

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

Present:	Marie Burnham (MBu) Mike Ford (MF) Mandy Griffin (MG) Erfana Mahmood (EM) Natalie McMillan (NM) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Darryl Thompson (DT) Salma Yasmeen (SY)	Chair Senior Independent Director Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Director of Nursing, Quality and Professions Deputy Chief Executive/Director of Strategy and Change
Apologies:	Kate Quail (KQ) Dr. Subha Thiyagesh (ST)	Non-Executive Director Chief Medical Officer
In attendance:	Rob Adamson (RA) Greg Moores (GM) Dr. Mathen Manoj (MM) Sean Rayner (SR) Andy Lister (AL) Ashley Hambling (AH) (item 10.2) Dr Jane Grant (item 6)	Deputy Director of Finance Chief People Officer Consultant Psychiatrist Executive Director of Provider Development Company Secretary (author) Human Resources Business Manager Consultant Psychologist - Calderdale Older Peoples Services
Observers:	Claire Robson (until 9:30)	Project Manager

TB/22/63 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 welcomed Dr Manoj Mathen, who was in attendance for Dr Subha Thiyagesh, and Rob Adamson, Deputy Director of Finance. Adrian Snarr, the new Director of Finance, Estates and Resources, starts with the Trust on 8 August 2022.

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 beginning of the meeting for questions and comments, received in writing.

TB/22/64 Declarations of interest (agenda item 2)

It was **RESOLVED** to **NOTE** there were no further declarations of interest to those already submitted.

TB/22/65 Questions from the public (agenda item 3)

It was **RESOLVED** to **NOTE** no questions had been received from members of the public

TB/22/66 Minutes from previous Trust Board meeting held 28 June 2022 (agenda item 4)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 28 June 2022 as a true and accurate record.

TB/22/67 Matters arising from previous Trust Board meeting held 28 June 2022 and board action log (agenda item 5)

David Webster (DW) noted actions assigned to James Sabin should now be transferred to Adrian Snarr.

Action: Andy Lister

TB/22/40c – Erfana Mahmood (EM) noted the action in relation to safer staffing has been deferred and asked for a revised date for completion. Darryl Thompson (DT) reported this would go through Clinical Governance Clinical Safety (CGCS) Committee in September and then come to Board. To remain open.

TB/22/55d – MBu raised progress on quality monitoring visits. DT reported two quality monitoring visits have been booked for the summer months. To close

TB/22/42b – Mike Ford (MF) requested the action in relation to Board effectiveness surveys, and to transfer to the Audit Committee workplan needs to be allocated to Andy Lister.

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

TB/22/68 Service User/Staff Member/Carer story (agenda item 6)

MBu welcomed Dr Jane Grant (JG) to the meeting.

JG reported she is a clinical psychologist and was working with the Calderdale older people's community mental health team during Covid-19.

JG stated today's story will cover what it was like to be working in an older people's community team during the pandemic. The team supports older people with social, emotional, mental health and relationship challenges and at the time this project took place, the team had been working with Covid-19 for about sixteen months.

The project speaks from many different positions, including staff that were shielding. There were many different voices included in the work, with similar feelings of isolation from colleagues, family and friends.

Although all staff worked on the same team, their experiences of Covid-19 were very different, and it was due to this sense of disconnection the project came about.

The project had two aims:

- To reconnect the team's experiences back into one place, so that the team knew what each other was going through
- To share experiences with others

JG met with the team in small groups, on Microsoft teams or in person, to interview them.

From the themes of the interviews JG wrote a collective document including experiences and quotes. It documented struggles, how people had found different ways to navigate working through the pandemic, and also how people had sustained through difficult times.

The document was read out loud to the team and this was found to be an emotional meeting. It was the first time in eighteen months people had the opportunity to reflect on what had actually happened.

Many of the team missed social connections and felt isolation. One member reported it felt like going from being in the middle of everything, to nothing, and just wanted someone to call and check everything was ok.

A number of staff noticed the impact on their own mental health and wellbeing, reporting feeling scared and anxious, overwhelmed with worry and emotion and expressed a sense of fear for themselves and their families. The pandemic was an unknown entity at this time, but people had to keep going, often feeling scared of the potential impact on them and their families.

JG reported there were a lot of management changes and at the time the team was experiencing low staff numbers. Staff reported it felt like there was no time to breathe, no time to think, it was like being on a treadmill and constantly running. Staff were doing administration in their own time and working extended shifts regularly.

The group also talked about how they sustained during the pandemic and from what the team learned, some of these changes have been embedded on a permanent basis. An example being a 9am team call on MS teams which staff have reported starts their day feeling connected to each other.

Having a safe space to talk and share worries and thoughts made staff feel like they weren't going through the pandemic alone. Commitment to clients shone through, despite feeling frightened staff knew they had to persevere for the sake of their clients.

There was also a commitment to colleagues and supporting each other through difficult times.

One staff member reported she had a picture of her daughter dancing on a beach in the sunshine next to her computer and at times of feeling overwhelmed used this picture to remind herself that this will pass, and things will be ok.

Dr Subha Thiyagesh and Interim Director of HR (at the time) Lindsay Jensen were asked to witness the document and their thoughts and feelings on the document were fed directly back to the team.

As a result of the project the team are more connected and are more conscious of how to stay connected, inside and outside of work. New work routines to support each other have

been developed and new members of the team, and what they may need are fully considered.

The project identified reflection time, and its importance, to give people the opportunity to reflect when needed.

MBu thanked Jane for her story, noting it is a strong reminder of what everyone has been through.

Nat McMillan (NM) acknowledged the Trust has stretched services and asked if there are any plans to share the outcomes of JG's project across the Trust?

JG reported that looking after staff is about compassionate focussed leadership, reflective practice and acknowledging how hard things can be. In terms of recruitment to reduce pressure, work with the commissioners is ongoing, and having students on placement allows staff to share their passion and then the Trust becomes a place that people want to work.

NM noted how this work can feature in the broader organisational development strategy and look at short- and medium-term goals to support colleagues.

Greg Moores (GM) reported JG's story is timely as there is an extended Executive Management Team meeting about hybrid working soon, and GM stated he would like to catch up with JG prior to this meeting to share some of her learning.

Action: Greg Moores

Mark Brooks (MBr) queried if everyone from the team engaged in the project?

JG reported engagement was not mandatory, but everybody wanted the chance to have their say, and some found it more emotional than others. Once the project got going and people understood what its purpose was, they wanted to share their thoughts and feelings with others. The team has changed a lot since the project and newer members of staff have benefited from this.

Darryl Thompson (DT) noted there is a possibility staff have experienced trauma through the pandemic and queried if any staff from the project had accessed the West Yorkshire health and wellbeing resource for support?

JG reported she knew that staff were aware the support was there and were signposted by managers where appropriate

MF asked for more detail about a contribution to a book chapter.

JG reported group of psychologists are writing a book and one of the chapters is about working with staff teams and JG is linking with a psychologist in Manchester to share the project findings.

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

TB/22/69 Chair's remarks (agenda item 7)

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

- Private risks
- Ward 19 extra care area business case approval
- Bretton Centre contract
- IT services contract reprovisioning

- Pharmacy contract
- Complex incidents report
- CAMHS performance report

It was RESOLVED to NOTE the Chair's remarks.

TB/22/70 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- MBr gave thanks to Trust staff for their resilience during the recent heatwave where temperatures reached close to 40 degrees, MBr noted the Trust had good plans in place and had responded well
- When temperatures escalate fire alarms can trigger, and where this had happened staff responded well and in line with protocols
- Some Covid restrictions have been reintroduced in the Trust with rising prevalence in our communities, although in the last seven days staff absence from Covid has reduced
- There is a strong prevalence of flu in Australia and New Zealand at present which may indicate a challenge in the UK for the coming winter
- Vaccination guidance has been released and for the autumn and over 50s, those that are clinically vulnerable and patient facing staff will be eligible for booster vaccinations
- The LeDeR report (review of learning disability lives and deaths) has been recently published and highlights that approximately half of the deaths of people with a learning disability last year were avoidable. This further highlights the issue of health inequalities and as an organisation that provides learning disability services we need to identify and implement the learning taken from this report
- A national women's health strategy has recently been released
- Integrated Care Boards are now statutory entities, and initial governance meetings have taken place in July, and these meetings are now looking to focus on making improvements and addressing health inequalities
- The cost of living continues to increase, and we have temporarily increased mileage rates to support high mileage staff.
- Business Delivery Units have been changed to Care Groups; a piece of work led by Carol Harris our Chief Operating Officer
- Our physical health expert Mo, is leading a piece of work for staff to look after their physical health
- A member of staff received a very touching letter of thanks from a family who lost a loved one

NM noted the LeDeR report was discussed as CGCS last week – and gave thanks to the quality team, for keeping the Committee up to date, and reported CGCS will receive a further update in September.

In reference to the LeDeR report, CH noted that work being conducted by the Trust with primary care in Wakefield has been noted as good practice.

EM asked if discussions are taking place with the unions about industrial action over pay?

GM reported this is taking place. Pay is governed by national powers, there is a risk of industrial action, but we have good relationships with unions locally.

DW asked if there is an increased risk of spreading Covid-19 now that extended sick leave has been abolished.

MBr reported the Trust has counter measures in place, such as mask wearing in clinical settings to reduce this risk.

GM reported staff still get paid sick leave if they are off with Covid-19, it is the extension past six months that has been now removed.

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

TB/22/71 Risk and assurance (agenda item 9)

TB/22/71a Board Assurance Framework (agenda item 9.1)

Julie Williams (JW) introduced the item and highlighted the following points:

- All strategic risks, controls and assurances have been reviewed
- **Risk 3.4** is a new risk- Failure to embed new ways of working and develop digital and creative innovations resulting in reduced inability to meet increasing demand and less efficient service provision – this has been given an initial grading of yellow.
- On 7 July the Executive Management Team (EMT) discussed the following risks in detail and agreed to recommend the following ratings:
 - Risk 1.1** - The new NHS landscape of integrated care boards, place-based partnerships and provider collaboratives could lead to changes and variations in local priorities resulting in service inequalities, and differences in our offer in each place - To remain Amber
 - 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 – To remain Amber.
 - Risk 3.3** – Capability and capacity gaps and / or capacity / resource not prioritised leading to failure to meet strategic objectives – To remain Yellow.
 - Risk 4.1** – Inability to recruit, retain, skill up appropriately qualified, trained and engaged workforce leading to poor service user experience – To remain Amber.

MBr reported at the EMT it was noted the BAF has been subject to several areas of challenge at Board meetings in relation to workforce, the impact of acuity and demand and its impact on quality, and capacity and capability.

When we have reviewed our strategic risks, we have not seen any key changes in the position on workforce, quarter on quarter, and in a similar manner our quality metrics from the integrated performance report have showed little variation. EMT therefore recommend that risk gradings should remain the same at this time.

It was RESOLVED to NOTE the report and APPROVE the updates to the Board Assurance Framework

TB/22/71b Corporate / organisational risk register (agenda item 9.2)

Julie Williams (JW) introduced the item and highlighted the following points:

- This is the review of the organisational risk register for Q1 22-23
- Following Board in April 2022 there has been a significant review of risk controls
- Three new people risks, and one operational risk have been added

MBu asked to go through risks in turn and invite comments from Committee chairs and lead executives:

- **New risk** - Staff wellbeing continues to be a pressure in relation to physical and mental health, this has an impact on the overall workforce and related KPIs

GM reported this new risk has arisen as result of the review of Covid specific risks. Covid risks **1536** (BAME staff health disproportionately affected by the impact of Covid-19) and **1612** (low uptake of the vaccine by staff at high risk could lead to disproportionate risk of infection across the Trust) have been merged to create this new risk. GM is looking at data

to identify whether a further risk is required specifically in relation to BAME staff and staff with disabilities.

EM noted the Board has been hearing of continued pressures from service demand, how do we engage with staff to see what they feel about their current wellbeing?

GM reported the data suggests there is not a lot of movement in relation to sickness, amber is the right grading at this time. There is lots of good work taking place in relation to staff wellbeing and we continue to engage with staff on how to make things even better.

MBr reported as part of the system oversight framework all NHS trusts are now conducting quarterly staff surveys and so the Trust is getting regular feedback.

GM noted the Robertson Cooper staff wellbeing survey provides further comprehensive data around wellbeing.

MF queried if there is potential consequence of reduced delivery of potentially unsafe and reduced quality of services as a result of this risk?

GM agreed to review the wording of the new risk to reflect a more detailed consequence in line with 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.)

ACTION: Greg Moores

- **1614** (as above) – DT reported has been separated out to reflect the safety and quality impact of staff shortages and will be overseen by Clinical Governance Clinical Safety Committee.

MG and GM confirmed this risk had been reviewed at the Workforce and Remuneration committee (WRC) to ensure the different elements of risk 1614 and risk 1151 (Risk of being unable to recruit and retain clinical staff due to national shortages and growth in mental health investment/ commissioning which could impact on the safety and quality of current services and future development) had been clearly articulated. Risk 1151 will remain aligned to WRC.

- **1530** - Risk that demand continues to rise placing further pressure on access to services and waiting lists.

CH reported following review of the Covid risks the risk description has been updated to reflect that the new risk is demand in general, not just in relation to Covid and the action is about gaining a better understanding of how demand will increase. This is likely to result in a number of additional actions being logged for the Q2 report.

- **275** – Risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners.

SY reported this risk will now move to CGCS instead of Finance Investment and Performance Committee (FIP) as the risk is more about impact, as opposed to the lack of resources. NM reported CGSC agree with the new alignment.

- **1511** – Risk that carrying out the role of lead provider for forensics across West and/ or South Yorkshire will result in financial, clinical, and other risk to the Trust.

SR reported given the delineation of Collaborative Committee (CC), it has been agreed to move this from CGCS to CC.

- **1159** - Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity.

MBr reported Audit Committee (AC) has taken responsibility for Health and Safety from CGCS and this is why the risk has been aligned to AC instead of CGCS.

- **522** – Risk that the Trust's financial viability will be affected because of changes to national funding arrangements

MBr reported financial risk is low for this financial year, but this may change from 2023-24. The proposal is to move the risk to a local risk register and escalate back to the ORR should the risk increase in the future.

- **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.

MBr reported this risk shows the historic position when tendering for business was regular practice. With the development of Integrated Care Systems there is a duty of collaboration and partnership working and therefore less likelihood of tendering.

- **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

MBr reported given the current financial position of the Trust the risk is significantly reduced for the current year, hence the scoring moved from possible to unlikely

- **1368** – Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people requiring admission to hospital will be unable to access a CAMHS bed. This could result in quality of care being compromised and places additional pressure on staff when young people are cared for on adult wards in the secure CAMHS estate or in acute hospitals supported by the Trust's CAMHS service

CH reported the service had initially recommended reducing the risk as a result of access to Red Kite View beds and a low number of children being placed on adult wards. Since this review demand has gone back up.

CH will therefore review the risk further and reconsider the grading of this risk and report into EMT.

ACTION: Carol Harris

- **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.

MBr reported the Trust is constrained by the ICS capital limit as to how much capital it can spend. For 2022-23 we are fine, but there may be a challenge for next year 2023-24. In the short term we will reduce the risk, but it will likely increase next year.

- **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.

GM reported the risk likelihood has reduced from 4 to 3 and MG agreed, noting it was supported by WRC.

- **1527** – Risk that the Covid-19 testing regime is delayed or inadequate leading to sub-optimal utilisation of staff and sub-optimal care.

DT reported the testing regime for staff is now through lateral flow and so the recommendation is for the risk to be closed.

- **1432** – Risk of lack of succession planning and talent management may lead to gaps in key roles and fail to promote diversity.

GM reported the wording has been amended and is presented for approval.

- **1528** – Risk that new models of care arising from Covid-19 are not adequately tested, leading to a deterioration in the quality of care.

DT reported as part of living with covid there are existing processes where new models of care are presented to the Operational Management Group (OMG) and Executive Management Team (EMT) for approval. Recommended to close.

- **1531** - Service users with protected characteristics and specifically from a BAME background and people with a learning disability may be disproportionately affected by Covid-19.

DT reported the consequence score has reduced but likelihood remains the same. Processes are in place to identify those that are clinically vulnerable. There are also processes in place to recognise those that have come into our care who haven't been vaccinated.

- **1545** – Increased risk of legal action as a result of decisions taken or events that have taken place during Covid-19

JW reported the terms of reference for the Covid-19 inquiry and the scheduling of different stages of the review. The Trust is not impacted by stage 1, but by stages 2 and 3. The risk needs to remain as we don't yet know the outcome of the enquiry. MBr also noted there is a case potentially going to an employment tribunal in October 2022. Recommendation to retain.

- **1567** – Inability to meet the competing demand of responding to current waves of the pandemic, the regulatory reporting and restoration drives.

MBr reported this risk related to responding to continuing waves of the pandemic. The Trust now has established processes for dealing with future waves and is now part of how we operate. Recommendation to close.

- **1536** – BAME staff health and wellbeing is disproportionately adversely affected by the impact of the Coronavirus.

GM reported this risk has been merged with 1612 (below) to create a new risk as cited at the start of this item and as such these will both be closed.

- **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.

MF commented the new risk needs to have actions that will reduce the risk to be within its risk appetite. 1536 was one of the few risks where the target score remained outside of risk appetite.

GM reported the actions have been transferred into the new risk.

MF noted the risk heat map was missing from this set of Board papers.

Action: Julie Williams

It was RESOLVED to REVIEW and COMMENT on the risk register and;

- **AGREE the new risk scorings for risks 1614, 1151, 1114, 1368, 1585, 1615, 1531**
- **AGREE the new risk description following the merging of covid specific risks 1536 and 1612**
- **AGREE the new risk description of 1530 which was previously a covid specific risk**
- **AGREE the amended risk description of risk 1432**
- **AGREE to move risk 275 from FIP to CG&CSC**
- **AGREE to move risk 1511 from CG&CSC to the new Collaborative Committee**
- **AGREE to move risk 1159 from CG&CSC to the AC as it is a health and safety risk and as per terms presented to the June Board.**
- **AGREE for covid risk 1545 to remain due to ongoing legal action.**
- **AGREE to the removal of risks 522, 1077, 1527, 1528, 1567, 1536, 1612**

TB/22/71c Patient Experience annual report (agenda item 9.3)

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

- The annual report has been discussed in depth at CGCS
- It is acknowledged the report is data heavy and a review process is being discussed so that future reports include more analysis of the data
- For the financial year 2021/22 the customer services team received and dealt with 777 items of feedback in the form of complaints, concerns, and comments (excluding compliments). This is an 8% increase compared to 2020/21.
- Re-opened complaints have reduced to 6% (normally 12-13%)
- The report explains contact with the Parliamentary ombudsman
- 76% of 370 complaints were dealt with by way of local resolution
- Delays in sign off have been acknowledged and an action plan is being presented to EMT

NM reported as Chair of CGCS there is lot of work taking place to improve annual reports following feedback from the Committee and they are evolving. This is our patient experience report but has a real focus on complaints and we want to look at how we can broaden the report to take account of the whole experience.

Action: Darryl Thompson

MBr noted the Trust needs to consider how it uses this report. Feedback, complaints, and compliments need to be used to help the Trust improve. An improvement and inclusion lens to all reports will help them develop. MBr queried the 40-day response rate, which is more challenging than the national target and needs to be reviewed to see what is achievable.

Action: Darryl Thompson

MF noted formal complaints involving staff attitude are not meeting performance targets but queried how many staff interactions are there in a year? Do we need to review this target as the number of complaints involving staff attitude seems very low next to the number of contacts staff will have with service users and carers during a twelve-month period? In the compliments section staff attitude is nearly always the top positive.

Action: Darryl Thompson

MF noted the data regarding the 40-day target but queried if the Trust has missed the six-month target as this is the national target?

MBr confirmed some complaints have gone past the six-month target.

MBu asked that all points raised should be dealt with through CGCS and then DT can consider what targets may be appropriate. It is not always about the complaint answer but whether the complaint has been resolved. Timescales for complaints need to be carefully considered as does the quality of the complaint response.

DW raised family and friends' feedback and Attention Deficit and Hyperactivity Disorder (ADHD) stands out.

CH reported this is often because of waiting times, but sometimes people are unhappy when they have waited for a diagnostic assessment and are told they haven't got the diagnosis. An invited review of the ADHD and Autism Spectrum Service (ASD) is taking place, conducted by the Royal College of Psychiatry.

It was RESOLVED to APPROVE the Patient Experience - Customer services annual report 2021/22

TB/22/71d Health and Safety Annual report (agenda item 9.4)

Nick Phillips (NP) introduced the item and highlighted the following points:

- This the annual safety services report to the Trust
- It documents what has taken place in 21/22 and what plans are in place for 22/23
- It includes all safety services teams - Health and Safety, Fire Safety, Emergency Preparedness Resilience and Response (EPRR) and Security
- It makes sure the Board and Trust are discharging their duties under the Health and Safety Act and Fire Reform Order
- The report has been reviewed by EMT and the Audit Committee (AC) and was recommended to progress to Trust Board for approval
- Covid had a large impact last year
- Despite this fire training has remained high at 91.7 %
- The Health and Safety audit received its highest return figures yet
- Key priorities for 22/23 are for fire training to return to face to face where most appropriate
- EPRR core standards are resuming and will change, and the Integrated Care Board will take on new responsibilities

NP explained the context of the rolling ligature audit. The environmental safety group has been through a process to pick a door for bedrooms bringing in the latest technology for ligature risk reduction. The Trust is moving towards the end of the installation process, and the technology brings increased assurance for the safety of patients in our wards.

NM asked to see the progress regarding the ligature audit and progress of the programme. It was agreed progress should be reported into both AC (audit actions) and CGCS (clinical risk)

Action: Adrian Snarr/Darryl Thompson

DT reported there is a summary of incidents including the door ligature programme going to CGCS in September.

MF reported on a recent quality monitoring visit to Kirklees Intensive Home-Based Treatment Team (IHBTT), and staff were noted not to be using lone worker devices

NP reported the Trust is less prescriptive about which lone worker devices are used now, as long as there is a process used by the team that can be demonstrated to be effective.

It was RESOLVED to APPROVE the safety services annual report 2022/23 including the action plans for the year for all the safety services teams.

TB/22/71e Premises Assurance Model (PAM) annual report (agenda item 9.5)

Nick Phillips (NP) presented the item and highlighted the following points:

- This is an NHS England submission we make annually
- The submission covers contract management (including value given), health and safety, compliance around food etc.
- This all has to be evidence based, with interviews by assessors
- NP then assesses the outcomes to provide assurance before submission

MBu reported she has seen the document, which is comprehensive and is assured by it.

NP reminded the Board it is being asked to approve the submission, not the actual report.

EM noted the size of the report and asked how it is checked?

NP reported each individual item is checked and then NP performs random sample checking with the managers for each area.

MF queried if it is credible the Trust has nothing that requires minimal improvement.

NP reported it is credible, there were areas last year where we required minimal improvement and cross checking against other organisations has taken place.

MBu thanked NP and his team for the all the work carried out.

It was RESOLVED to NOTE that the Trust has rated itself “good” using the Premises Assurance Model and APPROVE the full submission being uploaded to the NHS England portal.

TB/22/71f Assurance and receipt of minutes from Trust Board Committees and Members’ Council (agenda item 9.6)

Audit Committee 12 July 2022

MF highlighted the following:

- The Audit Committee has taken over responsibility for Health and Safety
- EMT are going to review risks aligned to the Committee
- The Risk management procedure was reviewed
- The review of Standing Financial Instructions and Scheme of Delegation have been deferred pending the arrival of the Director of Finance, Estates and Resources
- Risk triangulation report received
- Substantial assurance for the Data Security and Protection Toolkit

Clinical Governance & Clinical Safety Committee 19 July 2022

Nat McMillan (NM) reported the following:

- The Committee was unable to recommend the drugs and therapeutic annual report this time due to the absence of the Chief Medical Officer at the meeting
- The Patient Safety strategy update was received, showcasing the excellent work that has taken place

- Learning Disability waiting lists were considered and a lot of work is taking place to improve waiting times
- Sancus report – the Committee was assured about the new process put in place regarding serious incidents (SIs) and CGCS will now monitor SI action plans
- Pressure ulcers update was received

Finance, Investment & Performance Committee 27 July 2022

David Webster (DW) highlighted the following:

- Agency spend is high and agency caps may come in at ICB level, but this shouldn't present an issue
- The forecast currently is a growing surplus
- An underspend on the Bretton Centre in year is now expected, which is a potential risk for next year
- There may be calls on our surplus from other areas and this is being reviewed by the Deputy Director of Finance

NM reported the surplus we have, is not the surplus we want as we would prefer to be spending monies on increased staffing, and this is discussed regularly at the committee.

Workforce and Remuneration Committee 5 July 2022

Mandy Griffin (MG) highlighted the following:

- Recruitment and retention were considered
- Approved the clinical excellence awards
- Supported the recruitment of the primary care executive advisor
- Good discussion took place around the four allocated risks

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

TB/22/72 Performance (item 10)

TB/22/72a Integrated Performance Report (IPR) Month 3 2022-23 (agenda item 10.1)

SY introduced the summary dashboards and priority programmes:

- This month's IPR reflects the updated metrics and priority programmes agreed by Trust Board for 2022/23.
- A small number remain in development and some metrics are reported quarterly – these are specified in the report.
- For some metrics we recognise that it will take time for the improvement work taking place to take effect and as such work is being carried out to determine if having phased targets during the course of the year will be more appropriate.

Priority programmes

- Progress is being made to enable a reduction in the number of out of area placements.
- The inpatient improvement programme is aiming to address many of the workforce challenges specific to inpatient wards.
- Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.
- A programme of work has commenced on improving access to care, with a specific focus on creating a framework and improvement plans for reducing waiting times and providing support for people while they wait.
- Recruitment and retention work is ongoing in all places and services

- A project has been mobilised to oversee and facilitate the introduction, configuration, and development of digital personal health record capabilities for our service users through the portal Patient Knows Best (PKB).
- Work continues to scope out the details of programmes and areas of focus. This section of the IPR is continuing to evolve.
- Community transformation work continues

Inequalities

- The Trust led a discussion in a regional event hosted by Health Education England around the use of lived experience as part of the workforce including peer support workers.
- A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee.
- Work in places to address health inequalities continues, in particular those with serious mental illness and learning disabilities
- The Equality, Inclusion and Engagement Committee (EIEC) and Mental Health Act Committee (MHA) reports have been received which highlight the use of our services by people with protected characteristics through means of access and location. This is being fed in through Equality Impact Assessments (EIAs) into community transformation projects and improvement programmes

Quality

- The Trust continues to perform well despite challenges
- A focus remains on documentation – care planning and risk assessments - and improvement plans are in place and ongoing
- Information Governance (IG) breaches have increased, and this remains an ongoing priority

People

- We continue to work on recruitment and retention challenges

NHSI Metrics

- We continue to perform well against national metrics

MBu thanked SY for her summary and asked individual directors to raise salient points.

Covid-19

DT highlighted the following:

- There has been one Covid-19 outbreak on Newhaven, but given the level of prevalence in the community this helps illustrate our controls and processes are largely working well
- There is a current challenge regarding patients being required to isolate when testing positive

Quality

DT gave the highlights from the report:

- IG breaches have been higher in month than normal. Further examination has revealed information shared has typically been to other health sector organisations, with their own data protection processes, and the level of risk is therefore reduced
- The communications team are sending out reminders regarding the importance of IG
- Performance against risk assessments in inpatient and community settings remains below target but action plans are in place to address

- Care planning is also under target. A review of the metric is taking place with an interim metric being considered. A timeframe for the final metric is to be confirmed to Board.

Action: Darryl Thompson

A discussion followed in respect of the challenges regarding care planning. It was agreed that this would be discussed with the ward managers' meeting before private board in the afternoon and a presentation about the care planning process through SystmOne could be given to a CGCS and then fed back to Board.

Action: Darryl Thompson

A further discussion followed about SystmOne and multiple care plans being in existence. All required sign off in order to perform against the metric. SY reported there is an improvement programme in place for care planning, which will include all aspects of the work and this overview should be used to feedback. DT agreed and stated this work will be used to feed back through CGCS as actioned above.

DT continued the quality highlights:

- One pressure ulcer has been defined as attributable and there are no lapses in care identified
- People dying in a place of their choosing is back on target
- Falls have moved back to be within common cause variation
- On Elmdale ward there has been a sickness and diarrhoea outbreak

NM asked for a review pressure ulcers to be taken through CGCS

Action: CGCS

NHSI national Indicators

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

- In line with national targets
- There is one red metric, which refers to pediatric audiology and relates to a small number of patients. This is affected by Covid outbreaks and is improving.
- OOA bed placements are high, we have a revised trajectory and CH, ST and MBr are meeting with West Yorkshire colleagues and NHSE/I to review various performance and discuss improvement plans.
- Children and young people eating disorders, this metric is also based on very low numbers
- We had been through a recent period of not using any adult beds for children/young people, but we did use 16 days for children/young people in adult beds in June.

Locality

CH highlighted the following points:

- There is a focus on supervision and mandatory training in all areas with a focus on targeted hotspots
- Recruitment remains challenging
- The reset and recovery operational priority programme has been moved into improving access to our services and addressing inequalities. This work is being aligned into data quality work.

Child and adolescent mental health services (CAMHS)

- Waiting numbers for neurodevelopmental services remain problematic with increased capacity reducing waiting lists marginally
- Calderdale and Kirklees crisis teams are under pressure and staff are being moved from Core CAMHS to support demand, which in turn places pressure on Core CAMHS
- Core CAMHS in Wakefield is a current concern in relation to waiting lists
- Staffing pressures are present in Adel Beck and Wetherby

- Autism Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD) services have had an increase in referrals, and we are working with commissioners to resolve this
- Dr Marios Adamou has been asked to contribute to the development of national autism standards

Barnsley general community services

- There are staffing challenges in neurorehabilitation
- Rotherham commissioners have been looking for other providers to take on elements of their neuro rehab provision
- Barnsley commissioners have provided a new specification that we are configuring
- Children's speech and language therapy waiting times have gone up. There are increased levels of referrals across all children's services
- A new risk is emerging in relation to "vacation cosmetic surgery" where people are going abroad to have cosmetic surgery and then presenting issues to our tissue viability services

Barnsley community mental health

- Communication issues between inpatient services and community services means discharges have been affected, including performance against the 72hr follow up target,
- Focused work has taken place to identify the issues causing this and actions have been put in place to address.
- A return to face to face to training for aggression and violence has caused some initial issues, in relation to staff attendance but this has now been successfully resolved
- There is the development of an all age eating disorder services
- Neighbourhood hubs are developing in Barnsley including Trust staff and primary care staff at Wellington house

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

- NM has already provided assurance from CGSC regarding LD waiting lists
- A review of long-term segregation arrangements has taken place and identified people are not getting sufficient access to outside space. There are also challenges around reviews from external medics and work is taking place to address these points
- In forensics, vacancies and turnover remain high but we have recruitment taking place
- We have newly qualified staff waiting to start in September
- Consideration is being given to setting up a forum for new starters to meet the operational leads and discuss any issues that are coming to light with a view on retention.
- Johnson ward report – whistleblowing report – the final draft has been received and is being reviewed and we are working on an action plan to deal with the issues raised.

Inpatient Services (Barnsley, Calderdale, Kirklees and Wakefield)

- High activity continues
- OOA have reduced slightly
- The seven-day leadership team is working well to manage services out of hours
- There has been success in recruitment into inpatients
- Single Point of Access teams remain under pressure and additional staff have had to be used.

EM queried if community services are under more pressure in certain areas of the Trust and noted supervision is still behind in many places.

CH reported pressures in community services and there are still a number of vacancies. GM is developing a report highlighting where community staff move to when they leave community services. Some staff have moved to new primary care roles, but it should be noted that in the long term these primary care roles will help with demand.

GM reported movement of staff from inpatients to community is now happening in the first twelve months as opposed to after a number of years, which was the previous experience

DT reported the knock-on effect of this is band 6 staff with less experience are now our gatekeepers, noting this is a national picture.

EM queried if Trust data is sufficient to highlight areas of risk in relation to community services.

CH reported risk assessment are broken down into community and inpatients.

MBr reported serious incident date is aggregated as are many of the indicators in the IPR.

EM asked if more data should be reviewed as community data to show trends. It was agreed this would be part of the IPR development to be led by CH and DT.

Action: Carol Harris/Darryl Thompson

DT reported incidents are reviewed through Committee and if there is a trend change it would go to CGCS and then to Board. JW noted incidents are also discussed in detail at OMG.

Communications, Engagement and Involvement

SY reported:

- The comms team remain busy with internal work, priority programmes including focused work around recruitment and retention, and supporting staff through the heatwave
- They continue to work with partners in places to work through how we will communicate through place

GM noted there is good work going on between Human Resources and Communications teams about reshaping Cheryl Watterston's previous role (Workforce Race Equality Standard Organisational Development Lead) and how this can be reshaped to promote the health inequalities agenda.

Finance and Contracts

Rob Adamson (RA) highlighted the following points:

- The Trust has a financial plan for a surplus of £3.2m. The first quarter had a predicted surplus of £2.3m and has achieved £2.7m as a result of additional income and vacancies
- National inflationary cost pressures are starting to emerge
- There is increased forecast spend for the rest of the year, the Trust is trying to utilise all the money it has to support service access and improvement, which relies on a growing and expanding workforce
- The agency cap is coming back via integrated care systems as part of the system oversight framework

MBu expressed concern about the agency cap and MBr noted the need to get staff in place to fill vacancies so that the Trust is not as dependent on agency.

Workforce

Greg Moores (GM) highlighted the following points:

- The people section of the IPR is a work in progress and he would welcome feedback from board
- Employee relations information has not progressed due to national ESR issues
- GM will continue to review targets to ensure they are appropriate
- Vacancies – our overall vacancy rate is c16%
- There is variation, Calderdale Kirklees and Wakefield vacancy rates are between 7-8%, inpatients and forensics are around 19%

- Turnover, overall is at 15.8%
- Again there is variation, in LD services it is 23% and in IT services 6%
- Sickness absence is 4.6%, on target, but in forensics and inpatients this is higher
- Appraisals - GM has asked for in date appraisals to be considered as a new metric
- A new overall training figure is 89.3%, with best performing 91% and worst performing 80%

MF noted an increase of breaches of working time directives and queried if there is any impact or penalty for the Trust.

GM reported under junior doctors' terms and conditions there can be penalties but will check for any corporate penalty

Action: Greg Moores

NM asked to note the quality of service the Trust delivers given the pressure and demand the Trust is under. Thanks need to be given to the staff and recognition for their work.

EM questioned if there was any information on international recruits in terms of numbers and successful transition through the process. In relation to vacancies is there more detail about doctors or nurses and which care groups are affected.

GM reported he is taking the detail to WRC rather than Board and is happy to be challenged on this.

MG reported this is being reviewed in detail in WRC and should there be any need to report by exception this will be drawn out in the AAA report.

SY commented that the Trust has committed to ensuring equality and inclusion is a golden thread through everything. We need to have two or three indicators in the workforce section for Board focus.

GM agrees and will review this.

Action: Greg Moores

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

TB/22/72b NHS Staff Survey Update (agenda item 10.2)

GM introduced Ashley Hambling who highlighted the following points:

- The paper reflects the NHS staff survey results from October/November 2021
- The survey was redesigned in 2021 around the NHS People promise indicators
- This limits comparison to previous years
- Overall at a Trust-wide level our results are positive
- Five of the nine key themes are better than the national average benchmark score for similar NHS providers
- Health and wellbeing – we had the highest score in W Yorkshire
- Staff engagement – we retained our score in this field
- Morale – is 0.2 above the national average
- The Trust is considered to be compassionate and inclusive
- “We each have a voice that counts” – received an average national score
- “We work flexibly” also received an average national score
- “We are always learning” received a lower-than-average score as did “We are a team”
- The report provides more detail around care group level results and there is variation across these results from our different services
- CAMHS Wakefield and support services had very positive results
- Menta Health inpatient services and forensic services were less positive

- Staff group feedback – there is also variation here, colleagues in lower bands have lower staff satisfaction and medical staff have the highest
- Workforce Disability Equality Standard (WDES) and WRES results improved significantly on last year
- Action planning – we have shared the results in various forums and taken feedback into WRC and EIIIC and EMT.
- A request has been made of local services to review their results and formulate key actions for improvement
- An update report is being taken into WRC in September to monitor progress

GM noted this will tie in with the wider Organisational Development (OD) approach and we need to use these types of surveys to test our OD approach. We need to rethink how we use our resources. This level detail will be going to WRC in September.

MBr noted when compared with neighbouring Trusts we are doing well.

NM supported working on the development of the OD strategy and approach and move away from surveys.

CH noted inpatients and forensics and had been mentioned in the same way with the IPR – forensics is an inpatient service. They share similar issues because they are inpatient services.

A discussion followed that “we are a team” refers to individual teams rather than the wider “SWYPFT team”. AH clarified that the “we are always learning” results are very positive for staff groups such as qualified nurses but are considerably lower for lower banded staff.

GM reported it is possible to draw a line between some of the feedback and information from other sources, particularly exit questionnaires. There are themes from exit data regarding career development, flexible working and access to training. This is helpful because they are tangible, and we can do something about them.

DW noted we are getting a good representation of the workforce in our results.

AH noted there has been a decline in response rate but we run other surveys and so we have to look at the broader picture.

EM queried the workforce race and equality data; it does say that BAME colleagues are suffering less bullying but more discrimination and harassment.

AH noted the report is quite brief for Board in this area and will happily pick this up with EM outside of the meeting.

Action: Greg Moores

It was RESOLVED to NOTE the report and the high-level actions and next steps.

TB/22/73 Integrated Care Systems and Partnerships (agenda item 11)

TB/22/73a South Yorkshire update including South Yorkshire Integrated Care System (SY ICS) (agenda item 11.1)

SY reported this is the new structure to the integrated care systems and partnerships section. There are three sections, South Yorkshire report, West Yorkshire report, and provider collaboratives and alliances. Presenting the report in this way shows the amount of work taking place and how many meetings there are for Board members to attend.

Feedback from the Board is that the new format is much easier to digest.

MBr and SY asked to take the paper as read including the updates for Barnsley:

There were no questions.

It was RESOLVED to NOTE the South Yorkshire ICS update

TB/22/73b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

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

- On 19 July 2022, the first public Wakefield Health and Care District partnership meeting was held. The focus for one of the items was on the Mental Health Alliance. Amanda Miller from the Trust's Wakefield community mental health services presented the community transformation work the Trust is carrying out in Wakefield and it was very well received.

SY reported at the System Executive Leadership meeting for West Yorkshire, the Trust and its partners in Calderdale shared a presentation on creativity and health. The learning from Calderdale was shared including being a catalyst for change, by shaping a creative health offer in mental health, community, learning disability and autism services.

The ICS has been completing work through the national centre for creative health and the Trust has led on this work on behalf of the ICS. This has involved talking to places about what they are doing in terms of their creative health offer, to map out what is in place with a view to developing a West Yorkshire ICS hub for creative health. This was well received, and the Trust will continue to play a strong role in shaping his work.

As a related point there are conversations taking place with Huddersfield University considering an academic health innovation hub.

It was RESOLVED to RECEIVE and NOTE the update on the development of Integrated Care Systems and collaborations:

- **West Yorkshire Health and Care Partnership;**
- **Local Integrated Care Partnerships - Calderdale, Wakefield and Kirklees**
- **Receive the minutes of relevant partnership boards/committees**

TB/22/73c Provider Collaboratives and Alliances (agenda item 11.3)

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

- The report is structured to reflect the delineation of the provider collaboratives from Trust business as a provider
- South Yorkshire and Bassetlaw name is still relevant for the adult secure provider collaborative, even though the Bassetlaw element has been dropped from the ICS
- Phase 2 (national context phrasing) of the next provider collaboratives for South and West Yorkshire will be forensic CAMHS and perinatal services

Mbu asked to discuss these two items with MBr outside of the meeting

Action: Marie Burnham/ Mark Brooks

A discussion followed about the NHSE taking consultation about phase 2 and deciding whether it should be a provider collaborative or not, and whether this decision is down to NHSE or the providers.

SR explained provider collaboratives in this context refer to NHSE delegating its specialised commissioning responsibilities to an entity such as a provider collaborative and so NHSE hold the power to make that decision.

EM queried now that ICS has a statutory footing and our required attendance at more meetings, are we now having to report more Key Performance Indicator's (KPIs) and do we have capacity to manage this?

MBu reported this is for MBr to discuss with the executive team to look at capacity and the Non-Executive Director portfolio's as well. There is also a role for governors to review.

It was RESOLVED to RECEIVE and NOTE the Specialised NHS-Led Provider Collaboratives Update.

TB/22/74 Governance (agenda item 12)

TB/22/74a Assessment against NHS Constitution (agenda item 12.1)

JW read the statement to be agreed by Board:

- This is the required annual self-assessment of the Trust as to whether we meet the rights and pledges set out in the NHS constitution and clearly identifies this in our annual report and annual governance statement for 21-22.
- The Trust Board is therefore asked to review and approve this annual assessment of compliance with the NHS Constitution.

It was RESOLVED to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.

TB/22/75 Strategies and Policies (agenda item 13)

TB/22/75a Social Responsibility and Sustainability Strategy update (agenda item 12.2)

SY asked to take the paper as read and reported this is the final draft of the strategy for final approval and comments.

The Board agreed this was an excellent strategy.

MF queried where the strategy should report in terms of Board committee.

SY reported this would be EIIC in the first instance with similar people being present working on this agenda.

MG reported a discussion had taken place; we need a twice-yearly update to Board but the monitoring will go through EIIC.

MBr reported it can be reviewed through the committee effectiveness process.

AL noted the EIIC terms of reference need updating to include this in its duties.

Action: Andy Lister

It was RESOLVED to APPROVE the strategy, AGREE the preferred method of governance and CONSIDER the alignment description.

TB/22/76 Trust Board work programme 2022/23 (agenda item 14)

AL reported all requested changes from last months board meeting have been implemented.

It was RESOLVED to APPROVE the updates to the work programme.

TB/22/77 Date of next meeting (agenda item 15)

The next public Trust Board meeting will be held on 27 September 2022

TB/22/78 Any other business (agenda item 16)

Signed: 

Date: 27 September 2022