

Minutes of Trust Board meeting held on 26 April 2022
Microsoft Teams meeting

Present:	Marie Burnham (MBu) Mike Ford (MF) Mandy Griffin (MG) Chris Jones (CJ) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) Mark Brooks (MBr) Carol Harris (CH) James Sabin (JS) Dr.Subha Thiyagesh (ST) Darryl Thompson (DT) Salma Yasmeen (SY)	Chair Senior Independent Director Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Interim Director of Finance and Resources Medical Director Director of Nursing, Quality and Professions Interim Deputy Chief Executive/Director of Strategy and Change
Apologies:		
In attendance:	Lindsay Jensen (LJ) Greg Moores (GM) Sean Rayner (SR) Andy Lister (AL) Joanne Gomersal (item 5 only) Dr Richard Marriot (RM) (item 8.4 only) Debs Teale (item 5 only)	Deputy Director of HR and OD Chief People Officer Director of Provider Development Company Secretary (author) Volunteer Facilitator Guardian of safe working hours Staff Governor – Nursing Support
Observers:	Stephanie Hattersley John Laville 2 x members of the public	Insight Programme Candidate Lead Governor – Public Governor Kirklees

TB/22/32 Welcome, introduction and apologies (agenda item 1)

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

MBu noted this is Chris Jones (CJ) last Board meeting as a Non-Executive Director and stated a full thank you to CJ will take place at the end of this morning's meeting.

MBu introduced Stephanie Hattersley (SH) who is observing the Trust Board as an insight candidate. This is a programme for future aspiring Non-Executive Directors. SH is being mentored by Mandy Griffin (MG) during her time with the Trust.

MBu reported Greg Moores (GM) has been appointed as Chief People Officer and welcomed GM to today's meeting.

MBu reported a new Non-Executive Director has been appointed to replace CJ. David Webster (DW) will join the Trust on 1 May 2022.

MBu noted Dr Richard Marriot (RM) will be joining the meeting later than scheduled due to being in clinic this morning.

MBu 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.

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/22/33 Declarations of interest (agenda item 2)

Mike Ford (MF) reported he has been appointed at the Chair of the Audit Committee for West Yorkshire Police but as yet has not been given a start date and will notify the Company Secretary in due course.

It was RESOLVED to NOTE the declarations of interest.

TB/22/34 Minutes from previous Trust Board meeting held 29 March 2022 (agenda item 3)

MF raised the shadow board and the process around it. MBu reported the Shadow Board is a programme for aspiring future executive directors who receive Board papers each month to review as selected by the Chair and Chief Executive. MBu reported she would like Trust Board and the Shadow Board to meet in June as a development session for both groups.

Action: Greg Moores/Andy Lister

MBu reported that her declarations of interest require updating.

Action: Andy Lister

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 29 March 2022 as a true and accurate record.

TB/22/35 Matters arising from previous Trust Board meeting held 29 March 2022 and board action log (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.

Erfana Mahmood (EM) raised last month's Board story and noted actions had been logged for Carol Harris (CH) and wanted to check everything in Cathy's story was being covered.

CH reported she has met with Cathy and the inpatient leadership team. Cathy was able to talk about her experience in greater detail. The elements of her story requiring action have been picked up as part of the service improvement plan for inpatient services. Cathy also wants to be involved in further work with the Trust with volunteers and recovery colleges and has been put in touch with Debs Teale (DTe), our peer support worker lead, who will help Cathy use her experience to help the Trust in other ways.

DTe reported she is going to have a meeting with Cathy as how to best use her lived experience in a way that is in her best interests too.

MG noted there were some actions for Subha Thiyagesh (ST) and Darryl Thompson (DT) from Cathy's story.

ST reported she had met with the pharmacy team to discuss issues raised by Cathy. ST and DT had also laised with CH and would be involved in taking actions forward.

MG also noted there should have been an action noted about Child CAMHS waiting lists from last month's Board.

NM reported that the CAMHS waiting list action has been picked up through Clinical Governance Clinical Safety (CGCS) Committee and has been documented in the April CGCS minutes.

TB/22/21 – NM reported the assurance paper on risk assessments and care plans will go to CGCS first and will then come to Board in June.

Action: CGCS

TB/22/23 – Lindsay Jensen (LJ) reported she has communicated with CJ around the position regarding international nurse recruitment. To close.

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/22/36 Service User/Staff Member/Carer story (agenda item 5)

DTe introduced Joanne Gomersal (JG) to the Board. JG described herself as someone with many labels, she is a service user, a volunteer, an artist, a writer, a gamer, she is a lot of different things, and from an NHS point of view she is problem to be fixed.

JG reported she has been in mental health services for nearly ten years, she has complex trauma issues and several diagnoses. She has been on a waiting list for trauma care for a long time and this has recently been scheduled for treatment which she is happy about.

JG reported her purpose of speaking to the Board today is to explain she is many things and not just defined by her mental health. JG stated herself and many others in the community fall through the gap of not being ill enough for services but not being well enough for work.

JG reported her contribution far outreaches in her opinion, pounds and pence. JG spent most of last year volunteering with the Kirklees and Calderdale recovery college, to improve the learner experience, using her own experiences.

A steering group for co-production has been set up so that this is utilised from the top down. JG is working with people who want to share how they cope and what works for them. JG reported her passion is to make sure these services reach everyone. JG reported recovery colleges and social prescribing are underfunded and underutilised. Many people still do not know the recovery colleges exist.

JG stated had she known about the recovery college and social prescribing earlier on in her journey she would not have had to contact crisis services as many times and described the recovery college and social prescribing as a "win win".

JG reported art has been revolutionary for her as it allows her to express things she cannot put down in words, it allows her to problem solve and process things in ways that linear traditional services don't offer.

JG stated recovery colleges and social prescribing should be used in tandem with services, not be used as a replacement. In her opinion there should be more work done to promote how useful it is to engage with someone where you can tangibly see the impact it has had on the person. Recovery isn't linear, mental health is messy, art is messy, and this is why they co-exist so well.

JG stated more works needs to be done to promote the great resources available within the Trust such as the Mental Health Museum, which could be a fantastic hub for linking people with mental health to creativity.

JG reported there are recovery colleges across the Trust footprint as well as some excellent third-party providers. JG reported some people also do not have a voice. She had come to the Trust because she had followed DTe's career for some time.

JG reported services need to see the "whole" person and stop putting people in "silos". JG reported she is learning to live with a debilitating mental health condition and learning to deal with the emotion that comes with that and stated it is important to get comfortable with the uncomfortable and stated her art allows her to do this.

MBu thanked JG for her story on behalf of the Board and asked for any questions.

MBr reiterated thanks to JG and noted the key points from her story; the importance of treating people as individuals, with different needs and requirements; and the importance of recovery colleges and social prescribing.

MBr would be grateful for JG's views on how these can be promoted better. MBr also noted JG's reference to Mental Health Museum which is a great facility and encouraged all Board members to visit.

JG noted there is an exhibition in the summer at the Museum called "Another space within" which is artist cohorts exhibiting work (including JG) which should help create conversations about mental health and how people cope and utilise art to help.

Subha Thiyagesh (ST) agreed to contact JG to discuss co-production.

Action: Subha Thiyagesh

Salma Yasmeeen (SY) thanked JG for her insights and volunteer work and sharing her story in such an open and honest way. SY asked if JG had any suggestions for the way in which we could improve the offer for people with lived experience?

JG reported a wellness plan is a great tool to use, and suggested all staff should have a wellness plan and should attend recovery college and complete one. This shows that people are an asset, and the Trust values them.

Communication within the mental health sector and the Trust needs to be improved to be truly inclusive. JG felt in her opinion, there isn't enough inclusive language or imagery used. The Communications Strategy should include review by someone with lived experience and can comment on where potential barriers may be.

Wording in communications needs to be open but concise.

SY reported the communications team will be approaching recovery colleges and people with lived experience to improve Trust communication in the future, and Trust contact letters are under review to make them more inclusive and accessible with the help of creative practitioners.

Greg Moores (GM) agreed with JG's suggestion for staff to attend recovery colleges, and noted JG had highlighted to GM the need to recruit those with lived experience to improve diversity in the workforce.

Sean Rayner (SR) noted JG had referenced the improved promotion of recovery colleges and social prescribing earlier in episodes of care. SR reported that in community service transformation both nationally, and in the four areas the Trust serves, there is a focus on investing in these services and linking them up with service users earlier in their pathway of care.

Darryl Thompson (DT) noted comments about accessible information and noted the Members' Council have done some work on this and DT would welcome JG's input into this work.

Action: Darryl Thompson

KQ noted JG's comments in respect of trauma informed care and waiting times and noted Board may want to receive an update on this. KQ also suggested Board receive an update on the promotion of recovery colleges and social prescribing given the benefits they can provide across the Trust.

Action: Darryl Thompson

DTe noted her two-year art course cost less than one year's medication and reported it pays to invest in something creatively. DTe praised JG's presentation and was pleased she had been able to support and mentor JG today.

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

TB/22/37 Chair's remarks (agenda item 6)

MBu highlighted the following items being presented in the afternoon's Private Board meeting:

- Risk and assurance
- Business developments and collaborative partnership working
- Performance in relation to complex incident updates
- Strategic planning and priorities for 2022/23
- Investment appraisal

MBu reported she was pleased with the direction of the Trust and the recent appointments that have been made to the Trust Board.

It was RESOLVED to NOTE the Chair's remarks.

TB/22/38 Chief Executive's report (agenda item 7)

Chief Executive's report

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

- With year-end taking place there is a lot of pressure on Finance and Corporate Governance teams to produce papers and meet year end requirements
- The situation with Covid-19 has been fluid since the last Board meeting, staff absences increased to above 280 due to Covid-19 but has reduced to half that amount now
- We have seen varying degrees of outbreaks on our inpatient wards and in our communities which also impacts on our staff

- “Living with Covid” went live on 1 April 2022 and we received new infection, prevention and control (IPC) guidance towards the end of last week and we are looking how to manage the outcome of these changes.
- It is CJ’s last meeting today and MBr commented he has worked closely with CJ over his years with the Trust and wished him well in his retirement and thanked him for his contributions.
- GM has now been appointed as Chief People Officer and MBr welcomed him to the Board and also recognised the great work LJ has carried out in her role as Interim director of HR and OD during a challenging time
- The final Ockenden report has been released and we will review the broader learning that has taken place in respect of governance and culture
- An enquiry has been launched into mental health services in Essex over a twenty-year period where c1500 deaths are being investigated. Initial findings have been released with the full report to come in 2023 and this is being monitored
- We are engaging with the update to the NHS long term plan and the ten-year plan for mental health services
- We held our excellence awards recently and over 200 staff attended virtually. Feedback has been very positive
- Covid medals were issued recently along with a staff voucher. MBr has been overwhelmed by the response to the medals and read out an e-mail from a staff member giving thanks for his medal

It was RESOLVED to NOTE the Chief Executive’s report.

TB/22/39 Risk and assurance (agenda item 8)

TB/22/39a Board Assurance Framework (agenda item 8.1)

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

- Strategic risks for 2022/23 are currently being developed and will be reviewed at the Executive Management Team (EMT) on 19 May and Strategic Board on 24 May 2022
- A full review of the Board Assurance Framework (BAF) has taken place with all director leads, including a review of controls, assurances and target dates
- The BAF was reviewed collectively by EMT on 21 April 2022
- There are no recommendations to change any risk ratings for Q4
- Risk 2.1 (Lack of suitable and robust information systems backed by strong analysis leading to lack of high-quality management and clinical information) – work is ongoing around waiting lists, and improved understanding of the inequality data behind this in addition to work on data quality. EMT feel this can return to yellow within the next two quarters
- Risk 2.3 (Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care) – this risk was the focus of considerable discussion by EMT. This remains at amber but there was considerable discussion about a move to red. While some waiting lists have deteriorated, some have improved, and some of the elements of the risk are around the need for social distancing, which can hopefully now be reduced meaning that further progress can be made. Plans are also documented to improve capacity within Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD) which will lead to future benefit and a reduction of waiting lists in that area. Performance metrics in the main have been maintained.
- Risk 2.4 (Risk of deliberate and malicious harm to the Trust including cyber-crime, arson and violence resulting in a loss of confidence in and access to the services the Trust provides) – remains yellow but there is a need to recognise a recent Information Commissioner’s Office (ICO) reportable incident, which may affect the grading of this risk in the future.
- Risk 4.3 (Failure to support the wellbeing of staff during a sustained and prolonged period of uncertainty through Covid-19) - remains amber. Recognition has been given to

renewed focus on supervision and appraisal rates, as well as recognising investment in occupational health resources and recent staff survey results.

MBu noted the significant review of the BAF by EMT provides the Board with a level of assurance in relation to the report and opened up to Board members for comments.

Erfana Mahmood (EM) queried IG breaches and referenced the ICO reportable incident.

MBr reported he had e-mailed all Non-Executive Directors in relation to the incident as there was a need to inform those affected first before declaring the incident publicly.

CJ queried 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) and asked how long it can be allowed to stay amber before turning red, due to it being an area of national concern.

CJ also raised risk 4.1 (Inability to recruit, retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience) and whether the grading was correct given we could not recruit into all the current vacancies.

JS reported that EMT had considered the revoking of the vaccination as a condition of deployment (VCoD) legislation, which had relieved some pressure.

MBr acknowledged that while gaps did remain in workforce, the number of staff in the Trust has grown year on year for the past three years, but recognised there continues to be work to be done, particularly in inpatient services.

MBr continued that risk 4.1 links to the acuity and demand risk which has an impact on the current workforce and stretches capacity, but performance metrics are being maintained and this is why such detailed discussion took place at EMT. The outcome was that the quality of care in being maintained, and therefore the grading remained amber, but is under constant view.

CJ agreed he was assured by the responses and noted workforce and the impact on quality should continue to be monitored by the Board.

MF noted risk 2.1 and its deterioration over the last year and the need to monitor it closely.

MBr reported risk 2.1 had turned amber as a result of the demands for data from and within the organisation had increased substantially. Our teams are working hard to provide the data for the additional demand, and we need to look at how we can streamline what they need to provide.

MBr noted the information the Trust has provided for the VCoD legislation was strong, including daily intelligence bulletins. The Trust does a good job but demands continue to increase.

MG raised risk 4.1 and noted the role that Workforce and Remuneration Committee have in recruitment and retention and will look to provide assurance to the Board around this risk.

KQ noted 2.4 and cyber-crime and the impact of the conflict in Ukraine. Was this considered in the rating and grading of 2.4?

JS reported this was considered by EMT across all risks and the Trust had provided assurance to NHS Digital through the Data Security Protection Toolkit in relation to enhanced defences to cyber security as a result of the Ukraine conflict.

TB/22/39b Corporate / organisational risk register (agenda item 8.2)

JS introduced the item and highlighted the following points:

- A review has taken place in relation to risk target scores to ensure they are achievable
- As a result, EMT has decided to increase Risk 1080 (Risk that the Trust's IT infrastructure and information systems could be compromised by cyber-crime leading to, a) theft of personal data, b) Key system downtime and/or, c) Inability to provide safe and high-quality care) target score from 5 to 10.
- Risk 1614 (National clinical staff shortages resulting in vacancies which could lead to the delivery of potentially unsafe and / or reduced services, increased out of area placements and / or breaches in regulations) has an increased score from 9 to 12 to reflect the current utilisation of out of area bed placements in Q4.
- Risk 1615 (Non-delivery of the actions identified to make SWYPFT a Great Place to Work leading to higher turnover of staff, increased absence, lower quality of care and resistance to change and innovation) has increased from 9-12 as result of challenges in terms of recruitment
- Risk 1511 (Risk that carrying out the role of lead provider for forensics across West Yorkshire will result in financial, clinical, and other risk to the Trust) has reduced from 12 to 8 but it is recognised that this risk now needs to be broadened to incorporate the South Yorkshire provider collaborative.
- Risk 522 (Risk that the Trust's financial viability will be affected because of changes to national funding arrangements) has reduced from 9 to 6 as result of reduced funding risks in the short term
- The report alludes to the reduction of further risks as a result of securing our income for the year 22/23 and having a balanced financial plan signed off. Risks 1077 (Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective), Risk 1114 (Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided) and 1585 (The current NHS capital regime could result in the Trust not having sufficient allocation to complete all its capital plans in any one year adversely impacting on ability to meet its strategic objectives and priorities) are all have the potential to be reduced further when the next report comes to Board.

The proposal today is to close four risks:

- Risk 1690 (If the Trust does not have sufficient fully vaccinated staff in place by the time of the introduction of the mandatory vaccine legislation on 1 April 2022 the Trust may be unable to provide safe and effective services) as a result of the revoking of the Vaccination a Condition of Deployment legislation.
- Risk 1214 (Risk that local tendering of services will increase, impacting on Trust financial viability) this has been supported to be closed by the Finance Investment & Performance Committee (FIP) for the next twelve months, but the risk may escalate in the future as the system drives value.
- Risk 1523 (Risk of serious harm occurring in core services as a result of the intense focus on the management of the Covid-19 outbreak) this risk is still acknowledged, but the Trust focus remains on our core services as well as the management of Covid-19 itself. EMT suggest the closure of this specific risk.

- Risk 1537 (Risk that Covid-19 response arrangements restrict opportunities for current service users to engage in dialogue, resulting in late presentation) national restrictions have been lifted. This risk now links to people waiting for a service rather than delayed presentations due to restrictions. Therefore, it is proposed to close this specific risk.

The final proposal is to merge risks 1612 (Lower uptake of the Covid-19 vaccination by those staff identified as more at risk could lead to a disproportionate risk of infection across the Trust workforce, service users, patients and carers) and 1536 (BAME staff health and wellbeing is disproportionately adversely affected by the impact of the Coronavirus) as managing Covid-19 is now part of “business as usual” (BAU) and will be included in the broader risk to ensure that the BAME workforce are not disproportionately affected by Covid-19.

Mike Ford (MF) agreed with the proposal to merge and close the above risks. MF referenced risk 1536 where the risk target is above risk appetite and asked if there was a plan to bring this back within target.

MBr reported this was a considered decision taken in committee at the start of the pandemic. Over the last two years we have seen the results of vaccination programmes and experienced different variants of Covid-19 and this now needs some careful consideration. To be considered in Equality Inclusion & Involvement (EII) Committee.

Action: Equality, Inclusion and Involvement Committee

Chris Jones (CJ) agreed with the proposals. CJ raised the potential risk of both the West Yorkshire and South Yorkshire systems being in deficit going forward and how the Trust will manage this risk. There may also be the emergence of some business risks as a result of working by place.

MBu requested this was discussed at EMT and FIP before being brought back to Board in the next quarter update.

Action: EMT/FIP

MG noted risk 1151 (Risk of being unable to recruit and retain qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development) and asked that Workforce & Remuneration Committee (WRC) be added to the Assurance and Monitoring column.

Action: Andy Lister

MBu asked that actions need to be more reflective of what we are going to do referencing the “so what” rather than making statements.

Action: Andy Lister

MBr noted an emerging risk in relation to staffing at the Poplars ward (Older peoples services - Wakefield) which is likely to appear on the risk register in the next few weeks.

It was RESOLVED to AGREE to merge risks 1612 to 1536, to the removal of risk 1690, 1214, 1523, 1537 from the ORR and NOTE the comments made.

TB/22/39c Risk assessment of performance targets, CQUINS and System Oversight Framework and agreement of KPI's (agenda item 8.3)

JS asked to take the item as read and highlighted the following points:

- The report highlights the main changes to performance and compliance required for 2022/23
- We are still in transition for the financial and contract regime

- The report looks at expected levels of attainment and highlights any areas of risk in terms of finance or reputation, we have to look at the regulatory, contractual requirements and local requirements
- No major risks or concerns have been highlighted
- There is some performance improvement required around Child and Adolescent Mental Health services (CAMHS) eating disorder pathway.
- The Integrated Performance Report will continue to be developed and we will monitor the System Oversight Framework changes as they continue to be published
- The paper has previously come to Board annually for ratification, but it is asked that the report is presented to the Finance, Investment and Performance Committee.

It was RESOLVED to NOTE the content of the report, the assessment of risk and the actions planned to mitigate risk and AGREE that the report would be presented to the Finance, Investment and Performance Committee in future.

TB/22/39d Guardian of safe working hours annual report (agenda item 8.4) (taken after item 9.1)

Dr Richard Marriot (RM) introduced the item and highlighted the following points:

- The work completed by the post graduate team means that rotas are compliant and received on time.
- There are some exception reports, but these are low in number
- We are getting good numbers coming to the junior doctors' forums, which is a positive means of feedback, and reports are that they are happy with the rotas and the intensity of the work
- It has been noted that the pressure has been reduced in relation to seclusion reviews because of changes in policy and procedures
- The report shows that in the initial part of the pandemic there were significant gaps but these gaps have in the end been lower than in previous years and in the main have been able to be covered by bank

MBu stated it was a good clear report and the perception is that junior doctors like working for the Trust. RM confirmed this has been fed back to the team and doctors who have become higher level trainees have returned to the Trust because they enjoyed working here as junior doctors.

MBr thanked RM for his work as guardian of safe working hours. MBr queried whether there was specific work in place so that junior doctors know how to raise and escalate concerns?

RM reported longer sessions now take place with new junior doctors explaining the processes in place and junior doctors' forum and its purpose, and the message that issues need to be reported and dealt with and that escalating problems will not be frowned upon.

MG asked if this report is taken to a Trust Board committee for support?

RM reported any key issues are taken to the Medical Education Trust Action Group (TAG) and bronze meetings that were in place during the pandemic. Where operational issues arise, such as the Covid swabs RM takes these issues to the relevant people in the Trust to resolve the issue.

MG asked if this is a quarterly report should it be covered in a Board committee, for example Workforce and Remuneration Committee?

MBr reported the detail is included in the IPR every quarter and was happy for this to be taken as an action for consideration.

Action: Workforce and Remuneration Committee

MBu reported the report normally sits with post graduate education in most other organisations.

ST reported if concerns are raised in relation to junior doctors, as well as going to the Medical Education TAG, concerns can be escalated to the “responding to concerns advisory group” which includes the Director of Nursing, Quality and Professions, Chief People Officer and Associate Medical Director (AMD) for appraisal and revalidation.

Feedback at the end of every placement of four or six months get looked at dynamically at that time by the post graduate team, any issues are then escalated to the AMD and ST by the business manager. All of these placements are submitted to Health Education England. There has been good evidence over the last twelve to eighteen months of issues being escalated through the appropriate channels and being successfully resolved.

It was RESOLVED to RECEIVE the report and CONFIRM the Boards assurance that the Trust has met its statutory duties.

TB/22/39e Data Security and Protection Toolkit (DSPT) (agenda item 8.5)

Andy Lister (AL) presented the item and highlighted the following points:

- The toolkit allows us to self-assess the Trust’s performance against the ten standards recommended nationally by the data guardian
- Today’s report is a position statement, not the final report
- The DSPT was released in December 2021, an interim position was submitted by 28 February and final submission is to be made by 30 June 2022.
- AL confirmed the additional resilience required in relation to the Ukraine conflict would be evidenced for the final submission
- AL further confirmed compliance against all mandatory standards would be complete at the time of submission
- Internal Audit will review the final draft submission in late May and return in early June to allow time for amendments prior to final submission

MBr reported this was formerly the information governance toolkit and is an annual process the Trust goes through each year and internal audit always review prior to submission, providing a good level of assurance for Board.

It was RESOLVED to NOTE the Trust progress towards the final assessment of the DSPT.

TB/22/39f Draft Annual Governance Statement (agenda item 8.6)

Andy Lister (AL) presented the item and highlighted the following points:

- As part of annual reporting requirements the Chief Executive is required to provide an Annual Governance Statement within the annual report
- Some sections of the report are standard wording, others need to be updated from year end data still to be received.
- The draft report was presented to Audit Committee on 12 April 2022 and has also been presented to EMT
- A full comparison against the Annual Reporting Manual for 21/22 will take place
- The final draft will be brought to May Strategic Board
- Delegated authority will be requested at the May Board meeting for the Chief Executive and Chair to sign off the final annual report
- Any Board member comments on the AGS should be sent to Andy Lister or Julie Williams for update

It was RESOLVED to NOTE the progress of the Annual Governance Statement

TB/22/39g Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 8.7)

Audit Committee 12 April 2022

MF highlighted the following:

- There were good levels of assurance received on various items from internal and external audit
- A limited assurance report was received in relation to agency pay, with some recommendations to be implemented
- Actions from this report are being progressed immediately
- There is a wider debate around whether the Trust should accept a higher level of risk in relation to agency staffing in order to make sure operational requirements are met, but this should be discussed during a strategic board meeting

Action: Greg Moores

JS reported there are appropriate controls in place for agency staff booked through central booking systems or central bank arrangements, internal audit identified an exception, when the Trust goes outside of its routine processes as a last resort the same level of pre-employment checks are not always in place, but these were isolated cases.

Clinical Governance & Clinical Safety Committee 5 April 2022

Nat McMillan (NM) reported the following:

- Safecare, the Committee is looking at whether there is a different way to resource this work
- Adult ADHD referral rates are currently four times over previous levels
- Work on waiting lists continues and this is a focus of the Committee in respect of quality of care
- The Committee approved the Quality Priorities for 2022/23

Finance, Investment & Performance Committee 25 April 2022

CJ highlighted the following:

- The high levels of spend on out of area beds (OOA) and agency staff were noted, while there is no adverse financial impact in the short term, the potential impact on quality of care was queried
- The Committee received a paper on controls for energy consumption and expenditure and have asked for a further report to come back to the Committee aligned with actions from the Green plan.
- The Trust achieved a £7.3m surplus in 21/22 with good financial control evident
- Capital spend was in line with forecast for the year
- Received and approved the financial plan for 2022/23 and the Committee has asked for a longer-term plan to now be developed
- Received the provisional arrangements and timeline for the Bretton project

Members' Council 19 April 2022

- Appointed a new Non-Executive Director – David Webster

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

TB/22/40 Performance (item 9)

TB/22/40a Integrated Performance Report (IPR) Month 11 2021-22 (agenda item 9.1)

SY introduced the summary dashboards and priority programmes:

Improving health

- An upward trend has been maintained on key indicators like Improving Access to Psychological Therapies (IAPT, smoking cessation and access for BAME communities
- The Trust is developing a creativity and health app and is in the testing phase
- Community transformation continues and is complex work that is being progressed with partners
- Recruitment continues into new roles in places

Improving care

- We have had one young person on an adult inpatient ward
- We continue to see increased demand and need for CAMHS
- We have continued to use out of area (OOA) bed placements and there is a plan in place to reduce this
- The improvement plan in inpatient areas continues with a focus on workforce and therapeutic environments

Improving resources

- We are maintaining performance around key national indicators
- There is continued digital development, the digital dictation is progressing
- There is a continued focus on digital inclusion
- SystmOne has been updated so that we can assess early on in someone's care what the best means of delivery of care is for the individual

Workforce

- Workforce remains a significant challenge with another recent increase in staff absence due to Covid-19
- International recruitment has commenced, and a number of staff have started with the Trust

MBu commented that this is a very detailed report with a lot of good information. It would be helpful if the executive summarised key areas of concern and performance risks associated with clinical practice. MBu stated she would pick up this conversation with MBr/SY outside of the meeting

Action: Marie Burnham/Mark Brooks/Salma Yasmeen

CJ noted the average contacts per day by the Intensive Home-Based Treatment Team (IHBTT) and highlighted this figure is now 50% lower than it was pre-Covid-19. CJ acknowledged more time was being spent with individuals but wanted assurance there aren't further issues.

CH reported the quality and governance lead has done some detailed work on average contact numbers over a prolonged period of time and was confident that contact length had increased. There are staffing and vacancy issues, but these are not reported to be causing a problem with service user contact.

Action: James Sabin

MF noted this is the report for March, the end of the twelve-month cycle but the year-end forecast figures weren't updated.

MBr agreed the report needed updating to represent consistency between year to date and year-end figures confirming this is the end of year IPR report.

Action: James Sabin

Covid-19

DT gave the highlights from the report:

- New outbreaks continue to be investigated

- Robust systems are in place for PPE supply
- The national expectation for testing is changing for inpatients and staff is changing and a “moving forward” group has been established including Infection Prevention Control (IPC) colleagues, operations, estates and facilities and staff side to manage and implement the changes

Quality

DT gave the highlights from the report:

- The young person placed in an adult ward, as mentioned by SY, was dealt with in partnership with local acute care trust and the young person was transferred to a specialist placement as soon as one became available
- Complaints with staff attitude as an issue have come down to 10%
- Compliments to the Trust have gone up from 23 to 43
- Information Governance breaches have increased month on month
- There have been seven months above average in respect of falls
- We are in the process of developing a role for a falls lead for the Trust
- As well as Covid-19 we need to be vigilant for other infections and viruses on our wards. We have recently had an inpatient with klebsiella pneumoniae bacteremia. A learning review has taken place and is being shared across all Trust inpatient areas.

NM raised the increase in restraints and queried if there was a reason why this has occurred and also noted the positive decrease in complaints in respect of staff attitude and queried if this was as a result of any specific action taken.

CH reported that as part of the development of staff in the forensic unit around trauma informed care one of the outcomes that has improved is staff attitude in complaints.

MF queried if there is a possible risk that we are monitoring data month by month instead of over a broader period. The areas of focus should be balanced to show where things are not where we want them to be andt also where the Trust is improving and performing well.

In reference to restraints CH reported when the increase in restraints this month is triangulated with the risk on the risk register for access to seclusion rooms, acuity levels on wards and the safer staffing fill rate it demonstrates how much pressure is present on inpatient wards and this is useful to be demonstrated in the monthly figures as it shows the variation.

MBu commented the data in the Trust is excellent but there are some improvements to be made in respect of the analysis of the data.

NHSI national Indicators

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

- The OOA position is at a significant high as of March, but this will reduce in April as some the pressures and risks have decreased.
- The young person on the adult ward was there for a total of five days.

MBu noted in reference to the NHSI indicators that waiting times are a national issue currently and queried if there were any areas where further drive was required in relation to waiting lists.

MBr reported that further drive is required in respect of some waiting lists, but this is not mandated in terms of indicators. There will be more drive on CAMHS waiting lists, given the focus on services for children and young people and there will also be more focus in areas

such as Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD).

MBu requested a separate session for the Board in respect of waiting lists.

Action: Carol Harris

MBr explained that historically waiting times have not been a such an issue in our services, but there is a formal project taking place to make better use of SystemOne so we are encapsulating as much of the information about waiting times as we possibly can in one place.

We are expecting a phased approach which will provide good coverage by November. Local teams are typically aware of their own waiting lists and reports are going into Clinical Governance Clinical Safety Committee about CAMHS waiting lists.

EMT have the Performance and Information team coming to meet them on 5 May to present the progress made to date. We should then be able to present a position for Board in June with a bespoke presentation to Board to follow.

Action: James Sabin

Locality

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

Child and adolescent mental health services (CAMHS)

- Waiting lists for Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD) have already been mentioned. We are commissioned for sixty-four assessments a month, but referrals are currently at one hundred a month and discussions are taking place with commissioners

Barnsley general community services

- Recruitment to allied health professional posts is challenging particularly for podiatry and dietetics
- A risk has been identified in respect of resuscitation trainer capacity, there is recruitment underway, but we have reported this as a risk at the moment with a plan in place

Barnsley community mental health

- Staffing is challenging due to sickness and turnover
- The BDU has been focusing on performance areas namely FIRM risk assessments, Care Programme Approach (CPA) and staying safe risk formulation work and there has been noted improvement with work still to do
- Physical health clinics for service users on the Severe Mental Illness (SMI) register are now established as part of the community transformation work

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

- The continued increase in referrals in ASD and ADHD has resulted in system wide discussions for all age groups to look at our offer and whether commissioning an all age pathway is required
- LD recruitment remains a priority
- Most people on waiting lists are awaiting psychological support and are open to other areas of support and as such are being monitored while waiting
- Work has been carried out in relation to delayed transfers of care and this is showing positive results
- A detailed Forensic BDU performance report is going to private Board
- In Forensic services bed occupancy is below target but acuity is significant, and the number of prison referrals continues to add to that acuity
- Staffing remains an issue, turnover rates are high and there are a number of vacancies
- Appleton and Priestley ward appear below the fill rate for safer staffing, but this may be due to staff being redistributed to areas of greater need

- Forensics are still managing to keep up their 25 hours of structured activity a week

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

- There are high levels of acuity and demand across services including inpatients, intensive home based treatment (IHBTT) and single point of access (SPA)
- This is exacerbated by staffing concerns, in terms of both vacancies and absences as a result of sickness
- Inpatient staffing continues to be used flexibly across sites that are close together
- The work to manage and maintain effective patient flow continues with a focus on discharge
- OOA use has reduced significantly in April
- Calderdale and Kirklees have continued to improve performance around Care Programme Approach (CPA) reviews
- A service user has posted their recent positive experience on Walton ward on YouTube

EM asked about the new Red Kite provision given we had a child placed on an adult ward this month

MBr reported Red Kite opened earlier this year and has sixteen general beds (12 occupied). There are six Psychiatric Intensive Care Unit (PICU) beds (four occupied). In comparison to figures from October 2021 there are thirteen fewer children from West Yorkshire in out of area placements. Red Kite view has therefore made a positive impact on the numbers but will not solve the entire current problem due to the increased levels of demand.

CH reported as a system there is better understanding of where young people are and what their needs are, and if they are in an inpatient what needs to happen to discharge them and create capacity. CH reported the CAMHS Tier 4 provider collaborative has improved the system, improved access and reduced the level of need for children to go into hospital.

KQ raised patients in long term segregation and ensuring quality of care.

CH reported the LD leadership team know who is in long term segregation and the Trust is complying with all requirements including external reviews.

MBr reported national work has been instigated for systems to complete including health and safety reviews, physical health checklist and long-term segregation. We have contributed to those. We are taking a paper to EMT in May and this may then go to CGCS at some stage.

Action: Clinical Governance Clinical Safety

CJ asked what we can do about demand in terms of future management. Are our systems, and places keeping in view refugees from Ukraine and what their needs may be?

CH reported the purpose of the community mental health transformation is to manage future demand and the new primary care roles is to prevent people needing higher levels of service and we will start to see the benefits of this as these roles start to take effect.

MBr reported preparation for the needs of Ukrainian refugees is taking place in all of our places and the Trust is involved in these conversations.

SY reported the West Yorkshire ICS has provided additional funding to the voluntary and community sector to help support the rise in demand from the Ukraine conflict.

Communications, Engagement and Involvement

SY reported:

- The Comms team continue to have significant input into places, partnership developments and in the Trust.
- Inequalities, we continue to develop the Trust approach to embed this work into team and service levels

Finance and Contracts

JS highlighted the following points:

- The 21/22 surplus was £7.3m, slightly higher than the £7.1m forecast
- Agency expenditure was high for March at £984k but is part of our workforce solution
- OOA expenditure in March was high at £720k but significant improvement is already being seen for April
- Capital expenditure for 21/22 was a slight over achievement hitting the control total within £10k
- Cash position remains strong at £81m
- The financial position is being driven by the current number of vacancies

EM queried the cash position and asked if the Trust would be penalised in any way.

JS explained it is artificially high at the moment due to the HMRC rebate (in excess of £3m) which will be passed to employees as soon as NHSEI approval is received. There is also the funding linked to the adult secure provider collaborative, which is received in advance of being dispersed. Cash is likely to remain high in the future due to restrictions on capital expenditure. There are no risks in relation to the amount of cash we hold.

MF queried the agency cap and asked if there is a cap for 21/22.

JS reported the agency cap had been lifted because of the pandemic and is not being reinstated in the near future, but we always have to demonstrate value for money and will continue to align to best practice in relation to agency expenditure.

Workforce

LJ highlighted the following points:

- Appraisals at year end were at 65% and Workpal (the Trust appraisal system) has now been reviewed to make sure it is as streamlined and user friendly as possible
- In respect of workforce, recruitment activity has increased by 20% in the last year, but we need to do more
- Our on-boarding and careers website is ready for launch
- International nurse recruits continue to progress through the system, and we are also looking at regional recruitment with partners outside of our normal areas
- We have taken on four “kick starts” these are local young people who are unemployed in partnership with Kirklees local authority
- We are working in places regarding local workforce plans
- We now have an inpatient group looking at recruitment to try and bring some stability to staffing establishments on Trust wards and retain staff
- Our collaborative bank with Bradford, Leeds and York is about to go live

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

TB/22/40b Financial and operational planning arrangements 2022/23 (agenda item 9.2)

CJ introduced the item and highlighted the following points:

- The planning arrangements have been through FIP in a number of iterations and Board delegated authority to a small working group of the Chair, Chief Executive and Chair of Finance Committee to review the financial plan for 2022/23

- The group established the break-even plan was the best way forward
- The operational planning report is a good well-constructed document with a focus on workforce
- CJ reported there were no risks identified in the plan although there are some cost savings to be achieved through vacancy management

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

TB/22/40c Safer Staffing report (agenda item 9.3)

DT took the paper as read and highlighted the following points:

- All staffing related Datix reports are discussed in clinical risk panel
- We are continuing to recruit into vacancies
- Care hours per patient day are now reported by BDU rather than ward
- Conversations around the impact on quality are taking place and work is needed to reflect this correctly in the report.

Action: Darryl Thompson

MF noted an establishment review had taken place in 2019 but believed there had been a review more recently. MF believed there was to be further information in the report that would show which wards shared their staff.

DT reported there was an establishment review of older people's services, which is going to EMT in July and further establishment review of inpatient services has been requested for September which will align with the work of various sub-groups.

CH stated it could be difficult to show which wards share staff due to flexible nature of the staff group. Staff are asked to move to the area of greatest need which does have an impact on staff enjoyment of their work but is utilised to ensure patient safety.

NM reported there had been good debate around the dynamic management of the inpatient staff group by the executive trio and CGCS were assured that this was done well and was not an easy process. Triangulation of the impact on service users is also taking place as well as reviewing other quality outcomes such as complaints. There was also challenge in Committee in respect of the pace of our recruitment practices and how as a Board we should encourage the organisation to innovate. This is an action that needs to be picked up in WRC.

Action: Workforce and Remuneration Committee

EM asked about safer staffing in the community and queried what progress has been made.

DT reported the community safer staffing group need to consider what the deliverables are. Progress needs to be made and measured and then reported back to Board.

Action: Darryl Thompson

KQ reported her understanding is that different trusts use different measures to report against their safer staffing numbers and we need to be sure that Board is being correctly assured about staffing numbers. Safecare should give us the information we need but what measure we use, i.e., budgeted establishment versus clinical need should come through CGCS.

Action: Clinical Governance Clinical Safety Committee

It was RESOLVED to NOTE the Safer Staffing report.

TB/22/41 Business developments and collaborative partnership working (agenda item 10)

TB/22/41a Integrated Care System (ICS) developments – Health and Social Care Bill (agenda item 10.1)

SY reported:

- The legislation is working its way through the parliamentary process
- The timing is becoming pressured to deliver this by 1 July 2022
- The two ICSs we work within and places we are part of, are working hard ready for 1 July 2022

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/22/41b 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:

- The current focus of work taking place in the South Yorkshire system is preparation for the go live of the health and social care bill
- The interview process for place directors are currently taking place
- The system has come together to manage the latest Covid outbreak and has performed well
- The financial challenge in South Yorkshire is greater than in West Yorkshire and will be submitting a deficit plan for 2022/23
- Marie Purdue has been appointed to be managing director of the MHLDA alliance

SY reported the following updates for Barnsley:

- Work continues to develop the alliance between the Trust and Barnsley Healthcare Federation to join up primary and community care
- The inaugural meeting of the alliance committee was held in April and chaired by MBr, and will joint chair in the future with the Chair of the Federation
- MBu will chairing her first integrated care partnership meeting this month and will be chairing the place partnership meetings over the next twelve months

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/22/41c 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:

- The West Yorkshire integrated care board (ICB) is running in shadow form and they have held their first meeting
- The ICS is continuing work to become one of the first “ICSs of sanctuary” which recognises and supports migrant communities
- The ICS is to launch a campaign around the Green Plan agenda in May and engaging staff across the system acknowledging “small changes make a big difference” and will feature in our sustainability strategy which is being developed
- We are working in all of our places to make sure governance arrangements are in place for July and separate papers are now to follow

MF reported he had brought together a meeting with other Trust Audit Committee chairs in West Yorkshire to consider how to work together in the future. Jane Madeley has just been appointed as Audit Committee chair for the ICS and MF has reached out to her.

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/22/41ci Wakefield District Health and Care Partnership – Future Governance Proposals (agenda item 10.3.1)

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

- The attached documents have been through a number of iterations, all of which the Trust has fed into
- The eight recommendations that the report highlights are universal to all governing bodies that CCGs have asked partners to take to their Boards
- They have been through a rigorous process of review and comment
- SR recommends the Board accepts the eight recommendations.

It was RESOLVED to APPROVE the Partnership Agreement and authorise the Chief Executive to sign the agreement (Appendix 1), NOTE the Terms of Reference for the WDHCP Committee (Appendix 2), which have been agreed by the WDHCP Committee and will be recommended for approval by the ICB at its first formal meeting, APPROVE the proposed arrangements for the Trust to nominate representatives to the WDHCP Committee (Appendix 2), AGREE that changes to the representation of the Trust on the WDHCP Committee will be introduced between April 2022 and July 2022, NOTE the Terms of Reference for the Provider Collaborative (Appendix 3), NOTE the work underway to develop assurance arrangements and Terms of Reference for the Integrated Assurance Committee, which will be formally approved by the WDHCP Committee when the ICB is established and NOTE the work being done to develop operating arrangements to secure effective decision making, implementation and assurance and NOTE the proposed timeline for the Due Diligence audit.

TB/22/41cii Kirklees Health and Care Partnership – Future Governance Proposals (agenda item 10.3.2)

SR asked to take the paper as read and highlighted the following:

- As with Wakefield this has been a CCG led process and we have contributed to several drafts of the papers
- There are two specific recommendations presented to Board for approval

MBr reported he had attended the first shadow committee meeting of the ICB and it had been a very positive constructive meeting.

It was RESOLVED to APPROVE the Kirklees Health and Care Partnership Collaboration Agreement and APPROVE the Kirklees Integrated Care Board Committee Terms of Reference, for recommendation for approval by the West Yorkshire ICB Board on 1 July 2022

TB/22/41d Receipt of Partnership Board Minutes (agenda item 10.4)

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

DT reported the executive lead for the Kirklees Health and Wellbeing Board is SR and DT is a member of the Calderdale Board.

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

TB/22/42 Governance (agenda item 11)

TB/22/42a Compliance with NHS provider licence conditions and code of governance - self-certifications (agenda item 11.1)

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

- This is the first part of two papers presented to Board, the second being presented in June 2022
- Today's paper shows that we have complied with the conditions of our license, have the resources available to provide Commissioner Requested Services and have complied with our governance arrangements
- The competition section has been updated to reflect changes from the Health and Social Care Bill, our partnership working and our provider collaboratives
- The impact of Covid-19 has been reflected where applicable
- The financial stress section has been updated to reflect the current Trust financial position.

It was RESOLVED to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to compliance with the conditions of its Licence.

TB/22/42b Audit Committee annual report including committee annual reports and terms of reference (agenda item 11.2)

MF introduced the item and highlighted the following:

- The report summarises Committee Chairs and Lead Executive attendance at the recent Audit Committee meeting (12 April 2022)
- Assurance was received from all committees through their annual reports that they are adhering to their terms of reference and achieving their objectives
- Some observations were noted in respect of attendance tables and the committee effectiveness surveys need to be reviewed for 2023

Action: Andy Lister/Mike Ford

MBr reported this is a useful exercise that demonstrates the amount of work that goes through Trust Board Committees. During the course of the year we may need to cross reference the Terms of Reference to ensure there is no duplication of work by all the Committees.

Action: Andy Lister

It was RESOLVED to RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through:

- **committees meeting the requirements of their Terms of Reference;**
- **committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and**
- **committees can demonstrate added value to the organisation.**

and APPROVE the update to the Terms of Reference for the:

- **Audit Committee;**
- **Mental Health Act Committee;**
- **Clinical Governance and Clinical Safety Committee;**
- **Workforce and Remuneration Committee;**
- **Equality, Inclusion and Involvement Committee;**
- **Finance, Investment & Performance Committee**

TB/22/42c Interim Clinical Ethics Group (agenda item 11.3)

MBu reported she had been asked to be part of the Interim Clinical Ethics Advisory group when she started her role with the Trust.

Over the last couple of months a lot of work has taken place to evidence that the group has successfully provided a point of reference to support directorate and clinical teams facing ethical dilemmas for the past two years and now wishes to establish a substantive core group, with a proposal to co-opt additional expert advisers into the group as required when individual issues arise.

MBr reported he supported the development of the group and asked to make sure the Terms of Reference aligned to best practice as the group was set up in the height of the pandemic. MBu agreed with MBr and stated she would take an action back to the group to progress this.

Action: Marie Burnham

It was RESOLVED to SUPPORT the proposal for the development of a substantive Clinical Ethics Advisory Group and AGREE the governance arrangement for the group to report to the Clinical Governance and Clinical Safety Committee.

TB/22/42d Going concern report (agenda item 11.4)

JS asked to take the paper as read and reported for the reasons outlined in the paper, permission is being asked to approve the preparation of the annual accounts and financial statements on a going concern basis.

It was RESOLVED to APPROVE the preparation of the 2021/22 annual accounts and financial statements on a going concern basis by adopting the following statement:

‘After making enquires, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.’

TB/22/43 Strategies and Policies (agenda item 12)

TB/22/43a Strategic objectives, priorities and programmes 2022/23 (agenda item 12.1)

SY introduced the item and highlighted:

- The paper has been discussed in length in previous private sessions of the Board and provisionally agreed the areas of focus and priorities for next year
- It is here today for approval

MBu made an observation about the Safe Care section included in the quality priorities. The Senior Responsible Officer (SRO) being DT, MBu felt it should be DT and CH given it involved both aspects of delivery and assurance, and should possibly include GM as Chief People Officer.

SY stated that in respect of delivering safe care CH could be added, and noted there are other priority areas under that are assigned to the Executive Trio (DT, CH and ST) in the improving care section.

Action: Salma Yasmeen

CJ raised the communication and wording of the document and asked if the document had been subject to review by those who will have to contribute to improving health and improving care.

SY reported all corporate communications are tested with the target audience and this document has been tested with staff, partners and volunteers.

It was RESOLVED to agree the proposed priorities and areas of focus.

TB/22/43b Sustainability Strategy update (agenda item 12.2)

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

- Progress has been made on co-producing this strategy for social responsibility and wider sustainability, building on the green plan that Board approved last year
- The full draft version will be brought to a future Board session
- A self-assessment has taken place using a maturity matrix and benchmarking against other trusts has also taken place
- MG has been involved in supporting this work

It was RESOLVED to RECEIVE the update on the work to develop the first Social Responsibility and Sustainability Strategy.

TB/22/43c Risk Management Governance Framework (agenda item 12.3)

AL asked to take the paper as read and highlighted:

- The document has been reviewed by EMT and went through Audit Committee on 12th April 2022
- It has moved from being a strategy to a framework to reflect the content and nature of the document as agreed at EMT
- It reflects internal and external changes in relation to risk and adheres to best practice

MF stated how we communicate this document to our staff is important. The procedure and framework need to be in a format that staff can easily digest. The Audit Committee should be involved in the review and approval of this document in future.

NM supported MF's view and noted risk management is a fundamental part of any well led process and ensuring staff understand this document is paramount and how will its success be measured. Will there be any training and evaluation in relation as to the impact of the framework.

The Board agreed the communication and evaluation of the Risk Management Framework will be overseen by the Audit Committee.

Action: Audit Committee

MBr suggested the scheme of delegation should be updated to reflect MF's comments about approval.

Action: Andy Lister

AL also noted he would ensure the framework is added the Audit Committee workplan.

Action: Andy Lister

It was RESOLVED to APPROVE the Risk Management Governance Framework.

TB/22/44 Trust Board work programme 2022/23 (agenda item 13)

Trust Board RESOLVED to APPROVE the work programme.

TB/22/45 Date of next meeting (agenda item 14)

The next public Trust Board meeting will be held on 28 June 2022

TB/22/46 Questions from the public (agenda item 15)

No questions were received from the public.

TB/22/47 Any other business

MBr reported two weeks ago a Trust vehicle had been stolen outside a GP practice. The driver was carrying out duties transporting NHS mail between our own premises, hospital premises and GP practices. There were over 20 mail bags in the van, the Police were informed immediately but the van, nor the mail bags have been found to date.

We are conducting an internal investigation and have informed the Information Commissioners Office (ICO) due this being a significant breach. We have established there were no detailed medical records in the mailbags but were between 300-500 pieces of correspondence from ourselves and the hospital, including, appointment letters.

The team responded very well, and we narrowed it down to a potential c900 recipients and have resent the appointment letters with a letter of apology to cover our duty of candour requirements with a number to call if there are any concerns. We have received three calls to date.

MBu agreed the staff have responded very well and she had been informed immediately and the situation had been well managed.

MG queried will the Trust look at other methods of delivery for appointments other than mail as part of the investigation.

MBr reported we currently use both and so we may look to reduce the paper form.

EM queried contact with the ICO and our relationship with them.

MBr reported Julie Williams had reported the incident to the ICO within hours of it occurring and the Trust has a positive and transparent relationship with the ICO.

MBu, MBr and fellow Board members paid tribute to Chris Jones and thanked him for his services as Non-Executive Director, Senior Independent Director, Deputy Chair and Chair of the Finance, Investment and Performance Committee and wishes him well in his retirement.

Signed:

Date: