

**Minutes of Trust Board meeting held on 29 October 2019
Rooms 49/50 Folly Hall, Huddersfield**

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

TB/19/92 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 three 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/19/93 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board for Rob Webster (RW), Chief Executive Officer:

Name	Declaration
Chief Executive Officer	
WEBSTER, Rob	Member of NHS assembly Member of national people board Resigned from workforce race equality standards strategic advisory group Family member (son) is a national mencap ambassador

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.

TB/19/94 Minutes of and matters arising 24 September 2019 (agenda item 3)
It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held 24 September 2019 as a true and accurate record.** The following matters arising were discussed.

- TB/19/83a Integrated performance report M5 2019/20 (regarding reporting for psychology waiting times Mental Health Act and other indicators not yet reported) – MB stated that initial reporting on Mental Health Act indicators has commenced in the current report. Given the impact of long-term sickness and additional sizeable priorities that have emerged in the year it is unlikely that much development work can take place meaning it is unlikely any new indicators will be reported on this year.
- TB/19/83a Integrated performance report M5 2019/20 (regarding data quality) – MB commented that data quality has shown some improvement over the course of the previous month and focus continues to be applied to areas where there are known issues. SYa added that focus is being applied to how SystemOne is used more effectively as opposed to the recording of data being a system issue.
- TB/19/83a Integrated performance report M5 2019/20 (risk assessments) – LC asked for an update on the issue with risk assessments and whether it is impeding ability to actually provide risk assessments. TB stated it is not as it is a reporting issue. CH confirmed they are being carried out and a tool is being developed. TB explained there is a clinical risk report constructed manually which is reported on monthly.
- TB/19/83b Serious incident report – Q1 2019/20 – TB reported the incidents linked to smoking are being reviewed in forensics. A meeting is planned for 27 November and a paper will be taken to the ensuing Clinical Governance & Clinical Safety Committee (CGCS).
- TB/19/84a South Yorkshire update – the issue with EIP reporting has been addressed.
- TB/19/85d Care Quality Commission (CQC) inspection update – TB reported this is being covered in detail at the next CGCS.

TB/19/95 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to BAME workers which Yakub Rawat attended to present. Yakub explained his personal background which brought him into contact with Trust services. He explained he had sought initial help from a local imam, but did not wish to be considered for hospital treatment given the stigma attached. He did come into contact with outpatient services and came into contact with a BAME worker who was supporting his wife as a carer. This BAME worker was very influential and Yakub joined an Asian men's group which he enjoyed, including winning a 5-a-side league. The BAME worker built up both trust and confidence. Subsequently he has worked in various groups and roles and been able to give something back. He has a much better understanding of his illness and also stressed the staff from non-BAME backgrounds were also excellent, particularly the psychiatrist. He emphasised the benefits a BAME worker can bring such as good community and cultural knowledge.

SThi highlighted that in discussion in a focus group it was identified that it is not always necessarily the case that BAME service users want BAME staff as they may be known to them in local communities. Yakub stated he believed we should give the customer what they

want. Every area is different and we should utilise the skills pool we have available. AM stressed the importance of having a workforce representative of the communities served.

RW asked if Yakub felt that stigma got in the way of recruitment. Yakub felt that the media does not always help and that roles are challenging to work in. RW also asked what we could do to promote recruitment with schools, colleges and communities. Yakub agreed that education is key. KQ sked if we should do more to support imams and mosques. CH explained that we have our spirit in mind offer in place which does provide such support.

CD recognised the need to provide staff with space to recognise that every individual is different. Yakub suggested that safe places should have mental health first aiders.

The Chair noted that Yakub's story is relevant across all our work, and it was especially helpful to highlight and consider the issues raised during Black History Month.

It was RESOLVED to NOTE the Service User Story.

TB/19/96 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- There is a Members' Council meeting taking place this week.
- There will be issues discussed in the private session of the Trust Board. 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.
 - Investment opportunities and contract issues.
 - Contracts for approval
 - Risk register covering items considered to be commercial in confidence.
 - Minutes of private partnership board meetings.
 - A corporate trustee meeting is also taking place.

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:

- Recognition of the current political environment. Potential legislation promoting collaboration could prove helpful.
- Planning for Brexit continues.
- This year's state of care report by the CQC has notable differences to last year's with concerns noted about pressures in mental health, learning disabilities and community services. Generally quality has been reported as going down over the past year.
- Within annex D is the speech Horatio Clare gave at the opening of the Unity Centre. He quoted "Sometimes on the ward I looked at the nurses and the assistants and the cleaners (who also serve the meals, and deserve more pay) and the therapists, and the staff and thought – we patients have no choice, but these people choose to come here."

Every morning or evening, through the rain, they come to this place where none of us want to be, and they try to help us. That is heroism: unsung, vital, straightforward heroism.” This helps to act as a reminder of the efforts our staff put in each day and that we do need to ensure pressures are appropriately managed.

- 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.

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

TB/19/97 Risk and assurance (agenda item 6)

TB/19/97a Strategic overview of business and associated risks (agenda item 6.1)

SYa highlighted the following in relation to the strategic overview of business and associated risks. The report emphasises the significant change in the last 6 months with good progress being made against our strategic ambitions. EM raised concerns about capacity in the Trust to carry out everything being asked. SYa explained she is carrying out a systematic review of capacity required. RW noted that on the Board Assurance Framework (BAF) the rating for the strategic risk relating to having resource in place to meet strategic objectives has moved from green to yellow.

LC suggested that there was not likely to be significant impact from any additional resource in 2019/20. SYa agreed that the scope of some priorities for this year may have to be reviewed. CD asked for confirmation that priorities are regularly assessed. SYa confirmed this and reminded the Board that a number of priorities relate to a five year period.

CD noted that there is a lot of co-production and co-working required and asked the question of how will we know externally if we will be assessed differently by stakeholders, recognising us for the full range of service provision, not only mental health. SYa stated that we are seen more and more as a partnership organisation. We are being asked to lead on an increasing number of system initiatives. TB explained that our staff are used to working in partnership every day. What they need is to be able to make better sense of the alignment e.g. with the integrated care systems. There is a need for the professional bodies to be sighted so they can provide better support to people. We need to consider how we capture and reflect how we are perceived as an organisation and how we evidence if we are meeting our strategic objectives.

Action: Salma Yasmeen

CD asked when we go back to a zero base, so as to avoid priorities continuing to grow incrementally. She also noted that bullying has been picked up as a theme to tackle and that this is not really represented in the report. MB noted this issue should also be assessed for the Board Assurance Framework (BAF) and risk register.

Action: Mark Brooks

SYa added that many of our staff are playing into places by joint working within each place.

RW summarised by stating that some capacity may need to come from partners including potentially transferring some resource from commissioners. In respect of gaining stakeholder views there needs to be agreed timing for this.

Action: Salma Yasmeen

LC noted that individual organisation identity could become increasingly blurred given the increased focus on partnership working.

It was RESOLVED to NOTE the content of the strategic overview of business and associated risk report and the links to our strategy.

TB/19/97b Board Assurance Framework (BAF) (agenda item 6.2)

MB introduced the updated Board Assurance Framework (BAF). He explained that a full review had taken place at the Executive Management Team (EMT) meeting and updates have been made accordingly. The most significant change is the rating for the strategic risk *3.4 - Capacity / resource not prioritised leading to failure to meet strategic objectives* from green to yellow. MB noted that a question was raised during a recent internal audit with regard to whether strategic risks should be allocated to Board committees to review. This was discussed at the Audit Committee and it was felt that it remained appropriate to consider the BAF in full at Trust Board meetings. MB commented that pressures in some areas along with other priorities, has resulted in slippage to completing some actions, which is reflected in this updated document. MB also explained that a triangulation report is reviewed periodically at the Audit Committee and EMT, which helps inform the process for updating the BAF.

LC stated that he would welcome more Board discussion in relation to the link between strategic objectives and priority programmes. This would provide more focus on risk. He also re-iterated that the Audit Committee members felt that committees should continue to review allocated corporate risks, with the full Board focusing on the BAF.

Action: Salma Yasmeen

CD queried how we know if we are making progress against delivery of strategic objectives. RW stated that in terms of delivery the integrated performance report (IPR) provides the Board with comprehensive information each month. RW also felt that for the first three objectives there are a number of examples that may need to be better articulated to the Trust Board. It is more difficult to articulate our performance against creativity and innovation and this requires more thought. He suggested this is discussed further at the December Board strategy meeting. LC stated he would like to see what the deliverable is.

Action: Salma Yasmeen

CJ expressed concern that all the risks are rated yellow and wondered if this had become a default position. Given the time of the year he questioned whether there is sufficient grip over the actions required to deliver. AD noted that for some risks such as workforce in many respects they are systems risks as there are national and local workforce shortages for a number of professions. SThi suggested we need to consider thresholds and determine what is realistic

RW commented that one of the purposes of the BAF is to help shape the Trust Board agenda and to carry out a validity check. MB felt that as a number of the ratings are to some degree subjective the ratings may reflect the prudence of Board members. EM wondered whether given the fact we are operating in a challenging environment it reflects a degree of nervousness. From her perspective the key issue is what we are doing to manage the risks. RW stated that a lot of what is being asked is included in the report. MB reminded Board members that the format of the BAF was updated just over a year ago to take account of observations made following a CQC inspection.

SYo felt that number of gaps and actions need to be sharpened up. AM summarised that more high level measures are required for the strategic ambitions in order to measure progress. This will be discussed further at the December strategy meeting. RW also suggested that our involvement in the development of ICS five strategies could be considered via the engagement survey.

It was RESOLVED to NOTE the updated Board Assurance Framework and further discuss high level measures at the December Board meeting.

TB/19/97c Corporate / organisational risk register (ORR) (agenda item 6.3)

MB introduced the organisational risk register by explaining that over the course of the last quarter the risk register has been reviewed at EMT and Board committees have reviewed risks allocated to them. MB further explained that updates to actions and controls have been incorporated in the revised document and suggested that committee chairs provided their own views.

LC explained that at the Audit Committee, TB had presented an update on the position relating to complaints with all actions identified in the internal audit scheduled to be completed by the end of October. In relation to cyber security, the committee recognised the very good work that has taken place on technical defences and asked for further assurance that the level of staff training and awareness is sufficient. He also noted that SystemOne optimisation risk is growing due to the increased scope of other priorities.

CD asked if the increased risk relating to information sharing across systems / partners is reflected in the risk register. MB felt this was an emerging risk that needs to be assessed.

CD stated at the Clinical Governance & Clinical Safety Committee (CGCS) the wording of the CAMHS risk was carefully considered and has been updated accordingly with the risk of serious harm now inserted. There was also discussion on what areas need covering in the patient safety risk and whether there is sufficient assurance available for each.

At the Workforce and Remuneration Committee (WRC) SYo explained that risks relating to recruitment, retention and diversity are likely to remain risks for a period of time so focus is being placed on the actions to mitigate the risks.

KQ explained that the risks relating to the Mental Health Act (MHA) have now been developed. EM suggested this risk relating Mental Capacity Act and deprivation of liberty could increase. SThi felt the key action likely to be required relates to additional workforce training.

AM stated that the Equality & Inclusion Committee needs to determine whether it has a risk allocated to it. This will be done in liaison with the WRC.

Action: Angela Monaghan / Sam Young

RW reminded the Board that equality and diversity needs to consider service provision as well as workforce.

Reflecting on the discussions relating to the Board Assurance Framework and Organisational Risk Register, RW suggested there could be another strategic risk for consideration in relation to external threats where people are aiming to do harm. Examples being cyber and the agenda around Prevent. This will be reviewed during the next update of the BAF for 2020/21.

Action: Mark Brooks

Trust Board agreed the recommendation to close risk 1213 - Risk that sub-optimal transition from RiO to SystemOne will result in significant loss or ineffective use of data resulting in the inability capture information, share information and produce reports.

Action: Mark Brooks

It was RESOLVED to NOTE the updated Organisational Risk Register.

TB/19/98 Business developments (agenda item 7)

TB/19/98a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

SYa explained that the draft 5 year plan has been submitted. She had recently attended a coalition meeting with AM at which the plan was discussed. SYa also noted that the Trust is a partner in the stop-smoking QUIT programme. AD stated the expectation is this could save 1.5 lives per week across South Yorkshire. The Barnsley integrated specification is now being mobilised. LC asked if there is a standard for how to interact with primary care networks (PCNs). RW responded that it is currently very early days in terms of stage of development and as such there is not a standard way. Different approaches are being taken in different places and consideration needs to be given to what the priority is in each area. AM suggested at this stage developments are likely to cover standard principles and contractual targets.

TB/19/98b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHCP) (agenda item 7.2)

SYa noted how the commissioning environment is changing and what this might mean for West Yorkshire & Harrogate system. RW was clear that having only one CCG in West Yorkshire & Harrogate will not be pursued. This will not work with the place based approach. Progress continues on key programmes. SR stated that we have been informally notified that the West Yorkshire bid for a specialist community forensics pilot has been successful. This will result in a full year effect investment of £1.2m. SYa stated that some bold conversations have been held in respect of diversity and race equality. There will be further updates on this following a period of reflection. These discussions recognised the talent already in place. SYa added that work is happening in all the places we operate in relation to creative and innovative solutions including the use of Creative Minds and recovery colleges.

CJ asked whether health & wellbeing board metrics should be standardised and how they are developing. He noted that there appear to be different approaches between West and South Yorkshire. RW explained that a dashboard is currently being developed in WY&H, which is a step behind SY&B in the ICS development journey.

It was RESOLVED to NOTE the updates on the development of Integrated Care Partnerships and collaborations

TB/19/98c WYHCP draft digital strategy (agenda item 7.2.1)

SYa explained that a Yorkshire and Humber Digital Charter has been developed which has been endorsed by the Local Healthcare Care Record Exemplar (LHCRE). In addition, there is a draft digital strategy for the West Yorkshire & Harrogate ICS which sets out the strategic direction and outlines an initial 10 key priorities, developed through engagement, to deliver over the next 5 years.

Once delivered, this will enable the Partnership to fulfil its digital obligations as stated within the NHS Long Term Plan as well as supporting the broader care transformation aims and objectives that the Partnership is seeking to provide. One key priority is cyber and there is recognition that funding opportunities need to be maximised. LC asked if there is an opportunity for the Trust to provide the leadership into this programme. MB explained that there is a leadership structure in place and Trust staff will continue to play a participative and leading role in the wider system digital strategy. KQ asked about inter-operability, particularly with primary care. RW emphasised the importance of systems being able to talk with each other. He also noted that TPP (the providers of SystemOne) have expressed an interest in

working with the LHCRE to identify how information can be shared in a different way. KQ asked how much funding we will receive for delivering the strategy. MB stated that at this point in time there are some non-recurrent monies supporting the development, but that recurrent funding would need to come from the organisations involved. This will be a relatively significant cost with savings generated by improved ways of working. SYo recognised the co-creation that has taken place in developing the charter and strategy.

It was resolved to ENDORSE and SUPPORT the draft digital strategy

TB/19/99 Performance reports (agenda item 8)

TB/19/99a Integrated performance report (IPR) month 6 2019/20 (agenda item 8.1)

TB opened this item by noting that there were no under 18 admissions to adult wards in September, which was positive. Focus needs to be maintained though as he does not believe the issue is resolved yet. He also noted the positive reduction in the use of out of area beds. CH stressed that it is good news, but we cannot afford to be complacent. TB suggested the deterioration in relation to supervision is more an issue of recording. Improvement has not been seen in the last month on medicine omissions and we need to continue to pursue the action plan we have in place. SThi stated the Chief Pharmacist is leading an exercise to drill down into the detail on every ward and record completed.

TB also explained there had been an improvement in the responses to complaints with 44 completed in the targeted timescale and 11 not. TB added that new reporting arrangements for safer staffing are being discussed at Clinical Governance & Clinical Safety Committee (CGCS) in November. There has been a slight increase in the number of serious incidents which is being investigated.

LC raised the performance on learning disability referrals of 77%, which is below target. CH explained there were challenges in the service given the number of vacancies, particularly in psychology and speech & language therapists. MB highlighted that an in-year quality impact assessment is taking place given the level of vacancies.

EM stated that she had spent some time with the complaints team and recognised how complex some are to complete and bring to a conclusion. She wondered if the target completion date was always achievable and whether we should again review.

Action: Tim Breedon

EM also asked about the reported performance on supervision. CH explained this had been the subject of in-depth discussion at the Operational Management Group (OMG). There is a degree of confidence this is a recording issue and it will be reviewed again next quarter to identify if this is the case. AM asked for clarification of who is responsible for recording supervision. CH confirmed it is the supervisor. The supervisee should check it has been completed as well. RW stated that we should use the same principle as we use for investigations, which is "if it hasn't been recorded it hasn't happened". CD asked how it was possible to understand the quality of conversation at supervision. TB suggested one means is to review quality of appraisal on the staff survey. CH also highlighted that hotspots are reviewed regularly at OMG. RW stated that we needed to consider how this fits in with wellbeing groups and the staff survey and stressed the need to keep pushing this as an area for focus. AM asked if any of the committees should focus on this issue? TB stated it has been reviewed at CGCS in the past, but not recently. It was agreed both the CGCS and Workforce & Remuneration Committee (WRC) have a role to play.

Action: Charlotte Dyson / Sam Young

KQ highlighted the progress made in developing metrics in relation to the Mental Health Act, with section 17 leave now reported on. Whilst not visible in the report there has been a big improvement in this metric over the past 6 months, which needs to be made sustainable.

LC highlighted that the number of leavers providing feedback has dropped again and asked whether we are missing out on useful feedback. AD said the short answer is yes we are and this needs further drive. A variety of ways of providing feedback are currently offered. AM asked whether the use of e-short surveys which could be completed on personal mobile phones would be possible to ascertain leaver feedback? LC also noted that the registered fill rate appears to be dropping. TB emphasised the importance of recruitment and retention.

RW pointed out that the type of harm included in the metrics is not always clear and asked that this be made clear for the next report. He also added that the report showed an increase in the quarter in the number of serious incidents involving death. TB stated there was no particular trend and that there would be further more detailed review at the November CGCS meeting.

RW also highlighted the significant improvement in out of area beds performance and asked whether the interventions made have had an impact. CH acknowledged there has been a positive impact from the interventions made to date, but also explained there is more to do. She highlighted the work carried out with how beds and patient flows are managed as positive examples. TB warned that significant independent sector pressures could place further challenge on NHS beds.

CJ asked why the performance of IAPT has steadily declined for the past five months. MB noted that we are still achieving our targeted performance and added that ability to recruit is an issue. This was confirmed by CH.

CH highlighted the fact the Calderdale Dales Unit electroconvulsive (ECT) team has received royal college of psychiatry accreditation along with very positive findings on care and safety. She also noted that following issues identified, an improvement plan had been put in place at ward 18 and this is beginning to have a positive impact. CH made the board aware that management responsibility for forensic CAMHS has transferred to the CAMHS management team from the Forensic Service. Significant improvements have been made in terms of the improvement plan in relation to the performance notice. CD added that an exception report is provided to the CGCS on CAMHS and that forensic CAMHS will be added to this henceforth.

AM asked how the work in forensics on health & wellbeing and bullying was progressing. AD responded by stating that work is taking place with wellbeing groups and ward managers. He feels there needs to be a larger integrated programme and that there are not necessarily any quick wins. He added that the forensics BDU has one of the higher uptakes of clinical supervision.

SYa explained the focus of the CAMHS priority programme is currently on Barnsley and Wakefield. Additional capacity has been put in place. She also highlighted that in respect of Barnsley integrated care the neighbourhood specifications are entering into a period of mobilisation. The suicide prevention service has been officially launched with staff recruited. With reference to SystmOne optimisation care plans have now been tested and gone live in forensic services. The scope of optimisation is being clarified and is likely to focus on five key components. Community health services are being de-coupled from the optimisation programme. CD asked for an update on where we are with the older people's transformation programme. SThi explained this issue had been discussed at the partnership board in

October when it was agreed to move forward with the next steps. The community model is beginning to embed and focus is now being applied on the clinical case for change. A high level plan will be taken back to the partnership board at the December meeting.

AM asked when measures would be available for communications and engagement. SYa explained this had been a subject of discussion at a recent time-out for her team. They are currently being developed.

Action: Salma Yasmeen

KQ asked if we were on track with the Barnsley neighbourhood integration work. SYa stated that we are and some emergent milestones are being developed. RW counselled some caution in respect of system re-configuration that may be required and explained some internal prioritisation may need to take place. RW asked if we are yet clear on our capacity and risks in relation to priority programmes and suggested more time may need to be spent on the risks. CJ asked where the financial sustainability work fits within the priority programmes. SYa explained that thought is currently being given to how this is reflected.

Action: Salma Yasmeen

MB stated the Trust had recorded a surplus in September, which is the second consecutive month a surplus has been delivered. Cumulatively there is a deficit of £1.1m and the full year target is a deficit of £0.2m. He explained that the performance in respect of out of area beds is making a real difference financially as well as from a service perspective. Additionally, income growth and time taken to fully recruit into new roles are making a financial contribution this year. Risks remain relating to inpatient staffing pressures and IT requirements, largely due to the implementation of Windows 10. The agency metric is currently red rated with spend significantly higher than our cap each month. The cash balance is healthy at £32m. MB stated the full year forecast is achievable if the level of out of area beds remains low and focus is maintained on internal financial control. The level of net risk in the full year forecast has reduced to £1.1m. CJ agreed with this summary and explained a discussion on 2019/20 financial performance and forecast had taken place at the recent Financial Oversight Group (FOG) meeting.

RW highlighted the fact inpatient units are overspending and to consider how the impact on agency staffing usage is factored into conversations with the regulator. MB will review if agency spend can be segmented in different ways. CD asked if staff understood the quality and cost impact of using agency staff.

AD noted there had been some higher than expected sickness levels in June and July, particularly in inpatient units. There is a question of how the wellbeing agenda supports this. AD reminded Board members that the vacancy rate includes vacancies relating to new investments, which can take time to fully recruit to. CD asked if we measure how much bank work is carried out by our own staff. AD confirmed this is regularly monitored and that there is exception reporting in place. CD asked if we knew where leavers were going. AD stated we have mixed knowledge of this and how we retain people in the Trust is key. A more detailed report on this subject is being taken to the Workforce and Remuneration Committee (WRC). CH noted that staff nurses tend to want some forensic experience, and then leave for other areas. RW reinforced the need to push for exit interviews. He stated that the level

of turnover in CAMHS and learning disabilities is worrying. AD explained that exit interviews form only one part of a range of intelligence we capture.

RW checked on appraisal rates and asked how they compared to last year, noting that we do have a good track record in terms of completion. AD stated appraisal completion has followed a similar pattern to last year.

RW highlighted that the level of flu vaccinations is not captured within this report and that as a Board we have an interest in this. AD stated that the figures are currently being reviewed and that vaccinations are now open to anyone. There has been a different phasing this year in terms of receipt of the vaccine. RW reiterated there is a high level of national interest and that we must consider the level of risk of sickness and wellbeing. AD will provide an update at the next meeting.

Action: Alan Davis

It was RESOLVED to NOTE the Integrated Performance Report.

TB/19/100 Strategies (agenda item 9)

TB/19/100a Digital Strategy progress update (agenda item 9.1)

MB provided an update made against the Trust's digital strategy in the first six months of the year. A detailed report was provided for Board members. In addition MB highlighted the following key points:

- Following the successful implementation of SystemOne to replace RiO, focus is now shifting to optimisation activities after a period of system stabilisation.
- A number of initiatives are being undertaken in support of paper digitisation.
- Greater emphasis is being placed on the effective use of business intelligence. Resource is focused on the development of a data warehouse to support the understanding of internal productivity by teams. Whilst the model hospital is still in relative infancy for mental health and community providers there is now sufficient information contained within it enabling some comparisons to be made.
- In relation to having a skilled and digitally able workforce, the primary focus to date has been related to SystemOne operational training.
- The relatively new Digital Strategy Group is driving forward opportunities, such as the development of an e-voucher scheme within the Quit Manager system and also exploration of an eConsultation solution for a pilot project within the mental health perinatal service.
- In respect of cyber security the Trust has taken up various services offered by NHS Digital and a number of cyber enhancement activities have been completed during the reporting period which supports the Trust's drive towards cyber maturity.
- The Trust staff app has now been launched.

MB explained that to date we are on track to deliver the 19/20 plans, which also include the replacement of Windows 7 with Windows 10 and the introduction of a new email platform. Both of which must be completed in quarter 4 as support for existing systems and platforms expires. MB expressed some concern that additional in-year priorities combined with the existing level of resource in the Trust could make achievement of all priorities in the 19/20 more challenging. KQ asked if moving to Windows 10 would reduce the speed of the

system. MB stated that that it would not. SYo stated she would like to better see the links between the digital strategy and Trust strategy. RW asked that positive feedback be given to the team on what it has achieved given multiple calls on time. RW also posed the question of whether we have the right architecture in place to meet our future needs.

It was RESOLVED to NOTE the progress made against the Trust's digital strategy and to pass the Board's thanks to the team.

TB/19/101 Governance items (agenda item 10)

TB/19/101a Emergency Preparedness, Resilience & Response (EPRR) Compliance (agenda item 10.1)

AM asked if this paper could be taken as read and whether anyone had any questions. EM asked for further clarification over evacuation plans. AD explained these were complex given the nature of services and number of services. Partnership approval is often required. AD emphasised that there are plans in place. He also explained the sprinkler installation programme that was in place to support the management of risk.

It was RESOLVED to AGREE to sign off that the Trust is substantially compliant with the NHS EPRR core standards

TB/19/101b Update to Standing Financial Instructions (agenda item 10.2)

MB explained that this paper was a result of a review of the Trust standing financial instructions (SFIs), and reflected any updates made following that review. The updated document has been reviewed and updated following EMT and Audit Committee meetings. Updates include reflection of current practice, changes in the operating environment, changes in legislation and / or improved practice and updated job titles. MB also stated that there was recognition the SFIs need to be well communicated and understood across the Trust and the best means of doing this will be determined and put into place. MB also noted that the Director of Finance role currently has significant responsibility for the charities in the SFIs. In practice these responsibilities are discharged via the Director of Strategy and Head of Financial Accounting. In future there will be a regular meeting with the Director of Finance for these two roles to consider how the various SFIs relating to the charities are being met. AM asked for the charities section of the SFIs to be reviewed at the Charitable Funds Committee. It was noted that if further changes are needed following this, they will be brought back to a future board meeting.

Action: Salma Yasmeen

AM questioned why the Board approving staffing changes had been altered in the SFIs. MB explained that on a day to day basis CH and her team would regularly review skills mix e.g. if a vacancy arose. It is recommended these are the responsibility of management, whilst the Trust Board will still approve the annual plan, including staffing levels. LC agreed that the SFIs need presenting across the Trust in the simplest way. LC also highlighted that at the Audit Committee one of the considerations was which breaches are reportable to the Committee. It was felt that this is included in the remit of the Director of Finance. RW suggested some principles are identified and agreed.

Action: Mark Brooks

AM requested that gender neutral language is used throughout the document and all trust documents.

Action: Mark Brooks / ALL

RW asked about the Scheme of Delegation and how the SFIs relate to that document. MB explained the Scheme of Delegation was updated and approved in 2018 and that the updated SFIs are consistent with the current Scheme of Delegation.

It was RESOLVED to APPROVE the updated Trust Standing Financial Instructions.

TB/19/102 Assurance from Trust Board Committees (agenda item 11)

Audit Committee 8 October 2019 and, including ratified Minutes from 9 July 2019

LS highlighted the following:

- Complaints – internal audit recommendation implementation to be completed by end of October.
- SystemOne optimisation plus further projects planning by December.
- Standing Financial Instructions – need for easier access, communication and materiality judgement.
- IFRS 16 – material impact on balance sheet.
- BAF – internal audit points on actions re. dates and accountability.
- Cyber risk – very good work on technical defences, question about need for further staff training.

Nominations Committee 24 October 2019

AD highlighted the following:

- A document has been received from NHS England & Improvement outlining how non-executive pay between NHS trusts and foundation trusts is to be aligned. This was reviewed at the Committee and a proposal is being put to the Members' Council meeting on 1 November 2019.

West Yorkshire Mental Health, Learning Disabilities & Autism Collaborative Committees in Common

AM highlighted the following:

- Assessment and Treatment Unit (ATU) Business Case.
- Transforming Care Programme: Independent Sector Learning Disability Placements Memorandum of Understanding.
- ICS & Programme Strategy and structure.
- Governor / NED Event on 22 October 2019.

TB/19/103 Trust Board work programme (agenda item 12)

RW requested the EPRR compliance report is added to the annual work programme.

Action: Emma Jones

TB noted that the safer staffing report has been deferred to November. RW asked if the timings for the operating plan reports were correct. MB stated they are indicative based on past experience. Once national guidance is received the work programme for this year will be updated if required.

Action: Emma Jones

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

TB/19/104 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on Tuesday 26 November 2019, Boardroom, Conference Centre, Kendray Hospital, Doncaster Road, Barnsley S70 3RD.

TB/19/105 Questions from the public (agenda item 14)

TB/19/105a – *The sickness rate target is 4.5% and the August position was 5.0%. What is the average rate of sickness absence?*

AD noted the cumulative rate of sickness absence to the end of September is 5.0%.

TB/19/105b – *The Trust has an 11% turnover rate. Does it conduct any exit interviews to understand why staff are leaving?*

AM noted that this had been covered in some detail in the meeting.

TB/19/105c – *What does RAG mean?*

AM explained it stands for Red, Amber, Green.

TB/19/105d – *Workforce Race Equality Standards (WRES) – how has the Trust contributed to the national report.*

AM noted that information on the Trust's WRES performance is on the Trust website and a link would be provided.

Signed:



Date: 26 November 2019