meet strategic objectives, the Executive Management Team (EMT) felt the current RAG rating remained green however it was an area to keep in focus noting the numerous priority areas.

Laurence Campbell (LC) ask for further information regarding the amber RAG rating of strategic risk 1.4 - Impact of the Trust not having a robust and compelling value proposition leading to under-investment in services. MB commented that when this was discussed by EMT it was felt that a lot of work had taken place to understand what the Trust provides and the propositions being developed. Due to the document not being complete it was felt that an amber rating was most appropriate. SY commented that the work was being done in two parts. A prospectus had been developed with a value proposition as a whole Trust which should be completed by September 2019. In relation to specific services, this would be coproduced with services and would be an area of priority once a new engagement manager commenced with the Trust. CD commented that September felt like too tight a timescale and when looking at the controls it did not fully describe what gaps need to be addressed and the amount of work identified. SY commented that it would be the individual specific service prospectus which would take time. TB commented that these would also need to be aligned to long term plan.

CD asked for further information regarding the yellow RAG rating of strategic risk 2.3 - Increased demand for and acuity of service users leads to a negative impact on quality of care, as acuity had not improved. MB commented that the risk was in relation to the negative impact on quality of care and it was not felt that there was a significant impact on quality and care. Focus needed to continue on whether the mitigations and controls in place were successfully mitigating the risk.

LC acknowledged in relation to strategic risk 2.1 - Lack of suitable and robust information systems backed by strong analysis leading to lack of high quality management and clinical information, that there was a lack of strong analysis and queried whether a yellow RAG rating reflect that along with the green RAG rating of strategic risk - 3.4 - Capacity / resource not prioritised leading to failure to meet strategic objectives. MB commented in relation to 3.4 that through the cyclic review of the BAF it was felt by EMT at the time that the RAG rating was yellow. In the last few weeks with a heightened risk in relation to some of the CIPs it could potentially be considered as amber, however the forecast was still to achieve the control total. In relation to 2.1, the analysis was only part of the overall risk and there are suitable and robust clinical record systems in place along with accessing further support when requested for high level pieces of work. . The Performance and Improvement team had a high level of focus on the implementation of SystemOne and the optimisation phase would

have a slightly different approach allowing some of the team to focus on business intelligence and the data warehouse which would assist with benchmarking. Due to the plans in place EMT felt that the RAG rating was yellow.

LC commented in relation to controls under 3.1, the Finance Oversight Group (FOG) is not mentioned. MB commented this was in relation to when the paper was written and reference would be included going forward.

Action: Mark Brooks

Sam Young (SYo) commented that there were some gaps in assurance and controls where there was no date or a year rather than a month and requested further clarification of due dates.

Action: All

AM commented that the BAF included all the issues that were high on the Trust Board agendas in terms of focus and were also reflected in the Corporate/Organisational Risk Register, noting that it would develop further through the financial year.

It was RESOLVED to:

- **NOTE and the controls and assurances against the Trust's strategic objectives for Quarter 1 2019/20; and**
- **AGREE to an ongoing target for addressing gaps in control given the nature of the gaps and risks identified.**

TB/19/68b Corporate / organisational risk register (ORR) (agenda item 6.2)

MB reported that the review of the ORR by EMT followed a cyclic approach with changes that had taken place in the last quarter reflected. A specific recommendation had also been made by EMT on risks for realignment to the fourth strategic objective.

LC/AM/CD asked for further information on Risk ID 1078 in relation to children and young people waiting for treatment, regarding the reduction in likelihood. CH commented that the description of the risk had been reworded to focus on potential harm as a result of waiting for treatment. LC queried whether there was a need to split the risk into two risks. CH commented that there was a broader risk in relation to waiting list numbers and this one focused on the potential harm. Waiting lists which were outside the 18 week wait standard were reported to the Clinical Governance & Clinical Safety Committee. CD asked how the evidence of harm would be known and how the Trust manages the potential harm. CH commented that whilst the Trust was working on addressing the waiting list it also needed to work on how to minimise the likelihood of there being harm and there were a lot of actions in relation to the waiting list. Kate Quail (KQ) commented that it could depend on how harm was defined. AM commented that it needed to be clear that just because the risk level had changed it did not change the level of focus. CH commented that the risk did not reflect the individual risks which remain on the local level. TB commented that it still remained an area of focus and reporting to the Clinical Governance & Clinical Safety Committee. CD requested that any evidence be incorporated in the reporting to Clinical Governance & Clinical Safety Committee for further discussion. The Board noted the change and requested that the risk scoring be kept under review.

Action: Carol Harris

AM asked if there was a similar separate risk for people who are on other waiting lists. CH commented that the risk to children and young people was at the forefront when the risk was updated. The wording for Risk ID 1132 in relation to long waiting lists could be reviewed in a similar light when discussed by the Clinical Governance & Clinical Safety Committee.

Action: Carol Harris

KQ requested that the impact on carers and family be captured when discussed at the committee and included in the controls and assurances.

Action: Carol Harris

KQ asked for further information on Risk ID 1158 in relation to over reliance on agency staff, regarding whether the risk should be split because there is an impact on finance, the risk on quality. MB commented that the impact on finances was typically in certain specialties such as agency medical locums.. The agency spend can impact the Trust's financial risk rating which was a different issue as if the agency cap is exceeded by more than 50% the Trust will have an overall financial risk rating of 3 and 4 for that particular metric.. It was noted that when the Trust met with the regulators and they were impressed with the actions taken to reduce the reliance on agency staffing and they also offered some helpful advice which has been incorporated in the Trust plan. MB felt that in terms of the most significant financial risks they would be out of area beds, inpatient staffing, and ensuring we get paid appropriately for the services we provide. Agency spend has increased, however if substantive staff were in place the net impact wouldn't necessarily be large when compared to some other financial risks.

Erfana Mahmood (EM) asked for further information on Risk ID 1335 in relation to out of area placements, regarding how long it could remain as an amber risk. MB commented that it would remain amber until they were not excessively used. There was a more detailed report in the private session of Trust Board which showed there had been a reduction quarter on quarter compared to individual months which can fluctuate. The overall level of risk remains amber although there was a high number of actions in place and joint working appeared to be improving the issue with Quarter 1 39% lower than last year. SY commented that the quality improvement approach was looking at data all the time rather than quarterly. It was currently low however it could spike and one of the areas of focus was on minimising variation. AM suggested the Board consider whether any changes were needed to the risk following discussion on the paper in the private session.

KQ asked for further information on Risk ID 1158 in relation to over reliance on agency staff, regarding whether the use of agency was having an impact on the quality of care. TB commented that any changes in the complaints profile is considered by the trios, and in relation to medics it could also relate to any changes in staff and the continuity of care. AGD commented that we have the numbers of staff to keep care safe, however it was the continuity of care which needed focus which was why the work on safer staffing was important. SYo commented that the controls and actions did not provide a sense of the work taking place. LC commented that the Finance Oversight Group received an update on the amount of work that was taking place to reduce agency usage which seemed to be quite innovative and having an impact.

CD asked if Risk ID 1369 in relation to Brexit had been reviewed in relation to the latest developments. AGD commented that there were national developments with time spent locally to develop business continuity plans. A lot of assurance had been provided with central plans in place which needed to be tested. From a workforce point of view, while there may not been an immediate risk there may be one in the medium to long term, as even a change in currency exchange rates could impact workers from the EU. AM commented that there was an important communications element in terms of assurance and guidance to address any concerns for staff and service users and requested that an update on Brexit be provided at the next Trust Board meeting.

Action: Alan Davis

CD commented that Risk ID 1424 in relation to patient safety would be reviewed by the Clinical Governance & Clinical Safety Committee following the CQC report to see if any amendments were needed.

AM asked for further information on Risk ID 1368 in relation to children and young people in adult beds, where the likelihood had reduced although admissions continued. CH commented that when discussed by EMT it was noted that while admissions were taking place, there were lots of children who were admitted to the right beds at the right time. AM commented that it was important to maintain the focus on the issue and raised concern that if the scoring was reduced the level of focus may reduce. CH commented that the new care model had demonstrated that overall the numbers requiring admission have reduced, along with service users being brought back from out of area placements, and some positive investment. The change in level of risk was not in relation to acceptance and management focus remains. AM requested that the risk scoring be reviewed in line with the previous scoring.

Action: Carol Harris

AM requested that the EMT reflect on the risk profile heat map and whether the average risk score, which is reducing, reflects the environment in which the Trust is operating. SY commented that an example of how the level of risk has reduced was in relation to the development of integrated care partnerships and actions taken place to make these stronger. MB commented that if they had not reduced it may raise questions as to whether actions were taking place. Two further examples were in relation to the falsified medicines directive and GDPR where the level of risk had reduced due to the actions which had taken place.

Action: Executive Management Team

LC commented that a potential new risk for consideration, which was raised by the Audit Committee, was in relation to partnership working as people become dependent on other partners' performance.

Action: Salma Yasmeen

AM asked if it would be helpful for a deep dive to take place on a couple of risks at each business and risk Trust Board meeting. LC commented that this was currently taking place at committee meetings. MB suggested that committee chairs lead the discussion at Trust Board following on from the discussions taking place at committees.

Action: Committee chairs

KQ asked if risks would be realigned to the Finance Oversight Group (FOG). AM commented that when the FOG became a committee of the Trust Board this may take place.

The Board discussed the realignment of risks to the fourth strategic objective for 2019/20 'Making SWYPFT a great place to work' and agreed that these should be Risk ID 1151, Risk ID 1154 and Risk ID 1157.

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;**
- **DISCUSS if the target risk levels that fall outside of the risk appetite are acceptable or whether they require review; and**
- **AGREE that Risk ID 1151, Risk ID 1154 and Risk ID 1157 should be realigned to the fourth strategic objective for 2019/20 'Making SWYPFT a great place to work'.**

TB/19/69 Business developments (agenda item 7)

TB/19/69a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD reported that he attended a stakeholder workshop along with SY and AM which aimed to help shape the SYBICS approach to long term plan which was helpful. Mental health was identified as a priority area with a lot of commitment in the room to ensure we get that right for service users. AM added that there was also a strong commitment around addressing health inequalities and working with the third sector.

SY commented that across the SYBICS there would be 30 PCNs, with Barnsley officially registering one super PCN hosted by the Barnsley Healthcare Federation, with 6 neighbourhood networks, which would be responsible for delivering the seven service specifications. CD commented that the PCNs seemed to be taking different approaches which was challenging in terms of the impact on the Trust. SY commented that there would be a further discussion in the private session of Trust Board.

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

TB/19/69b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SY highlighted the following:

- The System Oversight & Assurance Group (SOAG) meeting in June 2019 included information on the deep dive on mental health, learning disabilities, and suicide prevention which had received some additional funding.
- 55 Primary Care Networks (PCNs) had been formed with substantial work taking place leading to this.
- Work was taking place on the workforce people plan.
- A review is taking place on the terms of reference for the WYHHCP, with the Finance Group of directors of finance, who had been acting in an advisory capacity, now having formal terms of reference in place.
- All integrated care systems were asked nationally to reduce their capital spending, including 21% for the WYHHCP. The Trust has been asked to reduce spending as a result. MB commented that a paper highlighting the Trust response to this request was discussed by the Finance Oversight Group.
- Improving Access to Psychological Therapies (IAPT) performance in Kirklees required some focus.
- Transformation funding was available for mental health, children and young people, and health inequalities, with proposals to be discussed by programme boards. Sean Rayner (SR) commented that the mental health funding applications for community crisis care were accepted and were in the process of implementing. In relation to the community mental health proposal, discussions were continuing with NHS England regarding implementation. The application for adult secure new models of care was submitted on time to NHS England as a collaborative with feedback to be provided.
- Work continues to develop the five year plan.

EM asked why the IAPT performance in Kirklees was not raised through conventional management channels. SY commented that it had been raised and nationally they have agreed what should be reported formally. RW commented that it was escalated to SOAG. CH commented in relation to performance indicators it was an issue for Kirklees place in relation to prevalence and the Trust was working with commissioners on that.

CD commented that the Board needed to be clear on what the Trust was accountable for as part of the WYHHCP. SY commented that a dashboard had now been developed. MB commented that they would need to be included in the Trust's IPR.

Action: Salma Yasmeen

AM commented that she understood a children and young person's programme had been established with some funding allocated and requested feedback be provided to a future Trust Board meeting. SY commented that there was a focus on pathways of care and joint up care in terms of suicide prevention with a tool that was being piloted.

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/19/70 Performance reports (agenda item 8)

TB/19/70a Integrated performance report M3 2019/20 (agenda item 8.1)

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

- Children & young people in adult beds - usage was still occurring in the system with no particular trend other than it was occurring with unwelcome regularity. The Trust was keeping in focus and determined to ensure proper processes and capacity were in place to access Tier 4 facilities.
- Prone restraint - significant focus on the use of prone restraint and further positive progress. This was an area of interest of the Clinical Governance & Clinical Safety Committee.
- Safer staffing - numbers look positive, however demand and acuity issues continue and some underlying difficulties in fulfilling shifts. The establishment review has concluded.
- Medicines omission - work taking place with the pharmacy team which was showing some improvement.
- Supervision - there is some evidence that some may not have been recorded appropriately, this is being addressed through OMG and is coupled with the quality of supervision which formed a larger piece of work.

LC asked when Mental Health Act related performance indicators would be included. MB commented that metrics had been agreed but the data was not available in time for the month 3 report.

LC asked for clarification on the areas where the year-end forecast was RAG rated green with the number 4. MB commented that this did not relate to the NHS Improvement indicators, with definitions to be provided. TB commented that the rating of 4 in relation to Quality areas indicated that a plan existed and was on target for achievement.

Action: Mark Brooks

LC asked for confirmation that the year to date financial risk was £2.8m. MB commented when looking at the current level of risks and upsides, £2.8m was the net difference between outturn and control total.

CD asked, in relation to learning disabilities where the indicator was RAG rated amber and the data was not yet available, what was the Trust doing that would make a difference in performance. CH commented that the Trust was confident that work was taking place which would make a difference with the forecast to be reviewed including what has been achieved, recorded, and delivered to meet the standard.

AM asked, in relation to the staff Friends & Family Test (F&FT), what was needed to improve. TB commented that the new strategic objective to make SWYPFT a great place to work was a key part of this. AGD commented that engagement with staff had commenced about what would make the Trust a great place to work. This had been discussed by the Workforce & Remuneration Committee with themes including supporting staff to keep fit and well, developing people, and making sure people's voices count. AM commented that she was struck by the difference in service user and staff feedback and insight was needed into what was driving the difference. TB commented that, in relation to staff, sometimes it was around their aspirations of what care they would like to be able to provide. CH provided some examples including that staff did not want service users to be placed out of area or be on a waiting list, compared to service users who felt satisfied when they had used the Trust's services. AGD commented that one of the benefits of the engage and listen events with staff is being able to receive this feedback. An annual staff engagement plan would be established and this could be an area of focus.

CD asked for an update on complaints closed within 40 days. TB commented that there was a plan in place to improve performance, however some management capacity needed to be diverted temporarily due to the CQC inspection which had delayed progress. It was hoped that by the end of September 2019 the performance would show improvement.

KQ asked if delayed transfers of care, which was RAG rated green, was linked to out of area placements. CH commented that 'delayed transfers of care' is a specific performance indicator which relates to older people, focusing on overall length of stay.

MB highlighted, in relation to the National metrics, that data completeness and quality remained an issue, which would be realigned towards the end of September 2019. Performance was improving but not where it needed to be.

CH highlighted the following in relation to Locality:

- Barnsley - acuity in relation to bed management, experiencing pressure which has been unprecedented.
- Calderdale and Kirklees - pressures in older adults inpatients.
- CAMHS Forensic services - work taking place with Leeds Community Healthcare Trust in relation to a performance notice.
- Specialist services - work taking place on draft Child & Adolescent Mental Health Services (CAMHS) Intensive Support Team (IST) review reports.
- Wakefield - Nostell ward in Wakefield has been participating in the national reducing restrictive practices collaborative and the latest performance has shown a 50% reduction.

CD asked if the cause of pressures in bed management in Barnsley was understood. CH commented that the wards were more acute and through the work taking place to reduce out of area placements, service users were being placed internally across the total bed base rather than by locality. Further work was taking place to understand what may have caused the increase.

SYo asked if the learnings from the success of the Nostell ward were being used in other areas. CH commented that Ward 18 had signed up for a similar programme in relation to sexual safety and a discussion had taken place by the risk panel around sharing the learning from Nostell to support the way that care is provided across the Trust.

SY highlighted the following in relation to Priority programmes:

- Significant emphasis on joined up work and the development of Primary Care Networks (PCNs).
- Access to transformational funding for new models of care, suicide prevention, and community elements.
- Systemone work continuing to stabilise the system and develop the optimisation plan.

MB highlighted the following in relation to Finance/contracts:

- Discussed in detail at the Finance Oversight Group (FOG) meeting.
- Pre Provider Sustainability Funding (PSF) deficit in month 2 of £145k, which is £37k favourable to plan. Cumulative deficit is £1.3m which is £150k favourable to plan. The cumulative position includes £0.7m of pay increases paid fully in April.
- Cumulative income is £0.3m lower than due to creation of a number of reserves relating to CQUIN and occupancy, and also income received from the spot purchase of beds which was improving in relation to neuro-rehab.
- Out of area bed costs were £158k, which is the lowest value for some time. Cumulative spend is 39% lower than the corresponding period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend is 41% above the cap. This was the biggest area of risk in terms of the Trusts risk rating which was currently 3.
- Net savings on pay amounted to £268k in-month and £0.7m year-to-date.
- Cost improvement plan (CIP) delivery of £2.0m is virtually in line with plan at this stage of the year.
- Cash increased to £25.2m in June with 2018/19 PSF monies expected in July to increase the short term cash balance.

CD asked for further clarification on CIP delivery. LC commented that feedback from the FOG meeting would be provided in the private session. MB commented that there was a target of £10.6m and at the beginning of the year £1.3m was unidentified. The Trust's percentage of CIP delivery is higher than many trusts. The £1.3m had increased to £1.8-1.9m due to slippages and areas that were more difficult to address such as drug spend and work was taking place to understand whether some CIPs had been delivered but not recognised as such. Work continued to look at both current and non-recurrent CIPs which each BDU to provide an update to their forecast by the end of August 2019.

AGD highlighted the following in relation to Workforce:

- Sickness absence - hotspots were acute inpatient and forensic low-secure focused with a lot of work taking place.
- Appraisals - there was a lag in reporting with work taking place to ensure data was up to date.

AM asked if there was more recent comparative data to other trusts. AGD commented that the most recent received data from the national system was used.

LC commented that the report indicated an increase in turnover in month. AGD commented that the reporting in the first quarter used a projection. This is an area that is reviewed by the Workforce & Remuneration Committee which receives more detailed reports to ensure focus.

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

TB/19/71 Strategies and policies (agenda item 9)

TB/19/71a Estate Strategy progress update (agenda item 9.1)

AGD highlighted the following:

- The quality of the Trust's estate had been greatly improved since the strategy commenced in 2012.
- When the Trust became a foundation trust one of the reasons was to create a surplus for the purpose of investment in the estate which previously wasn't there.
- As a result the inpatient units were better, the right community infrastructure was in place, and surplus properties were disposed of.
- The Trust also invested in the installation of sprinkler systems although not a formal requirement at the time.
- The Trust had now delivered all the agreed projects in the estate strategy with the completion of the Fieldhead inpatient development in May 2019.
- Whilst the current strategy runs to 2022 it felt appropriate to bring forward the planning for a new strategy to cover the next ten years, which reflects the changing clinical and commissioning environment.

AM commented that as work on the Sustainability Strategy developed, it would influence the new Estate Strategy, along with good staff engagement.

TB commented that the early completion of the agreed projects within the strategy was a testament to the work that we have done as a Trust. The Clinical Governance and Clinical Safety Committee received a report in relation to the CQC with a particular focus on estate and the environment. At a coproduction event some information was shared on the estates position across England and Wales and there were still a number of places where there are multi bed bays and services operating out of old Victorian buildings. There were still some major estates issues across the system. However the Trust was not in that position due to the approach that has been taken over a number of years.

CD commented that it was important to make sure areas that were considered minor capital improvements continue so that there was a quick response. In terms of community and the long term plan, how that feeds into our plans would need to be considered along with working in partnership. AGD commented that these areas would be more important as the capital provisions and disposal of property become tighter. These would be an important part of the future strategy. AM commented that a draft of a new Estate Strategy would be due in December 2019. LC asked if the learning from the current strategy could be included.

Action: Alan Davis

It was RESOLVED to NOTE the content of the report.

TB/19/72 Governance matters (agenda item 10)

TB/19/72a Equality and diversity annual report 2018/19 (agenda item 10.1)

TB reported that the annual report had been discussed by the Equality & Inclusion Committee and highlighted the following:

- The Equality & Inclusion Committee liked the style of the report, which provided a good narrative, and recognise that there needs to be a better balance between qualitative and quantitative information in the future.
- The Trust was meeting the reporting requirements of EDS2.
- Work is taking place to support family, friends, and carers including the development of the Carers' Charter.
- Updates on the development of staff equality networks.

EM commented that the format of the report was good and asked if this style of reporting could be used for other reports. TB commented that some annual reports were mandated, however this one did not have a prescriptive format which allowed for a presentation style on the key points.

AM asked for an update on the arrangements for the 2019/20 process. TB commented that the Trust had appointed a new equality and inclusion lead and would use consultation arrangements as referred to in the report. A draft of the approach would go to the Equality & Inclusion Committee meeting in September 2019 with the first draft due in February 2020.

CD commented that within the report it noted that the equality agenda portfolios appeared fragmented and impacted performance and asked what the Trust had done to receive greater clarity. TB commented that as a result a report was provided to the Equality & Inclusion Committee regarding the development of the equality & inclusion lead post. Two years ago, when director portfolio changes took place, a matrix approach to working was established. This would now be brought together under one lead to give it more focus.

AM commented that a Trust Board training session on equality and diversity was due to be rescheduled.

Action: Tim Breedon

It was RESOLVED to NOTE the progress report and the COMMENTS from the Equality & Inclusion Committee.

TB/19/72b Committee membership (agenda item 10.2)

AM reported that, subject to the appointment of a financially-qualified Non-Executive Director (NED) being approved by the Members' Council, the Board is asked to approve the following changes to committee membership, the outcome of which will be that all NEDs will be chairing a committee:

- Audit Committee - add the new NED, remove Erfana Mahmood
- Equality and Inclusion Committee - add the new NED, remove Sam Young
- Finance Oversight Group (future Finance and Performance Committee to be confirmed) - add the new NED as the chair, add Kate Quail as a member, remove Laurence Campbell
- Charitable Funds Committee (subject to ratification by the Corporate Trustee for charitable funds) - add Erfana Mahmood as chair, remove Kate Quail, Charlotte Dyson remains on the committee as a member rather than Chair.

It was RESOLVED to APPROVE the changes to the committees as detailed in section 4 above, subject to the appointment of a financially-qualified NED being approved by the Members' Council.

LC left the room.

TB/19/72c Five year plan (agenda item 10.3)

MB commented that the five year plan was originally due to be published in April 2019. Each ICS would be required to have a five year plan that places and organisations feed into, in relation to WYHHCP this was by place and aggregated by organisations. For the SYBICS it would have an impact on the Trust's workforce and financial assumptions. It was requested that the timescales be extended to first week of September 2019 for first draft, with the final plan due for submitting mid November 2019. Some national guidance has been provided with further to follow. WYHHCP were due to issue some guidance on 12 August 2019. There would also be some further workforce requirements.

LC returned to the room.

SYo asked where the draft plans would be discussed. AM commented that there would be some discussion at the Trust Board strategic session on 3 September 2019 on the plans for the draft, followed by the Trust Board meetings on 24 September 2019 and 29 October 2019. Where appropriate, some areas may be discussed by the Finance Oversight Group and committees, such as quality aspects by the Clinical Governance & Clinical Safety Committee.

It was RESOLVED to:

- **DISCUSS and COMMENT on the paper; and**
- **CONSIDER how Board members wished to be kept informed of and be able to engage with the development of the five year plan and what governance needs to be in place to enable appropriate approvals to take place at each stage of submission.**

TB/19/73 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:

- Calderdale Health and Wellbeing Board - TB commented that at an informal session there was discussion on role of the arts in supporting health and wellbeing and actions that organisations were taking to keep staff well and at work. In relation to our Trust the Creative Minds linked charity was discussed along with the strategic objective of making SWYPFT a great place to work.
- Kirklees Health and Wellbeing Board 25 July 2019.
- Wakefield Health and Wellbeing Board 18 July 2019 - SR reported that the meeting was the first of a new style with focus discussion. The discussion highlighted that different partners had different projects that others were not aware of and actions needed as a result.
- South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board 12 July 2019 - updated included under agenda item 7.1.
- West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group 24 July 2019 - updated included under agenda item 7.2.
- West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive 4 July 2019 - update included under agenda item 7.2.

AM commented that the format of receipt of the minutes of partnership board would be reviewed through agenda setting to consider whether these could be incorporated under other agenda items.

Action: Angela Monaghan

It was RESOLVED to RECEIVE the updates provided.

TB/19/74 Assurance from Trust Board Committees (agenda item 12)

Audit Committee 9 July 2019

LC highlighted the following:

- Resource constraints could prevent vital project activity.
- Propose exercise to test whether identified actions reduce organisational level risks to projected target level.
- Is there a new organisational level risk needed regarding partnership working.
- Outstanding actions arising from partial assurance internal audit of Complaints.
- Charity Accounts - how do we fully demonstrate social value created
- Head of Internal Audit Opinion - importance of hitting original dates, currently only 66% against a minimum of 75%.
- Partial assurance on part of Compliance with Legislation internal audit - ownership of new legislation issue.
- Increase in potential fraud reporting, shows a positive reporting culture.

Nominations Committee 15 July 2019 and 26 July 2019

AM highlighted the following:

- Non-Executive Director (NED) appointment process.
- Update on NED recruitment.
- Recommendation to Members' Council on Chair and Non-Executive Director remuneration process and timescales.
- Recommendation to Members' Council on Lead Governor appointment.
- Recommendation to Members' Council on NED appointment.

Workforce & Remuneration Committees 22 July 2019

SYo highlighted the following:

- NHS Staff Survey Action Plans and Engage and Listen Events - Key messages, staff consultation, 800 people seen.
- Workforce Strategy Action Plan 2019/2020 - Reviewed and aligned against NHS People Plan and Engage and Listen Events.
- Organisational Development Strategy 2019/20211 - Reviewed and aligned against NHS People Plan.
- Strategic Workforce Plan 2019/2020 - Reviewed and aligned against NHS People Plan.
- NHS Improvement: Learning Lessons – Identified where there are differences and reviewed.

West Yorkshire Mental Health Services Collaborative (WYMHSC) Committees in Common (C-in-C) 28 June 2019

AM highlighted the following from the Chair's report:

- Detailed meeting, with some more significant decisions and felt like a positive collaborative discussion with business carried out in the right way.

- Joint NED/Governor event feedback from the well-attended event, one area for focus was in relation to the branding of the collaborative.
- Updates around transforming care partnerships work.
- Bids for the new care model developments and agreed to go forward with Forensic services bid.
- Assessment and treatment units.
- Noted the need to capture the added benefits of working in the collaborative.

It was RESOLVED to RECEIVE the updates provided.

TB/19/75 Trust Board work programme (agenda item 13)

The Board discussed the following changes to the work programme.

- Annual revalidation report - would come to the September meeting, following discussion at the Clinical Governance & Clinical Safety Committee.
- Trust Constitution - review currently scheduled for October 2019, will be looking at the process to ensure engagement and may be moved to January 2020. This would also take into account any national changes if complete by this time.
- December meeting - due to early date of the December meeting and the availability of data, it was agreed to swap the November and December meetings, with the December meeting becoming a strategic session and the November meeting becoming a performance and monitoring meeting held in public.

Action: Emma Jones

It was RESOLVED to AGREE the changes to the work programme.

TB/19/76 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on 24 September 2019, Small Conference Room, Wellbeing & Learning Centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.

TB/19/77 Questions from the public (agenda item 15)

No questions were asked from members of the public in attendance.

Signed:



Date: 24 September 2019