South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 25 January 2022
Microsoft Teams meeting

Present:	Marie Burnham (MB)	Chair
	Chris Jones (CJ)	Deputy Chair / Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Mandy Griffin (MG)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Natalie McMillan (NM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Mark Brooks (MB)	Interim Chief Executive
	Lindsay Jensen (LJ)	Interim Director of HR and OD
	James Sabin (JS)	Interim Director of Finance and Resources
	Dr.Subha Thiyagesh (ST)	Medical Director
	Darryl Thompson (DT)	Director of Nursing, Quality and Professions
	Salma Yasmeen (SY)	Interim Deputy Chief Executive/Director of Strategy and Change
Apologies:		
In attendance:	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR	Director of Provider Development
	Andy Lister (AL)	Company Secretary (author)
	Soyeb Aswat (SA) (item 5 only)	Social Worker Quality and Governance Lead
Observers:	John Laville (JL)	Kirklees Governor

TB/22/01 Welcome, introduction and apologies (agenda item 1)

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting. Apologies were noted, and the meeting was deemed to be quorate and could proceed.

MBu outlined the Microsoft Teams meeting protocols and etiquette and identified this was a business and risk Board meeting. MBu reported this meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

MBu informed attendees that 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.

MBu 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/22/02 Declarations of interest (agenda item 2)

Name	Declaration
Non-Executive Directors	
Mandy Griffin	Working within the advisory sector as a private consultant for a number of technology organisations who provide technology to the NHS. Any work that may link to SWYPFT will be declared at the time any future interest arises.
Executive Directors	
James Sabin – Interim Director of Finance	Currently on secondment to the Trust from Sheffield Health & Social Care NHS FT where substantive role is the Deputy Director of Finance, Procurement & Contracting. Spouse is employed by Sheffield Health & Social Care NHS FT as Programme Manager for the Therapeutic Environment Programme.
Salma Yasmeen – Director of Strategy and Change/Deputy Chief Executive	Advisory Board Member for School of Business, Huddersfield University, from January 2022.

Mark Brooks (MB) and Lindsay Jensen (LJ) declared a material interest for item 12.4 on today's agenda and stated they would leave the meeting for that item.

It was RESOLVED to RECEIVE the changes to the declarations of interest since November 2021.

TB/22/03 Minutes from previous Trust Board meeting held 30 November 2021 (agenda item 3)

Darryl Thompson (DT) noted his job title is incorrect in both the public and private minutes from 30 November 2021. It should be recorded as Director of Nursing, Quality and Professions. Andy Lister agreed to make these changes.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 30 November 2021 as a true and accurate record.

TB/22/04 Matters arising from previous Trust Board meeting held 30 November 2021 (agenda item 4)

MBu 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/21/102b – MF noted that the update against the risk appetite action only made reference to the Audit Committee update and other committees still needed to provide updates. It was agreed for this action to remain open for further updates from Board committees.

All other action updates were agreed as per the action log.

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

TB/22/05 Service User/Staff Member/Carer story (agenda item 5)

Soyeb Aswat (SA) presented his story “a day in the life of a social worker”. SA stated he is the quality and governance lead for social work within the Trust.
Social workers are embedded in teams across the Trust, one of the deputy directors of operations is a social worker by background, as is the associate director of nursing, and a number of community mental health team managers.

A number of social workers have undertaken quality governance roles in areas such as Multi Agency Risk Assessment Conferences (MARAC) which focuses on domestic violence and keeping our patients safe through work with the safeguarding teams.

The vast majority of social workers are employed by our community mental health teams as mental health practitioners and undertake the care coordinator role. They work with service users and carers and link into their nursing and medical colleagues where required to support their clients.

Social workers are also embedded in recovery colleges, Child and Adolescent Mental Health (CAMHS) teams, Improving Access to Psychological Therapies (IAPT) Intensive Home-Based Treatment teams (IHBTT) and they also form part of the Police Liaison team.

Social workers are not present on inpatient wards yet, but this is happening in some other trusts and is being looked at for the future within SWYPFT. Some social workers still hold their social work accreditation but for those working in IAPT this isn’t required as they have achieved a further qualification to work in this role.

The Trust has good links with Social Work England that oversee the registration of social workers and the Social Work Network and there are regular social work forums and training programmes carried out within SWYPFT.

There is s social work pathway in place for new social workers to complete their preceptorship and there is also a “fastrack” programme in place.

SA referenced reviews have taken place of individual teams and it has been identified that a team with a diverse staff group has attracted a diverse client group and the Trust is looking at this and how to improve the engagement of all teams with diverse communities.

Social workers work within integrated teams in the Trust and work closely with local authorities.

A number of social work staff are qualified Approved Mental Health Professionals (AMHP) and are able to offer advise around the Mental Health Act, Mental Capacity Act and Care Act.

Social inclusion work is also in place, there is an allotment group and archery group and look at medical models vs spiritual models in relation to clients mental health to see how they can facilitate what is best for the client.

Board members thanked Soyeb for his story and expressed their gratitude to him and other members of his team for the work they are doing.

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

TB/22/06 Chair’s remarks (agenda item 6)

MBu thanked everyone for the warm welcome she has received since joining the Trust.

MBu also thanked all Trust staff for working so hard during the pandemic and hoped all staff who had become ill get well soon.

MBu made reference to the staff Excellence Awards which have been reintroduced after being put on hold during the pandemic. The awards are an opportunity to recognise each other and celebrate the excellence of staff.

MBu reported the private items being discussed in the Board session later today are:

- Private risk items requiring review
- Business developments which are commercial in confidence, including a contract for the development of the Bretton Centre.

It was resolved to NOTE the Chair's remarks.

TB/22/07 Chief Executive's report (agenda item 7)

Chief Executive's report

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

- In the last eight weeks Omicron has become the dominant variant of Covid, with the NHS conducting a massive vaccine booster roll out programme in response to the challenges of Omicron.
- January saw the highest number of staff off work due to Covid than at any other time during the pandemic and the high transmissibility of this variant has resulted in a significant number of outbreaks, not just in this organisation but across mental health providers nationally.
- We have regularly seen between twenty and forty service users infected with Covid at any one time during recent weeks, fortunately none have been seriously ill. Vaccination as a Condition of Deployment (VCoD) for NHS staff has been discussed as a board and there is a paper later on the agenda.
- MB reported the Health and Care Bill has been delayed for three months with the go live date for Integrated Care Systems becoming legal entities i now 1 July 2022.
- MB gave congratulations to the former SWYPFT Director of HR, OD and Estates, Alan Davis, who has been awarded an MBE in the new year's honours.
- MB reiterated the importance of the Excellence awards. The benefit of conducting the awards remotely is that more people will be able to attend.
- MB reported a discretionary pay award had been paid to all staff in December, as a result of all of the hard work over the last 18-20 months, has been well received.
- MB formally welcomed MBu to the organisation.

Nat McMillan (NM) asked to note the whole board appreciates the extent the staff have gone to in order to keep service users safe during the outbreak of the latest variant.

Chris Jones (CJ) referenced a Health Service Journal article in relation to waiting lists and asked when the Trust might have data available to address this issue

MB advised there is a specific group addressing waiting lists, and it can depend on the service as to what level of information is available. We are making progress in developing better information.

MB suggested a key objective for the Board for 2022/23 would be to have more comprehensive visibility of our waiting lists and to make improvements to how we prioritise people on waiting lists.

It was agreed more information would be provided regarding access times, actions taking place, and how we intend to close the gap.

Action: James Sabin

MB suggested that FIP or EIIC could have oversight of waiting lists.

Action: James Sabin/Salma Yasmeen/Chris Jones/Marie Burnham

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

TB/22/08 Risk and Assurance (agenda item 8)

TB/22/08a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)

James Sabin (JS) introduced the item and highlighted the following points:

- A comprehensive review of the controls, assurances and target dates took place with executive director leads and there was a detailed discussion at the Executive Management Team meeting on 20 January 2022.
- Discussions focussed on Omicron, the introduction of the Vaccination as a Condition of Deployment (VCoD) legislation and the current operating environment we are working in with increasing demand and acuity, and pressure on staffing levels.
- After careful consideration it was decided not to recommend any changes in risk levels at this point in time.
- Risk 2.3 (the increase in demand for services exceeds the supply and resources, impacting the quality of care) - Careful consideration was taken regarding the impact of Omicron, noting the Integrated Performance Report does not show a deterioration in achievement of metrics at present.
- Business continuity plans appear to be working but we are recognising that most inpatient services are operating at OPEL level 3.
- Appraisal compliance has been impacted by operational pressures and there has been a slight deterioration in mandatory training compliance. It is also noted that some non-Covid related absences relate to health and wellbeing.
- There is recognition that VCoD could have a significant impact as we approach April 2022. With mitigation in place an amber risk is currently appropriate but that this may rise to red as we approach April.
- Risk 3.3 (capability and capacity, resources not prioritised and failure to meet strategic objectives) - Some priority programmes now have extended timelines agreed but not been formally stopped or considered no longer achievable. Therefore it is considered appropriate to remain as yellow with regular monitoring.
- Risk 4.1, (the inability to recruit, retain or skill up leading to poor service user experience) - an amber rating remains appropriate. It is predominantly driven by the clinical workforce vacancies and mandatory vaccines are likely to have an impact in April.
- Mitigation continues to try and reduce the number of staff who are unvaccinated. We have created two new organisation risks, one of which is in relation to the mandatory vaccination which will be monitored via the ORR.
- In summary there was much discussion about the impact of Omicron and VCoD but at the moment EMT believes the controls and mitigations are working and the risks are appropriate to remain as they are whilst recognising the need for continued monitoring and actions to address

MBu queried how the review of strategic risks is carried out.

JS provided assurance that the corporate governance team meet with lead directors and review risks in detail to develop an updated paper for EMT which is discussed collectively.

CJ queried the scores and highlighted that risk 1.4 (Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy) needs to reflect our understanding of our performance regarding access to different groups.

CJ also queried 4.1 (the inability to regroup, retain or skill up leading to poor service user experience) we have had the a similar number of staff throughout the financial year, we have

highest numbers of out of area bed placements and a high level of agency staff which both impact on the quality of service, therefore how much longer can 4.1 continue to be amber and not red?

MF added the number of unfilled shifts is another pressure point.

MB agreed these were valid points and advised that with strategic risks there is a judgment call. In terms of inpatients, while it is high prominence and profile, the majority of services we provide being in the community.
In terms of recruitment, we struggle to recruit into certain positions and also staff turnover has increased this year. We need deeper understanding of these issues to determine further actions we can take.
EMT have discussed this, and our effort is very much focused on maintaining safe services. The fallout has been in other areas such as staff wellbeing, levels of absence and appraisal rates.

MG confirmed that the Workforce & Remuneration Committee (WRC) have reviewed workforce risks in detail.

MBu reiterated the WRC agree the current score is appropriate. One of the biggest issues is retention and this needs to be a focus.

JS reported the Trust is regularly recruiting staff and this is being supplemented by the international recruitment of nurses. The incentive payments are continuing until year end to increase bank usage. The number of Covid-19 outbreaks has started to reduce which has had a positive impact on staffing.

DT advised the Trust needs to be mindful of international recruitment and looking after the wellbeing of new colleagues from both abroad and the UK.

LJ reported a 20% increase in recruitment over the last year but there are some areas the Trust struggles to recruit into. Exit questionnaires and other information have improved to help this process. Retention is a key focus within HR.

NM highlighted international recruitment is not getting the numbers hoped for and need to be mindful this is not the answer to everything.

MF queried reviewing the Board Assurance Framework and what Board is asking to be signed off. There is a review of the risk management strategy taking place. MF suggested the Audit Committee has a role in reviewing it prior to Board.

Action: Andy Lister

MBu added that is important to have focus on this agenda item every quarter to remind ourselves of process and assurance.

MB assured the Board that every year strategic objectives are reviewed along with the strategic risks and the full Board is engaged in determining the wording of the risks and we will be preparing this soon in readiness for the next financial year.

It was RESOLVED to APPROVE the updates to the Board Assurance Framework.

TB/22/08b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

JS reported this is the Organisational Risk Report for Q3 2021/22 and it is regularly reviewed at each committee and EMT as well as by the lead directors with the corporate governance team, and there has been a comprehensive update since this was last presented in October 2021.

- JS highlighted the two new risks that have been added, one is the risk the Trust can't evidence it has mitigated against or addressed health inequalities in both the provision and restoration of services.
- A further risk in relation to Vaccination as a Condition of Deployment (VCoD) has been added. This is currently a high-scoring risk.

MB added that given the criticality of the VCoD risk, it has been highlighted specifically, acknowledging once the deadline for compliance has passed it will no longer be a risk.

- JS highlighted risks with a score above 15 are 1080 in relation to cyber, 905 in relation to inpatient staffing and 1530 in relation to demand and acuity.
- All of these had updates and controls added, with the likelihood for 905 increased to four, recognising the increase in operational pressures.
- There is a still a broader debate around the cyber risk regarding what relates to the loss of patient data through cyber attacks and how we broaden that to consider downtime and continuation of service. It is felt that even if the risk is broadened it still remains a high risk and the risk appetite remains low.
- In relation to risks that remain below 15 but are outside risk appetite, there are 12 with the majority having updated controls and actions.
- Risk 1214 in relation to tendering, the risk score is reduced from 9 to 6
- Risk 1319 (Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed) has increased from 9 to 12 given the increased use of out of area placements.
- Risk 1368 (Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed) is being closely monitored, we are seeing an increase in CAMHS beds required by younger clients (12-14 yrs).
- Covid risks remain relatively stable with three out of five within risk appetite, one proposed to be removed, and one within risk appetite.
- In summary agreement was sought for the two new risks added this month and to agree to remove 1335 and 1524 which have both been de-escalated.

MF reported discussion at Audit Committee around 1080 was whether the loss of personal data is the critical aspect of the risk or whether it is the impact on Trust systems and the ability to look after service users and staff.

CJ reported that the out of area beds risk has been discussed at the Finance, Investment & Performance Committee (FIP) and the increased risk rating was agreed.

CJ advised that any updates to financial risks following the planning process will be assessed at FIP.

KQ reported that the Mental Health Act Committee (MHAC) doesn't have any specific risks allocated and it feeds comments into the other committees as appropriate.

NM advised she is comfortable that Clinical Governance and Clinical Safety (CGCS) spend time on risks in the committee meetings.

MG reported risks at Workforce and Remuneration Committee (WRC) were discussed with good debate and in summary the committee agrees with the current scores.

MBu added that Equality and Inclusion Committee are assured risks are at the right level.

NM queried the cyber risk 1080 and would like to understand more about the specific risk to the organisation. It is important to understand what is meant by cyber security and the risk it poses.

Action: James Sabin

MG reported that there is some training available via NHS Digital around the aspect of losing data or losing systems so services can't be provided. There is further discussion needed to ensure we capture everything related to cyber security and the impact of an attack.

MBu reported she is significantly assured that the executive directors are effectively monitoring the risk register.

It was RESOLVED to NOTE the key risks for the organisation and comments made and AGREE to the removal of risks 1335 and 1524.

TB/22/08c Ligature Annual report (agenda item 8.3)

Darryl Thompson gave an overview of the report which is a requirement to give an oversight of environmental risks from ligatures and the response to any concerns.

- The report has been to EMT and been reviewed in detail by the Clinical Governance Clinical Safety Committee (CGCS) in November 2021.
- The Trust has an environmental support group which includes oversight of ligature risks within its terms of reference.
- There have been ligature incidents in the Trust which are detailed in the report with a breakdown of all incidents in a two year period.
- The report mentions one death on the Oakwell Unit in Barnsley. It also highlights our blue light responses where we have significant learning from an incident and how we captured the learning.
- The report details our investment programme and our insight of other issues that come to light through our audit process.
- We have been invited to participate in national developments regarding how ligature audits are completed in the most effective way and how learning can be applied.

Erfana Mahmood (EM) commented it is a good report and questioned remedial work including windows and doors as she believed this had been completed

DT responded that with ligature points there is continual learning, for example the new windows fitted at the Unity Centre were best practice at the time but are now being established as a risk and this reflects learning rather than a lack of consideration when installed.

MB added in reference to the capital plan, priority is given to health and safety ligature requirements. MB highlighted the number of attempted ligature events, of814. This helps illustrate the challenges the staff have. For every ligature attempt there is there are family, carers and staff impacted.

MB asked for assurance as not all actions have yet been implemented and it would be helpful for the Board to understand how we mitigate against ligatures when we have identified an issue but it may take a while to address.

Action: Darryl Thompson/Carol Harris

DT explained if a specific issue comes to light, for example if a wardrobe is assembled and it is identified there is a ligature point that would was not expected, temporary adjustments can

be made. If issues can't be addressed immediately, local teams would identify these in their local ligature audit. In addition as part of their clinical risk assessment of individual patients they will be mindful if a person has a ligature risk they will accommodate them in an appropriate environment and observation levels will be adjusted accordingly.

CH reiterated that the observation levels are a key point as this starts before looking at ligature points. If there is a particular room identified with a ligature point, the clinical risk assessment will inform whether the room is suitable.

CH noted some incidents l relate to someone tying something around their neck and not attaching it to anything, which is still really dangerous, so personal property is reviewed. There is safe clothing and safe bedding when necessary but we want to work with people and manage their risk, which is down to the care planning and risk assessment.

NM highlighted a ward visit gave insight into how difficult it is for staff to manage risks, especially in unexpected ways that people can create ligatures. Going into the inpatient environment as well as this report gave a valuable insight into the size of the challenge. The balance between dignity and respect is important but a huge daily challenge. The ligature report is received in CGCS and progress will be reported to CGCS in February.

Action: Darryl Thompson

CH reported that replacing doors is work in progress and takes time to complete. The doors to en-suites have been removed and replaced with curtains after consultation with service user groups and staff.

KQ commented that if the risk assessment is crucial mitigation, then there is a worry that risk assessments aren't being done in a timely fashion, within 48 hours.

MF reflected on his experience of a ward visit and asked how do we benchmark against other organisations?

DT responded that there is no direct data comparison. The narrative we have is that ligature incidents are escalating within our service user groups. The fact we have so many can be an indicator of a good clinical risk assessment as some people can ligate many times during an admission. It is a complex and distressing topic that has a huge impact on all concerned.

MBu queried if we can approach other organisations for data comparisons. MB added we should also ask to see if the actions we are taking are similar to other organisations. 800 is a big number but how does this align with other organisations and are we doing everything humanely possible to get the balance right, keep everyone safe and aid recovery with dignity and respect?

Action:Darryl Thompson

CH reiterated that 800 events is not the number of times that someone has been tied to the fabric of our building in attempt to hang themselves. Service users who are distressed can tie something around their neck tightly and then shout for help, this is an incident. This is not to minimise the risk but to give context to the numbers. There are different factors that can impact on this risk. It will be helpful for CGCS to break these incidents down further for better understanding.

DT reiterated that not every ligature incident is with the intent for death, it can be a coping strategy and management of distress.

It was RESOLVED to RECEIVE and NOTE the Ligature Annual report.

TB/22/08d Freedom to speak up guardian update against internal audit actions (agenda item 8.4)

Lindsay Jensen (LJ) gave a brief overview and highlighted that the report was presented to the Audit Committee and Trust Board in October 2021 and further considered at EMT in November 2021:

- The contents of the paper are wider than the audit action plan, containing a broader action plan for the whole of freedom to speak up.
- There are some positive actions completed but there is still further work to do.
- The areas of focus were agreed in EMT and are captured in the action plan and being worked on with Estelle Myers, the Freedom to Speak Up guardian, along with the Senior Independent Director who is currently Chris Jones (CJ).

MBu reported that this has been brought to her attention in the last couple months by executives and staff members, not just in relation to the guidance but what is working well and what isn't. We need to ensure staff fully understand how to use the service and the difference between freedom of speak up and a grievance.

EM noted the report is helpful in terms of a snapshot of where we are, one concern is the overall larger picture.

LJ reported there is an annual report which went to Workforce and Remuneration Committee (WRC) which looked at and raised some of these issues and looked at comparisons against national data. Trust numbers are relatively low, with many cases related to staffing, particularly issues around staff relationships, what staff might refer to as bullying and harassment, issues with managers and peers and colleagues, rather than patient safety.

The full annual report is coming to Board in March. There is a lot of support for this in the organisation and LJ is working with her team on pulling together what is meant by freedom speak, what support that entails, what do we get through equity guardians and what do we get through civility and respect. A clear flow chart outlining which person staff you should go to is a priority.

MBu agreed the various roles and processes need to be brought together for clarity for staff, so they know where to go for support and in confidence.

KQ echoed previous points and has previously listed areas to be addressed, including staff feeling safe to raise concerns and would welcome clarity around whistleblowing and duty of candour.

CJ reported he is aware of freedom to speak up incidents that have occurred because the Freedom to Speal up lead gets regular requests from staff which are dealt with appropriately.

CJ added it is a complex situation with lots of ways for staff to speak up and every quarter Board receives assurance via the incident report that we have an open culture about patient safety., Therefore if that's working well, it is understandable if there are relatively few patient safety freedom to speak up incidents.

The process has become dominated by grievance type issues and therefore may benefit from a relaunch in terms of its purpose. There are complications such as how to respond to matters that are raised anonymously. It is hard to feedback and make sure staff understand that matters have been taken seriously.

CJ reported there are a lot of actions in this document and it's positive to see LJ and Estelle Myers (EMy) making good progress and doing a good job. The Board should set the tone for how people are supported to speak up in the Trust.

MBu agreed that there is more work to do with the culture piece, it affects retention and how staff feel, e.g. do they feel supported, is it a good organisation to work for, and is freedom to speak up an integral part of Trust culture?

It was RESOLVED to NOTE the progress on the audit action plan.

TB/22/08e Assurance and receipt of minutes from Trust Board Committees (agenda item 8.5)

MBu introduced the item and MB highlighted the significant assurance from three recent internal audit reports recognising the effort of staff and standards they are achieving despite operational pressures.

Equality, Inclusion and Involvement Committee 7 December 2021 (minutes from 30 September 2021)

MBu asked to take the report as read.

Audit Committee 11th January 2022 (minutes from 12 October 2021)

MF reiterated MB's comments in relation to significant assurance across three important audits at a time when everyone is under real pressure.
A full agenda and full set of papers was delivered which the committee appreciates.

Workforce and Remuneration Committee 18 January 2022 (minutes from

MG asked to take the report as read.

Finance, Investment and Performance Committee 24 January 2022 (minutes from

CJ updated Committee received a report showing a further surplus in December and there was a recommendation to revise upwards the forecast surplus for the year.The cash balances is strong, and risks and the delivery of the Trust Capital plan remains under scrutiny.

It was RESOLVED to RECEIVE the assurance from the committees and Members' Council and RECEIVE the minutes as indicated.

TB/22/09 Performance (agenda item 9)

TB/21/09a Integrated performance report (IPR) month 8 2021/22 (agenda item 9.1)

SY introduced the summary dashboards and priority programmes:

Improving health

- Given the delay of the legislation, work continues in each place with partners to ensure that governance arrangements are in place and ready for July 1st.
- Most places plan to move to shadow arrangements by April despite a delay until July.
- We have maintained our performance on smoking cessation. The Calderdale service is being highlighted for the use of digital as a positive example.
- Access to and performance regarding Improving Access to Psychological Therapies (IAPT) has continued to meet target, including access from BAME communities.
- Despite operational challenges we have maintained focus on development work and the creative solutions including the support of care homes.
- The Lullaby project is being expanded with perinatal mental health services.

Improving care

- Work is ongoing to understand in detail in our waiting lists and how we use the information to improve.

- There is a significant piece of work being undertaken regarding our inpatient environments with some short and immediate term actions being taken, and a medium term initiative to drive Quality Improvement (QI).

Improving resources

- the planning process has commenced and we will be contributing through places and as a Trust.
- Financial performance remains strong.

Workforce

- Remains challenging with the current wave of Covid resulting in high sickness absence rates.
- We have continued and maintained focus on recruitment with both ICS and individually.

Covid-19 and emergency preparedness

- DT asked for these to be taken as read.

Quality

DT gave the highlights from the report:

- Ligature review has taken place and noted the importance of a clinical risk assessment to maintain safety on the wards.
- In the community, reporting has increased for those with a completed clinical risk assessment. A key phrase in this metric is "up to date" which means it has been documented within 7 days of the person being seen in the community and documented within 24 hours within inpatient services. If the risk assessment isn't documented within 24 hours this does not necessarily mean a risk assessment hasn't been carried out.
- December was one of the most challenging staffing periods ever. Everything was done to maintain service provision.
- There is reference to a spike in Covid-19 cases in communities and from regional conversations our benchmark was level with comparative providers.
- Unfilled shifts is a way of interpreting the acuity challenge. These are additional staff required above establishment to manage acuity. The data shows how many shifts have been requested, how many have been filled and how many haven't.
- We have a challenge around safer staffing fill rates with registered nurses. This aligns with experience day to day on the wards and is a regional issue. There is unprecedented demand largely due to Omicron.
- There have been discussions around the concept of Safecare which is an IT solution to have in the moment analysis of what the required staffing is and our ability to deploy staff to an area of higher acuity. It is being rolled out in forensic services in February. There will then be a roll out to other inpatient services after the current wave of Covid.
- Friends and family test results are below expected levels. There is a challenge that many of those continue to be received into the service by text message so there is no narrative.
- Prone restraints of 3 minutes or less, which is a key safety initiative, is showing at 95.6% which is a high level of performance for colleagues in clinical areas.

EM commented that the metrics are holding up well considering recent challenges and pressures. Regarding CAMHS friends and family tests, they are still showing as red. With the opening of Red Kite View in Leeds, this is an ideal opportunity to understand the information and understand what improvements we can make.

DT responded that access to inpatient areas would be helped by Red Kite as a local provision but we don't yet know if it will help with an overall improvement in bed availability. The CAMHS friends and family test results may well be more focussed on access to community teams.

CH added the CAMHS team are working hard to look at different ways of capturing young people and family's voices to better inform our service.

CJ queried what we are doing with safer staffing in the community and if any measures are available yet.

DT answered that we have progress in that we now have a safer staffing group for community services in place and this will feed into future versions of the IPR.

CJ asked if the issue of risk assessments being done but not recorded in a timely manner, in light of other reports, needs to go to CGCS for better understanding and assurance.

DT gave assurance that this is a standing agenda item at the clinical governance group meeting and the structure includes BDU governance groups. There have been recent improvements in the community figures. Dip sample audits are taking place to give assurance about the presence and quality of a risk assessment.

MBu asked for a more detailed report on risk assessments to come to Board.

Action: Darryl Thompson/Carol Harris

KQ noted CGCS will look at risk assessments and the impact of Formulation Informed Risk Management (FIRM) on timeliness. We are keen to see children and young person's feedback and experiences brought to Board.

MBu agreed we need more story telling at Board from service users and carers.

Action: Andy Lister

DT reported that the introduction of FIRM risk assessment has been well received. Feedback is that it is not challenging to use and is clinically helpful. All teams are now using FIRM.

Dr Subha Thiyagesh (ST) reported service users have a number of risk assessments on admission and questioned if the 24hr target is meaningful and captures everything needed to keep a service user safe?

ST reported that the establishment review for older people's services is complete. The Trust want to enhance service user and staff experience to make people want to work on the wards and be proud of being an inpatient nurse or a specialist.

MBu advised that it is very reassuring to hear there are multiple risk assessments.

SY added that additional capacity was put into the system to manage safer staffing and the hot spots from shift to shift. As part of the improvement programme the focus has to be about making it a great place to work which will require creative thinking about the different and new roles we have.

NHSI national Indicators

JS reported performance against national targets remains stable and largely positive.

- The percentage of service users waiting less than 18 weeks is above the threshold at 92.2%.
- There are no children on adult wards for the fourth consecutive month.
- IAPT moving to recovery is 51% which is above threshold but a slight drop in performance.

System-wide monitoring

MB reported both ICSs are working on their performance dashboards.
Reporting to Board will be by exception for the next three months while things develop.

Locality

CH highlighted the following points:

Child and adolescent mental health services (CAMHS)

- There have been no young people in inpatient wards, but this has led to added pressure on pediatric wards.
- We are continuing to implement new investments in Kirklees and Calderdale where there is pressure on neuro developmental pathways but demand is very high with notable waits for access.
- There is an indication on the SPC chart, in relation to continued improvement in seeing children within 18 weeks of referral, that the performance has dipped. There is still pressure from increased acuity, in particular children with eating disorders and children in crisis.
- Staffing in Wetherby young offenders and Adel Beck secure children's home is challenging due to sickness and Covid outbreaks.

Barnsley general community services

- We working on integrating physical and mental health leadership
- We are now using an external provider to support the provision of speech and language therapy.
- The lymphoedema service is transitioning from Barnsley hospice into SWYPFT.
- There are still staffing challenges across a number of neighbourhood services.

Barnsley community mental health

- Pressure continues on the community mental health services with an increase in caseloads and we are continuing to sign post people to alternative support.
- We are working with acute trusts in developing plans to improve crisis services with an emphasis on reducing A&E attendances.

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

- There are 38 registered nurse vacancies. There is a bespoke recruitment plan and forensics are the first to welcome international recruits.
- LD supervision levels have fallen due to the number of vacancies and service pressures.
- Staff wellbeing remains a key area of focus.
- Challenges with medical staffing remains a concern.
- There are challenges with the 18 week wait for treatment which is mainly related to staffing. The LD team is focusing on pathways to bring improvements.
- Concerns remain about acuity and occupancy in Horizon.
- We are waiting for the invited service review to commence with the Adult Autism Spectrum Disorder or ADHD Service. Terms of reference have now been agreed with the Royal College.
- Referral numbers remain high and benchmarking suggests this is not consistent with national trends.

Trust-wide Inpatient Services

- The work to maintain good inpatient flow continues despite an increase in out of area use.
- We are focusing on discharges from hospital.
- An intensive improvement programme is underway, focusing on maintaining quality and safety, improving the wellbeing of service users, and staff including supervision, appraisal and turnover.

Trust-wide Community Mental Health Services

- Demand for single point of access (SPA) continues to rise.
- We are working closely with each place to implement the community mental health transformation (CMHT).

- We remain concerned about the impact of the new roles on existing staffing levels being introduced as part of the CMHT transformation which will be done in phases.

MBu commented that it would be useful to see a report on each BDU showing their metrics in detail and what the issues are. It would be helpful to have a Board discussion on BDUs collectively by locality and service and have reassurance about what the core issues are.

Action: James Sabin/Carol Harris

NM commented with OOA beds there can be an immediate assumption that it is a negative, notwithstanding that it is a financial risk, when is that the right decision for quality?

CH answered that the highest number of OOA beds are in psychiatric intensive care unit (PICU) and we don't provide single gender services to the level needed. To meet service user need it can be best to send them to an out of area placement. Someone might need regular access to a seclusion room or a smaller ward with higher staff numbers, or it may be that we are full and under pressure. The service user may request it themselves.

CJ asked when and how are we going to report as a lead provider on the IPR?

SR reported that we are setting up a collaborative committee and all performance and metrics will be reported through that committee and then into board.

JS added an additional dashboard is being created for next month for the finances to report the income and costs of the provider collaborative separately.

EM asked why the section 136 suites are not a focus and if there is sufficient access to 136 suites?

CH reported work is ongoing in relation to 136 suites, they are staffed from inpatient wards as there needs to a nurse to receive the service user. A detailed review of the Mental Health Act and our practice has taken place to clarify if it needs to a nurse to receive a patient or someone else with appropriate skills who can ensure the assessments take place. We are also looking at aligning 136 suites to intensive home based treatment teams (IHBTT).. There is also a piece of work regarding whether young people should be using 136 suites at all or if there should be an alternative.

DT added that there is a regular multi agency meeting purely focussed on the use of section 136 and learning, with police and ambulance colleagues.

Communications, Engagement and Involvement

- SY asked to take this as read.

Finance and Contracts

JS highlighted the following points:

- Year to date surplus is £5.5m with a forecast increase to £7.1m excluding exceptional items.
- Agency costs remain stable at £0.7m
- OOA beds costs in the month increased to £383k
- Capital expenditure is £2.4m for the year to date and the forecast for the year is £8.2m which is being reviewed monthly.
- Cash position remains strong at £77.4m, partly inflated by provider collaborative income.
- We continue to have strong better payment practice performance where we pay suppliers within 30 days.

Workforce

LJ highlighted the following points:

- We have recognised that appraisals are key but that in the current climate these have slipped. We are aiming to be fair and realistic to be in a good position by the end of the year with a recovery plan for next year.
- We are looking at stress and anxiety which is a notable reason for sickness absence and while we are similar to other trusts this does need attention and better understanding. We have local wellbeing advisers and there is the West Yorkshire Mental Health hub to provide support.
- We are introducing Schwartz rounds which provides support for teams working on immediate pressures, these will be launched in Kirklees and Calderdale in February and Wakefield towards the end of the year.
- We have launched the Robinson Cooper survey as part of the NHS mandate for quarterly surveys. We are operating an enhanced model and so far we have around 600 returns.
- The importance of stories and hearing from staff has been discussed at the Workforce & Remuneration Committee (WRC) to share experiences to help improve services.

NM added that there was a good debate at WRC and it does align with CH's locality report. In reality, our staff are under pressure, we have maintained quality, and recognise we need to support our staff. It is important to understand staff experiences.

Action: Andy Lister

LJ explained there is work being done regarding new roles and a group has been established. There will be a review of new roles we have brought in at the WRC meeting.

Action: Lindsay Jensen

MG commented we need to start to think about how we can complement this work with technology that may ease the pressure on staff.

DT added that we are developing an Allied Health Professional (AHP) workforce strategy. As a result of our new roles group we are working with partners in West Yorkshire, which will help us with consistency and shared learning.

It was RESOLVED to NOTE the Integrated Performance Report and COMMENTS made during discussion.

TB/22/09b H2 2021/22 Financial and Operational Planning update (agenda item 9.2)

JS introduced the item and highlighted the following points:

- The planning process is in its early stages with initial guidance published in early December.
- It has highlighted ten areas of priority which are all interlinked.
- The templates were issued last week, as was some of the accompanying technical guidance.
- The submission will consist of the usual operational plan, workforce plan, finance plan and aspects covering contracting activity. We also need to cover our own organisational plan..
- The expectation is the West Yorkshire ICS will submit a balanced financial plan.
- All the guidance was drafted before Omicron with an assumption that the Covid impact would return to levels experienced last summer and provisional guidance indicates a 54% reduction in Covid funding.
- An underlying level of efficiency saving of 1.1% is assumed with a return to focus on productivity.
- The final submission is due 28th April with a first iteration in February followed by a second iteration in March and final approval at Board in April.

MBu added that it is important to put this all together as a Board to ensure we are clear on strategic intention and what are operational plans will be. We need time as a Board to reflect.

MB added that the planning guidance helps remind us of the long-term plan and what we need to focus on in our strategy. In the past we have used FIP effectively to oversee the submission and provide assurance to the Board and we should continue to do this. MB proposed a discussion between himself CJ, and MBu about how to use FIP to the best effect and provide Board with assurance around the detail of the plan submission.

Action: Mark Brooks, Marie Burnham, Chris Jones

It was RESOLVED to NOTE the progress of the report.

TB/22/10 Business developments and collaborative partnership working (agenda item 10)

TB/22/10a Integrated Care System (ICS) developments – update on national policy/legislation and local responses (agenda item 10.1)

SY reported there was no further update in addition to those previously received.

It was RESOLVED to NOTE the update on national policy/legislative developments and the update on the local ICS response to the white paper.

TB/22/10b South Yorkshire & Bassetlaw Integrated Care System (SYBICS) including the Mental Health, Learning Disability and Autism Alliance and place-based partnerships update (agenda item 10.2)

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

- The majority of the recent focus of the ICS has been the response to Omicron.
- Focus has been on vaccinations and operational safety.
- Gavin Boyle has been appointed as chief exec designate, for the South Yorkshire.
- SY noted CH has talked about the work we are doing in partnership with primary care, and there is a paper in private to discuss and consider that in more detail.

It was RESOLVED to NOTE the SYB ICS update and boundary changes and NOTE the MHLDA Alliance and Barnsley Integrated Care Partnership programme update.

TB/22/10c West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 10.3)

SY asked for the paper to be taken as read, highlighting the following points:

- Place based leads have been confirmed
- The ICS is now recruiting formally into the other Integrated Care Board roles
- Kirklees and Calderdale are recruiting to lay members and Chairs for the partnership governance groups, and system leadership groups
- The ICS has continued work around developing its operating model and its governance models, and the Trust continues to input into this.
- SR asked to take the Mental Health, Learning Disability and Autism Collaborative update as read
- SR highlighted in the Wakefield section of the report the positive outcome of the Ofsted inspection, which is good news for children and young people in Wakefield.
- One of the strengths of the inspection which will raise the council from inadequate to good was partnership working documented as a real strengths at both strategic and operational level. This is testament to our improved levels of mental health service in Wakefield, which very much play into those partnership arrangements.

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 and West Yorkshire Commissioning Hub.

TB/22/10ci Calderdale Place Agreement and Terms of reference

SY highlighted the following points:

- The paper was discussed at length in private board in December.
- This has now formally been through several of our partnership boards and approved and supported.
- The only changes that we will see in any amended final version that will go through the council is that they will align more closely to principles in this document to the health and wellbeing strategy principles.

It was RESOLVED to APPROVE the content of the Calderdale Cares Partnership Agreement

TB/22/10d Receipt of Partnership Board Minutes (agenda item 10.4)

MBu thanked all staff working in those partnership boards. It is an integral part of how we move forward.

It was RESOLVED to RECEIVE the minutes of relevant partnership boards.

TB/22/11 Strategies and Policies (agenda item 11)

TB/22/11a Emergency Preparedness, Resilience and Response Strategy (agenda item 11.1)

MB asked to take the item as read reporting it has already been through EMT and CGCS and is recommended for approval.

MF reported he couldn't see any reference to the concept of rehearsal around business continuity and emergency preparedness.

MB confirmed this is covered in the business continuity plan and will provide a copy for MF.

Action: Mark Brooks

It was RESOLVED to APPROVE the Emergency Preparedness, Resilience and Response (EPRR) Policy.

TB/22/12 Governance (agenda item 12)

TB/22/12a Revised Trust Constitution (including standing orders) (agenda item 12.1)

MB introduced the item:

- MB reported when the appointment of the interim deputy chief exec role was made it was identified there was a lack of clarity in the Constitution about voting members for executive directors.
- The change provided clarity on this point
- There will always be one more non-executive member than the executive voting members.
- In this update we have the four mandated roles as constant voting members, and the Chair and Chief Executive will agree which the other two voting roles are, recognising portfolios and people can change.

It was RESOLVED to APPROVE the updates to the Trust Constitution (including standing orders) to be presented to Members' Council on 8 February 2022.

TB/22/12b Review of Deputy Chair and Senior Independent Director (agenda item 12.2)

(MF and MG left the meeting due to conflicts of interest) the meeting remained quorate.

MBu introduced the item:

- CJ is retiring at the end of his six-year term.
- MBu as the new Chair to the Trust has taken the opportunity to review the joint role of deputy chair and senior independent director
- MBu has spoken the lead governor, John Laville, and explained the rationale that should the chair be ill, the joint role could lead to a conflict should the deputy chair be required to act as senior independent director while standing in for the chair
- Proposal in the paper is for MF to become the Senior Independent Director and MG to become deputy chair from 1 April 2022.
- All Non-Executives were fully consulted and discussed the proposals prior to the recommendation being made to the Nominations Committee.
- Should Trust Board agree this today it will be taken to Members' Council on 8 February 2022 for approval
- Following approval by the Members' Council, delegated authority is requested form the Board for the Chair and Interim Chief Executive to have final sign off on behalf of the Board.

MB stated he fully endorses the proposals

MF and MG returned to the meeting.

It was RESOLVED to NOTE the attached role description / person specification for the role of Deputy Chair and SID and support the Nominations Committee recommendation to the Members' Council for the role to be separated from 1 April 2022, SUPPORT the recommendation of the appointment of Mike Ford to be Senior Independent Director to the Members' Council on 8 February 2022, SUPPORT the recommendation of the appointment of Mandy Griffin to be Deputy Chair to the Members' Council on 8 February 2022 and AGREE the delegation of authority through the Chair and Chief Executive for final Board sign off following the Members' Council on 8 February 2022.

TB/22/12c Vaccination as a Condition of Deployment for Healthcare Staff (item 12.3)

LJ introduced the item and highlighted the following points:

- An informal meeting was held on 13 January with Board members to explain the Trust approach and position given the fast-moving nature of and deadlines associated with this legislation.
- National guidance was received on 14 January which has been reviewed and discussed at the Workforce & Remuneration Committee on the 18 January.
- We are continuing to work through the numbers, understanding what the position is of staff, and support them to make a fully informed decision.
- 3 February is the key date for staff who intend to have the vaccination to get their first vaccination and we can't start to proceed with any formal process until 4 February.
- As at today we still have 132 staff whose intentions are still to be established
- 73 staff at this point in time don't intend to have it.
- Supportive conversations continue to take place.

- A formal letter will be sent to staff to clearly set out what the next steps are in the process.
- Q&A sessions are continuing and we are working with colleagues from our staff networks to ensure that we pick up any issues from them.
- We are working closely with our comms and across the system to ensure that we have a level of consistency with our ICS colleagues and other trusts
- We are dusing our Trust values to guide our approach including being open and honest with people.
- This is a challenging situation, very emotive and strong feelings from different parties.
- Oversight has been via WRC.

MG added WRC had discussed "in scope" and "out of scope" and what the absolute numbers might be.

NM asked how we get a real sense of the risk. Do we do we have any concerns about particular services or teams, where there may be a concentration of staff that are unvaccinated?

LJ responded that we have been making sure that all the deputies from clinical and corporate services understand what their numbers are and working through that to identify any hotspots clusters or gaps.

CH added deputy directors are fully engaged on this work and understanding where we have small clusters of undecided / unvaccinated staff. As well as clusters there are some individual posts that could have a big impact. Another concern is the amount of time between those people that have absolutely said they will not be vaccinated and 1 April 2022.

ST added that we have looked at the dashboard and been able to drill down to the details of each of the areas. It is quite evenly spread between BDUs and we are looking to identify any particular hotspots, especially in inpatients and forensics.

In terms of the inequalities, there is a higher percentage of BAME staff unvaccinated at 13-14% compared to the Trust average of circa 6%.

The second group with a higher proportion of unvaccinated staff is younger females, although this does include some exemptions due to maternity leave.

CJ thanked everyone for their work so far on an extremely complex and difficult challenge to work through. CJ noted the Trust is operationally dependent on agency staff and asked what the proportions of agency staff are who are unvaccinated.

LJ responded there is a parallel piece of work where we've written to all our contractors and to agencies through our frameworks to ask them to make sure that they are following the new legislation from 1 April, and also asking what will the impact be.

MF noted the IPR and the booster vaccine level was just under 50% and queried if this is low or reasonable? Did the discussions around the compulsory vaccination have an impact on people coming forward for boosters?

MB reported the Trust doesn't have all the data. When people were vaccinated with the first and second doses, the Trust provided them and so held the information. Given staff have had the booster at other locations, e.g.hospitals, clinics etc. we are dependent on staff telling us and gaining access to the nationally held data.

MBu thanked LJ, ST and all the operational staff involved, noting it is a very emotive issue area.We have been clear we need to act in an honest, open and transparent manner as an organisation and give everybody the support we can.

The Trust Board is asked to NOTE the current Trust position and to receive assurance that the Workforce and Remuneration Committee will continue to have oversight of the risks to the delivery of the VCOD for healthcare workers regulations to the Trust.

Mark Brooks and Lindsay Jensen left the meeting

TB/22/12d Board recruitment update (item 12.4)

MG introduced the item:

Chief Executive

The shortlist for the chief exec role is complete and there are stakeholder interviews taking place on 3 February and then the panel interview on 4 February.

Chief People Officer

- GatenbySanderson presented a timeline at WRC and the proposal was agreed.
- The timeline will start on 31 January and we plan to conduct the final recruitment process on 24 and 25 March
- This will enable us to understand who the new chief executive will be and can therefore be discussed with prospective candidates and should enable the chief executive to be involved in the recruitment process.
- We are using Gatenby Sanderson to a lesser extent for the chief people officer post.

MBu explained HR posts have requirements to be professionally qualified and there are professional journals to advertise in giving the Trust wider scope. This was felt to be appropriate to get a broad spectrum of applicants.

EM commented that there has been great effort to ensure the panels are diverse and reflective of different ethnicities and genders with a good mix.

MBu added that the post of Chief People Officer is very different to the previous HR director role.

It was RESOLVED to NOTE the final stages of the Chief Executive recruitment process and NOTE the recruitment process for the substantive Chief People Officer position.
Mark Brooks and Lindsay Jensen returned to the meeting.

TB/22/12e Reducing the burden letter and interim governance arrangements (item 12.5)

JS introduced the item and highlighted the following points:

- A letter was received from the NHSEI Chief Exec on 24 December focusing on reducing the admin burden and releasing capacity to support clinical services. This has been considered by the command structures in the organisation.
- The ask was for the chairs to consider if items could be deferred and we continue to meet virtually as planned across all committees. We have been through a process of prioritisation and risk assessments of all services and considered where priority programmes can be paused or slowed down.
- Despite the operational pressures, staff absence and reduced capacity, the governance structures, policies and processes have been maintained.

MB added that we have always taken a pragmatic approach to reducing the burden suggestions and we need to focus our efforts on the response. What we have not wanted to do is store up items and issues for later. Staff are incredibly proud and committed and MB

wanted to recognise all staff efforts in maintaining high standards of reporting and governance during the pandemic.

It was RESOLVED to NOTE the update to the interim governance arrangements as outlined in the paper.

TB/22/13 Trust Board work programme (agenda item 13)

MBu noted that the work programme is very detailed.

MF queried if items that were due to come today are now coming to February Board.

AL answered that they have been deferred to March.

Trust Board RESOLVED to APPROVE the work programme.

TB/21/14 Date of next meeting (agenda item 14)

The next public Trust Board meeting will be held on 29 March 2022.

TB/22/15 Questions from the public (agenda item 15)

No questions were received from the public.

TB/22/16 Any other business

Nil

Signed: **Date: 29.03.22**