

**Minutes of the Trust Board meeting held on 30 November 2021
Microsoft Teams Meeting**

Present:	Angela Monaghan (AM) Chris Jones (CJ) Mike Ford (MF) Mandy Griffin (MG) Erfana Mahmood (EM) Nat McMillan (NM) Kate Quail (KQ) Mark Brooks (MB) Salma Yasmeen (SY) Lindsay Jensen (LJ) James Sabin (JS) Dr.Subha Thiyagesh (ST) Darryl Thompson (DT)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Interim Chief Executive Director of Strategy and Change/Interim Deputy Chief Executive Interim Director of Human Resources and OD Interim Director of Finance and Resources Medical Director Director of Nursing, Quality and Professions
Apologies:	<u>Members</u> Nil <u>Attendees</u> Nil	
In attendance:	Carol Harris (CH) Sean Rayner (SR) Andy Lister (AL)	Director of Operations Director of Provider Development Head of Corporate Governance (Company Secretary) (author)
Observers:	Marie Burnham	Chair designate

TB/21/111 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies were noted as above, and the meeting was deemed to be quorate and could proceed.

AM welcomed Marie Burnham (MBu), the Chair designate to the meeting, who today attends as a member of the public. MBu will replace AM on 1 December 2021.

AM also welcomed Sionadh Curtis from the Care Quality Commission (CQC).

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.

TB/21/112 Declarations of interests (agenda item 2)

Name	Declaration
Non-Executive Directors	
Mandy Griffin	Spouse works for a global, not for profit organisation (HIMSS) selling consultancy services to healthcare bodies
Executive Directors	
Darryl Thompson – Director of Nursing, Quality and Professions	No interests declared
James Sabin – Interim Director of Finance	No interests declared
Lindsay Jensen – Interim Director of HR and OD	No interests declared
Salma Yasmeen – Director of Strategy and Change/Deputy Chief Executive	Spouse is employed as Head of Clinical Governance and Quality at Leeds and York Partnership NHS Trust Member of the Board of Thirteen (trading name of Thirteen Housing Group) - a charitable Community Benefit Society registered under the Co-operative and Community Benefits Societies Act 2014 with registered number 7522

It was **RESOLVED** to **NOTE** the above declarations made since October 2021.

TB/21/113 Minutes from previous Trust Board meeting held 26 October 2021 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 26 October 2021 as a true and accurate record.

TB/21/114 Matters arising from previous Trust Board meeting held 26 October 2021 (agenda item 4)

AM reported actions completed (marked in blue) would be taken as read and closed. Matters due this month will be considered and Board members should report updates on other actions as required.

TB/21/105a – The number of BAME persons being detained under the Mental Health Act – Carol Harris (CH) reported the information is routinely provided to the Mental Health Act Committee and more detailed analysis of the data will be presented at the next Committee meeting in March 2022. To close.

TB/21/86 - Continuing red metrics for care planning and risk assessments in the Integrated Performance Report (IPR) – Darryl Thompson (DT) reported a built-in prompt has now been developed for risk assessments which will help improve reporting. Data quality work continues for both risk assessments and care planning. DT updated the Board with the complications of

closing care plans in the electronic patient records for patients on the care programme approach (CPA). A review of process is underway to look at a resolution. To close.

TB/21/86 – Staff attitudes in complaints data – DT reported that whilst overall complaints including staff attitude varies, the number of complaints does not show significant variance. To close.

TB/21/89c – Review of the substance and scope of the patient experience report Salma Yasmeen (SY) reported the review is complete and the content of the new insight report will be fed into the patient experience report. SY explained the data for the patient experience report looks at current service users whereas the data in the insight report can be from any stakeholder at any time. These data sets will be triangulated and included in the patient experience report in future. To close.

TB/21/71b – Consideration of “aged vacancies”. Lindsay Jensen reported the Workforce and Remuneration Committee had looked at this and decided that further work is required given the complexity of the information to be reviewed. To close and agreed that Mandy Griffin (MG) will update when the work is complete through the AAA update in the Committee Assurance item.

It was RESOLVED to NOTE the updates to the action log.

TB/21/115 Service User/Staff Member/Carer Story (agenda item 5)

AM introduced Jane Taylor (JT), the recovery team leader from Barnsley who presented her story about workforce challenges and how, as part of the community mental health transformation programme, the role that people with lived experience have played and how a critical mass of peer support workers has been developed.

JT reported through transformation funding the decision was taken to recruit peer support workers (PSWs) in community teams and in the community overall.

JT reported sixteen PSWs have been recruited, some of whom work in the enhanced community teams, and carry a client caseload, two work in the core team, one works in the regular business and one works in the core pathway.

Two PSWs work in the Intensive Home-Based Treatment Team (IHBTT) whose work is specifically around physical health and wellbeing. This can be an effective early way of successfully engaging clients.

Eight PSWs are in the Recovery College and are called community supporters. They have a two-part role and form part of a hub and spoke model for the Recovery College in Barnsley and can reach further into local communities. This is in development and is being reviewed as it progresses.

The other part of the job is supporting people on a one-to-one basis who are allocated to them by GPs in primary care services. This is a short-term intervention to support clients who have been discharged from the core team back to their GP.

PSWs have lived experience of how, for example, some mental health medications may affect clients and can help clients manage side effects, transition out of services, and help clients to maintain their recovery and prevent them returning to services unnecessarily.

Although community mental health transformation is in the early stages, the intention is to have a PSW working in each of the local communities, providing this level of support.

All PSWs will be trained as a mental health first aider, and the aim is to also train them in physical health given the correlation between serious mental illness (SMI) and physical health issues is significant. All PSWs will be trained to conduct physical health screening which will fit in with the cardio-metabolic assessments.

JT reported outcome measures are being assessed to look at how effective the PSW role is.

AM thanked JT for her story and her enthusiasm.

Subha Thiyagesh (ST) noted the mental health first aider training and asked what structure was being used.

JT reported all PSWs will have started their training programme by 10th of January 2022. JT reported there are varying levels of qualification and so it would be dependent on the level of need of the individual. There would also be training to help PSWs navigate their way around the NHS, given the size and complexity of the organisation.

Mark Brooks (MB) noted JT is working on developing outcomes and queried what the feedback is so far?

JT reported there is a quality assurance group made up of service users and volunteers and there is a working group that sits with the personality disorder pathway as part of transformation.

The initial outcome measures for the PSWs are being tested with the enhanced team and these seem to be working quite well.

Whatever outcome measures are going to be used, they need to be co-produced and this is still work in progress and will take some time to establish.

Nat McMillan (NM) noted it was great to hear from someone who embodies the Trust values. How do service users access this service?

JT reported the team will work with GPs who have clients who are known to have mental illness and are managed outside of core Trust services by primary care. These are the people we are looking to engage with, with a view to preventing relapse and supporting them through difficult periods of their life.

AM concluded the item and thanked JT for her story and noted some of the new Board members may wish to visit JT and her team in the future.

It was RESOLVED to NOTE the Service User/Staff Member/Carer Story.

TB/21/116 Chair's remarks (agenda item 6)

AM highlighted the Private Board meeting later today will cover:

- Ongoing complex incident investigations
- Business developments in both West and South Yorkshire Integrated Care Systems
- The South Yorkshire Adult Secure Lead Provider Collaborative
- The Calderdale Place Agreement
- The Chief Executive secondment
- AM reported today is her last board meeting after four years as Chair and passed her thanks and gratitude to everyone for their support.

It was RESOLVED to NOTE the Chair's remarks.

TB/21/117 Chief Executive's remarks (agenda item 7)

MB asked to take the report as read and highlighted the following points:

- MB gave thanks to staff who had worked over the weekend. They had shown a huge amount of dedication and commitment during heavy snowfall
- There has been the emergence of a new Covid variant – Omicron
- The Government has re-introduced some measures to protect the public
- Measures in healthcare settings have remained largely unchanged with mask wearing and social distancing remaining in place
- There is immense pressure in all systems at the moment including acute services, the ambulance service and mental health services.
- The Trust is working in all of our systems to offer whatever support we can to maintain resilience
- Trust staff are under pressure and we will continue to support them however we can
- Mandatory vaccines and the impact of this legislation is being reviewed
- A "Question and Answer" e-mail regarding Covid vaccines was sent out yesterday to all staff from the Executive Trio
- The Trust will continue to encourage all staff to take up the option of the vaccine, to minimise any issues in April 2022
- The Trust NHS heroes campaign is underway – recognising the contribution staff have made since the onset of the pandemic
- Rob Webster has now been confirmed as the Chief Executive designate for the West Yorkshire ICS
- MB thanked AM for all she has done for the Trust in the last four years. She has been an outstanding ambassador for the Trust and led the Board well.
- MB welcomed Marie Burnham, Chair designate, to the Trust

Chris Jones (CJ) noted the recent terrorist attack in Liverpool and queried whether any further assessment/"prevent" work has taken place.

MB reported as a result of Liverpool incident Nick Phillips (NP) has reviewed Trust action plans and no additional action is needed but messaging regarding maintaining vigilance has been communicated.

Mike Ford (MF) referenced the Covid-19 public inquiry and reported he and Erfana Mahmood (EM) had attended a recent webinar and are in the process of meeting the legal team to discuss the webinar content. MB reported he will speak to MF outside of the meeting to make sure he is speaking to the right people in line with the relevant governance structure.

Action: Mark Brooks

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

TB/21/118 Performance reports (agenda item 8)

TB/21/118a Integrated performance report month 7 2021/22 (agenda item 8.1)

Summary Dashboards Strategic Objectives and Transformation

SY highlighted the following points:

Improving health:

- In October there were two apparent suicides where the people concerned had open referrals to Trust services. The incidents have been reviewed through our clinical risk panel and appropriate investigation levels have been put in place with support being given to families and staff involved

- The West Yorkshire Adult Secure Lead Provider Collaborative went live in October 2021 as did the West Yorkshire Tier 4 Child and Adolescent Mental Health Services (CAMHS) Collaborative.
- We continue with community transformation work in all of our places and in partnership through the integrated care systems.
- The risk around community transformation remains accessing registered and qualified workforce and careful consideration is being given to the timing and phasing of new roles. There are joined up plans through both West Yorkshire and South Yorkshire ICSs.

Improving care:

- There is continued pressure and demand in inpatient services
- A priority programme is now in place to help support inpatient areas
- There have not been any young people present on our adult wards for the past two months
- There is continued pressure on CAMHS services and waiting times for some elements of the pathways

Improving use of resources:

- Financial performance remains strong
- Digital developments have been maintained despite the pressures
- A lot of work is taking place across ICSs to join up healthcare records
- Digital dictation and digital inclusion work continues

Making SWYPFT a great place to work:

- Staff turnover remains higher than target at 14.6%
- Non Covid-19 sickness is slightly higher this month

Sustainability

- We have continued to progress securing capacity to help us develop a more comprehensive approach to sustainability
- As an interim measure there is a group that continues to meet to look at best practice, both within the NHS and across the public sector, that we may be able adopt while development of the strategy continues.

Communications, engagement and involvement

- Support continues to be provided to weekly Covid-19 briefings
- Support being provided into each of our places to ensure joined up communications
- Work continues to make sure we are restoring services inclusively to address health inequalities

AM congratulated SY on her appointment as interim Deputy Chief Executive.

CJ referenced the improving care section and data on average contacts per day. There is a downward trend particularly for IHBTT. CJ was part of a quality monitoring visit at Barnsley IHBTT yesterday where it was reported demand is higher than it has ever been. This is a key metric, and we need to understand the drop in contacts.

CH reported the visits are now lengthier and more intense than pre pandemic, the level of need determines length of visit. Increasing acuity and demand means visits are taking longer, we could look at analysing the data further.

Action: Carol Harris

NM referenced the great place to work section and clinical supervision. NM noted the wording “challenging focus on achieving compliance” and asked if there is anything more specific to report to Board.

CH reported a whole host of work is taking place in different services. Extra resource has been added to support matrons so they can increase the amount of supervision they can provide in services. We have provided additional administrative support to inpatient wards to give them more clinical time and opportunities for clinical supervision. We are working with teams so they can do group supervision and record them as such. Each team has a different set of actions. We are trying to think of different ways of achieving supervision for different teams.

NM noted the year end forecast for this metric and asked if we are on target to achieve the plan or do we need to review the plan? CH agreed to review and also stressed the importance of aiming to achieve the target.

Action: Carol Harris

MF noted the Board has agreed to bring together the IPR sub-group in the new year and one consideration will be thresholds and any gaps and trajectory gradings. CJ agreed a review of metrics would be part of the sub-group’s work.

EM asked about the IPR and when the thresholds had been set.

MB agreed it is good practice to conduct an annual review of the IPR and noted that some of the thresholds are nationally mandated and others are set by Clinical Commissioning Group’s (CCGs) and some agreed internally by the Trust.

Covid-19 and EPPR

AM asked to take this element as read and no questions were raised.

Quality

DT highlighted the following points:

- Friends and Family Test satisfaction is still lower than anticipated. Work is ongoing to review the impact of text message responses where the context of the response is limited
- Clinical risk assessments, 360 assurance are reviewing our governance and process in Q4, there will now be a greater focus on clinical risk assessment policy and alignment to action planning and investigation outcomes.
- The increase in total reported incidents is linked to high acuity with a relatively small number of service users
- The percentage of people dying in a place of their choosing remains largely unchanged
- Safer staffing update, there are 51 international nurse recruits identified to be joining us. The new Covid-19 variant may impact on the timing given many of the recruits are from Africa.
- There is an improving trend for prone restraints for three minutes or less
- Learning from serious incidents, a Trustwide learning event has taken place this month covering a number of patient safety themes. Another event is to take place in January 2022.
- A safeguarding event is to take place in February 2022 to share learning from Safeguarding reviews

MG noted risk assessment compliance and asked what action is being taken to improve this metric?

DT reported a task and finish group is in place looking at data cleansing and data quality. There is now a dashboard for each area for risk assessment compliance, and dip sampling is

taking place through Business Delivery Unit (BDU) governance groups, which is fed into the clinical governance group. In addition, we are working through an improvement plan with internal auditors.

MG noted there are quality monitoring visits taking place across the Trust, are there any identified themes?

DT explained the QIAT will be explore this feedback to identify themes.

NM noted the pressure ulcer issues that had been identified earlier in the year and queried if there is a broader theme of lapses in documentation?

DT reported there is a clinical record keeping audit starting in January 2022. DT noted the reference to pressure ulcers and reported it is unusual to reference an avoidable pressure ulcer within the IPR. DT reported this particular incident was due to a gap in a water low risk assessment and a specific review has taken place by our tissue viability lead.

KQ referenced the prone restraint reduction of 48.5% and asked how this had been achieved and have any themes been identified? Are we looking at other ways to administer rapid tranquilisation for example?

DT reported staff are being trained to use other sites of injection. When incidents occur the Reducing Restrictive Practice and Interventions (RRPI) team go onto wards and conduct debriefs that focus on learning. Prone restraint figures are normally driven by individuals in our care and their level of acuity.

DT noted the Trust has a positive reporting culture in respect of prone restraint.

MF queried what the numbers one and two meant in the year end forecast column. Some metrics showed a target of 90% but had a figure of "1" in the year end column. DT reported some of these figures will have been the original goal at the start of the year and noted the RAG (red, amber, green) ratings on some metrics did not reflect current numbers and required review.

Action: Darryl Thompson

AM noted at the last board lateral flow testing had declined dramatically and queried if more numbers of lateral flow tests were taking place than were being reported.

DT reported it had not been fed back from any outbreak reviews that there had been gaps in staff practice and benchmarking figures showed the Trust in a comparatively positive position. DT reported he would raise a query in relation to the lateral flow testing and any additional assurance requirements in relation to the new Omicron variant.

Action: Darryl Thompson

National Metrics

JS reported performance against national metrics remains largely positive and highlighted:

- NHSI indicators remain green across the board and largely positive
- Improving Access to Psychological Therapies for people moving from treatment to recovery continues to improve
- There is an increase in out of area bed days (OOA) which is linked to a conscious decision made to alleviate pressure on our inpatient wards.

MF noted on pg 42 there are new analysis charts which are difficult to read.

JS noted this improvement work will form part of the IPR working group review

Action: IPR working group

KQ queried the ethnicity of people using our services and outcomes? How do we break down our data against protected characteristics?

SY reported over last 12 months the health information team have done a significant amount of work on an interactive business intelligence tool that allows us to look at data by service, area and protected characteristics. It can be overlaid with deprivation index data to identify any trends. The next step is to establish how we use this data at different levels across the organisation. We are currently using this data to drive transformation and restoration work.

AM confirmed this piece of work is being overseen by the Equality, Inclusion and Involvement Committee (EIIC) and asked for any updates to be brought back to Board through the AAA report in the Trust Board Committee Assurance item.

Action: Equality, Inclusion and Involvement Committee

CJ noted that if all metrics are considered from an equality perspective it may make the IPR unmanageable and the Board should rely on executive colleagues drawing this out where appropriate. CJ used the data yesterday prior to conducting a quality monitoring visit and it gave a useful insight into the services users involved with the team in question.

SY reported that nationally the equalities team have developed the core 20 plus 5 to support the reduction of health inequalities. This can be reviewed by the EIIC and this will be timely in the review of the IPR for 2022.

Action: IPR working group

Locality

CH highlighted the following points:

Child and adolescent mental health services (CAMHS)

- Pressure continues in Calderdale and Kirklees in neuro developmental services. Waiting list initiatives are being put in place including the use of external providers to support demand.
- Accommodation solutions have been obtained at Princess Royal hospital in Kirklees
- Crisis referrals for children with eating disorders are high, this is putting pressure on the rest of the CAMHS system and 18 week waiting times
- No children in adult beds for two months doesn't reflect sustainable improvement yet, there are still children in the community and in acute hospital beds awaiting placement

Barnsley general community services

- Increases in referrals and increased acuity in patients continues
- System pressure impact on our services, Barnsley hospital discharge 70 -100 people a week and our teams support 80% of those patients averaging 9,200 contacts a week
- Access in social care packages remains an issue, we are looking at options to find a resolution to this issue
- Speech and language therapy (SALT) capacity remains a challenge in children and adult services as well as mental health and physical health services.
- Barnsley community SALT are looking at using an external provider
- Supervision remains challenging and options to improve are being considered

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

- We have under occupancy in our male medium secure beds, and acuity remains high
- There is high demand on seclusion rooms including the use of the seclusion room in Gaskell ward
- Covid and non-covid absence is high
- There is a strong focus on staff supervision, wellbeing and safer staffing

- We are looking to welcome our international recruits into forensic services early in the new year
- In learning disability services our advanced nurse practitioner (ANP) Clare Copley was nominated by the good governance institute rising star award and was in the top twenty nominees in the UK
- We have appointed an ANP to Horizon (inpatients) in learning disability services
- Organisational Development work has started in learning disability services

Trust-wide Inpatient Services

- An incident was reported on Twitter by a service user waiting for a bed on the ward.
- Temporary beds have been purchased to prevent this happening again
- The service user involved has accepted an apology from the executive trio
- Acuity continues to be high
- DT highlighted a small number of patients with self-harm issues – care planning is being used to support these service users to deliver interventions.
- High numbers of vacancies continue in our inpatient services

Trust-wide Community Mental Health Services

- Partnership working has been very strong in the Barnsley system
- Caseload reviews are taking place in Barnsley to help manage the increase in demand
- The IAPT waiting list initiative has started with a focus on evidence-based group interventions and external provider input to support this work is being considered
- Wakefield, Calderdale and Kirklees single point of access (SPA) teams continue to experience high demand
- Space utilisation is being optimised to facilitate face to face meetings where required
- The West Yorkshire ICS has agreed to a phased recruitment of the new community transformation posts in GP services to try and minimise the impact on core mental health services.
- Staff were very resilient in the bad weather over the weekend

AM thanked staff for their continued resilience and dedication in the weekend's adverse weather conditions

KQ queried medical cover in LD services and asked what are the short-term plans?

ST reported work has been ongoing over the last few months. A clinical lead is in place who is working with the LD trio. Locum doctors are in place, and we have appointed an experienced speciality doctor into Barnsley for the next two years as an acting consultant.

CJ noted the incident reported on twitter and the way Trust dealt with it quickly and supported the decisions made in the best interests of the service user. CJ stated it would be good to hear what learning has been taken from the incident.

A conversation followed as to whether the Board should be briefed on incidents of this nature for those who aren't on social media.

SY reported the Communications team had liaised with the ICS and NHSE/I in respect of the incident and agreed outcomes should be communicated. The initial focus was on the service user and his care and management of further press interest to protect the service user. SY agreed to review the incident and look at circumstances under which the Board should receive an update on outcomes of incidents of this nature.

NM noted as an organisation that prides itself on learning and open culture, we should consider how we communicate learning from this incident to staff throughout the Trust.

Action: Salma Yasmeen

Finance and Contracts

JS highlighted the following points:

- The surplus declared in October was £1.2m taking the accumulative surplus to £3.6m
- Our full year surplus is forecast at £5.1m
- Agency expenditure remains stable at £0.7m
- Out of area bed placement costs increased to £613k in October 2021
- Capital expenditure remains low at £1.6m to date
- Cash position strong at £69.2m in October
- Good performance is being maintained on better payment practice code

Workforce

LJ highlighted the following points:

- There is a continued focus on being the great place to work objective
- Measures and outcomes have been reviewed to establish progress against the workforce strategic plan and this has been discussed recently at the Workforce and Remuneration Committee
- NHSE published a report in November 2021 regarding the future of Human Resources and Organisational Development reports which may lead to a review of workforce dashboards
- Recruitment and retention is an area of focus. Exit questionnaires are being reviewed in detail.
- A workforce steering group has been established to look at areas of the workforce strategy
- Additional funding has been obtained for intensive recruitment campaigns for hard to fill areas such as nursing support workers and other entry level posts
- We are working across the West Yorkshire mental health, learning disability and autism collaborative for funding to progress joint recruitment for the learning disability assessment and treatment unit.

NM noted the freedom to speak up training is in red, but this doesn't reflect the reality of the situation as it only commenced in September and required review.

Action: Lindsay Jensen

NM further noted the staff turnover for registered nurses and queried the impact this may be having in services where there are concentrated numbers of vacancies.

LJ reported forensics was an area of concern hence the international recruitment staff being deployed there.

CH added the issue is in inpatient services in the main, and different wards struggle for different reasons. Work is ongoing with the university team to see how we can increase student placements in certain areas to ensure we have a critical mass of staff and a suitable learning environment.

Work is also being conducted with Leeds & York and Bradford trusts to look at how to incentivise working in inpatient wards to develop and retain experienced staff.

LJ added that additional resource has been sourced to support recruitment activity over the next few months.

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

TB/21/118b Safer staffing report (agenda item 8.2)

DT presented the report and highlighted the following points:

- It has been discussed in detail at the Clinical Governance Clinical Safety Committee (CGCS)
- This is the half yearly report required to come to Board
- The report is underpinned by the Mental Health Optimal Staffing Tool (MHOST)
- We are seeing the continuing impact of Covid on staffing levels, but absences have recently dropped
- We continue to declare staffing fill rates as per NHSE requirements, however, these figures don't necessarily provide full assurance as they are measured in addition to core staffing requirements on wards
- "Safe care implementation" gives a shift-by-shift analysis of staffing requirements per ward to be able to implement live decisions. This is being used on acute wards, but the use in forensic services has been delayed.
- On page 5 of the report there is particular reference to staff wellbeing considerations
- Safer staffing metrics are being considered with partners across the West Yorkshire region to measure the impact on the front-line staffing
- The care hours per patient day table shows us in a challenging position. DT reported this is a legacy table within the report. The data we are comparing against is 2-3 years old. This table will use a different comparison in future
- Safer staffing in the community is now being reviewed by the safer staffing group

EM noted the re-launch of the community safer staffing scoping exercise and the assessment of whether the measurement tool is appropriate. EM queried the timescale is for this work and if community services are safe from a staffing perspective.

DT reported he will establish what the timescale is for renewed metrics.

Action: Darryl Thompson

DT reported the Trust is using agency cover in community teams to expand support, there is no immediate concern from a staff safety perspective in community teams at this time.

MF noted care hours per patient day and asked if there was any way the overall number could be reported across all services in future.

DT agreed there is a need to refresh how this data is presented in the report.

Action: Darryl Thompson

CJ queried how the Trust maximises its flexibility in deployment and is there any way of stemming the migration from inpatient wards. CJ further noted figure 4 in the report and the difference in fill rates across the four areas of the Trust.

CH reported staff feel worn down by being asked to re-deploy. We often ask staff to move between areas as we operate as one inpatient system. We also ask people to move between forensics and adult wards. The IHBTT also get asked to move to support wards. The moves can impact on morale.

We have identified an issue in temporary workforce where bank staff refuse to be redeployed. This has been followed up with people afterwards with conversations around the expectations of their role.

CH confirmed that staff are deployed appropriately across the Trust to ensure safe skill mixes are maintained.

KQ queried if real time assessments of staff numbers are carried out.

CH reported that e-rostering allows managers to view all staffing across all wards. We are looking to roll out “safe care” in forensics which is an electronic system that gauges levels of need dependent on acuity on wards which will help to make decision about the re-deployment of staff.

MG asked to meet separately with CH to discuss the thirteen new plans for Q3 and Q4 on page 24 of the safer staffing report. Plans include MG queried whether with the impact of the pandemic, the plans are realistic or whether they need to be prioritised differently.

Action: Carol Harris

SY reported in terms of capacity and prioritisation, as an executive team, priorities are patient safety and the wellbeing of the workforce.

It was RESOLVED to NOTE the Safer Staffing report, comments raised and assurance provided.

TB/21/118c Financial and Operational Planning Arrangements 2021/22 H2 (agenda item 8.3)

JS asked to take the report as read:

- A draft submission of the H2 plan went to last month's board
- Following an ICS review on system pressures we agreed to take a lower covid allocation for H2 which will not put the Trust at risk
- We have now submitted a revised surplus plan of £2.7m for H2, which with the £2.3m surplus for H1, gives a £5m surplus target for the year.
- This was agreed by the working group agreed through Board and submitted on 16th November 2021
- The expenditure plan is dependent on recruitment over the second half of the year and availability of temporary staffing.
- Guidance for 2022/23 should be out in December which will return to an annual operating planning process
- The plan has been discussed in detail in the Finance, Investment and Performance (FIP) Committee

It was RESOLVED to NOTE the report acknowledging the £2.7m surplus plan submitted for H2 and RECEIVE retrospectively the submission to the ICS on the 16th November 2021 following prior agreement to delegate the formal sign off to a small group including the Chair of the Trust, Interim CEO, Interim Director of Finance and Chair of Finance, Investment and Performance Committee.

TB/21/118d System Oversight Framework (agenda item 8.4)

JS asked to take the report as read highlighting the following points:

- The Trust has received confirmation that it has been placed in segment 2 in accordance with the requirements of the system oversight framework for 2021/22.
- For the metrics where guidance is available a review has been undertaken to identify which of those are applicable to the Trust. A number of metrics remain in development.
- Nothing has been highlighted from a risk or concern perspective and we will continue to develop this as further guidance is released about the metrics

Action: James Sabin

MB reported the normal annual process is when the Trust receives planning guidance, we review the NHS objectives and associated metrics to ensure we can report against them, include them in our own reporting and also ensure we have plans in place to achieve the targets.

It was RESOLVED to NOTE the System Oversight Framework placement in segment 2.

TB/21/119 Risk and Assurance (agenda item 9)

TB/21/119a Serious Incident Quarterly report (agenda item 9.1)

DT introduced the item and highlighted the following points:

- The report has been discussed in detail at CGCS
- Violence and aggression continue to be the highest reported incident
- Five serious incidents have been reported to CCGs this quarter
- Twenty serious incident investigations are underway
- We still have a positive reporting culture in that 90% of incidents are low or no harm

NM reported there is ongoing work around violence and aggression and regional work is taking place in support of reducing suicide, which SWYPFT is leading.

NM noted on pg 7 of the report there was a conversation at Committee around figure 2 (All incidents reported Trust wide between 01/07/2020 – 30/09/2021 by severity and financial quarter) and could an SPC t better display this data

MB reported, the information in figure 2 is reviewed in detail at CGCS, and we have a significant governance process behind this, and we consider safety and patient experience as high priority.

A conversation followed about the exceptional circumstances which the Trust is currently operating in, noting incident numbers appear to be within normal range and that quality assurance processes are in place in relation to low harm incidents.

DT reported all red and amber incidents are reviewed by risk panel, which include a 48-hour additional detail report. All other incidents are reviewed by the Patient Safety Team who check incident gradings are appropriate. Whilst we are operating in difficult circumstances, staff are still reporting lower-level incidents which suggests a positive reporting culture. we are continuously looking for trends in incident patterns.

AM queried if staff are asked about knowledge of incidents that haven't been reported?

DT noted the question regarding non-reporting of incidents could be built into training and commented that there is open dialogue in respect of incident reporting. If incidents were not being reported, he would expect to have been made aware of this an issue.

CH noted the staff survey questions include non-reporting and this could be used to triangulate the information.

Action: Darryl Thompson

CH continued that she and JS had a conversation this week about incidents of violence and aggression, how they sit within acceptable levels, and how this reflected how staff are feeling at times of high acuity. One incident can involve a number of staff and we may need to consider how the data can be reviewed further.

It was RESOLVED to NOTE the quarterly report on incident management.

TB/21/119b Medical Education Annual report (agenda item 9.2)

ST introduced the item and highlighted the following points:

- The report has been discussed at both CGCS and Executive Management Team (EMT)
- The report provides updates and achievements from the medical education department

- The report provides assurance that the Trust is meeting requirements as stipulated by medical schools for medical students on placements, and the requirements of Health Education England
- There has been a robust review of the Trust medical education department structure and support for front line medical staff to support given to medical students
- There are no outstanding actions for the Trust and positive feedback from students
- The role of the guardian of safe working hours presents a separate report to Board
- Despite the challenges presented by the pandemic the department has worked very well
- Staff wellbeing has been at the forefront during the pandemic
- In terms of risks, the pandemic may impact on the level of clinical exposure that can be given to students

It was RESOLVED to RECEIVE the first annual Board update and NOTE the challenges placed upon the medical education department.

TB/21/119c Freedom to Speak up Strategy and equality impact assessment (EIA) (agenda item 9.3)

LJ introduced the item and highlighted the following points:

- The strategy has been through the WRC along with an action plan which will be monitored by the Committee
- Actions from the internal audit report have been included in the action plan
- The EIA was discussed at an earlier Board meeting and this is the EIA that is attached to the workforce strategy and we have added the latest freedom to speak up (FTSU) data both national and local, and addressed actions plans under each of the protected characteristics.

MG reported the WRC was happy with strategy and had looked at measures and learning which have been strengthened.

AM noted where reports have been through committees, comments from the Committee should be included in cover sheets

Action: EMT

KQ noted the strategy needs to be strengthened around targets for delivery and what the linked policies are that underpin the strategy. KQ added it would be helpful if there is reference to co-production with stakeholders. KQ further raised the way in which FTSU responses and outcomes can be fed back to Board and suggested this could be considered for a future Board story. KQ also referenced a national Board self review tool around FTSU which the Board may wish to consider.

LJ reported there are comprehensive action plans in place which covers the issues KQ has raised and there will be an annual report to come to Board in March 2022. LJ assured the Board that the strategy will be reviewed and developed over its lifespan.

It was acknowledged that the Senior Independent Director role is the Board champion for FTSU matters and as such this should be noted in the strategy and the strategy should be reviewed and brought back to Board in 12 months.

Action: Lindsay Jensen

MB reiterated the importance of this strategy, this is one of a number of mechanisms where staff can raise their concerns. MB proposed the Board approve the strategy as presented subject to the comments made and monitor through the action plans in place..

MB noted the importance of staff feeling they can raise concerns, knowing they will be taken seriously and dealt with in a timely and confidential manner.

CJ added his support for approval of the strategy and action plan.

It was RESOLVED to APPROVE the Freedom to Speak Up Strategy subject to the comments made and NOTE and AGREE the updated Equality Impact Assessment.

TB/21/119d Assurance and receipt of minutes from Trust Board Committees Freedom to Speak up Strategy and equality impact assessment (agenda item 9.4)

Clinical Governance and Clinical Safety Committee 9 November (approved minutes received from 14 September 2021)

NM highlighted the following:

- CQC mental health act visits are now in the IPR.
- Waiting lists, the increase in demand for ADHD services is being addressed
- Safer staffing and incidents of violence and aggression have been reviewed
- Advise – the timeline of Quality account,
- Receipt of a waiting list report and what this means to service users
- Publication of the Sancus report has been delayed
- We are still looking at covid outbreaks and covid related deaths from an IPC perspective
- Annual reports were received and approved. Emergency Preparedness Resilience and Response and litigation report will come to Board in January 2022

Finance, Investment and Performance Committee 22 November 2021 (approved minutes from 23 August 2021 and 22 September 2021)

CJ updated:

- Discussed the challenges of recruiting and retaining staff
- The range of risks associated with South Yorkshire adult secure lead provider collaborative
- Discussed some concern about the ability to deliver the capital plan
- We are reconvening the IPR working group and NEDs will be part of this
- A paper was received on a proposal for the commercial development of an artificial intelligence tool in partnership with the University of Huddersfield. The committee agreed that we should take some independent advice on how to proceed with the commercial development.

Mental Health Act Committee 2 November 2021 (minutes received from 17 August 2021)

KQ highlighted the following:

- Liberty protection safeguards, there is a large amount of work for the Trust and partners that is likely to be delayed due to the pandemic, but we are well sighted and prepared for both the liberty protection safeguards and Mental Health Act reform
- There is ongoing improvement on compliance with community treatment orders
- The diversity of hospital managers was discussed, ensuring recruitment processes include diversity
- Service user experience in relation to the forensics pilot ensuring the voice of service users who are detained and from BAME backgrounds is heard.
- Risk 1650 – blanket restrictions are only being used to manage immediate risks

Workforce and Remuneration Committee 9 November 2021 (approved minutes from 21 September 2021)

MG highlighted the following items that were discussed:

- Freedom to speak up strategy – approved today

- Compulsory vaccination for healthcare staff
- Workforce performance and themes around absence
- Occupational Health referrals pressure and additional resource
- Noted good progress on the Organisational Development strategy
- Executive directors pay award was approved, this was declined by MB
- SY is now appointed as Interim Deputy Chief Executive
- Agreement for Chair of CSCG Committee and WRC to meet to discuss safer staffing reports and shared accountability across both committees.

Members Council Meeting 16th November 2021 (minutes from August)

- AM asked to take as read

WYMHDLA Collaborative Committees in Common 5 October 2021 (minutes received from 21 October 2021)

AM highlighted the following:

- Adult Secure Lead Provider Collaborative and CAMHS Tier 4 Collaborative have gone live
- Workforce pressures remain a challenge across all services

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

TB/21/120 Business developments (agenda item 10)

TB/21/120a Integrated Care System developments white paper update (agenda item 10.1)

SY reported the parliamentary process is being worked through.

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

TB/21/120b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 10.2)

MB asked to take the paper as read and highlighted the following points:

- The Trust has provided feedback regarding the SYB ICS constitution

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

TB/21/120c West Yorkshire update including the West Yorkshire Health & Care Partnership (WYHCP) (agenda item 10.3)

SY asked to take the paper as read and highlighted the following points:

- The ICS received HSJ ICS of the year award for its work around health inequalities and community involvement. The Trust was involved in both pieces of work
- The carers programme was also highly commended at the HSJ awards and again the Trust was a key partner in this work

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/21/120ci West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) Constitution

SY updated:

- The West Yorkshire ICS constitution is now out for consultation

- There is a paper and slide set included for Board reference
- There are some key questions to be answered and SY will be collate and feedback on behalf of the Board.

Action: Salma Yasmeen

MF, MG and KQ went to WY Collaborative last week which was aimed at governors and NEDs. MF agreed to feedback comments from this meeting to SY in response to the constitution consultation.

Action: Mike Ford/Kate Quail/Mandy Griffin

MF reported most of the concern raised in this meeting was in relation to the size of the Board.

MF asked what an ICB place sub-committee is and what the make-up and structure is?

MB reported once things become more defined in each of our places and ICSs some dedicated time will be spent on this with Board members.

CJ queried the performance of the ICS noting there is still no update against the ten big objectives?

MB reported the West Yorkshire ICS has gone out to engage with partners about how to best to monitor and measure performance against these objectives.

SY reported there is a comprehensive piece of work ongoing to review metrics. The work is still evolving and under consultation. There is a performance meeting in place at the ICS and we will be able to update our own IPR to reflect the work that is taking place.

Action: Salma Yasmeen

It was RESOLVED to NOTE the draft constitution including the specific sections where feedback is being sought and Board members will feedback to Salma Yasmeen to collate comments.

TB/21/120d Receipt of Partnership Board Minutes (agenda item 10.4)

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/21/121 Governance Matters (agenda item 11)

TB/21/121a Succession Planning (agenda item 11.1)

LJ introduced the item asked to take the paper as read and highlighted the following points:

- Key changes since May 2021 are documented
- We are now looking to appoint a new Chief Executive
- Marie Burnham will lead the process with the assistance of Gatenby Sanderson
- We are planning to get the advert out early next week
- Marie has produced a video with Gatenby Sanderson to use
- The aspirant executive programme is being used as is social media
- The interview process should be complete by the end of January 2022

EM queried what actions were being taken to ensure Board diversity.

LJ reported this has been considered this and GatenbySanderson have provided assurance they are linked into diversity networks.

MF reported Chiara DeBiase (insight candidate) hasn't been able to attend today but passed on her thanks to everyone for her support.

AM reported the next Board Leading for Inclusion session will now take place in December 2021. This will include a catch-up session for newer Board members.

It was RESOLVED to NOTE the update and the arrangements in place for the appointment to the CEO post.

TB/21/121b Adult Secure Lead Provider Collaborative governance update (agenda item 11.2)

SR highlighted the following points:

- The task and finish group met on 3rd November 2021 and the paper provided reflects the outcomes from that group
- SR drew the Board's attention to the summary diagram showing the governance structure of the provider collaborative in the context of West Yorkshire for its commissioning responsibilities and the recommendation of how the Trust Board should provide assurance and oversight.
- The task and finish group saw the structure at Humber, Coast and Vale and other structures were presented verbally
- The recommendation in the report following discussion is to establish a separate collaborative committee of the Trust Board (which is a similar model to Humber Coast and Vale model), to oversee the functions of the Adult Lead Secure Provider Collaborative
- There is more detail to be established in terms of membership and frequency of meetings
- The purpose of today is to agree the recommendation

AM noted when discussed in the working group there was concern about capacity and NEDs already being over their work allocation already. There was the suggestion of restructuring FIP and also the possibility of an associate NED to lead this committee. The appointment of an associate NED would require a constitutional change.

It was RESOLVED to RECEIVE and NOTE the summary overview of the West Yorkshire Adult Secure Lead Provider Collaborative governance arrangements and APPROVE the establishment of a Collaborative Committee of the Trust Board (as set out in the attached paper).

TB/21/121c Internal Meetings Framework (agenda item 11.3)

JS highlighted the following points:

- The name of the Equality, Inclusion and Involvement Committee has been updated
- The addition of the Collaborative Committee will now need to be included

AM noted the Clinical Ethics Advisory Group is currently interim, and this needs to be reflected before it becomes substantive.

The Charitable Funds Committee needs to report to the Corporate Trustee rather than Trust Board.

MB reported it was likely this schematic would need further review in April 2022 following the development of ICS and partnership arrangements and it should come back to Board in April/May 2022.

Action: James Sabin

MF queried Audit Committee and Finance, Investment and Performance Committee not having any sub committees or meetings that feed into them.

JS suggested that Estates and IM and T tag that sit under EMT could go to the Finance Committee. Audit Committee is unique and is more likely to have less groups feeding into it.

MF queried is there a risk that the Collaborative Committee creates a sub-committee and then join other collaboratives we will need further committees.

SR reported the idea behind the Collaborative Committee is there will already be a governance structure in place for the Trust if it joins further collaboratives and so there should not be a need to create additional committees.

It was RESOLVED to RECEIVE to the Internal meetings governance framework NOTING the comments made.

TB/21/121d Use of Trust Seal (agenda item 11.4)

AM asked to take the paper as read.

- Wakefield Council Project Adder Agreement – Wakefield Council has been chosen by Public Health England (PHE) as a pilot area for the project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) place-based accelerator programme which targets residents of the Wakefield District using drugs who are involved in the criminal justice system (ADDER acceleration programme).
- The Trust has agreed to provide a 0.2 FTE Dual Diagnosis Nurse Consultant to proactively work with residents of the Wakefield district who form the ADDER place-based accelerator programme cohort i.e. drug users in the Criminal Justice system, and providing interventions across a range of services including criminal justice settings, drug treatment services and housing needs services as well as satellite clinics.

It was RESOLVED to NOTE the use of the Trust Seal since the last report in September 2021.

TB/21/122 Trust Board work programme (agenda item 12)

It was RESOLVED to NOTE and RECEIVE the changes to the work programme.

TB/21/93 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on 25 January 2022.

TB/20/94 Questions from the public (agenda item 14)

Nil

The Board, led by Interim Chief Executive Mark Brooks, acknowledged the retirement of Angela Monaghan and thanked her for her leadership and hard work during her time as Chair. Rob Webster former Chief Executive of SWYPFT joined the meeting to reflect on Angela's time as Chair and reiterate thanks her for all she had done.

Signed:



Date: 25.01.22