

Minutes of Trust Board meeting held on 28 January 2020
Small conference room, Wellbeing & Learning Centre, Fieldhead, Wakefield

Present:	Angela Monaghan (AM) Charlotte Dyson (CD) Chris Jones (CJ) Erfana Mahmood (EM) Kate Quail (KQ) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB) Alan Davis (AGD) Subha Thiyagesh (ST)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Nursing and Quality / Deputy Chief Executive Director of Finance and Resources Director of Human Resources, Organisational Development and Estates Medical Director
Apologies:	<u>Members</u> Laurence Campbell (LC) Sam Young (SYo)	Non-Executive Director Non-Executive Director
In attendance:	Carol Harris (CH) Sean Rayner (SR) Aimee Willett Salma Yasmeen (SY)	Director of Operations Director of Provider Development Corporate Governance Manager (author) Director of Strategy
Observers:	John Laville Jeremy Smith	Public elected governor – Kirklees Public elected governor – Kirklees

TB/20/01 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 two members of the public present, which included two publicly-elected 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/20/02 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board for Laurence Campbell (LC), Non-Executive Director and Rob Webster (RW), Chief Executive:

Name	Declaration
Non-Executive Director	
CAMPBELL, Laurence	Term at Kirklees Citizens Advice and Law Centre ended 31 December 2019.
Chief Executive	
WEBSTER, Rob	Declared an interest in the item on the private session agenda relating to the dual role of the Chief Executive.

There were no other comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest made above.**

TB/20/03 Minutes of and matters arising 26 November 2019 (agenda item 3)
It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held 26 November 2019 as a true and accurate record.

The following matters arising were discussed.

- TB/19/111a Integrated performance report month 7 2019/20 – detailed paper to the next Workforce and Remuneration Committee (WRC) – Alan Davis (AGD) agreed to do deep dive into turnover.
- TB/19/99a Integrated performance report – Tim Breedon (TB) complaints Q4 proposals regarding measuring success rate will be included in the report to April Board. Remove from action log.
- TB/19/99a Integrated performance report – supervision will be reviewed by committees. Papers to the Clinical Governance & Clinical Safety Committee (CGCS) in February, with an overview at WRC. Remove from action log.
- TB/19/99a Integrated performance report – Salma Yasmeeen (SYa) updated that financial sustainability will be reflected in the next year's priorities from March 2020, with an overview at the Finance, Investment and Performance Committee (FIP). Remove from action log.
- TB/19/101b – review of charities section in in SFIs, included in Corporate Trustee papers. Remove from action log.
- TB/19/101b – breaches reportable to the Audit Committee – Mark Brooks (MB) outlined that a proposal was discussed by the Executive Management Team (EMT) and will be discussed at the Audit Committee (AC) in April. Remove from action log.
- TB/19/103 – MB advised that we are still awaiting the guidance, a verbal update is on the agenda in line with the work plan. Remove from action log.

TB/20/04 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to early intervention in psychosis. CH introduced the service user and their story, and outlined that the story shows how the Trust supports service users from recovery into employment.

The service user accessed the early intervention service in 2014 due to struggling with hearing a voice and suicidal thoughts. They also made multiple attempts on their life over the span of a couple of years. The service user shared that they had previously been admitted to inpatient wards and had been sectioned under the Mental Health Act. The crisis team had also been involved however it was felt that their situation had got to the point where nothing was moving forward and they felt that something had to change.

At this point, the service user became involved with psychology and open dialogue. They provided an explanation of open dialogue for those who were unaware of this therapy. The professionals speak to the voice and the voice hearer acts as interpreter. As a consequence of this therapy, it became apparent that the service user has heard a voice from the age of 14, and it was suggested that trauma at some point, possibly related to heart problems in 2014, that changed the voice to a nasty voice.

The service user explained that the voice sounds like their partner's voice as an influential person in their life, but that previously as a child, the voice has been someone else's.

Throughout the therapy, the service user's partner was involved which helped them to make peace with a lot of things from the past and led to recovery.

The service user shared that they stopped taking antipsychotics 2017 and antidepressants last year, which was more of a challenge. The service user expressed that it is possible to recover but only when you try to get past the trauma. The service user has written an article on their experience to share with the Board. SY queried if the service user had considered publishing the article and if there was anything the Trust could do to support this. The service user confirmed that they are considering this, however are unsure if they would like to publish it anonymously.

AM asked the Board if there were any further questions relating to this story.

RW asked if the service user is still involved with open dialogue. The service user advised that they are encouraging other people to get involved in open dialogue with those close to them as well as with the professionals, and that they provide honest reflections on their experience. Before the therapy, they didn't have a proper relationship with their partner and the therapy improved this, and brought back honesty and emotions back into their relationship.

The service user shared that they were able to get back into work at the end of 2017 as a peer mentor after attending college and completing a course. Also, since September 2019 they have been working as a support worker which has helped to boost confidence, and get something from working with and supporting others. CH commented that it is humbling thinking what the service user has come through and the success made on their journey, and well done on their success.

CD queried if there was anything from their journey that they would like to be different. The service user advised that they would have liked open dialogue to be offered straightaway. RW noted that there had been a review of open dialogue work that he had been involved with, which reinforced the support for carers and how this is reviewed and expanded.

It was RESOLVED to NOTE the Service User Story.

TB/20/05 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:
 - Risks that are commercially confidential.
 - Those aspects of financial performance considered to be commercial in confidence.
 - Operational plan 2020/21.
 - Headlines from the staff survey that are embargoed until mid-February.
 - Consideration of the Chief Executive's dual role.
 - Board development plans.
 - Serious incidents under investigation.
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).

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:

- Planning guidance has been delayed by the general election. The next financial year will be year one of the 5 year plans developed by ICSs. National consolidation required for the guidance in relation to what commitments were made in manifesto and what needs to go into the guidance. The Secretary of State is continuing to promote four things – importance of prevention, the workforce, capital infrastructure and health tech.
- Exit from EU. A lot of planning was underway in preparation for no-deal, however transitional arrangements means safe transition on 31 January, and contingency planning is now stood down. We are keeping this in view as a risk. The Trust needs to consider consequences of trade deals in the future. We continue to receive advice on the impact of the EU exit.
- Good work continues to be done regarding equality, inclusion and diversity. West Yorkshire & Harrogate - ICS has made a commitment in the 5-year plan on diverse leadership. The BAME network was part of session to define what this means in practice, a paper will be discussed at a West Yorkshire & Harrogate ICS system leadership executive regarding details to deliver. Reciprocal mentoring has been launched in the Trust.

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

TB/20/06 Risk and assurance (agenda item 6)

TB/20/06a Board Assurance Framework (BAF) (agenda item 6.1)

MB introduced the updated Board Assurance Framework (BAF). MB reminded the Board that as part of the ongoing cyclical review a full review had taken place at the Executive Management Team (EMT) meeting and updates have been made accordingly.

MB noted where changes of scoring had been considered appropriate, and that some have a level of subjectivity based on information available. Over the course of the past year there has been increased contract alignment in terms of service provision which has helped matters. A number of actions have been completed to support changes in RAG rating. Risk score has deteriorated for strategic risk 2.3 to amber due to the level of increased demand and acuity of service users.

MB outlined that the Board need to consider how the BAF needs to change for next year. This will be discussed at the February strategy session, with full board engagement regarding any such changes for next year.

Action: Mark Brooks

Chris Jones (CJ) commented on the change of 2.3 to amber and queried if there is less confidence in controls, or if this is an emerging issue – he suggested it would be helpful to revisit controls to make the process more effective. TB advised of increased acuity, particularly in inpatient wards and workforce issues on some wards in terms of recruitment and retention. The amber rating represents reduced capacity to deliver, this is the most significant reason the change was made.

TB reported that staffing pressures are reported on regularly, progress has been made with out of area placements but this is not yet at the stage it can be considered as sustained. Significant pressures relating to staffing and changing population are particularly notable along with capacity to deliver in acute and forensic inpatient services. This links to workforce planning and the ability to deal with increased demand. CJ advised that 2.3 relates to 4.1

and felt that this was inconsistent and could also be considered as amber due to the level of staff vacancies. Charlotte Dyson (CD) agreed with this view.

AGD highlighted that in the integrated performance report safer staffing has always been good. The Trust has proactively increased staffing levels on acute and forensic areas. Associate roles have also been introduced. There is a national supply problem and work is ongoing to look at how we can increase supply. Consideration is being given to other markets, and if there are new roles that we can bring in to replace traditional roles. SY added that there is work ongoing in hotspot areas. Erfana Mahmood (EM) suggested that the “new world” impact has been delayed in comparison to acute trusts and that this is not going to be quick turnaround.

RW commented that “double jeopardy” should be avoided, where one adverse development causes several scores to change. He also suggested that the Board needs to look at the risk scores strategically. For example, on developing a great place to work, our staffing culture is good with support from Occupational Health and weekly meetings to make sure services are safe. It was noted that missing from report were gaps in control and new actions in place to address this risk, gaps in assurance and control need to be reviewed.

Action: Alan Davis / Tim Breedon

RW suggested that a strategic response to safety risks would include considering a change to smaller wards to help deal with acuity. CD queried how we are measuring acuity and what work is taking place to determine the benefits of moving to smaller ward sizes. TB outlined that staff are assessing needs of people on the wards on a regular basis. Some of this is evident at risk panels and levels of acuity, 1:1 staffing, safe care report will give more data to understand better.

RW outlined good conversations taking place regarding safer staffing, there is a clear view regarding mental health inpatient areas, however further work is needed to understand learning disability and community services. RW queried if we have a measure of acuity across all services? TB noted that we do in some places and by proxy in others, and noted that this could be improved.

AM suggested that the BAF does not reflect the Board agenda as well as it could and suggested we reflect priority programmes. This will be included as part of the review at the strategic Board. Comments from the internal audit will also be considered again following review at the October Trust Board.

AGD noted that the staffing risk is reviewed at the Workforce & Remuneration Committee (WRC). There is a global workforce risk. Committees will not routinely discuss the BAF however will discuss specific issues. TB added that the acute improvement plans need to be reflected in the BAF.

Subha Thiyagesh (ST) added for 4.1 further discussion is required to determine how further assurance can be provided. There are different workforce activities happening across different areas. RW added short term actions are happening now to boost support for staff and workforce, the workforce plan will be implemented over the next 12 months.

It was RESOLVED to NOTE the updated Board Assurance Framework and ongoing target, and to REVIEW the BAF and links to priority programmes in more detail in February strategic Board session.

TB/20/06b Corporate / organisational risk register (ORR) (agenda item 6.2)

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 outlined a number of movements with risks and their scoring since the last report. In respect of the financial risk relating to national funding the current level of investment in mental health means the likelihood of financial challenge due to national funding arrangements has reduced. Similarly the fact that the Trust has a cash balance in excess of £30m means the likelihood of cash depletion in the short term is much reduced. MB also noted that over the past twelve months there has been a significant reduction in NHS services we provide going out to tender. Finally he noted that out of area bed placements (OOA) bed have significantly improved year on year.

Risk ID 1216 has now been merged with 852 – agreed to close.

The Board discussed the Committees in Common and links with the ORR. It was agreed that this will be considered further once the Committees in Common risk management framework had evolved.

Risk ID 1362 relating to a no deal Brexit – agreed to close, however noted that this risk needs to be reflected in BAF.

A number of risks have now been aligned to the Finance Investment & Performance (FIP) committee and will be discussed at the next FIP meeting and presented in the Q4 report to board.

Risk ID 1157 discussed at the Equality & Inclusion Committee (EIC) previously aligned to both EIC and WRC, however discussed at the last EIC and agreed to be aligned to this committee only. This will be reflected in future reports.

RW raised the cyber security risk and it was noted that this is still 'red'. MB suggested that this will always be a high level risk due to the constant threat of cyber security and the increasing sophistication of cyber-crime, however it was noted that a lot of work has been carried out on the IT infrastructure and the rolling out windows 10 is underway. A detailed report on this is presented to the Audit Committee (AC) twice per year, next report due in April. The Audit Committee will feedback to the Trust Board on the contents of this report.

Action: Mark Brooks

Risk ID 522 - the change in risk score was noted and this risk is now within the risk appetite, this will be reflected in a different way next report.

The Board discussed the downward trend in risk over the past year and if this felt right. MB advised that this does feel right for the areas of risk that have reduced. The Trust financial position has improved and finance has been a big driver of the risk register. In addition the level of tendering of services has reduced and there has been good improvement in the use of out of area bed placements. RW noted that the improved CQC rating has also had an impact, the mental health alliance is stronger, and Integrated Care System (ISC) plans are established.

It was RESOLVED to NOTE the updated Organisational Risk Register, supporting current risk levels, and AGREE to the recommendations on risk closure.

TB/20/07 Business developments (agenda item 7)

TB/20/07a Planning guidance (agenda item 7.1)

MB noted that there were some changes since the report was written in relation to the development of the operating plan and planning guidance. MB outlined that the detailed guidance was not expected to change the fundamental assumptions used in the generation of the 5 year plan significantly. The Trust continues developing the plan based on these assumptions. MB noted that the first submission is now expected to be 28 February, and that the plan will be discussed at the FIP Committee and strategic board before this date. It was noted that the capital regime is unlikely to be available until the end of Q1. MB noted that the final submission of the Trust's plan is likely to be in April.

It was RESOLVED to NOTE the report and that the plan will be discussed in detail at the February strategic board and FIP committee.

TB/20/07b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.2)

SYa noted that there has been significant work over the past few months with partners to develop, mobilise and implement the integrated care specification for community services in Barnsley. Discussions are ongoing through the programme board regarding the final model and what this will look like. As this will be a priority programme, it will be monitored and reported on in the integrated performance report (IPR). It was noted that this will also need to be reflected in the Board work programme.

Action: Salma Yasmeen

MB noted that the FIP committee will consider parameters for appropriate resource to meet a new service specification and that time will be factored in at Board to discuss this, governance and strategy as options become clearer.

CD noted that there are a lot of programmes happening that depend on partners. How will we know if another part of the partnership is not delivering and how do we have oversight of this. SYa noted that this is part of the role of the integrated care delivery group, of which the Trust is a member, which reviews programmes, deliverables and risks, and decides if anything needs to be escalated. A shared dashboard is also being considered. TB noted that a priority programmes summary is presented to the CGCS committee and considered if this could be included.

AM noted some developments in the SYB system, and asked if the Board is clear on the strategic aims, what are the co-dependencies and how we are assured. The Board discussed if the Trust is involved in the right way and it was suggested that this could link into the Trust's annual review of governance.

KQ queried if there will be a shared equivalent of the BAF for the ICS work. RW noted that in West Yorkshire and Harrogate, each programme has a risk register and each place through joint arrangement has risk arrangements in place.

RW noted that A&E performance in Barnsley tended to be amongst the best in the country, but has been under a lot of pressure recently. Mental health services that support A&E and community services are also under pressure, and numbers of delayed transfers of care has also slipped.

AM queried what is the impact and timescale of individual placement work, and how will it help to deliver our objectives in Barnsley. SYa noted that there is high level support for service users into employment and an individualised programme. CH was unsure how it will improve our overall performance, but it will improve experience for SUs.

It was RESOLVED to NOTE the updates on South Yorkshire and the South Yorkshire & Bassetlaw Integrated Care System and to consider the governance and assurance arrangements as part of the Trust's annual governance review.

TB/20/07c West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.3)

SYa noted that a light touch review of the Memorandum of Understanding (MOU) has been completed with the recommendation to Board to support the changes. SR noted that since the report was written, Leeds Community Health NHS Trust will write to NHS England regarding the tier 4 Child and Adolescent Mental Health Services (CAMHS) business case asking for it to be put back by six months to April 2021. AM noted that this was supported by the Committees in Common.

RW noted that some organisations will need to be involved in more than one place based planning system.

AM added that the schematic of governance needs to be consistent and include learning disability and autism, which has not been updated. SYa to feedback.

Action: Salma Yasmeen

It was RESOLVED to NOTE the updates on West Yorkshire and the West Yorkshire & Harrogate Health & Care Partnership and to APPROVE amends to the Memorandum of Understanding.

TB/20/07d Receipt of Partnership Board minutes (agenda item 7.4)

It was RESOLVED to NOTE the minutes from partnership boards.

TB/20/08 Performance reports (agenda item 8)

TB/20/08a Integrated performance report (IPR) month 9 2019/20 (agenda item 8.1)

TB opened this item by noting:

- Under 18 admissions – 1 admission in December, He stressed this was the least worst option.
- Out of area position continues to be challenging –progress has been made but significant pressures remain in the system. CH noted that this is as expected, system is delicate.
- Safer staffing – the report has been updated to reflect updated and agreed safer staffing. Report to Clinical Governance & Clinical Safety Committee showing 106-7% fill rate, need to look at and take back to CGCS to understand difference.
- E-appraisal will help to record appraisal completion rated. Issues regarding recording continue to be explored / monitored. CH noted that recording of supervision needs to take place especially during periods of high acuity. Looking at opportune and group supervision options.
- Medicine omissions – targeted approach with some areas doing well, some data issues also being investigated. ST continues further discussions with matrons.
- Complaints position, positive to see turnaround relating to planned completion times. Looking at how record and report against complaints. Complexity and level of input required to achieve outcome needs to be taken into consideration.
- Increase in falls in December – need to look at quarterly data, positive work ongoing in relation to restraint.
- Metrics holding up well, can't underestimate impact of demand on acuity. Early warning signs through risk panel and EMT.

AM noted staff turnover – threshold red, should still be red as at 12%. MB confirmed this was an error in the report. To be amended.

Action: Mark Brooks

EM noted that there will be a deep dive into supervision, and the recording of this, in Q4 that will report to CGCS committee. CD noted that it is not just about recording of, but about the quality. TB advised there is a new way of reporting that will allow us to audit in a different way, see that risks were being logged and comments made but not always made in the right way. Need to separate issue with risk assessments training and supporting to understand benefits and SystemOne tool issue.

EM noted that falls have increased – Kirklees and Wakefield quarter on quarter reduction but has increased in month. CH advised that after looking at the data, this relates to particular individuals and matrons have checked care plans to ensure they are followed.

Section 17 leave – AM noted the deterioration in recording of section 17 leave on the form. CH advised that forensics are auditing the highlighted concern of completion of this section on the system. Auditing forms need to be completed weekly with support from Mental Health Act team. There is more work to do but it is felt the position is improving. CD outlined a discussion regarding expectations of section 17 leave that took place at CGCS committee and how to balance resource and service users' needs. Some service users have expressed concerns about taking leave, because, if beds are needed, they may be used by another service user whilst they are on leave. The impact that this has on service user experience was noted and CH advised that risk assessments are completed on an individual basis. Staff discuss any concerns that service users may have about taking leave with them at the time and provide reassurance. RW noted that the form that is not always being completed on the system is the one that relates to staff having these conversations with service users and expressed the importance of ensuring this is completed in all cases.

National metrics – MB outlined that despite all the pressures in the system the Trust is achieving the vast majority of targets against nationally set metrics. The good work taking place to achieve this was noted.

Locality – CH noted the following:

- General community services – the development of integrated neighbourhood teams is continuing at pace. Staffing challenges are not just in health services.
- Single Point of Access for Barnsley has been confirmed and will be housed at Kendray from April onwards.
- Barnsley mental health action plans and improvement, starting mobilisation for all-age liaison psychiatry post – recruitment underway.
- Calderdale & Kirklees developing towards provision of all-age liaison service.
- Personality disorder pathway alternative to inpatient treatment.
- Support from commissioners to strengthen offer.
- Forensics & LD – forensics serious incident over Christmas involving member of staff, investigation underway and review of security. Workforce measures put in place, 30 day plan being worked on and reviewed weekly. Reviewed in detail at CGCS committee.
- Forensic CAMHS performance notice: awaiting written confirmation from Leeds Community services that this is being removed following their expected letter from NHSE.
- Wakefield – inpatient facing challenges in relation to delivering Electroconvulsive Therapy (ECT) due to a shortage of staff with the right skills. Mitigating actions in place to travel to other areas and at times need has not been met.

CJ queried the impact of availability of Local Authority social workers in mental health services. CH advised that at meetings with the Local Authorities it was noted that this does impact on such matters as discharge as social workers are not available. In Calderdale, they are looking at different ways of attracting staff. CH noted that the Trust employs social workers into mental health practitioner posts to target specific service user needs.

Priority programmes – SY noted the following:

- FIRM, the new clinical risk assessment tool in SystemOne, will 'go live' in Q1 2020/21. Improvement groups in place to demo. Lots of work ongoing in the background to support data quality issues.
- CAMHS workstream is now 'green' as the trajectory has improved, there is a clear plan in Barnsley and Wakefield and robust processes are in place.

Finance / contract – MB noted the following:

- Month 9 was strong with a surplus recorded, however he noted there could be some change in January due to expenditure on laptops required for the roll out of Windows 10.

CJ acknowledged that it has taken a lot of work to get to this position.

CD queried if the agency spend would impact on the Trust's rating. CJ advised that a self-assessment tool will be completed at the next FIP meeting which is unlikely to trigger any further financial concern. MB added that there has been a reduction in the number of agency medics but that this has been offset by nursing increases. Typical monthly agency cost is circa £600k, some of which relates to the short term nature of work such as waiting list initiatives. If the Trust exceeds its cap by more than 50% its risk rating will reduce. Based on current spend and projections whilst spend is well above the cap it is unlikely to exceed by 50%. The positive work on recruitment of substantive medics was noted.

RW noted the statistical process control (SPC) chart on agency spend. March data was on point, and this has reduced over the past couple of months. It was felt that there should be some confidence regarding not going over the cap, and that the Board needs to consider the approach to take for next year.

Workforce – AGD noted the following:

- Next WRC will discuss workforce issues in forensic services.
- Appraisal completion – slightly below target – e-appraisal has a potential downside of becoming a once per year tick box exercise. Discussions needed regarding links between supervision and appraisal.
- Turnover – agreed the WRC will focus on this, and complete a comparison against other areas.
- Fire training – green across board, inpatient areas set higher target as this is the area with the highest level of risk.

RW noted the SPC charts for turnover and sickness absence, and that this is not getting worse but we need to think about how to improve, linked to the deep dive at WRC.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/20/09 Strategies and policies (agenda item 9)

TB/20/09a Estates strategy progress update (agenda item 9.1)

AGD outlined to the Board that the Health and Safety Executive (HSE) are visiting the Trust over the next two weeks. No notifications or concerns have been raised thus far.

CD suggested that discussions regarding inpatients and bed base are the right ones to have. AGD noted that following an evaluation of the estates strategy, the Trust has done what was previously agreed, however it was noted to review if it worked out and achieved the goal. What is the learning and how do we feed back into the strategy.

Action: Alan Davis

RW noted the clear link to the sustainability strategy and that further discussion is required around the green agenda and estates strategy. AGD noted that the previous strategy was developed when there was significantly more money to invest. RW expressed the importance of safety for staff and service users in all environments and the green agenda being more prominent. MB added that the strategy needs to be clear regarding capital to ensure it is accessible. This may be clearer once the new capital regime is announced.

Timetable: AGD stated that the strategy should be ready for Q1. Conversations required regarding how to review the strategy going forward. It was noted that further detail and engagement is required from Board before it is submitted for approval. The strategy will be discussed in March by EMT, and a draft brought back to the Board in April with a commitment to sign off the final version in September.

Action: Alan Davis

It was RESOLVED to NOTE the update and AGREE to a review of the timetable.

TB/20/10 Governance matters (agenda item 10)

TB/20/10a Assessment against NHS Constitution (agenda item 10.1)

MB noted that the Trust is no longer required to submit this paper to regulators, however it is a good exercise to remind Board members of the requirements of the constitution and how the Trust is assured it is meeting them.

It was RESOLVED to APPROVE the paper and to NOTE that this submission is no longer a requirement.

TB/20/10b Review of the Trust Constitution (agenda item 10.2)

AM provided a verbal update on the Constitution review. A session with governors took place in December and the Board discussed changes and updates at the December strategic session. Suggested amendments and areas for further investigation will be discussed at the forthcoming Members' Council meeting.

It was RESOLVED to NOTE the update.

TB/20/10c Assurance from Nominations Committee 9 January 2020

It was RESOLVED to RECEIVE the assurance from the Nominations Committee.

TB/20/11 Assurance and receipt of minutes from Trust Board Committees (agenda item 11)

Audit Committee – CJ provided an overview. Good update on SystemOne with a useful format of data. Phishing test carried out, 'scam' emails sent to staff to see how people

respond, some did respond to the IT helpdesk within a matter of minutes which gave confidence in the system.

Equality & Inclusion Committee – AM noted that the September meeting minutes were approved and are now available. To be circulated / added to board papers.

Action: Aimee Willett

AM provided an overview from the December meeting. Updates received on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) updates, Equality Impact Assessments (EIAs) and Equality Delivery System (EDS2) performance. Refined performance dashboard now available but acknowledged that there is still further work to do. Feedback received from BAME and LGBT+ staff networks and representatives now attend routinely. Equality strategy and Communication, Engagement and Involvement strategy are being developed and will be discussed at Members' Council. Noted that the pay-gap audit interim report has cross-committee interest with WRC.

Finance, Investment & Performance Committee – CJ provided an overview. Mental health benchmarking report was useful with indicators coming back to FIP later in the year. At the January meeting, the first area of performance the committee focused on was waiting times for learning disability services and received assurance that performance is now on track. Data quality and availability of staff will continue to be monitored through the IPR at Board. Contract negotiation parameters for 2020/21 agreed. RW noted that the majority of CQUINs were delivered and acknowledged the work that has gone into this. MB added that the team are working on benchmarking and increasingly populating one of the tools on intranet, SWIFT, which looks at benchmarking data for different services. All Board members can use this tool to look at available data. MB to circulate information on how to access SWIFT.

Action: Mark Brooks

West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common – the Board noted the summary from the latest committee meeting. RW outlined risks in new care models will be discussed and agreed at the committee and the Board will receive assurance from this. Annual review process, similar to that used for the Trust board committees, to be adopted. It was noted that the chair of the meeting will change from AM to Cathy Elliott, Chair of Bradford District Care Trust, later this year.

It was RESOLVED to NOTE the assurance from committees and RECEIVE the minutes.

TB/20/12 Trust Board work programme (agenda item 12)

The Board noted the changes to the work programme and that the 2020/21 programme will be discussed at the February strategic board session, with agenda items linked to priorities.

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

TB/20/13 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on Tuesday 31 March 2020, Room 5/6, Laura Mitchell Health and Wellbeing Centre, Great Albion St, Halifax HX1 1YR.

TB/20/14 Questions from the public (agenda item 14)

TB/20/14a – *workforce retention – how well do we do with completion of exit interviews and how do we collate information, pick up trends and put in action plans?*

AGD noted that return rates are not high for exit interviews and that this is voluntary but the process is being reviewed. When staff leave the organisation they are sent a questionnaire. Data from those returns is collated and discussed at WRC. CH added that if someone is thinking of leaving, this is discussed at appraisal and managers have a conversation regarding why someone wants to leave.

TB/20/14b – *it has been raised following some PLACE inspection visits that some wards do not have ensuite facilities.*

AGD noted that the Trust has an ambition to develop all wards to be ensuite, however this is not possible in all buildings and capital would be required for further development.

Signed:

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

Date: 31 March 2020