

Minutes of Trust Board meeting held on 29 March 2022
Microsoft Teams meeting

Present:	Chris Jones (CJ) Mandy Griffin (MG) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) Mark Brooks (MBr) Lindsay Jensen (LJ) James Sabin (JS) Dr.Subha Thiyagesh (ST) Darryl Thompson (DT) Salma Yasmeen (SY)	Deputy Chair / Senior Independent Director Non-Executive Director (Chair) Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Interim Director of HR and OD Interim Director of Finance and Resources Medical Director Director of Nursing, Quality and Professions Interim Deputy Chief Executive/Director of Strategy and Change
Apologies:	Marie Burnham (MBu) Mike Ford	Chair Non-Executive Director
In attendance:	Carol Harris (CH) Sean Rayner (SR) Andy Lister (AL) Cathy Jones (item 5 only) Aboobaker Bhana (item 5 only) Estelle Myers (item 9.5 only) Nick Phillips (item 12.1 only)	Chief Operating Officer Director of Provider Development Company Secretary (author) Service User Equality and Involvement Manager Freedom to speak up guardian Associate Director of Estates and Facilities
Observers:	2 x Trust Governors (until 11am) Barnsley Chronicle (until 11am)	

TB/22/17 Welcome, introduction and apologies (agenda item 1)

The Chair, Mandy Griffin (MG) welcomed everyone to the meeting. Apologies were noted as above, and the meeting was deemed to be quorate and could proceed.

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

MG 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.

MG 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/22/18 Declarations of interest (agenda item 2)

MG reported the annual declarations of interest process for Board members has taken place as below and asked for any comments from Board members.

Name	Declaration
Chair	
BURNHAM, Marie	Independent Chair of Lancashire Teaching Hospitals Trust Independent Chair of NICE Independent Chair of West Yorkshire Joint Clinical Commissioning Groups Independent Chair of Pennine Multi Academy Trust
Non-Executive Directors	
FORD, Mike Non-Executive Director Senior Independent Director	No interests declared.
GRIFFIN, Mandy Non-Executive Director Deputy Chair	Spouse - works for a global not for profit organisation (HIMSS) selling consultancy services to healthcare bodies. Director/Owner of "Opinicus" providing IT consultancy to organisation/suppliers in Healthcare. 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 the Trust will be declared at the time any future interest arises
JONES, Chris Non-Executive Director	Director, Chris Jones Consultancy Ltd.
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director for Riverside Group. Non-Executive Director for Omega / Plexus part of Mears Group. Sister – Employed by Mind in Bradford.
MCMILLAN, Natalie Non-Executive Director	Owner and Director of McMillan and Associates Ltd providing HR and OD consultancy services. Chair of Kyra Women's Project, York. Associate with NHS Providers on the Board Development programme.
QUAIL, Kate Non-Executive Director	Director of The Lunnigh Partnership Ltd, Health and Care Consultancy. Inclusion North – Expert Advisor – Care (Education) and Treatment Reviews

Chief Executive

BROOKS, Mark Chief Executive	Trustee for Emmaus (Hull & East Riding) Homelessness Charity
Executive Directors	
YASMEEN, Salma 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 Advisory board member for School of Business, Huddersfield University, from January 2022
HARRIS, Carol Chief Operating Officer	Spouse – Engineering Consultancy company specialising in healthcare which has involved work with local NHS Trusts including Mid Yorkshire Hospitals NHS Trust.
JENSEN, Lindsay Interim Director of Human Resources and Organisational Development	Spouse owns a small business which provides portable appliance and electrical testing (PAT) and has recently joined the approved list of suppliers for the NHS
RAYNER, Sean Director of Provider Development	No interests declared.
SABIN, James Director of Finance and Resources	Currently on secondment to the Trust from Sheffield Health & Social Care NHS FT where substantive role is the deputy director of finance, procurement and contracting. Spouse is employed by Sheffield Health & Social Care NHS FT as programme manager for the therapeutic environment programme.
THIYAGESH, Dr Subha Medical Director	Spouse – Trustee, Hollybank Trust; Hospital Consultant & Clinical Director CHFT.
THOMPSON, Darryl Director of Nursing, Quality and Professions	No interests declared.

Natalie McMillan (NM) reported to the Board she is working with Chief Executive place leaders across West Yorkshire Integrated Care system, and although not a material interest, declared this for the purposes of transparency.

It was RESOLVED to NOTE the changes to the declarations of interest for 2022-23.

TB/22/19 Minutes from previous Trust Board meeting held 25 January 2022 (agenda item 3)

Darryl Thompson (DT) requested an addition to a sentence on page 12 in the quality section in respect of risk assessment timescales. To add “within inpatient services”.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 25 January 2022 as a true and accurate record with the agreed amendment.

TB/22/20 Matters arising from previous Trust Board meeting held 25 January 2022 (agenda item 4)

MG 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:

It was RESOLVED to NOTE the changes to the action log and AGREED to close all actions with updates for March 2022 and any other actions where closure is proposed in the comments.

TB/22/21 Service User/Staff Member/Carer story (agenda item 5)

Aboobaker Bhana (AB) introduced Cathy Jones (CJo). AB had met CJ during the Chair recruitment process and AB identified CJ had some pertinent insights of her recent treatment that should be shared with the Board.

CJo introduced herself and reported she had suffered with depression and anxiety from as long as she can remember, and in 2010 was diagnosed with chronic depression. Since then, CJo has been prescribed a number of medications and attended numerous sessions and received several treatments including Cognitive Behavioural Therapy (CBT) to manage her illness.

In July 2021 CJo reported a decline in her mental illness and was admitted to Fieldhead as a voluntary patient.

CJo's intention through admission was to titrate herself off Duloxetine medication which she had been taking for 12 years but didn't feel was effective. CJo was initially admitted to Crofton ward (over 65's ward) due to no beds being available on the working adult age ward (Nostell) at the time of her admission.

On Crofton ward she experienced a nurturing and therapeutic environment where staff were empathetic and understanding.

Five days later CJo was moved to Nostell ward when a bed became available and noted an immediate change in culture. There was an air of instability and a sense that staff were waiting for things to escalate. There appeared to be a lack of understanding and empathy about patient's needs.

CJo reported she was not surprised by the atmosphere given the number of women and girls who were expected to co-locate and tolerate each other's idiosyncrasies and unusual behaviours when they are all feeling their worst and most unwell.

CJo saw the large brown leather belts and keys used by staff as hostile. CJo acknowledged that patients with mental health problems can be difficult and at times violent, but she felt the current ward set up was escalating the situation.

CJo reported it was eight days before her name was written on the plaque on her door, only to be removed by another patient and not re-written.

CJo reported there is nothing more humane and welcoming than being addressed by your name and did not expect staff to know everyone's name but by having a better process to record names it allow staff to interact with patients in a more personal and caring way instead of referring to a list and being "ticked off" for observations.

CJo stated she also felt medication was over-used on the ward. CJo experienced extreme restlessness and agitation, insomnia, headaches and nausea while titrating off

Duloxetine. CJo was prescribed pregabalin starting at 200mg per day, increasing to 600mg per day in the space of a week. When CJo's medication was increased to 400mg a day her speech became slurred, and she couldn't walk in a straight line. CJo voiced her concerns to prevent the medication being increased even more.

With regard to therapeutic activities, after one of her ward round consultations, CJo was offered a care plan, which in CJo's opinion wasn't appropriate. She had some therapy with occupational therapists, but it was on an ad hoc basis, and very limited due to staff shortages. The few occasions were positive, but she would have benefitted from a more structured plan.

Although CJo's admission was during the pandemic, CJo felt there was insufficient engagement with the patients in activities.

CJo concluded, on the whole, her stay at Fieldhead had been a positive one and served its purpose in that she was able to come off her antidepressants in a controlled environment and be referred to the enhanced community mental health team.

CJo stated although it's a long road to recovery and she is receiving appropriate support. She needs help to manage her depression to function as a human being, contribute to society and live her life.

CJo offered some feedback and initial recommendations for small changes.

1. Remembers to treat all people as equals, always recognising they are sick and need help
2. Get rid of the leather straps with keys
3. Display names in a way that can't be easily rubbed off by other service users.
4. When a care plan is created, ensure that patients are consulted, and it is reviewed so that the patient can visualise any progress they have made.

CJo thanked the Board for the opportunity to share her experiences in the hope it will help to improve Trust services and the experience of future patients.

The Board thanked CJo for sharing her story and acknowledged her bravery in presenting it so candidly.

MG stated it is important for the Trust to receive this feedback and learn from it, and CJo can hopefully take some comfort from the plans in place to continue improving our services.

MBr reiterated thanks to CJo for sharing her experiences and apologised for her negative experiences during her care with the Trust. MBr highlighted the importance of listening to anybody who has feedback for the Trust so meaningful changes can be made. The service user story is one of the most important parts of Board meetings, to listen to somebody with lived experience of our services, in order that we can take the time to consider how we can improve. MBr wished CJo well in her continued recovery journey.

SY stated the issues raised are important and provide valuable feedback. SY reported there are three things that are happening to improve the experience for inpatient service users. A significant improvement programme has started in our inpatient areas, with an aim of creating a more therapeutic environment, particularly during mealtimes. The other priority is to enhance the way in which we develop and produce care plans with the relevant people, with their preferences and needs at the heart of what we plan to do with their care. It is also very important to be referred to by your name during your care and this will be incorporated into this work. SY invited CJo to work with the Trust us to improve some of these issues.

Darryl Thompson (DT) and Subha Thiyagesh offered to have a conversation with CJo if she

wished.

Lindsay Jensen (LJ) highlighted ongoing work regarding staff culture, noting the Trust is looking to recruit more staff and provide training for managers and leaders around culture and understanding of wellbeing.

Carol Harris (CH) apologised for CJo's negative experiences and thanked her for the helpful suggestions to make improvements and promised to look for a better solution than the leather belts.

Chris Jones (CJ) explained the role of non-executive directors (NED's) is to hold the executive directors to account for the Trust's performance. It is the NEDs' job to make sure the stated improvement programmes happen.

CJo welcomed the opportunity to have conversations about further recommendations and suggestions of how to improve the user experience.

CH agreed she would have a conversation with CJo with matrons and clinical leaders from inpatients to hear further detail and to allow CJo to see the service improvement work that is taking place.

Action:Carol Harris

NM gave further reassurance about NED roles explaining part of being held to account is hearing the impact of lived experience and ensure it is fed back and leads to improvements.

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

TB/22/22 Chair's remarks (agenda item 6)

MG highlighted the following:

- Yesterday was the first shadow board. There was going to be an update from Marie Burnham (MBu) and this will be deferred to the next board meeting.
- Items on the private board agenda today include the complex incident report, Barnsley Alliance proposals, South Yorkshire adult secure provider collaborative update, the 2022/2023 operational plan and strategic priorities and programmes.

It was resolved to NOTE the Chair's remarks.

TB/22/23 Chief Executive's report (agenda item 7)

Chief Executive's report

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

- Since the last public meeting in January, we've had another series of changes regarding the management of COVID.
- Over the course of the last three weeks we have seen an increasing number of staff absences as societal restrictions have reduced. The full impact of the living with Covid policy on healthcare settings and staff has still to be determined with further guidance including for testing expected
- Approximately 250 staff are absent with Covid-19 at the moment, which compares to about 80-100, between the end of January and end of February.
- This has a significant impact on our operational services and when we go through the Integrated Performance Report it will reference operational pressures which remain high.
- The number of people that require access to our services and the pressure on staffing is leading to an increased use of out of area bed placements.

- We need to be cognisant of the significant cost of living challenges and the impact of the conflict between Ukraine and Russia in recent weeks. We are dealing with partners in our systems and with national bodies to establish what this may mean, particularly in terms of staff that travel a lot in the community, incurring high fuel costs, and the Trust's responsibilities.
- Sancus solutions has published an independent report in respect of a homicide incident in 2017. The report is now on our website and is captured in the board agenda as part of DT's report. We have acknowledged the deficits in care that may have contributed to the homicide, and we've have provided a detailed response to the report which Clinical Governance Clinical Safety Committee (CGCS) has oversight of.
- We are developing our operating and financial plans for 2022-23.
- We need to recognise Trust positive performance. A number of teams have been recognised for national and international awards in recent weeks, including the tissue viability team winning awards and gaining carers accreditation
- For the first time in a couple of years (due to pandemic) we've got our staff Excellence Awards next week which will be a virtual event.
- The standard of nominations is excellent. We need to learn when things go wrong but we should also recognise the fantastic work our staff do day by day and the many achievements over the last couple of years during the height of a pandemic.
- When we met last time, there was a huge amount of discussion were taking place in terms of the vaccine as a condition of deployment for healthcare staff. This was paused and has subsequently been revoked.
- The Health and Care bill is still expected to go live on 1 July 2022.

MG noted from the slides for the Brief, risk assessments and records being up to date shows a score of around 74% and asked for assurance around any work taking place.

MBr recognised this has been a challenge which is partly about how they are recorded. When we discuss our priorities for next year these are two areas with a higher level of focus because we recognise their importance and that having metrics that constantly give a red rating need review.

CH reported quality improvement work is taking place in relation to risk assessments and care plans and this is currently in progress.

DT reported there is a paper coming to April board with a specific focus on risk assessment to include care planning and address timeliness.

Action: Darryl Thompson

In response to a query LJ explained quarterly staff surveys have just started and the results are being triangulated with information from the national NHS staff survey and initial analysis of the results is taking place. The next survey is due out in April 2022.

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

TB/22/23 Performance (agenda item 8)

TB/22/23a Integrated Performance Report (IPR) Month 11 2021-22 (agenda item 8.1)

SY introduced the summary dashboards and priority programmes:

Improving health

- We are continuing to make good progress with smoking cessation
- Barnsley have some really strong examples of the impact of carrying out cardiometabolic assessments on service users.
- Learning Disability referrals that have completed assessment, commenced care package and received treatment within 18 weeks is below target and needs additional focus

- Significant work continues to develop creative, cultural and physical activity approaches as part of clinical and care pathways in each of our places
- Community Mental Health Team (CMHT) transformation continues in places. There is a risk in relation to workforce and we are working with partners to carry out phased recruitment, given it is likely some of our staff will take up these posts

Improving care

- Out of area bed placements remains high, this is an area of priority with a plan in place to care for as many people as possible close to home
- Friends and family tests in Children and Adolescent Mental Health Services remains an area of focus
- The inpatient improvement programme is in progress as already mentioned

Improving resources

- We are maintaining performance around key national indicators
- It's worth highlighting that we've continued to work on the Digital Inclusion Project
- We are progressing a loaning and gifting scheme for our services to ensure everyone has the opportunity to receive digital support if needed

Workforce

- Although it is reducing, staff turnover is higher than target and continues to be an area we need to focus on
- Sickness has reduced but remains higher than we would like and requires ongoing focus

Quality

DT gave the highlights from the report:

- The average number of contacts per day for the Intensive Home-Based Treatment Team (IHBTT) has been reviewed by the quality and governance team which highlights that whilst there's a lower number, the length of the contact has increased which is an indicator of acuity.
- Staff attitude in complaints remains amber but in contrast staff remain in the top three for our compliments data.
- Care planning, there is paper coming to Board next month regarding this.
- Safer staffing fill rates remain green, but the unfilled shifts metric is a better reflection of the pressure in the system. We have made 36 offers of employment to registered band 5 nurses since January 2022.
- We are in special cause variation in relation to falls (as seen on the chart pg 33). The executive management team have recently approved the appointment of a senior falls lead.
- *Klebsiella pneumoniae* bacteraemia is reportable infection which has been identified on one of our inpatient wards. We have been working with acute partners and our infection, prevention and control team (IPC) to ensure we are adhering to all guidelines.

CJ queried progress on the safer staffing model for community services and how is the Board assured community staffing levels are appropriate

DT reported there is now a community staffing group that has met twice and is looking at the level of staffing required in our community services. The issue has been discussed at CGCS and no current concerns about safety have been raised. We are aware of the emerging roles across the ICS which may impact on staffing.

NM suggested learning disability (LD) "referrals to completed assessment" should be looked at in greater detail at CGCS.

Action:Darryl Thompson

NM referred to complaints about staff attitude and today's board story and queried how the board would know if we had areas of concern.

DT reported the customer services team monitor teams and potential hotspots across the Trust and areas of concern are dealt with through reporting structures.

MG noted figures had nearly doubled around CAMHS four-week assessment waiting lists and queried whether this could be looked at by CGCS?

Action: Darryl Thompson

MBr stated it is clear the IPR contained the correct metrics as they are driving the right questions. MBr stated the current operating context should be considered, in particular the current level of staff off work with Covid-19.

MBr reported there are teams working constantly on filling shifts, it is ever changing as different staff members t are off with Covid-19, day by day and week by week. Part of the longer-term solution to reducing pressure on wards is community interventions which can reduce the number of admissions.

MBr agreed CGCS could have a more detailed look at some of the issues raised, on a phased basis, some of the access issues shouldn't be a surprise given rises in referrals, up nationally by 15% since pre pandemic. Services have done an excellent job of managing this and maintaining safe services.

CH confirmed safer staffing is reviewed three times a day as an absolute priority but is currently very challenging.

NM stated at CGCS the question is always what the impact of staffing is on the quality of care and how are we managing the risk day by day. At the last committee meeting the committee were assured by CH, DT and ST in the responses that they provided and the actions in place to mitigate the risks.

NM confirmed that the triple AAA (alert, advise, assure) report from CGCS can then provide assurance to Board from Committee on LD waiting lists and referrals to assessment.

KQ raised the metric of young people in adult beds currently showing zero for six months and queried where these young people are giving the current number of referrals?

CH reported the access challenges still exists and the pressure is in younger children currently. Children and young people may be admitted to a paediatric ward or in one of our acute neighbouring trusts' adult wards and CAMHS are providing wrap around services.

CH stated we are experiencing better joint working through the CAMHS provider collaborative led by Leeds and York Partnership NHS Foundation Trust and there are operational clinical groups monitoring patient flow throughout West Yorkshire.

EM raised the issue of performance in the context of this morning's Board story noting 71 negative responses for Friends and Family tests (FFT), and queried when more detailed review of this data and Business Delivery Unit data (BDU) will be available.

MBr reported a rotational report for BDUs is scheduled to start in April.

DT reported the detail of FFT responses was limited due to responses being made by text message but the this was under review by the Quality team.

NHSI national Indicators

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

- Service users waiting less than 18 weeks are above the target threshold at 99.4%

- The percentage of service users completing Increasing Access to Psychological Therapies (IAPT) treatment who are moving to recovery are above the threshold at 52%
- OOA performance has reduced to 280 days from a peak in January
- There have been no young people on adult wards for six months

System-wide monitoring

MBr reported both ICSs are working on their performance dashboards.

Reporting to Board will be by exception

Locality

CH highlighted the following points noting that she has used the AAA report format and welcome feedback from the Board:

Child and adolescent mental health services (CAMHS)

- The FFT metrics have moved from Green to Amber. The numbers are so small (72) it is hard to provide assurance or explanation to the change, but enhanced engagement work is taking place to develop feedback
- Waiting numbers for Attention Deficit and Hyperactivity Disorder (ADHD) and autism spectrum disorder (ASD), (neuro-developmental services) in Calderdale and Kirklees have continued to rise. A waiting list initiative is in place, and we are meeting the number of assessments agreed in the initiative.
- There is pressure in the four-week access target and eighteen-week referral to assessment target, due to diverting staff from Core CAMHS to meet the needs of children in crisis with an eating disorder.

Barnsley general community services

- There are continued staffing pressures and demand pressures across the Barnsley system
- There are challenges in relation to qualified staff on our neuro-rehabilitation unit but there is a plan in place to address this
- The tissue viability service has won a Health Service Journal award this week

Barnsley community mental health

- Staffing levels are having an impact on mandatory training figures - actions are in place to address this
- There is a hotspot in relation to service users on Care Programme Approach (CPA) who have received a review in the last 12 months. Work is in place to address this, but we are currently below target.
- Work is ongoing to develop the integrated leadership of community and mental health services

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

- Bed occupancy is in line with expectations with an increase in referrals from prisons
- This has a knock-on impact of increased acuity given similar staffing challenges as on our inpatient wards
- A trauma informed model is being rolled out across forensic services with a specific staff development package
- LD recruitment to vacancies continues to be a challenge
- Horizon has a number of delayed transfers of care and have had a good system response to this to improve patient flow.

Trust-wide Inpatient Services (Barnsley, Calderdale, Kirklees and Wakefield)

- Managing safer staffing on wards is currently a significant challenge which continues to increase
- Executive Management Team (EMT) have signed off some urgent recruitment work to address this issue
- OOA referrals remain high to manage demand
- We have beds closed on Clark Ward and on ward 18 in order to manage safe ward environments, given current staffing capacity.

- Inpatients is a hotspot in relation to mandatory training for CPR. Action plans are in place to address this.
- The inpatient service improvement network is starting to make some positive changes
- A ward manager network has been established

EM reported she liked the AAA report in the locality section. EM noted despite pressures the Trust continues to perform well but didn't want to lose sight of alerts and actions when there are movements in performance reported in the IPR.

EM noted earlier comments regarding safer staffing and asked for a deeper dive to demonstrate the amount of work taking place and what impact it is having.

CH reported actions should come through the report as assurance when the actions have been completed but it may take a couple of months for new processes to take effect

CH reiterated the safer staffing challenge is significant at this time.

DT suggested CGCS should review safer staffing and any impact on quality of care.

Action: Darryl Thompson

MBr agreed and asked that the level of detail required at CGCS should be agreed outside of the Board meeting and any links to associated risks should be updated through this process.

Action: Darryl Thompson

CJ noted the locality report included numerous references to acuity and demand but little reference to strategies as to how they are being addressed and queried if there are any plans in place particularly given external, national and international factors that may be impacting on people's mental health.

CH reported if we could recruit into vacant posts and reduce the sickness/absence numbers we have sufficient resources to manage demand. These are areas of focus. The community transformation work in all of our places is looking at how to manage future demand and should mean less referrals into our services due to better community provision.

CH added that she has been in conversation with DT this week about staffing on wards and looking at how different professions can support wards and they are reviewing the ward staffing establishment to make improvements.

MG noted this is a national issue and other trusts will be having similar issues.

SY added that Health and Wellbeing Boards are now prioritising mental health, and this has resulted in greater investment in the voluntary and community sector delivering targeted support to people with mental health issues. They have the flexibility to recruit a different type of workforce to meet the demand. Through our involvement and engagement strategy we have started to strengthen relationships with the voluntary and community sectors and joint working with them. At an ICS level we are engaged in discussions about the joint programmes of work and how we will meet demand regionally.

Communications, Engagement and Involvement

- SY asked to take this as read.

Finance and Contracts

JS highlighted the following points:

- The surplus year to date has improved by £0.1m to £6.8m at the end of February
- The end of year surplus forecast remains £7.1m

- Capital expenditure at the end of February was £4.6m
- Capital expenditure for the end of the financial year is £8.2m

Workforce

LJ highlighted the following points:

- Staff wellbeing is a key area of focus and her team is working in partnership with Infection, Prevention Control (IPC) to get people back to work after having had Covid as soon as it is safe to do so
- We are reviewing how we support staff with long Covid (currently 13)
- There has been a slight increase in non-covid absence, we are benchmarking positively in comparison to other trusts
- The Occupational Health Unit (OHU) came to Workforce and Remuneration Committee last week and outlined their offer to staff and their challenges. We have been able to recruit into vacant posts in OHU
- International nurse recruitment has seen some success but may not be resulting in numbers we had anticipated (eight staff currently).
- The conflict in Ukraine has slowed down visa applications
- Work is taking place on recruitment through all parts of the UK and local recruitment
- Bank recruitment continues and the development of new roles
- Retention is also an area of focus, and the Organisational Development strategy is coming to Board shortly
- We are improving our data from exit questionnaires and improving our continuing professional development (CPD) offer
- Our great place to work leadership programme has been re-launched
- Staff vaccinations have increased following the work on Vaccination being a Condition of Deployment (VCoD)

NM reported this had been discussed in detail at WRC and agreed retention is as important as recruitment.

CJ referred to international recruitment and had noted in the press there had been some issues about contracts and recruits having to pay back money if there had been issues.

LJ reported she would look into this and update CJ outside of the meeting.

Action: Lindsay Jensen

EM queried if the additional support being provided to international recruits in terms of housing etc. was being sufficiently promoted to make roles as attractive as possible and also noted supervision figures had declined further.

LJ reported housing provision had been supported for international recruits and a buddying system had been established to help support their transition. The Reach (Race, Equality and Cultural Heritage) network (formerly BAME network) has also been engaging with international recruits.

Initial feedback from international nurses has been positive and they are encouraging their compatriots to consider joining the Trust.

CH reported performance against supervision has been a challenge given operational pressures and the primary focus of keeping services safe.

MBr agreed supervision and appraisal performance had suffered during the pandemic in order to prioritise safe services but renewed focus on these areas is now required.

MG reported this work would take place through renewing and refocussing Trust priorities.

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

TB/22/23b Financial and operational planning arrangements 2022/23 (agenda item 8.2)

JS introduced the item and highlighted the following points:

- This will be discussed in detail in the private board session this afternoon given the fact contract negotiations haven't been concluded yet or a financial planning position confirmed.
- The full plan will come to public board next month once approved
- The draft submission was made within the required timescales
- It was approved by a small working group of the Trust Board acting with delegated authority
- We have submitted a balanced financial plan as a draft
- Both the West Yorkshire and South Yorkshire ICS have a collective deficit plan at this stage.
- ICS capital plans remain in excess of the system allocation and further rationalisation processes are underway to incorporate our commitment to the Bretton development
- The operational narrative has been produced alongside financial workforce and activity workforce templates and is underpinned by operational service level plans
- The submission to the ICS in terms of narrative is focused on workforce and addressing inequalities
- The 22-23 mental health investment standard (MHIS) growth funding is still to be added in. This has been agreed as an ICS-wide approach and will be added to the final submission.
- This will progress to final submission taking into account inflation risks and other investment timings
- The biggest variables for next year will be the speed at which we reduce our OOA bed spend the speed and success of our recruitment and retention strategies
- Any planned improvement we can commit or any reduced allocation we do accept as part of our negotiation could help with the system deficit but at the moment, we are focused on managing emerging inflation risks and helping to mobilise our workforce strategies to improve access and reduce our waiting lists

CJ noted the draft plan was endorsed by Finance, Investment and Performance committee as well as being approved by the small working group

It was RESOLVED to NOTE the breakeven draft plan and delegate approval for the final operational plan submissions as outlined.

TB/22/24 Risk and Assurance (agenda item 9)

TB/22/24a Serious Incident quarterly report (agenda item 9.1)

DT introduced the item and highlighted the following points:

- Incident reporting remains within normal variation
- There are examples in the report of where learning has been shared following incidents
- Seclusion - forty five of the fifty-eight seclusion incidents related to one service user
- The report provides assurance that the Trust is working within the national framework and also connecting with the patient safety incident review framework model
- The independent report generated by Sancus Solutions into a 2017 homicide is attached in full to the report

CJ referenced the charts showing quarterly trends in relation to incidents and noted a marked increase in incidents of violence and the threat of violence and asked what action is being taken. An increase of 50% in a quarter seems a lot.

DT reported the reducing restrictive practice and interventions team (RRPI) support teams. Clinically, the amount of violence and aggression on wards is part of a current national picture.

CH stated rise of violent and aggressive behaviour is focus of the inpatient service improvement work. It has yet to be identified if the rise in these behaviours is as a result of increased acuity of whether staffing issues are having an impact, and this is being reviewed. When we have regular staff on a ward who know the patients well, they can be pre-emptive before incidents occur, but this is harder to manage with temporary staff.

MG highlighted the importance of care plans for temporary staff and this may be having an impact.

CH explained that temporary staff receive a verbal briefing on all patients on the ward before they start their shift. Due to daily pressures on the wards staff may not always have time to read care plans fully. Forensic services have also seen a rise in violence and aggression due to a number of acutely unwell individuals which led to some significant incidents.

ST noted there is increased acuity, increased admissions and an increased number of detained patients on the wards. There was a good balance of detained and not detained patients prior to the pandemic. Staffing is also having an impact and we are looking at new roles that can support current staffing to improve this position. Quality improvement work has taken place highlighting the importance of therapeutic therapies and the important of safety huddles.

NM reported as Chair of CGCS they were concerned about the increase in violence and aggression. The improvement plan on inpatient wards is being brought back through Committee with detail on record keeping and the broader culture on the wards.

DT noted that where seclusion is being used there will be physical contact between staff and patients giving more opportunity for incidents of violence to occur.

KQ asked how the operational management group (OMG) is monitoring the number of incidents (450 amber and red incidents this quarter) and how is learning being identified. KQ also noted eleven deaths of people with learning disabilities in the report and asked for some further detail.

CH reported OMG has close links with the risk panel which reviews all amber and red incidents and OMG will request feedback on certain incidents. BDU governance meeting monitor all amber and red incidents in their localities.

DT explained one of the roles of the patient safety team is review any trends or areas of concern in terms of how we benchmark as Trust against others. MBr suggested CGCS to review the deaths of people with a learning disability in more detail.

Action: Darryl Thompson

DT explained the role of the clinical governance group which feeds into CGCS. The group has renewed agenda giving more space for BDUs to update on their oversight, governance and quality assurance processes. There is also an additional meeting where BDUs receive

updates from the corporate team about the legal governance and quality practice they need to be aware of.

KQ praised the new family liaison post and noted other trusts use this and it is a very effective way of identifying learning.

MG queried how issues raised in today's discussions would be triangulated and actioned.

MBr identified key issues were low staffing numbers, heightened levels of acuity and complexity, and higher levels of demand and what these mean for service provision. MBr asked for the action log to be turned around quickly so that NM and DT can manage CGCS agendas to cover the areas highlighted today.

Action: Andy Lister

CJ suggested the executive summary for the quarterly report could be strengthened by drawing out the risk and key actions rather than using data from the report. Detail of how incidents are investigated and what their causes are would be useful information for the Board.

Action: Darryl Thompson

EM noted issues highlighted in today's board meeting should form part of discussions around priority programmes.

MBr assured the Board that discussions around the new priority programmes are ongoing and today's conversations will be included in their review.

It was RESOLVED to RECEIVE the quarterly serious incident report.

TB/22/24b Strategic Overview of Business and Associated Risks (agenda item 9.2)

SY gave an overview of the report and highlighted the following:

- This an annual review of the external environment and internal context to enable the Board to think about priority programmes and our strategy
- It is aligned to the Board Assurance Framework, Organisational Risk Register and Trust strategic objectives
- Increased demand will continue to have an impact on the Trust priorities
- The impact of the ICS changes will continue to be an area of focus
- The Ukraine conflict is being considered in terms of how this may affect the needs of some of the service users we provide services for e.g.asylum seekers and refugees, those impacted by the conflict
- The social and economic impacts of rising inflation and the cost of living in terms of staffing and health inequalities
- The impact of climate change
- We are well placed to respond to the national policy changes and are working closely with partners on joined up plans and responses
- We are thinking more strategically about the voluntary and community sectors
- The long-term plan and investment in mental health services continues to be a priority and will help to meet the growing demand for specialist services and support
- We have some strong examples of integrated care
- We now have a strategic direction framework to help us accelerate our engagement with our patients, public, communities and staff
- Our wellbeing offer is embracing creative and cultural support in addition to more traditional methods

- We are embedding the quality improvement (QI) approach to drive continuous improvement and changes outcomes

MG commented the paper was very detailed and was up to date in that it included the Ukraine conflict.

EM highlighted macro factors are having a huge impact on patients with cost of living rises and issues from the pandemic. EM questioned if social workers are still part of integrated teams to support patients with things such as housing.

CH reported social workers are still present within integrated teams, but this can differ depending on place. In Kirklees they are integrated whilst in Barnsley they are managed separately working alongside our healthcare providers.

EM questioned whether there are any metrics that would help understand the outcomes and how successful social workers are in each BDU. CH agreed to check whether this level of detail is available and feedback to EM.

Action: Carol Harris

SY reported the Mental Health Museum is offering direct support to people regarding benefits and there has been a working group established looking at poverty and mental health.

CJ referenced the SWOT (strengths, weaknesses, opportunities, threats) analysis and noted that some of the weaknesses have been around for some time.

SY responded there has been some progress on some of the weaknesses, but it was felt further work was required and this is why they remain.

It was RESOLVED to RECEIVE the report, NOTE the contents and use this as the basis for agreeing the priorities for 2022/23.

TB/22/24c Infection, Prevention and Control (IPC) Board Assurance Framework (agenda item 9.3)

DT gave a brief overview and highlighted:

- There is a requirement for Board to receive the IPC Board Assurance Framework (BAF)
- The document provides assurance that we are performing as required in terms of infection, prevention and control responses to Omicron outbreaks
- We are compliant with all Public Health England guidance
- Updates will go to CGCS as required

It was RESOLVED to RECEIVE the report.

TB/22/24d Ockenden Report update (agenda item 9.4)

DT introduced the item and highlighted:

- Nationally all Trust Boards are being asked to discuss and approve the response to the Ockenden report
- The report is about maternity deaths and recommendations refer to maternity services which as a Trust we don't directly provide
- Partnership working and learning is a key focus of the report and our perinatal mental health team have completed this response as they interface with maternity services
- We are compliant across the seven required areas

It was RESOLVED to APPROVE the report.

TB/22/24e Freedom to Speak Up annual report (agenda item 9.5)

Lindsay Jensen (LJ) introduced the item and highlighted the following:

- The report shows the activity, numbers, lessons learned and areas for improvement
- The report has been completed by the Freedom to Speak Up Guardian, Estelle Myers
- There is a regular six-week meeting with the Senior Independent Director and interim director of HR and OD to review reported cases
- The data presented is up to the end of Q3
- We have a number of guardians in the network although some have retired or resigned in the last twelve months and there is an opportunity to review the guardian network
- The network is working to link in with operations in BDUs and a governance group is being established
- Reporting has moved from CGCS to Workforce and Remuneration Committee (WRC)
- Internal reporting arrangements have been improved
- Communications plans are in place to promote the team and its purpose throughout the Trust
- Lessons learned are included in the report
- Barriers to freedom to speak actions are reported into WRC.

NM suggested the use of more data around the barriers to speak up, such as response and resolution times.

It was RESOLVED to APPROVE the Freedom to Speak Up Annual Report for 2021/2022.

TB/22/24f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.6)

Clinical Governance & Clinical Safety Committee 8 February 2022

- Community mental health survey – 30% of respondents knew who to contact out of hours. The committee will be taking a more detailed report around this risk
- Quality priorities are going to OMG and EMT to be reviewed after discussion at committee and will be presented back to the committee
- Compliments about stroke services have been received
- We continue to make some changes to the effectiveness of the committee and some items are being moved to the Audit Committee
- Quality monitoring visits – we receive an annual report which demonstrates learning and will take a regular report
- Progress against the CQC improvement plan was noted
- A comprehensive update was received on the quality aspects of the South Yorkshire Adult Secure Provider Collaborative and the committee was significantly assured
- Received the nurse revalidation report

Equality, Inclusion and Involvement Committee 15 March 2022

- MG asked to take as read in MBu's absence

Finance, Investment & Performance Committee 21 February/21 March 2022

- The Committee received final assurance on the finances for the South Yorkshire Adult Secure Provider Collaborative
- The Committee reviewed its allocated risks. In relation to the risk around future capital plans there is an ask for the executives, Chair and Chief Executive to lobby the ICS so that the Bretton development can be progressed.

Mental Health Act Committee 8 March 2022

- Liberty protection safeguards are replacing deprivation of the liberty safeguards
- The Committee received assurance on a forensics pilot about hearing the voice of patients who are from a BAME community through the use of “discovery interviews”
- The code of practice group provided assurance to the Committee about compliance
- We reviewed the Organisational Risk Register noting the impact of staffing on Mental Health Act assessments
- Received assurance against the CQC action plan
- Received assurance around the cancellation of leave
- Approved the annual report, terms of reference and workplan

Workforce and Remuneration Committee 22 March 2022

- Vacancies, recruitment, and retention were discussed
- The Committee annual report was reviewed and agreed
- The draft organisational development strategy was reviewed
- The workforce plan was received
- Occupational Health staff member story received regarding service pressures
- Workforce risks reviewed

WYMHLDA Collaborative Committees in Common 26 January 2022

- Taken as read

Members’ Council 8 February 2022

- Taken as read

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

TB/22/25 Business developments and collaborative partnership working (agenda item 10)

TB/22/25a Integrated Care System (ICS) developments – update on national policy/legislation and local responses (agenda item 10.1)

SY reported:

- The Act is still going through parliamentary process
- The main risk is timing as there needs to be a two-month gap before receiving royal assent, but it is currently on track
- West Yorkshire ICS has been through a comprehensive process in places ready for the new arrangements

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/22/25b 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)

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

- A number of senior appointments have now been made across the ICS including Director of Finance, Chief People Officer, Director of Nursing and Medical Director
- Recruitment is taking place for place directors
- The emerging mental health, autism and learning disability shadow board has met twice now and SWYPFT are fully engaged
- SY reported the Trust is working closely with the GP Federation to develop the alliance with primary care

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/22/25c 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:

- Senior leadership appointments have been made for place directors and the integrated care board (ICB)
- The ICS have identified and allocated additional funding to support place-based plans to address health inequalities
- The green plan was presented, and health inequalities are at the heart of the strategy
- SR updated the Collaborative Committee terms of reference have been agreed
- Wakefield and Kirklees will be submitting governance papers to Board over the next two months setting out terms of reference and membership for the ICB committees at place

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/22/25d Receipt of Partnership Board Minutes (agenda item 10.4)

MG asked to take the update as read and receive the minutes.

SR reported the paper needed to be reframed so that in addition to receipt of minutes we receive relevant risks and see the different service models as they start to develop in each place.

Action: Andy Lister

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

TB/22/26 Governance (agenda item 11)

TB/22/26a Trust Seal (agenda item 11.1)

MG introduced the item and reported the use of the Trust seal since November 2021:

- The renewal of a lease for a self-contained clinic and office space to accommodate the Health Integration Team at 170a Sheffield Road, Barnsley.
- Deed of Variation to Sale Contract for the Keresforth Centre for the development of a new secondary school. The Deed varies the original contract long stop date of 24 March 2022 with a three-year extension from completion of the deed

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

TB/22/27 Strategies and Policies (agenda item 12)

TB/22/27a Estates Strategy Update (agenda item 12.1)

Nick Phillips (NP) introduced the item and highlighted:

- We are moving to longer term planning of our estate as part of the recovery phase
- The strategy is being refreshed taking learning from Covid-19 and the findings from enabling effective working
- We are working on improving capacity modelling
- There are some challenges with the Bretton project due to the wider global economy
- Older people's services - we now have future models of care which are under review to establish which model will be used going forward and the estates requirements will be developed once the clinical model is agreed.

- Sustainability – Estates are progressing the green plan element of the sustainability strategy creating a road map to net carbon zero.

EM noted in previous discussions staff networks were to be engaged and queried if this had taken place.

NP confirmed staff networks are being engaged as part of the strategy development. NP confirmed the Green Plan will come back to Board later in autumn 2022.

MBr suggested a future bespoke board session to look at the Estates Strategy to keep the Board engaged as it progresses.

Action: Andy Lister

It was RESOLVED to NOTE the content of the report.

TB/22/27b Learning from healthcare deaths policy update (agenda item 12.2)

DT introduced the item and highlighted the following:

- Due to changes in the national structures in relation to learning from healthcare deaths it has been agreed by EMT to extend the policy by 12 months
- No risks have been identified with this proposed course of action

It was RESOLVED to RECEIVE the update.

TB/22/28 Trust Board work programme 2022/23 (agenda item 13)

AL reported a considerable amount of work had taken place on the work plan in 2021.

JS queried a policy which was due for this month. AL agreed to check the date on this and update as required.

Trust Board RESOLVED to APPROVE the work programme.

TB/21/29 Date of next meeting (agenda item 14)

The next public Trust Board meeting will be held on 26 April 2022

TB/22/30 Questions from the public (agenda item 15)

No questions were received from the public.

TB/22/31 Any other business

Nil

Signed:

Date: