

Minutes of Trust Board meeting held on 24 September 2019
Small conference room, Wellbeing & learning centre, Fieldhead, Wakefield

Present:	Angela Monaghan (AM) Charlotte Dyson (CD) Laurence Campbell (LC) Kate Quail (KQ) Erfana Mahmood (EM) Sam Young (SYo) Rob Webster (RW) Dr. Subha Thiyagesh (SThi) Tim Breedon (TB) Alan Davis (AGD) Mark Brooks (MB)	Chair Deputy Chair/Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Director of Nursing and Quality/Deputy Chief Executive Director of Human Resources, Organisational Development and Estates Director of Finance and Resources
Apologies:	<u>Members</u> Chris Jones (CJ)	Non-Executive 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/19/78 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 six members of the public in attendance which included two staff members, one service user, and three 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/19/79 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board for Chris Jones (CJ), Non-Executive Director whose term of office commenced on 5 August 2019:

Name	Declaration
Non-Executive Directors	
JONES, Chris Non-Executive Director* (*term commenced 5 August 2019)	Director, Chris Jones Consultancy Ltd.

Emma Jones (EJ) commented that Sam Young (SYo) had advised the following changes to her declarations of interest:

Name	Declaration
Non-Executive Directors	
YOUNG, Sam Non-Executive Director	<i>Non-Executive Director, Great Places Housing Group - ended from 1 September 2019.</i> <i>Interim Transformation Director, Irwell Valley Homes - effective from 5 August 2019.</i>

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

TB/19/80 Minutes of and matters arising 30 July 2020 (agenda item 3)

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

- TB/19/69b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCPC) (regarding a performance dashboard) - Rob Webster (RW) commented that at the System Oversight & Assurance Group (SOAG) meeting on 23 September 2019, the SOAG discussed the performance dashboard under development, with comparison to other areas Integrated Care Systems (ICSs) including South Yorkshire & Bassetlaw and the rest of north of England. The dashboard will be included in SOAG meeting papers with a named contact for each organisation who will then distribute accordingly.
- TB/19/70a Integrated performance report M3 2019/20 (regarding the difference between indicators used) - Mark Brooks (MB) commented that clarification was provided at the meeting.
- TB/19/71a Estate Strategy progress (regarding incorporating learning into new Strategy) - Alan Davis (AGD) commented that the development of a new Estates Strategy was progressing and learning from the previous Strategy was an important part of the development. It would also be important to include the learning and experiences from service users.
- TB/19/72a Equality and diversity annual report 2018/19 (regarding Trust Board training session) - Tim Breedon (TB) commented that this would be rescheduled to take place before the end of the year.

Sam Young entered the meeting.

- TB/19/52 TB/19/52 Performance reports (regarding Board statement on agency controls) - MB commented that this would be discussed by the Finance Oversight Group.
- TB/19/53a Update on Learning Disability Services and National Context (regarding potential training for staff) - AGD commented that the education group had discussed a whole range of issues around mandatory and core training and training in relation to learning disabilities was part of that. A business case would need to be developed for consideration as there would be significant resource implications, particularly in inpatient areas. This also led onto discussion around dementia friendly training. The policy would be revisited in relation to what training was considered mandatory and

what was considered core. AM asked which committee would have oversight. AGD commented that the outcome of the training policy review would be reported to the Workforce & Remuneration Committee. RW commented that at a joint executive meeting with Calderdale & Huddersfield NHS Foundation Trust, it was discussed and agreed how good practice in relation to learning disability services could be shared between trusts.

- TB/19/53b TB/19/53b Incident Management Annual Report 2019/19 (regarding reporting of incidents against staff) - TB commented that further information would be included in the Integrated Performance Report from Quarter 3.
- TB/19/36a Guardian of safe working hours annual report (regarding workforce challenges in West Yorkshire) - AGD commented that the Medical Directors and Human Resources Directors across West Yorkshire had met and had a constructive conversation around medical workforce challenges with some joint actions to take forward. A positive area from the discussion was around how trusts could work collaboratively on recruitment.
- TB/19/42 Receipt of minutes of partnership boards (regarding updated terms of reference for partnership boards) - AM commented that these would be provided when received from partners.

TB/19/81 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to restrictive practices. Sean, a service user, attended to give his story in his own words, supported by staff members Danielle and Jen.

On Waterton Ward it is rarely that people get restricted on the ward, it depends on how unsafe the situation is, they escort people to seclusion without physically touching them, and this is something that has improved since I was first admitted to Newton Lodge.

We were allowed to go to get things that belonged to separate individuals in the kitchen and controlled items, they have stopped us now from going in the kitchen and controlled items' room. However people's things and food items started to go missing so this kept our property safe.

When I first came to Newton Lodge I started taking drugs and nothing happened to me but now things have changed. I went through a period with my peers taking banned substances and the nurses and doctors came hard on us with restrictions such as putting us on 1:1 levelling with our bedroom door open. When this didn't work they stopped us from mixing with other people from other wards in the main dining room. They also watched in the toilet and even taking a shower.

These rules and regulations were positive changes that kept us safe from ourselves and others and they keep the ward running smoothly in Newton Lodge as we are regarded as a small society and these changes help us live better lives in this type of environment.

Not all restrictions are negative they help us feel safe in secure services.

Jen commented that there had been an ongoing piece of work to look at restrictive practices in forensic services. Due to the use of banned substances taking place they had to be increased for a period of time to manage the situation. These were then lifted, since then there have not been any further instances of use. Danielle added that these improvements

were just the beginning and they were hoping to get more service user involvement going forward.

CH commented that the story reflected that sometimes restrictive practices were needed to keep people safe.

TB commented that there can be challenges in introducing this style of approach. It was a big piece of work, including getting people to make a cultural shift to manage situations in a different ways and for service users to also understand why the changes were taking place and the benefits.

CD commented that it sounded like the practice had come a long way and that it was good to hear that service users were being involved and that there was good communication between service users and staff.

RW commented that the Board had discussed restrictive practices, which were also discussed at an Extended Executive Management Team meeting. It highlighted the work the Trust was doing to consider what was appropriate under different circumstances, with good communication and engagement with the people who are affected.

The Board thanked Sean for attending and sharing his story, and Danielle and Jen for supporting him to do so.

It was RESOLVED to NOTE the Service User Story.

TB/19/82 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- The Trust's Annual Members' Meeting (AMM) was held on 16 September 2019. Prior to the commencement of the formal meeting there was a showcase of services and AM thanked the members of staff, volunteers, governors and members who attended. There was an interesting and broad range of questions from attendees and a fantastic performance from Cross the Sky Theatre Group.
- There will be issues discussed in the private session of the Trust Board, and there was also a private strategic board meeting on 3 September 2019 which included an initial discussion on the Trust's five year plan. 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.
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).
 - The Trust's draft five year plan.
 - Minutes of private partnership board meetings.

Chief Executive's report

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

- Arrangements are in place for Brexit to ensure business resilience and continuity, with both himself and AGD attending meetings which discussed the national arrangements, which were impressive and reassuring. The NHS was good at business continuity and resilience and there was a well established system for local resilience. The NHS Confederation publishes a weekly Brexit bulletin on their website which Board members can access for the latest developments and their impact on the NHS.
- Draft control totals had been provided informally, with formal notification expected imminently.
- Workforce elements within the People Plan were being discussed including how the plan would be launched and implemented. There were big issues around capacity to deliver and data availability.
- As part of the zero suicide approach there was a free training package which the Trust was encouraging all staff to complete. RW commented that Tim Mellard, a member of staff, successfully stopped someone from taking their life recently, which they felt they were able to do as they had completed the training.

CD noted that within the national plans there was a gap in relation to social care. RW commented that this had been discussed at the Trust Board strategic session and also at a West Yorkshire & Harrogate planning meeting, where all partners felt that the plan needed further work. A green paper was also expected in relation to social care. The budgets for local authorities who provide social care had been set.

AM asked how the plans reflected environmental sustainability, as this was an important issue for the Trust, the NHS and the wider system. RW commented that there was strong recognition that it was an important part and colleagues were reflecting on areas that need to be considered such as air quality, travel and buildings.

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

TB/19/83 Performance reports (agenda item 6)

TB/19/83a Integrated performance report Month 5 2019/20 (agenda item 6.1)

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

- Admissions of children and young people onto acute adult ward continues to be an area of focus.
- Complaints processing time is making some progress, with issues in relation to reporting and capacity being resolved and positive work taking place on the improvement plan.
- Incident reporting showed an increase in moderate and severe harm incidents which may decrease once they are evaluated.
- Out of area placements maintained the improvement in performance.
- Medicines omissions increase is being reviewed. Increase may have been the result of some of the guidance in relation to reporting not being reissued.
- Safer staffing reporting establishment has now been reviewed and approved and reports will be updated to reflect this.
- Restrictive practices increase is being reviewed, and early indications show that this was in relation to three individuals.
- CQC action plan submitted, with the summary and new quality improvement approach to be discussed under a separate agenda item.

Laurence Campbell (LC) asked what had caused the delay in progress of the complaints improvement plan. TB commented that capacity had been diverted to support the requirements of the CQC inspection, which was now back in place, along with some local recruitment into the customer services team. Changes are needed to the Datix reporting system and this is now a priority. A recommendation has been made to extend the completion date of internal audit actions in relation to complaints.

LC asked when data would be available for the % service users on CPA given or offered a copy of their care plan, as the report shows that it was due in July 2019. CH commented that there were data quality issues around 12 month review around CPA. Background work had provided assurance that the practice was taking place and, once this was resolved, work will take place on confirming whether service users have received a copy of their care plan.

CD asked if the percentage of learning disability referrals is showing a worrying trend. KQ added that this was also an area she wanted to raise as the forecast was 95%. CH commented that the forecast would be reviewed. A lot of work was taking place in the teams, however there had been an impact due to staff vacancies and some issues on data quality. Each of the teams has an action plan setting out how they will improve performance around assessment times and it was anticipated that the data should start to show improvement in the next three months.

Erfana Mahmood (EM) asked if there is a trend emerging in patient safety incidents, which has been increasing since May 2019. TB commented that although a higher number, they were within the normal range and were anticipated to reduce. Any trends were reviewed on a quarterly basis. CD commented that the details were reviewed by the Clinical Governance & Clinical Safety Committee. TB commented that there were also helpful discussions about the use of data, with a request to look back over the trends to see how effective learning had been. RW commented that it was important to remember that, for each of the incidents, there is an individual involved and the Trust needs to ensure the needs of each specific individual are addressed, as well as considering trends and the numbers.

CD asked how old the child /young person was who was admitted to an adult ward. MB commented that they were 17, however they turned 18 during their stay. TB commented that it would only be in exceptional circumstances that people under 16 would be admitted.

SYo asked when reporting would commence for psychology waiting times. MB commented that there had been some long term sickness absence issues within the performance team which may delay the reporting until Quarter 4. LC asked if the data in relation to Mental Health Act areas would also be delayed. SThi commented that this was planned to commence in October/November. SYo asked, with regard to indicators where data was not yet available, if there was any other information that could be provided for assurance. CH commented that currently the waiting times were recorded manually and used for the report into the Clinical Governance & Clinical Safety Committee. RW suggested that a recommendation be provided on when reporting would commence and any other data that could provide assurance.

Action: Executive Management Team

AM asked when reporting would commence on the number of records with an up to date risk assessment. TB commented that this is expected to commence in Quarter 3. MB commented that it appears there has been an increase in data quality issues since the introduction of SystemOne as staff are recording information in different ways and it was taking time to ensure the reporting is accurate. Performance and finance reviews took place with each BDU on 23 September 2019. It is important to ensure that the core data is accurate on the indicators the Trust has to provide to commissioners to then be able to take

forward into other areas. CH commented that work is ongoing in terms of monitoring risk assessments and starting to build the reports. RW requested that SY raise this with the clinical records system programme board.

Action: Salma Yasmeen

LC asked about the data quality maturity index. MB commented that the NHS Improvement national metric had been introduced as a self-assessment and this could be looked at for the quality metrics. RW commented that work was needed on how this could be done to consider timeliness, consistency, and robustness. MB commented that it was currently a judgement, based on what other trusts have done.

AM asked if information governance (IG) confidentiality breaches were showing a trend. MB commented that there had not been any breaches reportable to the Information Commissioners Office (ICO) for a period of time. There has been a trend over the past two years ago in terms of a reduction in ICO reportable incidents. The majority of breaches occurring are where conversations are overheard or incorrect addresses used. Specific training has been provided for teams in more geographically dispersed parts of the trust. When an incident occurs, general managers receive a letter and are asked for an action plan. Communications to staff are continuing, however the incidents were largely down to individual human error.

KQ asked, in relation to the proportion of people detained under the Mental Health Act who are categorised as Black, Asian and Minority Ethnic (BAME), whether ethnicity recording problems are continuing. SY commented that recording ethnicity is a mandatory requirement within SystmOne, however sometimes during assessment staff are not able to discuss ethnicity and staff can note that ethnicity was "not disclosed". CH commented that further work is needed in relation to the use of the category 'not disclosed'.

LC asked if a review is taking place of the four wards where the safer staffing fill rates fell below 80%. TB commented that the safer staffing group would be reviewing fluctuations at their meeting on 24 September 2019.

MB highlighted the following in relation to national metrics:

- Out of area bed days is now RAG rated amber, and based on current performance in September 2019 this may be rated green. This reflected the tremendous amount of work taking place by staff.
- Typically national metrics were green, however some had moved into red being marginally below target.
- Maximum 6-week wait for diagnostic procedures has shown breaches in paediatric audiology, with targeted work taking place to see if this was due to data quality issues.
- IAPT treatment within 6 weeks of referral was marginally red and a potential trend is emerging on downward performance that needs addressing.
- Data quality maturity index was marginally red.

RW commented that the improvements in out of area placements is positive for service users and families as well as the Trust's finances.

CH highlighted the following in relation to locality:

- The Barnsley neighbourhood team specification has been approved, with Phase 1 implementation due to take effect from April 2020.
- Barnsley smoke free mobilisation is underway.

- Barnsley mental health services are engaged in conversations around neighbourhoods and integration, with significantly high demand and pressures on inpatient services. RW commented that pressure in mental health services is matched by pressure in community services. AM asked if this is impacting on delayed transfers of care. CH commented that it will be having an impact. RW requested a briefing ahead of the integrated care partnership group on 26 September 2019.

Action: Carol Harris

- Practice improving in Calderdale and Kirklees around bed usage, however pressure remains.
- Older adults' wards remain under pressure in Calderdale and Kirklees.
- A bid for a forensic community service has been updated and submitted to NHS England/Improvement.
- Forensic outreach service for learning disabilities (FOLs) recruitment continues with successful appointments to several key posts.
- Work on the recovery plan for forensic child and adolescent mental health services (secure estate) continues with good progress being made.
- Wakefield has secured a place as a field leader test pilot site as part of the national urgent and emergency mental health clinical reviews standards programme.

SY highlighted, in relation to priority programmes, that the high-level optimisation plan for SystemOne commenced in August 2019. Care plan work is continuing and is progressing for testing in a live environment. The programme steering group had a long and detailed discussion on significant pieces of improvement and optimisation work, including the risk assessment tool. Super users have been identified as improvement champions to support the optimisation work with positive engagement taking place.

AM asked for an update in relation to the communications, engagement and involvement work. SY commented that there has been a high level of focus on excellence and the Trust having a stronger role in ICSs. The volunteering service will also be undergoing a formal accreditation process.

RW questioned whether the RAG rating for SystemOne should be green given the potential data quality issues, along with delayed optimisation planning and milestones and recognition that better communication is needed. SY commented that the EMT had a similar conversation. However the programme is still on track to be delivered. SYo agreed that it did not feel green, although there is a plan in place that is on track, and asked if reflection is needed on the current system and processes. SY commented that the steering group has requested a further review of the capacity and resource requirement to deliver. TB commented that further details in relation to milestones was requested which may provide a different view on possible risks going forward. SThi commented that, clinically, there had been robust discussion and challenge to ensure that the right actions were taking place, with assurance provided.

MB highlighted the following in relation to finance/contracts:

- Detailed discussions are taking place in the Finance Oversight Group (FOG).
- Significant reduction in out of area placements, which were £75k in month and £837k year-to-date. Whilst not yet a sustainable position, cumulatively this represents less than half of the cost incurred compared to the same period last year.
- Pre-Provider Sustainability Funding (PSF) surplus in month 5 of £188k, which is £133k favourable to plan. Cumulative deficit is £1.3m which is £0.4m favourable to plan. The cumulative position includes £0.7m of pay increases paid fully in April.

- Cumulative income is £0.4m lower than plan due to the recognition of a number of risks relating to CQUIN, occupancy, and also income received from the spot purchase of beds.
- Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend is 46% above the cap. If spend exceeds 50% of the cap this will have an adverse impact on our financial risk rating
- Net underlying savings on pay amounted to £450k in-month and £1.6m year-to-date
- CIP delivery of £3.6m is in line with plan. Currently £1.1m CIPs are unidentified for the full year.
- Cash balance increased to £31.5m in August
- Given the improvement in margin the financial risk rating improved from 3 to 2

LC commented that the budget for non-pay expenditure seems in line through to March 2020. MB commented that the budget recognised the risk and concern in relation to out of area placements and also some discretionary spend scheduled to take place in the latter part of the year.

AGD highlighted the following in relation to workforce:

- Sickness absence up to the end of August is 5%, which is higher than the same period last year.
- Staff turnover reduced from 12.6% to 11.1% month on month and is almost 2% lower than the same period last year.
- Appraisal completion for Band 6 and above is 80.3% compared to a target of 95%
- Overall performance against mandatory training targets remains good.
- Gross level of vacancies before backfill has increased to 13.2% largely as a result of the need to recruit staff into positions created by additional investment and the time this takes.

SYo noted the lower appraisal percentage in Calderdale. AGD commented that, speaking to staff, it is felt that appraisals are taking place, it is just the recording of them on the system which needs following up. CD asked if it links with supervision numbers. AGD commented that they are recorded in two different systems, however work is taking place to look at whether the e-rostering system could record both. AM commented that triangulation of workforce areas was another point that CJ had asked her to raise, in relation to high turnover and sickness, looking at how that may connect with incidents, appraisals and supervision. AGD commented that the Workforce & Remuneration Committee is focusing on sickness absence, turnover, and appraisals in forensic services and what actions or reporting process could be used. TB commented, in relation to incidents and complaints, that they are reviewed at local BDU level and if there are areas requiring escalation this would be included under the locality section of the IPR. AGD commented that it is important the staff engagement and listening exercises continue, as they had provided rich information around service pressures and the importance of making the Trust great place to work. RW commented that another example was Specialist BDU and CAMHS where the data showed that appraisals recorded are lower, sickness is average, turnover is one of the highest, and the service is under pressure. CH added that there are also some challenges in learning disability services that need to be addressed.

LC commented that the turnover in support services seems to have had a high spike. AGD commented that he would use caution when looking at a monthly spike, however there had been a slightly higher turnover in Estates & Facilities and IM&T.

RW asked what proportion of sickness absence was long term. AGD commented that approximately 70% is long term, which is an absence of more than four weeks. The Trust is

focusing on proactive work to support staff returning before four weeks as it is known that, after this point, it becomes more difficult to bring people back.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/19/83b Serious incident report Quarter 1 2019/20 (agenda item 6.2)

TB highlighted the following:

- Report has been considered by the Clinical Governance & Clinical Safety Committee with comments included on the cover paper.
- Importance of remembering that behind all the numbers were individuals and the learnings continued to be discussed.
- There were no never events.
- There were two homicides, which is unusual for the Trust and there is a particular process that needs to be conducted with an external investigator appointed.
- Rolling quarter 4 data showing the Trust is within normal range compared to benchmarking data with other organisations.
- Some investigation timescales were outside targets, which were discussed with commissioners and extensions agreed.
- Learning from incidents occurs at many different levels in the organisation, with some examples included on the cover paper.

CD noted the level of reported incidents of physical aggression and threats to members of staff. TB commented that this still remains the most frequently reported type of incident, which linked to the work taking place on reducing restrictive practices and also reflected the levels of acuity on our acute and psychiatric intensive care unit (PICU) wards. AGD added that managing violence and aggression at work is one of the areas of focus that has come out through the staff engage and listen events. TB commented that, at the North East Yorkshire & Humber Director of Nursing meetings, there had been discussion about an increase in incidents across the system.

AM asked, in relation to links with the police, what was that happening across the Trust's footprint. TB commented that there are links across all areas, with stronger links in Wakefield. CH commented that there had been a meeting previously with the Chief Constable for Wakefield. This had been helpful in confirming that the police will take seriously acts of violence against staff where the perpetrator has capacity. RW added that this was a meeting with the Trust on behalf of all chief constables across West Yorkshire. Arrangements had been put in place to ensure that this level of understanding and approach to violence from service users was understood. AGD commented that some staff had developed a tolerance towards some aggressive and threatening behaviour due to the acuity of some service users, however it is important that this does not grow or become inappropriately tolerated.

SYo commented that some incidents suggest that they are still linked to the Trust's smoking policy. TB commented that these may be to do with the introduction of vaping and how that was impacting some areas. CH added that vaping had been introduced in inpatient areas in single bedrooms or some areas of the courtyard, however this had not solved all problems. In the last couple of Mental Health Act Care Quality Commission (CQC) inspections it had not been raised as an issue, whereas it had previously. A review of the implementation of the change to the policy was due to take place and would be reported back.

Action: Carol Harris / Subha Thiyagesh

It was RESOLVED to RECEIVE the Incident Management Quarter 1 Report for 2019/2020 and NOTE the assurance from the Clinical Governance and Clinical Safety Committee.

TB/19/83c Brexit update (agenda item 6.3)

AGD highlighted the following:

- Nationally there were concerns around stockpiling, with clear communications needed to ensure this was not taking place.
- In relation to medicines management, nationally a lot of assurance had been provided including a six week buffer stock using processes already in place to manage shortages. Anecdotal areas were discussed including whether current shortages were linked with Brexit, despite assurances that they were not.
- Should Brexit take place on 31 October 2019, it may impact staffing in social care, which in turn may impact on other areas of health and care.
- Assurances have been provided nationally and there were established contingency plans in place in the local area.

CD asked, in relation to communications, whether something would be placed on the Trust's website. AGD commented that there may be some messages in future in relation to service users to ensure they felt assured. SY commented that there were guidelines about what can be communicated. AM commented that CJ had also raised the importance of ensuring the Trust provides assurance to vulnerable service users. AM commented that generally, it was felt there may be an impact on mental health due to the uncertainty of the environment in which the Trust is operating, which may create a feeling of anxiety.

It was RESOLVED to NOTE the content of the report.

TB/19/84 Business developments (agenda item 7)

TB/19/84a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD reported that he and AM met with Sir Andrew Cash, lead executive for the SYBICS, about the Trust's relationship with the SYBICS. This had been a constructive and helpful meeting, with recognition that the Trust is a full and key member of the ICS. The Trust was also part of the capital plans for the SYBICS.

SY reported that in SYB, work is taking place to establish a mental health provider alliance. AGD added that the Trust had always had a strong working relationship with other mental health service providers and establishing an alliance would formalise that.

AM commented that the SYBICS dashboard showed the SYBICS's performance compared favourably with the other first wave ICSs. However, both the Early Intervention into Psychosis (EIP) and Improving Access to Psychological Therapies (IAPT) measures for Barnsley were showing as RAG rated red at present, and then green for year end, when it was believed that EIP services were performing well. SY commented that there has been a slight issue around data which has been fed back and they would ensure the year-end position is accurate. MB commented that IAPT did not use SystemOne and there was one particular metric which was not being achieved which would be reviewed in relation to the year-end position. SY to check the EIP figures for June 2019 and ensure they are corrected for future reports.

Action: Salma Yasmeen

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

TB/19/84b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SY reported in relation to the WYHHCP that work was taking place to develop the ICS's 5-year plan in response to the NHS Long Term Plan. The plan builds on the programmes and work initiated and developed over the last few years across each of the places that make up the ICS. Engagement with partners has shaped the draft plan that is being further developed. Significant transformation funding had also been made available to support key programmes and initiatives including the mental health, learning disabilities and autism programme.

Sean Rayner reported, in relation to transformation funding for community mental health teams, that originally the Trust's bid had been declined. Further work had taken place with NHS England persuaded that we should have access to resources and advising that funding would be provided for one year. The programme board met on 20 September 2019 and reviewed a draft mental health, learning disability and autism strategy which is aimed to be completed in December 2019. On 7 October 2019 there would be a national 'every mind matters' campaign targeting self-care and the wellbeing of others.

SY highlighted, in relation to Calderdale, that the Trust was a lead sponsor for the mental health group as part of Active Calderdale. In relation to Kirklees, momentum was developing in relation to creating a formal mental health alliance to strengthen the way of working and the Kirklees IAPT team had developed a model of care offer to primary care networks.

EM commented that the paper outlined the positive benefits of partnership working through the WYHHCP.

AM asked, in relation to Primary Care Networks (PCN), how people were being informed of the developments. SY commented, in relation to Calderdale and Kirklees that discussion was taking place about what it means for the system and conversations were taking place with staff through listening events. Calderdale had undertaken significant organisational development work as part of Calderdale Cares, whereas the work in Kirklees was emergent. SR commented, in relation to Wakefield, PCNs were focusing on communications with their constituent practices and funding under transformation would give partners a specific area of focus to make things better for that population.

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/19/84bi Calderdale Health & Wellbeing Plan (agenda item 7.2.1)

SY reported that the refreshed Calderdale Health and Wellbeing Plan was discussed and endorsed at the Calderdale Health and Wellbeing Board in August 2019.

It was RESOLVED to ENDORSE and SUPPORT the Calderdale Health and Wellbeing Plan.

TB/19/85 Governance matters (agenda item 8)

TB/19/85a Medical Appraisal / Revalidation Annual Report 2018/19 (agenda item 8.1)

SThi highlighted the following:

- Report has been considered by the Clinical Governance & Clinical Safety Committee.
- Performance compares very well with national benchmarking.
- 92% successfully completed the appraisal process during 2018/19. 8% had an agreed postponement in line with the Medical Appraisal Policy and all due appraisals have now been completed.
- 25 revalidation recommendations made between 1st April 2018 and 31st March 2019, with all upheld by the General Medical Council (GMC).
- Next steps include consolidation of the Revalidation Oversight Group, which was set up last year, with a lay member present to support the Responsible Officer and team.
- Ensuring the quality of appraiser training is maintained with the introduction of new trainers.
- Review process for patient feedback in light of GMC consultation/updated guidance.

It was RESOLVED to

- **RECEIVE this report, noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.**
- **RECOGNISE that the resource implications of medical revalidation are likely to continue to increase year on year; and**
- **APPROVE the NHS England Designated Body Annual Board Report Statement of Compliance, attached as appendix 5 of this report confirming that the Trust, as a Designated Body, is in compliance with the regulations.**

TB/19/85b Sustainability Annual Report 2018/19 (agenda item 8.2)

AGD reported that there had been a large number of positive actions over past few years, including a focus on technology to reduce the Trust's carbon footprint. In future, there would need to be a different approach, including the rights and responsibilities of individuals and the Trust's contribution to environmental sustainability. Broad engagement would be needed and full commitment as an organisation to make further improvements.

CD asked how the sustainability work fits with partner organisations and how could the work be elevated to ensure the Trust was having the right conversations. AGD commented that the primary responsibility was what the Trust needed to do, then as a partner how we meet our commitments within partnership arrangements. SY added that some of those conversations were already taking place through partnership forums. AM commented that she had been invited to join the climate emergency forum in Calderdale. RW commented that as part of the Trust's plans a review was needed of what others were doing as well as whether the actions could be quantified.

AM noted that there had been an iHub conversation with staff around environmental sustainability and 'Going Green' conversations were taking place across the Trust in each of its places, to get staff and volunteer engagement. AGD commented that there did seem to be the appetite to improve further, however complaints were still received from staff about being unable to park at Trust locations and further work was needed to change people's mind-set about going green and sustainability.

SYo commented that she welcomed the report and that sustainability should form part of all Trust strategies. AM commented that one idea to emerge from discussions so far had been that every policy and strategy should have an environmental impact assessment.

It was RESOLVED to NOTE the content of this report.

TB/19/85c Workforce Equality Standards (agenda item 8.3)

AGD reported that the paper was discussed in detail by the Equality & Inclusion Committee and highlighted the following key areas of positive development since 2018:

- The Board and Directors are more diverse in terms of both ethnicity and gender.
- The percentage of black, Asian and minority ethnic (BAME) staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months has improved.
- The percentage of BAME staff experiencing discrimination at work from their manager/team leader has improved.
- The Moving Forward programme to support BAME staff development is in place with very positive feedback.
- The BAME Staff Network continues to play an active role in promoting equality and inclusion in the Trust.
- The Disability Staff Network has established a steering group and is in the process of agreeing a work plan for the forthcoming year.

The key areas for improvement and focus for 2019/20 are:

- Tackling harassment and bullying by service users and carers.
- Implementing a new framework for reducing bullying and harassment, which will include the development of specialist harassment advisors with a focus on racially motivated incidents.
- Widening access to consultant Clinical Excellence Awards.
- Rolling out of the Reciprocal Mentoring scheme.
- Continue to support the BAME network, the New Horizons project and the Stepping Up, Ready Now and Moving Forward programmes.
- Development of a Disability Policy.
- Continue to develop the Staff Disability Network.

RW commented that it was important to note the significant improvement in the WRES and positive comments made by the CQC. The Trust was making good progress, with more work to do on bullying and harassment.

AM commented that the Equality & Inclusion Committee welcomes the active engagement from the staff equality networks in the work of the committee, with the chairs invited to attend meetings.

It was RESOLVED to APPROVE the WRES summary report and action plan and WDES action plan.

TB/19/85d Care Quality Commission (CQC) inspection update (agenda item 8.4)

TB highlighted the following:

- Action plan submitted to CQC in the prescribed format following inspection.
- As an organisation, work would take place under a quality improvement approach, supported by the Clinical Governance & Clinical Safety Committee.
- The first draft of the internal plan included all items submitted to the CQC in a different format, with the full plan to be reviewed by the Clinical Governance & Clinical Safety Committee in November 2019.
- An engagement meeting with the CQC was scheduled for 25 September 2019 to receive initial feedback on the action plan submitted.

LC asked what work would take place to maintain the good rating. TB commented that previous action plan processes had felt transactional, and conversations were now taking

place about what needs to be done to maintain or achieve a good rating going forward. RW commented that the recent Board development session included measuring for improvement and there may be some elements where the approach could be used.

LC commented that, previously, it felt as if there had not been much engagement on the action plans at Board level. TB commented that the CQC section would be included in the IPR to track performance monthly. CD commented that the way in which assurance is provided to the full Board could be discussed further by the Clinical Governance & Clinical Safety Committee.

Action: Tim Breedon / Charlotte Dyson

SYo asked if there was work on how to move areas that are currently rated as good to outstanding. TB commented that this would form part of a separate piece of work around the whole quality improvement approach.

It was RESOLVED to RECEIVE the CQC report and NOTE the assurance from the Clinical Governance and Clinical Safety Committee.

TB/19/85e Five year plan (agenda item 8.5)

MB reported that the SYBICS plan would be circulated and requested that any comments on the SYBICS & WYHHCP plans be provided for feedback to the ICSs. The Trust's plan would be discussed under the private session.

RW commented that the WYHHCP Board had highlighted that their plan was a long document, partly due to national requirements. The WYHHCP would be looking at what significant changes are going to be put in place that could be emphasised, with a short summary to be developed.

CD asked what links to universities the Trust had in relation to providing mental health support for students. RW commented that the Trust had links to the University of Huddersfield and had specific IAPT support for students.

It was RESOLVED to NOTE the contribution of the Trust and process undertaken in developing the draft 5 year ICS plans.

TB/19/85f Finance, Investment & Performance Committee (agenda item 8.6)

MB reported that the draft Terms of Reference (TOR) had been reviewed by the Finance Oversight group (FOG) and Executive Management Team (EMT) prior to Trust Board.

LC noted that the new committee would now include performance. MB commented that the aim was to support the Board discussion on the Integrated Performance Report (IPR) by having more detailed discussions and focus on areas of performance at the committee.

EM asked how assurance would be provided back to the full Trust Board. MB commented that, as with other committees, the minutes would be received by the Board and the committee chair would raise any issues from the meeting. AM commented that it would be included under the standing agenda item on assurance from Trust Board committees. AGD commented that it is important that the discussions at committee enhance the discussion of the Board, rather than remove it.

RW commented that committees could also look at how the Trust can promote areas of good and outstanding practice. AM noted that an achievements report is received by the Clinical Governance & Clinical Safety Committee.

It was RESOLVED to APPROVE the proposed Terms of Reference for the Finance, Investment & Performance Committee.

TB/19/86 Receipt of minutes of partnership boards (agenda item 9)

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

- Calderdale Health and Wellbeing Board 8 August 2019
- Wakefield Health and Wellbeing Board 19 September 2019 - SR commented that the building sustainable communities discussion was important for the Trust as it would impact on mental ill health prevention.
- South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board 14 September 2019 - AGD did not attend meeting on 14 September 2019.
- West Yorkshire & Harrogate Health & Care Partnership Board 3 September 2019 - RW commented the workforce discussion highlighted the need to ensure a diverse leadership and workforce would be central to our plans.

It was RESOLVED to RECEIVE the updates provided.

TB/19/87 Assurance from Trust Board Committees (agenda item 10)

Clinical Governance & Clinical Safety Committee 10 September 2019 and, including ratified Minutes from 11 June 2019

CD highlighted the following:

- Care Quality Commission (CQC) action plan
- Clinical Records System optimisation phase one
- Waiting list improvement plan - a report was received twice a year by the Committee which included Barnsley psychology ASD/ADHD. The reporting had improved so the Committee could be much clearer on issues and action plans to reduce waiting times. The Trust was working with commissioners to improve the pathways.
- Child & Adolescent Mental Health Services (CAMHS) - included a review of the CQC inspection findings and action plans.
- Forensic CAMHS - significant improvements had been made.
- Received reports on safeguarding, learning lessons, mandatory training, and patient experience.
- Approved Minutes of the Committee meeting held on 11 June 2019 were attached to Trust Board papers.

Equality & Inclusion Committee 10 September 2019, including ratified minutes from 4 June 2019

AM highlighted the following:

- Mental Health Act (MHA) Committee – MHA data noted.
- Equality Impact Assessment (EIA) focus.
- Performance dashboard – starting to be populated with further development work still to take place, helping focus on the right areas.
- Feedback from staff networks.
- Workforce Race Equality Standards (WRES) report and action plan.
- Workforce Disability Equality Standards (WDES) data and action plan.
- Approved Minutes of the Committee meeting held on 4 June 2019 were attached to Trust Board papers.

Mental Health Act Committee 29 August 2019, including ratified minutes from 14 May 2019

KQ highlighted the following:

- Care Quality Commission (CQC) action plan – review of elements that relate specifically to the Mental Health Act (MHA).

- Mental Capacity Act workstreams - would have resource implications.
- Code of Practice Group – clinically-led oversight forum to take forward areas from CQC MHA visits.
- CQC MHA visits - improvement on outstanding actions from visits.
- Approved Minutes of the Committee meeting held on 14 May 2019 were attached to Trust Board papers.

MB commented that, in relation to Independent Hospital Managers, when IR35 came into place the Trust took national advice regarding their taxation status and they were paid as an independent supplier. Recently the Trust had an HMRC inspection which concluded that they were required to be paid through payroll from 1 November 2019. This was consistent with the practice of other trusts.

TB/19/88 Use of Trust Seal (agenda item 11)

It was **RESOLVED** to **NOTE** use of the Trust's seal since the last report in June 2019.

TB/19/89 Trust Board work programme (agenda item 12)

AM commented that the work programme had been updated to reflect the change of the meeting held in public from December to November. The December meeting would now be a strategic session.

RW requested that the Sustainability Strategy be added to the list of strategies and policies on the work programme.

Action: Emma Jones

Trust Board RESOLVED to **NOTE** the changes to the work programme.

TB/19/90 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on Tuesday 29 October 2019, Room 49/50, Folly Hall, St Thomas Road, Huddersfield, HD1 3LT.

TB/19/91 Questions from the public (agenda item 14)

TB/19/91a - In relation to staffing levels and recruitment and retention, is the issue bigger in Wakefield than in other parts of the Trust?

AGD commented that some of the challenges with recruitment are due to national shortages and no one area has a more significant challenge when compared to others.

TB/19/91b - Are staff moved between areas to support shortages?

AGD commented that there had been some new investment in some areas to support shortages. CH added that when new posts go out for recruitment that sometimes current staff apply for them, which may leave gaps in other areas. The Trust was actively trying to recruit to all vacancies and, on a day-to-day basis, if there are staff pressures in a particular area staff may be moved temporarily to help support an area at risk.

TB/19/91c - When a part of a community team only has one Community Psychiatric Nurse (CPN) is this a concern?

TB commented that the Trust is working on using the same safer staffing approach in the community that is used in inpatient areas. Community teams are where staff are more likely to get moved between areas to cover shortfalls. AGD suggested that if governors received feedback from the community regarding service pressures that this is discussed with the

Trust to understand if there are concerns and actions that Trust is taking to address them. Governors could then communicate this back.

TB/19/91d - Do police officers feel that they are not getting support from the Trust regarding service users, which means in turn that they are not supporting the Trust effectively?

CH commented that local meetings are held with the police to discuss any individual issues or concerns.

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

Signed:

Date: 29 October 2019