South West Yorkshire Partnership NHS Foundation Trust

# Minutes of the Trust Board meeting held on 29 June 2021
# Microsoft Teams Meeting

| | | |
|---|---|---|
| **Present:** | Angela Monaghan (AM) | Chair |
| | Mike Ford (MF) | Non-Executive Director |
| | Chris Jones (CJ) | Deputy Chair / Senior Independent Director |
| | Erfana Mahmood (EM) | Non-Executive Director |
| | Natalie McMillan | Non-Executive Director |
| | Kate Quail (KQ) | Non-Executive Director |
| | Sam Young (SYo) | Non-Executive Director |
| | Rob Webster (RW) | Chief Executive |
| | Tim Breedon (TB) | Director of Nursing and Quality / Deputy Chief Executive |
| | Mark Brooks (MB) | Director of Finance and Resources |
| | Alan Davis (AGD) | Director of Human Resources, Organisational Development and Estates |
| | Dr.Subha Thiyagesh (ST) | Medical Director |
| **Apologies:** | Members<br>Nil<br>Attendees<br>Nil | |
| **In attendance:** | Carol Harris (CH) | Director of Operations |
| | Andy Lister (AL) | Head of Corporate Governance (Company Secretary) (author) |
| | Sean Rayner (SR) | Director of Provider Development |
| | Salma Yasmeen (SY) | Director of Strategy |
| | Angie Balmer | Co- lead for Yorkshire & Humber Operational Delivery Network |
| | Chloe Dexter | Business Support Officer for Yorkshire & Humber Operational Delivery Network |
| | Catherine Horbury | Co- lead for Yorkshire & Humber Operational Delivery Network |
| **Observers:** | Three Trust governors<br>Two members of the public | |

## TB/21/48 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. No apologies were noted, and the meeting was deemed to be quorate and could proceed.

AM outlined the Microsoft Teams meeting protocols and etiquette and identified this was a performance and monitoring meeting. AM reported the meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

AM informed attendees the meeting was being recorded for administration purposes, to support minute taking, and once the minutes had been completed the recording would not be retained. Attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments, received in writing.

A video of a poem was played from Carers' Week, read by "Ros".

AM thanked Ros for her poem and stated it was inspiring and a testament to all carers across the Trust and in our communities.

AM introduced Chiara DeBiase who is observing the Board on placement for six months with the Trust as part of the Insight programme, which is supported by GatenbySanderson. The Insight programme is to support people coming from non-traditional backgrounds into Non-Executive roles within the NHS.

Chiara introduced herself as the director of patient services at Anthony Nolan, a blood stem cell transplant organisation. Chiara is a physiotherapist by background specialising in cancer and palliative care and was the inpatient lead physiotherapist at St Bartholomew's Hospital in London for many years.

## TB/21/49 Declarations of interests (agenda item 2)

Rob Webster (RW) declared an interest for item 9.4. No further declarations were made.

**It was RESOLVED to NOTE the declaration of interest for item 9.4.**

## TB/21/50 Minutes from previous Trust Board meeting held 27 April 2021 (agenda item 3)

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 27 April 2021 as a true and accurate record.**

## TB/21/51 Matters arising from previous Trust Board meeting held 27 April 2021 (agenda item 4)

The following items from the action log were reviewed:
**TB/21/38** – Equality, Inclusion and Involvement (EII) Committee to review what the Trust is doing for people with learning disabilities, including staff, outside of Trust specialist services. Tim Breedon (TB) confirmed this action has been completed. To close.
**TB/21/39b** – in relation to Risk 1368 – Carol Harris (CH) has provided an update. To close.
**TB/21/41a** – IPR learning disabilities indicator - TB reported he had established it was incorrect. This has been amended. To close.
**TB/21/41a** – Mark Brooks (MB) confirmed this had been looked into and there was nothing untoward regarding the Dell invoices. To close.
**TB/21/23a** – Finance Investment and Performance (FIP) has agreed to use insight provided by the Benchmarking Group, and other committees to identify emerging performance risks for more detailed review. These will be built into the work programme as appropriate. To close.
**TB/21/25a** – Carbon emission offsetting – this will be considered as part of the Trust's final sustainability strategy. To close.
**TB/21/25a** – The Green Plan Equality Impact Assessment (EIA) is being finalised and will come to Board when complete. The sustainability strategy is in progress and work is ongoing with Staff side. There is to be a follow up meeting with the Chair. It will be coming to August strategic Board. Keep open until EIA received.
**TB/21/25a** - Reusable PPE. AM reported she had found a reusable PPE scheme based at the Royal Cornwall Trust. TB agreed he will make contact with the Royal Cornwall Trust.AM would also follow this up with the West Yorkshire and Humber climate change team. To close.
**TB/21/08b** – in relation to public health intelligence - MB noted working with public health is important. RW noted this was something that needs to be kept in view. Sean Rayner (SR) reported the Trust is linked into each district's health intelligence cell. Nat McMillan (NM) noted the need to keep this matter in view. Action date moved to September 2021.

**It was RESOLVED to NOTE the changes to the action log.**

## TB/21/52 Service User/Staff Member/Carer Story (agenda item 5)

AM introduced the staff member story. Angie Balmer and Catherine Horbury are employed by the Trust as co-leads in the Yorkshire & Humber Operational Delivery Network (ODN). They work one day a week for the ODN and provide lived experience support. They are being supported today by Chloe Dexter their line manager, Business Operation Officer for the ODN.

Angie has autism and Catherine has a learning disability and the Board were reminded these are very different conditions. Both Angie and Catherine created pre-recorded videos that were played for the Board story item.

Angie introduced herself, where she is from and her domestic circumstances. Angie was diagnosed with autism in 2016 and has recently been diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD). Her specialist interests are any disciplines that help to make people more predictable.

Angie's journey accessing diagnostic services was long and difficult, as a result of which she founded the charity the Society for Neuro Diversity (SAND) to help support others. Through this work she learned about the ODN vacancy.

Angie took up the role in December 2019 and works one day a week. Angie commented that the Trust's mandated training is not relevant to her post and takes her away from her work. Angie enjoys working for the ODN and her achievements so far have been expanding the network and participation in the co-production group.

Angie is passionate about amplifying the voice of people with autism and has achieved this by giving people a platform in the employment task and finish group to enable people to hear and learn from experiences about recruitment. The same opportunity will be offered through diagnosis work.

Angie explained the difficulties in attending the steering group, largely attended by NHS staff, due to the number of acronyms and clinical language. Since the pandemic Angie has accessed the steering group meetings through MS teams and can now ask questions in the chat. Chloe, Cath and Angie have de-briefs afterwards to aid understanding.

Angie said the team have been great in supporting her and Chloe has been able to get to know her, understand the barriers Angie faces and make adjustments to enable her to complete her best work.

Catherine introduced herself and reported she started the role of ODN co-lead in February. Catherine supports people with learning disabilities having lived experience of a learning disability herself. As part of her role she makes important documents available in easy read format and provides a voice for people with learning disabilities.

The role is very suitable for Catherine to work alongside the ODN and show them the skills she can bring to the team, across Yorkshire and the Humber, with lived experience of a learning disability.

Catherine reported it was a big achievement to get the job. She was sent an easy read application form and easy read interview questions letting her know how to fill in the application and what to expect in the interview.

When Catherine first started the job, Chloe brought her work laptop to her at home as she was shielding at the time. Chloe helped set up Catherine's computer and went through Catherine's outlook, folders and introduced her to MS Teams. Before the ODN meetings Chloe goes through the agenda so Catherine can ask any questions beforehand.

Catherine loves working as part of the ODN team and taking part in the Co-production and Employment meetings. Catherine has written a vaccine and lockdown story for people to read about her experiences.

Catherine does need support sometimes with things such as training courses, but not all the time. Sometimes she gets things wrong, but she knows people around her will support her when she needs it and Catherine loves her job.

AM thanked both Angie and Catherine for their presentations. AM asked for any questions to be sent to her or Andy Lister (company secretary) to be sent on to Catherine and Angie to allow them to consider their responses.

Board members thanked Angie and Catherine for their stories. The use of acronyms in meetings was highlighted and the presentations were noted to have reinforced the importance of listening to people with lived experience to improve services.

Angie's issues regarding mandatory training were highlighted and it was agreed to look at this outside of the meeting. Angie reported she has an idea as to how to improve this.

**Action: Alan Davis**

**It was RESOLVED to NOTE the Staff Member Story.**

## TB/21/53 Chair's remarks (agenda item 6)

AM highlighted the following:

- Today is RW's last Board before his extended secondment to the West Yorkshire and Harrogate Health and Care Partnership, which the Board has agreed to support. RW has been an outstanding Chief Executive, recognised in his award from the Health Service Journal as top CEO in the country 2020.

  AM noted RW's unbending commitment to being values led. He is strongly committed to staff wellbeing and tackling racism and inequality. He believes in "leading from every seat" and empowering people.

  He has provided outstanding leadership to both the Trust and the Integrated Care System (ICS) throughout the pandemic. West Yorkshire and Harrogate Health Care Partnership (WYHHCP) is recognised as one of the most advanced in the country.

  AM thanked RW for his leadership of the Trust and wished him luck in his full-time role at the ICS. She invited TB and MB to comment.

- TB noted RW joined at a time when the Trust was responding to a Care Quality Commission (CQC) review. During his time at the Trust, the communications structure had changed, and people were better engaged and informed. RW had developed our values-driven culture, improved structure and process around Executive Management Team (EMT) systems and been visible across services. He will be missed but isn't far away as leader of the ICS.

- MB noted he joined the Trust within a couple of weeks of RW and noted RW's seemingly unapparelled encyclopedic knowledge of the everything in healthcare and system wide.

There has always been a high level of assurance and commitment in RW's leadership, he has a calm measured leadership approach that commands respect. RW has a strong interest in mental health, learning disabilities and autism and as such the voice for these will continue to be heard in the system.

**It was RESOLVED to NOTE the Chair's remarks.**

## TB/21/54 Chief Executive's remarks (agenda item 7)

RW thanked Board members for their kind words. He noted you cannot deliver anything without teamwork and there is a great team at the Trust. It had been difficult to choose between the two roles, but he has received lots of support, professionally and personally.

RW asked that his report be taken as read and presented the following additional updates:

- There have been changes to government restrictions in relation to Covid-19 and an acceleration of the vaccination campaign for two jabs.
- Public health messaging – two jabs required for efficacy against the delta variant – has had a positive outcome.
- The new secretary of state for health and social care is confident restrictions will be lifted in July and the Trust needs to prepare for that.
- Due to the newly appointed secretary of state the reading of the bill in relation to the white paper has been delayed. This should be a short delay.
- Recruitment of the Chair for WYHHCP was due to start this week, this will now be delayed for a few days.
- The new secretary of state will need to sign off ICS Chief Executive and Chair appointments.
- There is a continuing focus on health inequalities. The Kings Fund has published a report this week which highlights inequalities and how it needs to feature in recovery, and noted the work carried out in WYHCCP.
- Prof Marios Adamou has been included in the Queen's birthday honours list, receiving an OBE, as have volunteers at Kirkwood hospice, who have been awarded The Queen's Award for Voluntary Service in recognition of their outstanding contribution to helping local people affected by life limiting illnesses across Kirklees.
- RW noted this is his last CEO report before extended secondment and substantive process to find a Chief Executive for the ICS. He thanked everyone for their support, commenting that we have fantastic leaders in the Trust and the Trust should be confident about the future.

**It was RESOLVED to NOTE the Chief Executive's report.**

## TB/21/55 Performance reports (agenda item 8)

TB/21/55a Integrated performance report month 2 2021/22 (agenda item 8.1)

TB noted the following:

Covid-19

- Infection Prevention and Control measures continue in the workplace.
- Personal Protective Equipment (PPE) is in good supply and asymptomatic testing continues at a good level.
- The command structure is now stood down with the Operational Management Group (OMG) and the Executive Management Team (EMT) picking up residual work. The Command Structure can step back up if required.

Quality

- Two consecutive months of lower friends and family test results are being reviewed.

- Under 18 admissions to adult wards remains concerning. The right safeguards are in place, but further review is being carried out and options for escalation being assessed
- Staffing pressures remain high.
- The Safe Care model (staffing software that matches staffing levels against patient acuity) is being piloted in the Unity centre.
- The safer staffing group is also looking at more meaningful metrics for safer staffing.
- Pressure ulcer enhanced training is taking place.
- Regarding Care Programme Approach (CPA) care plans, there are still recording issues. All separate care plans for an individual have to be closed for it to show as closed overall, and some service users have several. Work is continuing on this.
- FIRM Risk Assessment (Formulation Informed Risk Management) has had slower uptake than hoped. This doesn't include the Sainsbury's risk assessment which is still available.
- The FIRM assurance framework is being monitored through Clinical Governance Clinical Safety Committee (CGCSC) and the CQC has been updated with progress.
- Self-harm and suicide incidents continue to be closely monitored.
- Exception reporting around the CQC improvement plan is going through CGCSC.
- A huge amount of work is taking place behind the performance report to ensure quality standards are achieved.
- There are signs of increasing acuity and demand in the system that we need to monitor.

TB clarified that, in respect of the friends and family test, the internal review of information had been completed by the Quality Improvement Assurance Team (QIAT) and they will be liaising with Dawn Pearson and the engagement team. The outcome will therefore be reported into the next board meeting.

**Action: Tim Breedon**

TB clarified further that the enhanced pressure ulcer training had come from acknowledgement that some staff were not aware of the correct process for carrying out the 'Waterlow assessment'. This is critical in maintaining correct tissue viability. There had been a review over four months of the pressures in the system between the Trust, the Clinical Commissioning Group and Barnsley Hospital.

Carol Harris (CH) reported that work is taking place in CAMHS (Child and Adolescent Mental Health Services) to increase responses and look at different ways of asking questions. People engaged with CAMHS are often unhappy with the waiting time, but happy with the service they receive.

TB noted that the figures about FIRM were for measuring the movement from the Sainsbury's risk assessment to the FIRM risk assessment. The speed at which this is taking place needs looking at. This may be as a result of the pandemic. AM asked for a focus on this at the next CGCSC meeting.

**Action: CGCS Committee**

Out of area (OOA) beds were discussed. CH noted the pressure remained. Acuity has increased in the referrals received, and the two are linked. There is now a seven-day patient flow team, matrons working weekends and support into Intensive Home-Based Treatment Teams (IHBTT). These processes should help stabilise the position in the long term. There is an assumption this is pandemic related but this is being looked at. There is also work taking place across the WYH ICS to manage Psychiatric Intensive Care Unit (PICU) beds.

A discussion followed about risk assessment figures and risks associated with the current level of performance. Statistical Process Control (SPC) charts noted middle ground being achieved but it was questioned if the Trust is making any improvements.

TB noted the concern is that the risk assessment is not being used at the level we want. FIRM is a better quality risk assessment, but there are risk assessments for all patients even if they are not FIRM risk assessments. The pandemic has affected the roll out.

The unfilled shifts graph shows where shifts were planned but not filled. This has been added to the safer staffing report, along with lived experience information, to give a richer data set. There are no safety issues as a result of unfilled shifts, but leave from the ward may have been reduced. If staffing is deemed unsafe this would be flagged through the escalation system.

TB reported SPCs from his perspective were there to understand where the Trust might be an outlier against previous performance, hence it being introduced for incident reporting. The ambition to reduce harm remains a fundamental aim.

CJ commented the board development work that introduced SPCs was about improvement and this may not be how the Trust is consistently using them. We may be using them to ensure we don't decline, which is different.

AM summarised we need to look at the use of SPC charts through CGCSC and FIP and consider how we might use them differently.

**Action: CGCSC and FIP**

CH noted, in relation to the learning disability (LD) waiting times, the LD team is still working through the data, but there is pressure as they are above pre-pandemic referral levels. She added there are some data quality and reporting issues to resolve.

CH confirmed work is ongoing in relation to the recent Learning Disabilities Mortality (death) Review (LeDeR) report and TB reported this will feature later in the Board meeting. CH noted there are good practice examples in the LD communities and teams featured in the LeDeR report.

RW noted, in reference to the LD and LeDeR work in WYHHCP, once it became clear people with a learning disability were more likely to die from Covid-19 the Mental Health Learning Disability and Autism (MHLDA) collaborative did some work that showed we were in a better position locally than nationally, but the Board still considered the rate of premature death to be far too high.

Demand is significantly increasing across the health and care system. The Yorkshire Ambulance Service are receiving more calls than ever before about mental health. The Board needs to have a conversation about the Mental Health Investment Standard progress and impact it has had in terms of service user outcomes as well as the additional staff we need to employ to meet the requirements of the investment.

**Action: Board agenda setting**

SYo referenced complaints and noted the Trust isn't meeting targets.

TB stated the internal work is ongoing to respond to individuals rather than use the blanket 40-day response. This is as a result of conversations with complainants. We are behind on response times due to the capacity of investigators. From next month we will be able to report against the new timescales.

AM noted the dip in performance regarding cardio metabolic assessments and treatment on page 5. CH reported some of the performance issues are GP results that the Trust has not had back. Where there are delays in other parts of the system this affects our performance. We are looking to change how we record this.

AM noted a decline in recruitment of band 5 and above staff from BAME backgrounds. To be discussed at the next Equality, Inclusion and Involvement Committee (EII). This is one the Workforce Race Equality Standard (WRES) measures.

**Action: EII Committee**

National Metrics

MB noted these have been covered and there is nothing further to add. There were no comments raised.

Locality

Child and adolescent mental health services (CAMHS)

- Pressure remains in the ADHD and Autism Spectrum Disorder (ASD) services, particularly in Calderdale and Kirklees. Work with commissioners continues.
- There are continued improvements in the numbers of young people being treated within 18 weeks, but there is significant pressure in the system.
- Tier 4 bed access remains problematic and is leading to inappropriate stays in adult beds.
- There are some high-risk young people in Wetherby Youth Offenders Institute (YOI) because of a lack of specialist beds. This is being escalated.

Barnsley general community services

- The Yorkshire smoke free contract has been extended to 2022.
- There are increasing demands on services due to increased patient flow through the wider healthcare system.
- The FIP received a presentation this week showing how increased demand in the Barnsley system impacts on our community services.

Forensics, Learning Disability (LD), Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD)

- Forensic services are clinically very acute, Sandal, Bronte, Hepworth and Newhaven wards in particular.
- Staffing levels are under constant review and skill mixing has been taking place to manage demand and acuity.
- There remains a strong focus on staff wellbeing and staff retention.
- LD services have increased referrals.
- In LD services there are high numbers of locums, especially in Calderdale, and this is leading to delays in other areas of the service through the delay in seeing a doctor.
- In the Horizon centre the commissioned bed occupancy is at 83% and we are relying on temporary staffing to cover this, given current substantive staffing numbers. There is relatively high turnover of staff on Horizon and this is being reviewed.
- The reconfigured WY Assessment and Treatment Unit (ATU) service is due to start in October 2021.

Trust-wide Inpatient Services

- Patient flow and the impact on OOA bed usage is being monitored.
- Due to incidents in ward gardens, a blanket restriction has been put in place meaning no one can be in a garden unless supervised. There is a risk assessment process to cover this set of circumstances.

Trust-wide Community Mental Health Services

- Improving Access to Psychological Therapies (IAPT) referrals are showing sustained increase.
- A waiting list initiative is starting in Barnsley in July. There are some challenges in respect of the working environment and the need for social distancing.
- Demand into Single Point of Access (SPA) is increasing, self-referrals are increasing.
- Increases in demand aren't always numbers, they are sometimes related to acuity and there is a mixture of both at the moment.

Communications Engagement and Involvement

No additional points of note.

Finance and Contracts

MB highlighted the following points:

- There is additional funding due to Covid-19 currently, most of which is non-recurrent.
- Expenditure is currently lower than income received.
- The issue of higher acuity and increased demand is beginning to have an impact on our costs.
- There are no current issues for meeting our break-even target in the first half of the year.
- We have delivered a surplus of just over £1m in the first two months of the year.
- This will reduce over the next couple of months due to OOA beds and acuity pressures.
- Pay costs are similar to April 2021, £800k lower than planned, but we have significantly more people working in the Trust than we had 18 months ago.
- Cash is strong at over £60m.
- Second half of the year (H2) financial arrangements are expected to be similar to the first half with block contract arrangements, albeit with lower income.
- Our numbers are absorbed into the WYHCCP ICS and we have to ensure we contribute to ICS financial targets being met. We are likely to exceed our financial target and are discussing this with the ICS.

CJ reported FIP had discussed the pro and cons of an updated forecast. Current financial performance is solid and secure.

A conversation followed about staffing and pay. Mike Ford noted the Trust had more staff than last year, and an increasing level of turnover, it is £800k lower than budget and queried if this is a risk to achieving strategic objectives.

AGD reported there will always be a vacancy factor and explained there is a national shortage of doctors, nurses, and Allied Health Professionals (AHPs). The Trust is playing a leading role in pursuing international recruitment, and new roles are being developed. For example, AHPs can take on broader roles. There is a link to the safer staffing report. We are keeping things safe. Workforce risks are identified in the risk register.

AGD noted the need to be careful with monthly staff turnover figures as they are annualised. It was requested that both the monthly and rolling twelve-month figures should be presented.

**Action: Alan Davis**

Workforce

AGD highlighted the following points:

- In the future we need to learn to live with Covid-19.
- There are a number of ways people can now be vaccinated.
- Vaccination programmes are reducing but vaccine promotion continues.

- Boosters in the autumn potentially need to be considered.
- There are reports there is the potential of mandating vaccines for healthcare staff.
- We need to look at some of our areas e.g. how do we make inpatients a great place to work?

A discussion followed about staff turnover hotspots, how these are being managed and the use of exit interviews. Identified hotspots include adult acute wards and forensics. They are pressurised and stressful working environments. A lot of work has taken place in forensics and inpatient wards are now a priority programme.

AGD noted the Workforce and Remuneration Committee is taking place on 20 July 2021 and exit interviews could be reported into that meeting.

**Action: Workforce and Remuneration Committee**

Lateral flow testing was discussed and its use in mitigating the risk of Covid-19.

MF queried the vaccination programme and how the Trust is targeting individual staff.

AGD reported these dialogues and conversations are being conducted through line management and diversity networks. Voluntary uptake is the preference.

AGD confirmed the turnover figures represented staff that are exiting the organisation.

NM queried how can we be proactive around working from home and how it can benefit staff retention and reducing sickness.

**Action: Workforce and Remuneration Committee**

AM asked about reset and recovery in the priority programmes and noted it has three work streams, one of which is about working effectively. AM asked how NEDs will be involved in the strategic reset and recovery work. AM asked for a discussion outside of the Board meeting.

**Action: Salma Yasmeen**

Priority Programmes

SY updated that there is significant transformation funding starting to come through via integrated care systems. The community transformation programme has commenced, and the Trust is fully engaged in both ICSs with this work and all of our places. The aim is to join up care between primary care, secondary care and the voluntary sector.

SY reported a highlight report could be brought to a future Board meeting.

**Action: Salma Yasmeen**

SY confirmed that inpatient services is a priority programme, and this work is being progressed as an improvement programme through our quality improvement team.

**It was RESOLVED to NOTE the Integrated Performance Report and COMMENTS made during its presentation.**

TB/21/55b Operating and Financial Plan Update (agenda item 8.2)

MB asked the paper to be taken as read and highlighted the following:

- The Trust has responded well to planning requests in the last 18 months
- We need to remain cognisant of the NHS long-term plan, ICS and place-based plans and ensure we align. Work on a medium-term Trust plan is re-starting.

**It was RESOLVED to RECEIVE the update on the Operating and Financial Plan.**

## TB/21/56 Business developments (agenda item 9)

TB/21/56a Integrated Care System developments white paper update (agenda item 9.1)

SY introduced the item and highlighted the following points:

- RW had referenced the main developments in his brief earlier.
- The ICS design framework, while providing some clarity, has maintained a level of flexibility as hoped.
- This will help us to build on the work between the integrated care system and our places.

**It was RESOLVED to NOTE the update on national policy and guidance and on the local ICS response to the White Paper.**

TB/21/56b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.2)

AGD highlighted the following in addition to the report:

- There was commitment in the Health Executive Group that mental health, learning disability and autism does not fall off the radar despite pressure in the system.

Mental Health, Learning Disability and Autism Alliance

SY noted the development of the SYB Mental Health, Learning Disability and Autism Alliance continues. It is anticipated there will be a workshop for Chairs and Chief Executives in the coming weeks.

Barnsley

Following the joint agreement between primary care and community services in Barnsley, we have established a shared leadership group, which had a meeting this month. This will help to provide a joined-up response to the rise in demand in Barnsley.

As a system they have agreed that one of the first areas they will address around health inequalities is people with mental health difficulties who are also presenting with cardiovascular disease (CVD).

The formal agreement for the partnership agreement is being drawn up at the moment and will likely come to next public Board meeting.

RW thanked SY for the huge amount of strategic work that has taken place in Barnsley and the work from CH and her operational team.

**It was resolved to NOTE the SYB ICS update, NOTE the MHLDA Alliance and programme update, and NOTE the Barnsley Partnership update.**

TB/21/56c West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.3)

SY highlighted the following points:

- Significant work is happening to strengthen place-based arrangements and strong joint partnership working continues.
- Health inequalities and diversity leadership work is continuing, and the Trust has signed up to the ICS anti-racism campaign.
- Transformation programmes continue.

SR highlighted:

in Wakefield, the integrated care partnership board received a presentation from the co-clinical director of the five towns primary care network in May. All partners were asked to take it to their governing bodies for update. Dr Colin Spear leads this work and would give the presentation to Board if wanted.

- The Kirklees mental health alliance has reconvened.

A query was raised about WYHHCP progress against its ten big objectives. SY noted there is a System Oversight Assurance Group (SOAG) which has a focus on performance. They get an update on each of the programmes and the deliverables against which they are measured.

SR noted the purpose of bringing the Integrated Care Partnership presentation to governing bodies was for transparency. Questions on performance, improvements in health and health inequalities are all covered in detail through the agenda of the Board meeting.

RW noted the Wakefield partnership system is a beacon of good practice. There is lot of work going into new structures and we need to ask what impact they will have.

RW stated, in reference to the ten big ambitions, there is now a dashboard for West Yorkshire. It draws indicators against the ten big ambitions by place. This was discussed at the last SOAG meeting. This should come to the Board for assurance in future.

**Action: Salma Yasmeen**

AM noted the need for hard outcome measures for both integrated care systems to feature in the Trust IPR.

**Action: Mark Brooks**

**It was RESOLVED to RECEIVE and NOTE the updates on the development of the West Yorkshire and Harrogate Health and Care Partnership and place-based developments in Calderdale, Wakefield and Kirklees.**

TB/21/56d Confirmation of Chief Executive's extended secondment to West Yorkshire and Harrogate Health Care Partnership (agenda item 9.4)

AGD took the paper as read and reported this had been agreed in principle previously and was now being confirmed following agreement with all relevant partners.

**It was RESOLVED to NOTE the confirmation of the secondment of Rob Webster to the role of Chief Executive West Yorkshire and Harrogate ICS on a full-time basis with effect from 5 July 2021.**

TB/21/56e Receipt of Partnership Board Minutes (agenda item 9.5)

AM asked for the paper to be taken as read.

**It was RESOLVED to RECEIVE the minutes of the relevant partnership boards and the summaries as documented.**

## TB/21/57 Strategies and Policies (agenda item 10)

TB/21/57a Customer Services Policy (agenda item 10.1)

TB highlighted the following points:

- The policy has been updated in light of new guidance.
- New roles and responsibilities are reflected.
- New advice on how to manage persistent complainants is included.
- The policy may be reviewed earlier than three years dependent on changes in guidance.

TB confirmed internal audit had reviewed customer services two years ago and their recommendations were included in the policy.

TB reported customer services help operational teams respond to complaints and help them look at themes and how to change their practice and learn from them.

RW reminded the Board the Trust is accredited for customer service excellence and this would be due for further review in 12-months' time.

In response to a question, TB reported the update around persistent complainers was encouraged by the regulators and has been written in line with guidance.

**It was RESOLVED to APPROVE the Customer Services policy updated as outlined above with the next review in 3 (three) years unless required earlier.**

## TB/21/58 Governance Matters (agenda item 11)

TB/21/58a Compliance with NHS provider licence conditions and code of governance - self-certifications (agenda item 11.1)

MB asked to take the paper as read:

- Part 1 of the provider license self-certification was completed in March.
- Any adjustments in relation to our response to Covid-19 have been accounted for.

**It was RESOLVED to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to the Corporate Governance Statement 2020/21 and the training for Governors 2020/21.**

TB/21/58b Serious Incidents Annual report (agenda item 11.2)

TB asked to take the paper as read and highlighted:

- The report has been reviewed at CGCSC.
- This report supports the work that takes place next for the learning journey and apparent suicide report, due in September 2021.
- Accreditation for the Trust serious investigation processes is now in place.

CJ queried if the Trust is getting better at the reporting of incidents and incident management and how can safety culture be improved.

TB noted the Trust is doing the right things. Work is being done about Freedom to Speak up Guardians and the importance of incident reporting. Incident data is being shared in a different way, so it is more available on a team by team/service by service basis.

RW noted 92% of incidents reported are low harm/no harm which is a sign of a positive reporting culture. RW explained the difference in view of different bodies on reporting figures. The CQC regard high levels of reporting as a potential concern whereas the health and safety executive regard high levels of reporting as a positive reporting culture.

RW reflected in a pandemic year we should ask questions about differences in reporting. The action plan on page 42 is for the executive and the teams.

We should be augmenting section 5 on page 42 to include what the Board might want to do to promote openness around incident reporting. TB noted the content of this report could be used to look at next steps for the Patient Safety Strategy.

**Action: Tim Breedon**

MF agreed to pick up some items with TB about the Serious Incident report outside of the Board. NM asked for comments from this discussion to go into CGCS agenda setting.

**Action: Tim Breedon**

**It was RESOLVED to RECEIVE and comment on the annual report on incident management and to NOTE the next steps identified.**

TB/21/58c Health and Safety Annual report (agenda item 11.3)

AGD asked for the report to be taken as read:

- The report has been subject to detailed discussion at CGCSC.
- A training session for the Board is to be scheduled for December 2021.
- AGD noted the Health and Safety inspection in 2019/20 resulted in no actions for the Trust, which was a positive outcome.

**It was RESOLVED to APPROVE the Annual Safety Services Report 2020/21.**

TB/21/58d Premises Assurance Model (agenda item 11.4)

AGD highlighted the following:

- This was initially an acute services model and it has been adapted for mental health services.
- It provides assurance our estates are safe and fit for purpose.
- It demonstrates the hard work the estates team have been doing despite the pandemic
- The document is likely to be further refined later in the year to include community services.

AGD confirmed the Trust has completed the sections of the model that are required for our services. The next iteration of the model will include mental health and community services.

RW noted the work that had gone into this given the capacity of the team during the pandemic. RW queried if this work could be integrated with PLACE (Patient Led Assessment of Care Environment) reviews and include the voice of service users.

AGD noted that governors are typically actively involved in PLACE reviews (these were paused during the pandemic). RW noted that PLACE reviews don't show that things are good or outstanding and if there is an opportunity to bring two things together it should be taken. AGD noted this could form part of the discussion about the Estates at the strategic Board meeting in August.

**Action: Alan Davis**

**It was RESOLVED to APPROVE the PAM submission for 2021.**

TB/21/58e Interim Governance Arrangements update (agenda item 11.5)

AM asked that the report be taken as read:

- MB noted, following the NHSE 'release the burden' letter in January 2021, the Board agreed a review would take place in June 2021.
- Committee chairs and lead executives should now review committee agendas and work plans to check they are working as they should be.
- AM queried if this is part of strategic reset and recovery priority programme.

RW noted the significant assurance outcome from the Trust internal auditor and the quality account is on track for submission in August. There has been no further input from the regulator.

**It was RESOLVED to RECEIVE and NOTE the update to the interim governance arrangements.**

TB/21/58f Changes to Board Committee Memberships (agenda item 11.6)
AM noted the changes are required due to RW's extended secondment.

- **It was RESOLVED to APPROVE the proposed updates to the memberships for the:**
    - **Audit Committee**
    - **Workforce and Remuneration Committee**
    - **Equality, Inclusion and Involvement Committee**
    - **Finance, Investment and Performance Committee**

## TB/21/59 Assurance from Trust Board Committees and Members' Council (agenda item 12)

Audit Committee 18 June 2021
MF highlighted the following:

- Final approval of annual report and accounts.
- Head of Internal Audit Opinion was significant assurance for year 2020/21.

Clinical Governance and Clinical Safety Committee 8 June 2021 (approved minutes received from 6th April 2021)
NM highlighted the following:

- Alerts have come through on the IPR.
- The development of new Tier 4 CAMHS provision in West Yorkshire is a redistribution of existing national provision, rather than an increase, which has been noted as a risk.
- Drug and alcohol team attended committee and their hard work and achievements were noted,
- Annual incident report was received.
- The quality improvement strategy timescale of 12 months was agreed.

Equality, Inclusion and Involvement Committee 1 June 2021 (approved minutes received from 2nd March 2021)
AM highlighted the following:

- Slightly shortened agenda.
- A meeting of the full Committee was held with a lot of attendees. The meeting is very inclusive, with rich inputs from across the organisation.
- The new insight report is a systematic way of capturing all of the feedback coming into the organisation.

Finance, Investment and Performance Committee 24 May 2021 and 28 June 2021

- Agreed to recommend reducing the risk rating for the cash risk.
- Update the H1 forecast to the ICS with a surplus of £2m - £3m.
- Assurance on financial performance.
- Investment appraisals and bidding assurance.
- Assurance received around the implementation of Mental Health Investment Standard.
- Capital programme report received but could not conclude the committee was assured about delivery due to external factors, including contractor availability and cost of one major scheme.
- Latest update on adult secure lead provider collaborative and queries were raised about quality risks and quality management.

- Barnsley community services report was received, with some concerns expressed around the levels of engagement with digital interactions, which are being assessed.

Mental Health Act Committee 11 May 2021 (minutes received from 9th March 2021)
KQ highlighted the following:
- The Trust's support to the acute trusts was noted positively.
- Given the Committee's improvement and robust processes it is moving from an annual audit to a more business as usual quarterly report approach.

Workforce and Remuneration Committee 18 May 2021
- Board succession planning was the key agenda item.
- Remuneration for the two new interim Board posts was discussed and agreed.
- All other items were deferred to July.

West Yorkshire Mental Health, Learning Disability and Autism Committees in Common 11 June 2021 (minutes from 22 April 2021)
- In May a strategic meeting was held to review forthcoming work.
- 11 June NED and Governor event, a number of colleagues were present.

Members' Council 29 January 2021 (minutes received from 30 October 2020)
AM highlighted the following:
- Newly elected governors were welcomed.
- EM's reappointment was approved for a further three-year term.
- RW noted vacancies on the Members' Council. AM confirmed the election process would take place as normal later this year.

**It was RESOLVED to NOTE the assurance from Trust Board committees and Members' Council and RECEIVE the approved minutes as noted.**

## TB/21/60 Use of Trust Seal (agenda item 13)

AM asked to take the paper as read.

MB agreed to look at the way the Trust is using the Trust seal.

**Action: Mark Brooks**

**It was RESOLVED to NOTE no use of the Trust Seal since the last report in March 2021.**

## TB/21/61 Trust Board work programme (agenda item 14)

AM gave an update on progress and reported work was ongoing into the redevelopment of the work programme.

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

## TB/21/62 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on 27 July 2021.

## TB/20/63 Questions from the public (agenda item 14)

AM read out questions from a member of the public Jenny who had submitted questions in relation to the Serenity Integrated Monitoring (SIM) team – repeated verbatim below:

*1. The Stop SIM website shows that SWYPFT launched its Serenity Integrated Monitoring team in Feb 2020. Is this correct?*

*2. If so, was SWYPFT aware at the time of widespread concerns about the care model? For example:*

*2.1 That the High Intensity Network's SIM model is based on dodgy data that Hampshire Police have disavowed in a Freedom of Information response.*
*2.2 That Serenity Integrated Monitoring is owned and run by a private company, High Intensity Network Ltd.*
*2.2 That SIM is an unacceptable step backwards in disability justice and has the effect of criminalising mental distress/illness.*
*2.3 That SIM claims that some of the most mentally unwell individuals in our communities, who frequently come into contact with emergency services while in crisis, are "High Intensity Users" who place an "unnecessary financial burden" on the NHS. (The British Psychological Society says: "Statistics and measures reported by the High Intensity Network and other organisations using SIM are centred mainly on producing savings and managing resource issues for the police and health services. There seems to be little consideration of what their use means for the service users involved.")*
*2.4 That individuals under SIM have "crisis response plans" that prevent them from accessing potentially life-saving treatment from the usual places that people are able to seek support during a crisis. This includes: ambulance services, A&E, mental health crisis services, community mental health teams and the police.*
*2.5 Additionally, the SIM model is heavily reliant on the "coercive" powers of the police to enforce "behavioural responsibility" and "behavioural management" on "High Intensity Users". "High Intensity Officers" are placed in mental health teams and have full access to the individual's medical records, with or without their consent. Messages such as: "We are responsible for the consequences of our actions and we need you to understand what the consequences of your actions will be if they continue" are "compassionately, but firmly reinforced over the course of several weeks/months."*
*2.6 The focus of SIM is on reducing service demand (how frequently people come into contact with emergency services), not the patients' well-being or experience. This program is likely to have the effect of re-traumatising individuals. SIM does not use any outcome measures (data that measures the success of the programme) that are commonly used in community mental health services to assess changes in the individuals mental well-being.*
*2.7 That SIM appears to breach UK GDPR regulations: SIM allows 'sensitive data' (information like medical records, ethnicity, religion, sexuality, gender reassignment and financial information) to be shared between services without the subject's consent (the subject is the person who the information is about)."*

*3. What, if any, is the relationship between the SWYPFT Serenity Integrated Monitoring Team and the High Intensity Network company?*

*4. Are South and West Yorkshire police officers members of community mental health teams, as " High Intensity Officers"? If so, do the Police hold any NHS contracts?*

*5. Is SWYPFT aware of the Academic Health Science Network's commitment to undertake an independent review to fully understand the circumstances surrounding the AHSN Network role in supporting providers to adopt the Serenity Integrated Monitoring model?*

*6. How is SWYPFT responding to NHS England's ask of trust medical directors and directors of nursing, to review services for high intensity users so a full picture of the Serenity Integrated Monitoring model can be obtained, to enable NHS England to establish the full facts?*

*7. Is the WY Adult Secure Lead Provider Collaborative related to both Serenity Integrated Monitoring and the Vulnerability Support Service? (The April 2021 Minutes record that "The*

*West Yorkshire adult secure lead provider collaborative is to review options with NHS England about what a "go live" for 1st July 2021 may look like.")*

*8. According to athe WYH ICS webpage on the WY Adult Secure Lead Provider Collaborative, "There are three key areas of mobilisation: providing care closer to home, development of community models and diversification of hospital inpatient services within West Yorkshire.*
*"In the first 12 months the Lead Provider Collaborative will focus on those people who are currently supported in low and medium secure services who could instead be supported in the community. We have already identified who these people are and have engaged with their link workers to develop a plan to discuss the ways they could be supported by services."*
*Will patients who are moved out of low and medium secure services into the community come under the "care" of the Serenity Integrated Monitoring Team?*

An overview response was provided by the Trust medical director Dr Subha Thiyagesh who noted the following points:

- The Wakefield model did not align directly to the national model.
- Consent was always sought from service users. One of the criticisms alleged of the SIM model was that it did not.
- The focus was on service user voice being heard.
- After national consultation with medical directors the Trust withdrew from the SIM scheme on 10 June 2021
- Since leaving the scheme, the Trust is looking to develop training for our staff in line with NICE guidance.

RW noted the Trust initially became aware of concerns on social media. AM noted concerns were also raised by a governor. On noting the issues, the Trust looked at them openly, honestly and transparently.

The Wakefield model was more patient and service user based than the national model and the service users who were to be part of the scheme are still receiving appropriate support while we are reviewing our service offer.

A formal response will be sent to the questions by ST.

**Action: Subha Thiyagesh**

**Signed:** **Date: 27.07.21**