

**Minutes of Trust Board meeting held on 28 June 2022  
Large Conference Room Wellbeing and Development Centre  
Fieldhead Hospital**

<b>Present:</b>	Marie Burnham (MBu) Mike Ford (MF) Mandy Griffin (MG) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) David Webster (DW) 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 Deputy Chief Executive/Director of Strategy and Change
<b>Apologies:</b>	Nil	
<b>In attendance:</b>	Greg Moores (GM) Sean Rayner (SR) Julie Williams (JW)  Andy Lister (AL)	Chief People Officer Director of Provider Development Assistant Director of Corporate Governance, Performance and Risk Company Secretary (author)
<b>Observers:</b>	Stephanie Hattersley Ruth Foxcroft Izzy Worswick  Two members of the public	Insight Programme Candidate Customer Services Manager Associate Director- Provider Collaboratives and Planning

**TB/22/48 Welcome, introduction and apologies (agenda item 1)**

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting. No apologies were received, the meeting was deemed to be quorate and could proceed.

MBu outlined the Microsoft Teams and Board 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/22/49 Declarations of interest (agenda item 2)**

The Chair reported the following updates to declarations of interest for Board members:

Name	Declaration
<b>Chair</b>	
Marie Burnham	Independent Chair of Central Lancashire place Independent Chair of NICE Committee for weight management Independent Chair of West Yorkshire Joint Clinical Commissioning Groups (ends June 2022) Chair of Pennine Multi Academy Trust
<b>Non- Executive Directors</b>	
Mike Ford – Senior Independent Director	Chair of the Joint Audit Committee for the West Yorkshire Combined Authority and West Yorkshire Police from 1 June 2022.
David Webster – Non-Executive Director	Horizon Platforms Ltd - Director & Minority Shareholder (Horizon supplies SWYPFT with powered access) Tango Residential Ltd - Director & Joint-Owner The Mast Academy Trust - Non-Executive Trustee Director Spouse's mother holds a senior role within the Care Quality Commission.
<b>Executive Directors</b>	
Mark Brooks – Chief Executive	Partner member of South Yorkshire Integrated Care Board from 1 July 2022

**It was RESOLVED to NOTE the declarations of interest.**

**TB/22/50 Minutes from previous Trust Board meeting held 26 April 2022 (agenda item 3)**

Mike Ford (MF) asked for clarity as to when the outcome would be received for the mental health trust enquiry in Essex where c1500 deaths are being investigated.

Mark Brooks (MBr) reported the outcome of the report was likely to be summer 2023.

MF queried the next steps in relation to the communication of the renewed Risk Management Framework to staff, noting actions were in place for the Audit Committee to have oversight of the Framework in the future.

Julie Williams (JW) reported the Risk Management Procedure was in final draft. This document will help staff to understand the process of risk management and will be presented to the next Audit Committee in July.

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 26 April 2022 as a true and accurate record.**

**TB/22/51 Matters arising from previous Trust Board meeting held 26 April 2022 and board action log (agenda item 4)**

MBu asked for the following action updates to be noted:

TB/22/40a - The executive summary of the IPR needs to identify key areas of concern and performance risks associated with clinical practice - MBu asked for this action to remain open to allow the director of finance designate to review the IPR on his arrival at the Trust.

TB/22/21 - DT is to bring an assurance paper to Trust Board with specific reference to risk assessments and including care plans - DT confirmed the paper is being presented to Board today. To close.

TB/22/23 – LJ to look at international recruitment contracts and ascertain what happens if the placement is unsuccessful - MBu asked for a further update on this action. Greg Moores (GM) agreed to review the action and update for the next meeting. To remain open.

TB/22/25 – Amendments to the partnership board minutes paper - Sean Rayner confirmed the paper was being presented in its usual format this month and will be reviewed for the July Board.

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

### **TB/22/52      Service User/Staff Member/Carer story (agenda item 5)**

Carol Harris (CH) introduced “Neil” to the members of the Board. Sandra Butler (SB), ward manager for the Psychiatric Intensive Care Unit in Wakefield, was in attendance to support Neil.

Neil’s YouTube video was presented to the Board giving an account of his experience as a patient on a ward at Fieldhead. The video praised the staff on the ward in their support of patients and each other.

The video can be watched in full here:

<https://youtu.be/Itt4ebMvuK4>

MBu thanked Neil for his video and asked how he felt watching this again.

Neil maintained the video was a true reflection of his experience. He had created the video to give a true representation of what it is like to be present on an inpatient ward. Most other available videos were quite robotic and spoke in a way that not all people would understand.

MBu stated Neil’s experience was as a result of the good work carried by SB and her team and expressed thanks for the work they do.

CH noted Neil had presented a fantastic summary of what a mental health nurse does, demonstrating the wide and varying role of mental health nurses.

MBr thanked Neil for this story and queried if anything further could have been done to improve his experience. MBr asked the Board to reflect on how we can use this example to encourage people to work in inpatient wards? This video is a prime example of how we can promote the role of nurses and their work on inpatient wards. The Board needs to consider how this feedback can be captured and utilised to good effect.

Neil reported Covid-19 made life difficult due to the restrictions in place on the ward and being alone in a room to begin with was hard, and not helpful. Neil stated once the reason for the restrictions had been explained to him, he was put at ease.

SB stated in Neil’s feedback following his inpatient stay, he stated the induction process could have been better and there is now an improved leaflet for service users.

GM asked Neil how the Trust could improve its information videos?

Neil reported the language used needs to be clearer and aimed more towards service users, some animated videos may help as standard videos tend to make people switch off.

Nat McMillan (NM) asked Neil if he would be happy for the Trust to share his video?

Neil agreed he was happy for the Trust to use his video. Neil is trying to cater his YouTube channel to what people need, and has started to present some shorter videos, this is still a work in progress.

Kate Quail (KQ) queried if Neil had been able to watch a video like this on admission, would it have helped – could we use his video for the induction?

Neil stated he would be happy to create another video about what to expect on the ward. He would be happy to work with the Trust on this.

**Action: Salma Yasmeen/Greg Moores**

Mandy Griffin (MG) queried the level of support Neil is getting now?

Neil reported the level of support he is receiving outside of the ward compared to on the ward is like night and day. He has produced another video in relation to this which is not as kind about the services received.

MBu asked for CH and SB to speak to Neil to take forward any learning from his experiences and bring back to Board to update with what the Trust has changed.

**Action: Carol Harris**

Neil stated he felt that if community services were better, there would be less people being re-admitted to wards.

Erfana Mahmood (EM) asked if Neil had been referred to any of the recovery colleges?

Neil stated he had been engaged with both core and enhanced community teams since being discharged from hospital, but his treatment and medication had not been reviewed recently. Neil reported he is relatively self-sufficient, but he is concerned about other service users who can't manage themselves as well as he can.

EM explained to Neil that recovery colleges have drop-in sessions that may be able to assist. EM noted that Neil had been admitted straight into PICU and asked if there was anything that could have been done earlier to prevent his admission.

Neil stated his admission was the right thing for him at the time. The ward is a confusing environment when it is new to a person and it just took some time to adjust, with support from staff.

MBu thanked Neil for the feedback from his experience and acknowledged how the Trust needs to use this feedback to learn.

Neil reported not everyone wants to be on a mental health ward or believes they should be there, and so the feedback received will not always be positive.

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

### **TB/22/52 Chair's remarks (agenda item 6)**

MBu reported in her opinion, the Trust is starting to feel more positive, objectives are being set for non-executive directors. In discussions with colleagues the Trust is continuing to progress so it can be the best it can be.

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

- Shadow Board presentation of discussions and outcomes at Shadow Board
- Complex incidents report
- BDU Performance report
- Receive the audited annual report and accounts
- Receive the quality accounts

In addition, the Board is meeting with representatives from the staff carer's network

**It was RESOLVED to NOTE the Chair's remarks.**

### **TB/22/53 Chief Executive's report (agenda item 7)**

#### Chief Executive's report

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

- MBr noted in the last couple of months we have been able to reduction the level of covid restrictions and Personal Protective Equipment (PPE) use in clinical and non-clinical areas. Approximately three weeks ago there were less than 40 staff off work due to Covid-19 Today, there are just short of 100 staff off as a result of Covid-19 and there is a need to monitor this, as community prevalence appears to be increasing.
- Reduced restrictions have enabled more face-to-face meetings and training to take place and be planned for.,
- Operational pressures continue, particularly in relation to out of area beds (OOA) and inpatient wards
- The Health and Social Care bill goes live on 1 July 2022
- There have been a number of reviews and public papers released since the previous Trust Board. A report on leadership and management by Sir Gordon Messenger and Dame Linda Pollard, will be addressed in the Workforce and Remuneration Committee and the Fuller report about primary care has also been published.
- Mileage rates have been temporarily increased to support staff due to cost-of-living increases and we have worked with partners to achieve consistency where possible across the system.
- Places are working together to address the rising cost of living to support staff, service users and members of the public.
- MBr referenced four recent reports on equality diversity and inclusion in his report. They demonstrate there are still significant issues in terms of promotion, opportunities, bullying and harassment for people with protected characteristics.
- Although a lot of work has taken place, the Trust needs to enhance efforts and make sure we are making positive interventions to raise the profile and be a truly inclusive organisation.
- It is James Sabin's (JS) last meeting today, it has been a challenging period, with robust financial control maintained. MBr thanked JS for his work whilst on secondment with the Trust.
- MBr welcomed David Webster (DW) to his first formal public Board meeting
- MBr congratulated Dr. Subha Thiyagesh who has recently been awarded the title of visiting professor at the University of Huddersfield

MF noted the cost-of-living rise and industrial action taking place on other sectors, and queried if there is any update to the NHS pay rise?

GM reported nationally pay review bodies have been finalising arrangements, but nothing has been released as yet. The British Medical Association are pushing for a 30% increase for doctors over five years. The risk of industrial action is escalating, the Trust has good relationships with unions, and we will be considering this risk at the next people leadership meeting.

EM noted the statistics around BAME staff, and two additional coroner's reports and asked if we need some deeper analysis of these incidents and are these included in the complex case report?

MBR reported they are included in the report presented to the private board. Two recent coroner reports had outcomes where the coroner is satisfied with the action the Trust has taken. These are historic incidents which have been communicated to all Board members previously. The inquests have only just been held as there has been a backlog of inquests following the impact of Covid-19 and the Trust has completed a lot of work since then which was reflected in the coroner's conclusions.

EM queried if the Trust is an outlier in respect of these incidents.

Darryl Thompson reported he had his scheduled meeting with the Care Quality Commission (CQC) yesterday and confirmed the Trust is not an outlier.

MG noted the race and equality agenda, during her NED induction with NHS Providers there had been a presentation from a lady called "Sim" who gave a presentation on the people agenda, workforce and unconscious bias. MG and GM agreed to discuss this further outside of the meeting.

**Action: Greg Moores/Mandy Griffin**

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

#### **TB/22/54 Performance (agenda item 8)**

##### **TB/22/54a Integrated performance report Month 2 2022/23 (agenda item 8.1)**

MBu noted the IPR is a work in progress, with a view to it being outstanding.

SY introduced the summary dashboards and priority programmes:

- The Trust continues to manage the impact of Covid-19
- There is continued acuity, pressure and demand across services
- Credit to all the staff as despite this, there is significant improvement and transformation work taking place
- This is the first iteration of this year's updated IPR reflecting our agreed priorities and metrics.
- Some of the IPR metrics and reporting are still in development and some of the metrics are only available quarterly
- We continue to progress with mental health community transformation, this will be taking place over the next few years
- We are recruiting to new roles across each of our places
- Work has commenced to strengthen data quality, noting regarding the equalities agenda and data quality, a new campaign has been launched called "all of us, all of you". This is to improve the quality of reporting and recording and will be monitored to gauge improvements
- The social sustainability and responsibility strategy will be coming back to Board for sign off in July with the co-produced action plan for the next twelve months
- Areas of focus include "18 weeks from referral to assessment" for learning disability (LD) completed assessments and care packages

- Inequalities is the area of the report where the data has been enhanced and has been through the Equality, Inclusion and Involvement Committee (EIIC) and is being analysed in more detail there.
- Partnership work is taking place in each of our places to improve LD health checks
- The equality and involvement team are working with matrons to “onboard” people into inpatient wards in a more sensitive way with the use of social media and understandable information.

### Quality

DT gave the highlights from the report:

- Risk assessment performance is improved but still below target
- Care planning remains a concern and there is a paper to Board today covering this and risk assessments
- There have been 37 inpatient falls, a similar number to April, a Trust wide falls lead prevention role is being advertised
- People dying in a place of their choosing was below target - this is unusual. 27 patients were being managed by the team, 7 of those did not die in a place of their choosing, 4 needed to be admitted to an acute hospital. There was a clinical context in each of the 7 cases.
- The patient safety incident review framework goes live at the end of June which will change how we take learning from incidents
- We continue to have a strong reporting culture with 96% of incidents being no harm or low harm
- Complaints with staff attitude being a factor have reduced to 4% (1 out of 25)
- There has been an increase in incidents of moderate harm, attributable to pressure ulcers discovered by community nursing. None of which have been identified to be a result of problems in our care.
- The percentage of prone restraints of three minutes or less is 100%
- There were no “never events” in May
- Quality metrics are currently being maintained, staffing is pressured, the focus needs to be on care planning and risk assessments

EM noted the improvements on prone restraints but queried the overall progress on restraint as a whole.

DT reported all restraints are reviewed by Reducing Restrictive Practice and Interventions (RRPI) team from a quality perspective. There is a low threshold in the Trust for restraint reporting. In Learning Disability (LD) services, when staff hold someone’s hand to help feed them, this will be reported as a restraint.

DT clarified that restraint metrics are monitoring internal trends, not comparing the Trust to other Trusts.

MBu noted the open reporting culture is very positive and a demonstration of Trust values.

MG queried LD referrals and if this work is on track?

CH reported the work to develop the trajectory is on track but reminded Board members this is a quarterly metric. There is a lot of work taking place to get us to amber. A report is going into Clinical Governance Clinical Safety Committee (CGCS)

### NHSI national Indicators

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

- We continue to achieve the threshold of percentage of individuals completing IAPT treatment who have moved to recovery showing 52.2% compared to the 50% target.
- The percentage of service users waiting less than 18 weeks from referral to treatment remains above the target threshold at 98.5%.
- There were no young people under the age of 18 on an adult ward in May.
- Inappropriate out of area bed days continue to be above the numbers experienced in recent years with 400 days used in May, a slight decrease from 413 in April.
- The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week is below target at 84.6% against a target of 90%.

CH reported the problem for eating disorder referrals relates to the pressure on the crisis teams and some temporary factors in relation to staff absence during this period. Plans are in place to rectify this.

MBr noted the huge increase in referrals for eating disorders and young people in crisis nationally.

KQ noted the Trust is performing well against the regional picture, but we still need to improve.

#### 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)

- The friends and family test results remain consistent, we have recruited into a temporary post in Kirklees to improve engagement
- CH reported the neuro development waiting lists for children with Attention Deficit and Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) are still a concern, however the predicted demand won't be as high as initially estimated. Things should plateau within the next month and look better by March 2023
- The percentage of children treated in 18 weeks in core CAMHS is hard to manage and in Wakefield is still challenging. The average wait across all areas is 23 weeks at the moment.
- Mental health support teams are being developed in all areas, working with families and the co-determinants of health. CH encouraged the Board to visit these teams and see what they do.

Dr. Subha Thiyagesh stated she is hoping they will come to Board in next few months to present their story once established.

**ACTION: Carol Harris/Andy Lister**

#### Barnsley general community services

- SWYPFT has taken on provision of cancer related lymphedema support but there has been an increase in non-cancer lymphedema support and so temporary resource is being brought in to meet demand while discussion with commissioners take place
- The reduction of people dying in a place of their choosing was very sad. The team have conducted a review and the outcome is the people were too poorly to stay at home

#### Barnsley community mental health

- There have been two 72 hour follow up breaches and it is important we understand why these happen. It was due to the way these follow ups were recorded and CH confirmed the service users were visited



- Reduction in sickness absence in core services in Barnsley in addition to some caseload management work has helped improve caseloads for staff on the team

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

- ASD and ADHD friends and family test are red, and we are looking at this
- Referrals continue to increase, and we are working with commissioners to increase investment where required
- We are providing an ADHD service in Bradford and Airedale to support them. We are looking at how we can formulate a future joint approach in this work, which would be helpful for our shared population
- LD pressure remains on the 18-week referral to treatment waiting list
- Forensics - bed occupancy at Newton Lodge is below the 90% threshold for May and we will continue to work on repatriation of West Yorkshire service users to fill those beds
- Access to seclusion remains an issue, due to high levels of acuity in forensics
- The roll out of trauma informed care is having a positive impact and will help manage acuity. The service has been asked to present the model to the wider provider collaborative
- Johnson Ward is being reviewed following some anonymous reports of issues with care
- The transition team have received some funding from the provider collaborative to recruit into roles as a result of the Sancus report recommendations. Posts are difficult to recruit to, but the money is available.

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

- Acuity is high, occupancy is high, sickness is still very challenging
- Intensive Home Based Treatment teams also under pressure
- Out of area beds remain high at 400 days this month and will be around 1,600 by the end of the quarter. 1,429 is the goal, and there is a lot of work going on to manage this
- Barnsley acute inpatient recruitment has started which is positive with staff starting in September
- We have had some success with international recruits and healthcare support workers into our acute pathway

KQ noted the mental health support teams and how good they are. Strategically they are really helpful to manage demand and she asked what support families get for ADHD and ASD neurodevelopment waiting lists.

CH reported wellbeing checks take place while they are on the waiting list. CAMHS support is available to these families before they are diagnosed and so not having a diagnosis doesn't preclude them from support.

#### Communications, Engagement and Involvement

SY reported:

- There is continuing support to partners in places to develop shared understanding of the care that we deliver
- Internal work continues to support priority programmes

#### Finance and Contracts

JS highlighted the following points:

- The Trust has submitted a revised annual plan which takes account of new inflationary cost funding. The revised plan is to deliver a surplus of £3.2m.
- Agency spend increased in May to £0.9m with year to date spend of £1.7m incurred. Actions are in place to address agency spend which will be overseen by the re-introduction of the agency group.

- The capital programme for 2022/23 has been agreed as £13.1m. Of this £7.5m relates to the commencement of the major scheme in the Bretton Centre.
- Capital spend year to date is £0.6m
- Pay costs were £18.2m in May, an increase from £17.4m in April.
- Out of area bed costs were £667k in May, an increase from £644k in April. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards.
- Cash in the bank remains positive at £82.8m although it is forecast to reduce in the year due to capital investment and payment of a number of outstanding invoices and costs.
- Performance against the Better Payment Practice Code is 95%.

### Workforce

GM highlighted the following points:

- Sickness is at 4.6% a third of which is due to stress, so the team are reviewing the health and wellbeing offer for staff
- There is variation in sickness between business delivery units
- Sickness in inpatients has come down from 7.3% to 5.3%, which considering current pressures is positive, and a credit to CH and her team.
- There is an increase in sickness in estates and facilities management from 6.5% to 8%. This is being reviewed and will report into the Workforce and Remuneration Committee (WRC)
- Turnover is showing signs of coming down, but still at 15.8% overall. GM will consider the calculation, and how it is reported will be discussed through WRC and reported back to Board.

**Action: Greg Moores**

- CH also noted the internal turnover figures have an impact on services.
- There is much work taking place on retention.
- Training compliance Aggression management is at 73.7% and Cardiopulmonary Resuscitation (CPR) 74.4%
- As restrictions ease, the numbers for training are growing and we are planning to be at full capacity for face-to-face training in September.
- GM will review if there is any value in the latter five measures on the IPR workforce dashboard still being reported

**Action: Greg Moores**

EM noted ongoing stress levels and queried if staff are offered any of our creative approaches to help?

GM reported he would look into this and ask how accessible the offer is for staff who are really busy.

**Action: Greg Moores**

SY noted the “move more swyftly” campaign and reported a creative health practitioner has been employed to help staff.

ST reported there is support there but we need to know how effective it is for our staff.

NM noted employee relations is a current gap in the IPR and asked if Board could be updated as to any progress being made in this area

**Action: Greg Moores**

MBu noted the level of mandatory training and appraisals in forensics as an area of concern. GM noted MBu’s comments.

MBu reported the IPR is developing and it is clear that a lot of work going on.

NM agreed and noted that committees have oversight of the issues being raised. Other Non-Executive Directors agreed.

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

**TB/22/54b Financial and operational planning update 2022/23 (agenda item 8.2)**

JS introduced the item and highlighted the following points:

- The Trust was required to make an updated annual plan submission in June 2022. This has resulted in change from the previously agreed breakeven financial plan.
- Additional national funding, of c£1.5bn, has been provided to systems to support inflationary cost pressures.
- This is specifically for those cost pressures already identified in May 2022 plan submissions as such:
  - This additional funding is required to flow directly to bottom lines.
  - For SWYPFT this means an improvement from breakeven to surplus.
  - No new or additional cost pressures could be included in the updated plans.
  - As the West Yorkshire ICS with this additional funding still had a deficit position all trusts were asked to identify any further potential upsides.
  - These had been discussed and agreed with the Executive Team and formally signed off in accordance with the previous agreed delegated authority.
  - The outcome is a revised plan of £3.2m surplus for 2022 / 23.

MBr agreed the plan is appropriate, but the question is how the Trust is spending its money, we would rather have more staff than high numbers of OOA beds.

**It was RESOLVED to NOTE the content of this report, recognising the revised operating financial plan of £3.2m which was approved in accordance with the delegated authority agreed at May's Trust Board.**

**TB/22/55 Risk and Assurance (agenda item 9)**

**TB/22/55a Incident Management Annual report (agenda item 9.1)**

DT introduced the item and highlighted the following points:

- The report has been to CGCS, it covers all incidents, not just serious incidents and our learning from healthcare deaths overview
- The purpose of the report is to provide assurance to the Board about management of all incidents for 21/22
- Our learning journey and apparent suicide reports will be available in September 2022
- The number of "no harm" and "low harm" remains consistent compared to last year
- The report explains the different categories of incidents with a new focus on capturing sexual safety incidents
- It shows our top three areas of learning from serious incidents being record keeping, risk assessment, staff training and supervision.
- There have been two reported duty of candour breaches
- No never events were reported in 2021/22
- Higher numbers of incidents are apparent in Kirklees. This is consistent with previous reports and is influenced by a larger population and a higher Trust footprint in Kirklees, and therefore a higher level of activity.

- Part of the consistent oversight of Kirklees is to compare it against itself over time and against other BDUs. Statistical Process Charts (SPC charts) allow us to monitor changes over time to identify any outlying positions. DT explained a “like for like” comparison cannot be made between Kirklees and other BDUs due to differing service offers and populations.
- An internal audit regarding serious incident action plans is still in the process of being signed off.
- The clinical risk panel meets every week to review all moderate and serious incidents, including all staffing incidents in relation to protected characteristics. The executive trio attend all meetings along with clinical services and corporate services

KQ noted the improvement work that had taken place to review measures for Kirklees as in previous reports Kirklees had looked like an outlier and this was an improvement.

EM noted incidents of violence and aggression incidents are high, an increasing trend year on year. EM queried the level of police involvement and what further action can be taken to manage this.

DT reported violence and aggression, no contact made, is our highest reported figure. Colleagues are advised to contact the police, and these are discussions that take place at clinical risk panel during incident review.

DT reported verbal aggression towards nursing staff is significant. At the “Race forward check in” the police were in attendance to educate staff in relation to hate crime and offer their support to incidents of this nature. A patient’s mental illness and level of capacity is taken into consideration when reviewing these types of incidents.

CH reported part of our job is asking service users to do things they do not want to do, there are therefore many opportunities for flash points. Staff accept that people can be unwell, but trauma informed approaches will assist with this. The Operational Management Group (OMG) has agreed to recruit a resource to assist us to become a trauma informed organisation.

SY reported the trauma informed work has started, as has work to change the physical environments in inpatient areas, as this can also influence behaviour.

DT noted the Reducing Restrictive Practice and Interventions (RRPI) team also train staff in conflict management.

NM stated it was noted at CGCS that this report has developed into a very comprehensive document demonstrating our processes and supporting an “openness to learn” culture. The Committee is now focussing on how we evidence the learning taking place.

A discussion followed around duty of candour breaches and any impact to the organisation and DT reported there had not been any notable impact, but two breaches was higher than the Trust would like.

**It was RESOLVED to RECEIVE the annual report on incident management and to NOTE the next steps identified.**

#### TB/22/55b Risk Assessment and Care Plans Board update (agenda item 9.2)

DT introduced the item and highlighted the following points in relation to risk assessment:

- The report was requested by Board after continued under reporting against target in the IPR

- The first half of the report focuses on clinical risk assessment - Formulation Informed Risk Management (FIRM) system – an evidence-based risk assessment.
- Reporting against this in the IPR is completion within 24 hrs. of admission as an inpatient and seven days within the community setting
- The report highlights some of the nuances as to how that reporting is captured and what aspect of our clinical records system needs to be completed to show a risk assessment as live
- There is a risk assessment and care planning task and finish group in place
- It has been identified that there are some teams being included in the reporting numbers that shouldn't be as there are different risk assessments in place that wouldn't fall under this reporting system
- In addition to mandatory training we have commissioned a university module in relation to clinical risk assessment for front line staff
- We believe the current metrics are reasonable and there is a way of monitoring performance at team level. Averages are affected by some teams where we have disparity in practice and improvement work is in place to address this

David Webster (DW) noted on average Barnsley performance seems lower than anywhere else.

DT confirmed there is quality improvement work taking place.

CH reported the way the Trust is now operationally structured means that Barnsley is now part of the development work that has taken place in Kirklees, Calderdale and Wakefield community teams to align work across the Trust.

MF queried if the numbers that have been presented in the IPR are accurate. Is there 75% compliance, or is the measure wrong, or is the collection of data difficult?

DT reported there are aspects in the system that make the collection of the data in a timely way, difficult.

CH explained the issue is the timeframe. For an inpatient an assessment within 24 hrs, is best practice. Detailed work is taking place to look at amount of time the target is being missed by, to help establish if the measure is right.

It does not mean that someone hasn't got a risk assessment in place, but we do need to look at the quality of risk assessment as well and this is going through the clinical governance group.

MBu noted that this is still work in progress.

NM reported as chair of Clinical Governance Clinical Safety (CGCS) Committee, the paper here is for information, it is not for assurance. Updates will be provided to CGCS on progress.

MBr reported using this as an opportunity for improvement is important, if we can improve on the quality of risk assessment and care planning, we improve as a Trust.

SY agreed and stated the report is helpful as a baseline, and if a systemic Quality Improvement approach is used, this will have ownership at ward level, which is key.

DT highlighted the following points in relation to care plans:

- The current metric is "have we shared the care plan" – we have identified this is not a particularly helpful metric as it relates to an old system and process

- In order to comply, if a patient has a number of care plans, each one would have to be printed off the system and shared with the patient, and a box ticked on the care plan
- Staff are receiving training in care planning
- As an interim position while further work is carried out, we are able to record on the system that care plans have been co-produced with the patient and been shared with them, which may improve reporting under the current metric.
- Our next step is to review the metric through the task and finish group to produce a quality focused metric and co-produce it with service users and their families.

EM asked about the cultural approach to this work, and cultural awareness of staff as good care planning is key to recovery.

SY reported the task and finish group will work through this with service users, carers and their families through a systemic approach, and on completion the Board will receive a further report to receive that level of assurance.

MG queried if there is any best practice available to compare against?

DT reported other organisations performance reports have been reviewed and another organisation that reports on care planning has not been identified. As part of the work taking place a review will take place on whether individual care plans for different elements of a patient's care is preferable to a single care plan addressing all elements.

MBu asked DT to update the Board on the timeline for the Task and Finish group and determine when the work is expected to be completed.

**ACTION: Darryl Thompson**

**It was RESOLVED to RECEIVE on the Clinical practice of risk assessment and care planning paper.**

#### TB/22/55c Data Security and Protection Toolkit (DSPT) (agenda item 9.3)

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

- The report is the annual submission to the Information Commissioner's Office (ICO)
- The Trust completes a self-assessment in January/February each year which is then reviewed by our internal auditors against the 48 standards set by the ICO
- The self-assessment has 39 assertions and 109 mandatory evidence items
- The outcome of the self-assessment against the toolkit is "substantial"
- Following the internal audit the confidence level on the veracity of the self-assessment is high
- It is a real achievement for the Trust to reach this standard two years running.

MG asked for an adjustment to the narrative about data security training and non-executives regularly accessing Trust e-mail.

**ACTION: Julie Williams**

**It was RESOLVED to APPROVE the Trust's submission of the final assessment of the DSPT with "standards exceeded".**

#### TB/22/55d Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.4)

##### Audit Committee 15 June 2022

MF highlighted the following:

- Significant assurance received from internal audit for the head of internal audit opinion for the year 21/22

- The counter fraud functional standards return has improved significantly on last year
- The external audit process is complete with more rigorous testing and judgements undertaken this year
- A lessons learnt meeting will be held with Deloitte in readiness for next year

#### Collaborative Committee 20 May 2022

MF highlighted the following:

- The first meeting was held on 20 May 2022
- The terms of reference were agreed and recommended to go to Board for approval
- There are potential issues with one of the providers which is in special measures
- Sean Rayner (SR) updated that Cygnet Bierley has an action plan, which is progressing well
- The Collaborative committee is a committee of the Board to give assurance on the Trust's commissioning function for provider collaboratives
- The Committee provides a degree of separation between the provider and commissioning function

#### Clinical Governance & Clinical Safety Committee 17 May 2022

Nat McMillan (NM) reported the following:

- Changes have been agreed regarding the frequency of committee meetings
- Discussion took place around new risk of the poplars ward – Committee were assured it is clinically safe
- The committee received a long-term segregation report
- Waiting lists – the Committee is looking at this in detail and progress is being made
- SafeCare (part of safer staffing) is due to be implemented in forensics in June 2022
- Patient Safety strategy update was received.
- Quality Monitoring visits will resume in September, it is usual practice for them to be paused during the summer

MBr asked for consideration to be given to the Trust making use of the reduced Covid restrictions for Quality Monitoring visits during the summer

**ACTION: Darryl Thompson**

#### Equality, Inclusion and Involvement Committee 15 June 2022

MBu highlighted the following:

- A key focus of the Committee is the Trust being an inclusive organisation
- We receive Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) data and recognise the importance of how people are treated and how we treat people

SY noted the Committee also focuses on where our organisation's gaps are, in terms of inclusivity, recruiting from diverse communities, and how are we going to show we have made a difference.

MBu reported the fact that the Chair and Chief Executive of the Trust are members of the committee shows how important this is to the Trust.

#### Finance, Investment & Performance Committee 23 May and 27 June 2022

DW highlighted the following:

- May was a light meeting in terms of agenda items
- It was recognised a review of the finances associated with the lead provider collaborative needs to take place and there needs to be clarity between this committee and the collaborative committee in terms of responsibility for this
- The pay award has not yet been agreed but we are accruing for it
- The current level of underspend is artificially high due to vacancies

- There is a notable change in the balance sheet – which is due to an updated accounting standard change in relation to leases
- The Bretton Centre project is being monitored carefully due to the impact of current inflation levels and changing the scope of work for increased sustainability
- A revised expenditure plan is required
- OOA beds are high – this is expected – but there is a plan to bring them back down

MBr reported he is concerned about the Bretton Centre programme given the potential additional approval required and need to agree the timing of any increase in expenditure with the West Yorkshire integrated care system in a time of constraints on capital spend., Nick Phillips needs to bring an update to the Finance Investment & Performance Committee and then to Board

**ACTION: Nick Phillips**

#### Mental Health Act Committee 10 May 2022

KQ highlighted the following:

- Mental Health Use of Force Act became law in March 2022
- Good assurance from Code of Practice group on compliance
- Benchmarking – the Care Quality Commission annual report has been used with gap analysis
- CQC visits – only six overdue actions across the Trust, which is a real improvement and impressive given current pressures
- Patient rights – compliance rate is 93% - due to improvement work driven by Committee
- Mental Health Act training is also noted to be at a strong level of compliance

#### Workforce and Remuneration Committee 9 May 2022

NM (Chair in MG's absence) highlighted the following:

- Onboarding and induction portal will be launched in early July 2022
- Staff survey results – increased assurance around actions and accountability
- Focus on vacancies and recruitment and what new approaches we can use
- Received oversight of employment tribunals

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

#### **TB/22/56 Business developments and collaborative partnership working (agenda item 10)**

##### TB/22/56a Integrated Care System (ICS) developments – Health and Social Care Bill (agenda item 10.1)

SY reported:

- The Health and Social Care will be enacted from 1 July and Integrated Care Boards (ICBs) will become formal bodies. Inaugural meetings are scheduled on Friday 1 July 2022.

**It was RESOLVED to NOTE the update on national policy/legislative developments.**

##### TB/22/56b 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:

- For the last quarter the focus has been establishing governance processes in each place in readiness for July 1st
- There have been four engagement and development sessions held
- The Barnsley place director has now been appointed and is Wendy Lowder.



- The South Yorkshire ICB has a challenging financial plan and conversations are happening in places to address this
- The developing South Yorkshire Mental Health, Learning Disability and Autism Alliance is working well and has recently appointed a managing director for 12 months, Marie Purdue, who came and spoke to our executive management team about how we will work together on developments in South Yorkshire.

SY reported the following updates for Barnsley:

- The integrated care partnership group continues to meet, and governance arrangements are evolving so that it can become a committee of the ICB in the future
- A workshop was held with all partners to reaffirm the vision and priorities for Barnsley place
- The alliance with the GP federation has a committee which has continued to meet and there is a business plan in development with three key areas we will work on together
- The leadership team across primary care, our community services and mental health services are all working together which is really positive

MBu asked for an update paper on the Alliance for Board to present what has been agreed and progress so far.

**ACTION: Salma Yasmeen**

**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/22/56c 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:

- West Yorkshire continues to be one of the leading ICSs
- There was a recent two-day programme on health inequalities and the feedback was that as Trust we are ahead of this in terms of mental health and the use of data
- Significant work has taken place to get the governance structures in place and ready to go live on July 1st
- There is still a lot of work to continue after 1 July 2022

EM queried when the metrics for outcomes will be in place for the West Yorkshire ICS

SY reported the ICS has done work on metrics, over the summer it is expected that ICSs will review and refresh their strategies and their measures and metrics.

MBu queried the System of Sanctuary term.

SY explained that the West Yorkshire ICS has been accredited as a system of sanctuary meaning it openly welcomes people seeking asylum and refuge to provide them with support and access to healthcare. West Yorkshire is the first ICS to be accredited. We are involved in this work with the services provided at Urban House in Wakefield.

SR explained that Urban House is an initial residence facility, and the Trust provides healthcare into this it and work well with the public health team who commission that service in Wakefield. The residents in there often have very challenging circumstances

MF has met the audit committee chair at West Yorkshire ICB, Jane Madeley and she and Jonathan Webb have agreed a light touch approach as to how they will receive assurance from the Trust about our governance and controls.

**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/22/56d Receipt of Partnership Board Minutes (agenda item 10.4)

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

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

**TB/22/57 Governance (agenda item 11)**

TB/22/57a Trust seal (agenda item 11.1)

MBu reported the Trust seal has not been used since the last report in March 2022.

**It was RESOLVED to NOTE the update on the Trust Seal since the last report in March 2022.**

TB/22/57b Trust Board Committee Membership and Terms of Reference (agenda item 11.2)

JW reported the paper and attached Terms of Reference are proposals from the executive management team following a review of executive director portfolios and successful recruitment into substantive executive vacancies.

MBr explained there had been transitional arrangements since retirements and other moves last year. There have been some changes to executive director portfolios since these changes. MBr had previously circulated an e-mail to all Non-Executive Directors with the proposals for changes.

MBu requested that following discussions, David Webster is removed from the membership of the Equality, Inclusion and Involvement Committee and attends when he is able to. There are already three Non-Executive Directors who are members of this Committee and so it was felt that a further member was not required.

MF also noted in relation to capacity, DW is a member of the newly established Collaborative Committee.

MF queried the sustainability agenda and where this would sit in terms of Board Committees, and did it require a further Board committee? MBr suggested that given available capacity EMT would review this and report back to Board for the moment.

**ACTION: EMT**

**It was RESOLVED to APPROVE the changes to the Membership / Attendance for the:**

- **Audit Committee;**
- **Finance investment and Performance Committee;**
- **Equality, Inclusion and Involvement Committee; including the removal of David Webster as a member;**
- **Clinical Governance, Clinical Safety Committee;**
- **Workforce and Remuneration Committee;**
- **Mental Health Act Committee;**

**and APPROVE the Membership/Attendance and Terms of Reference for the Collaborative Committee.**

TB/22/57c Compliance with NHS provider licence conditions and code of governance - self-certifications (agenda item 11.3)

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

- The first part of the licence was approved by the Board in April
- This is part 2 - FT4
- JW, as the author, is satisfied that the paper provides evidence of requirements needed to comply with the requirements of the Trust licence conditions and code of governance.

MF on page 2 of the report, the CQC areas of improvements do not correlate to our response in the paper. It was agreed this section of the report would be reviewed and amended prior to upload on 30 June 2022. MF agreed to check the wording before upload.

**ACTION: Julie Williams**

**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:**

- the Corporate Governance Statement 2021/22
- the training for Governors 2021/22

**subject to the agreed action above.**

## **TB/22/58 Strategies and Policies (agenda item 12)**

### **TB/22/58a Digital Strategy update (agenda item 12.1)**

JS introduced the update and progress report for Digital Strategy and key milestones for 21/22:

- A framework approach for sustainable hybrid working models has been developed.
- The relaunch and reintroduction of the CHATpad has taken place.
- Our Yorkshire Smokefree services are recommending trusted apps to support client health and wellbeing.
- SystmOne developments include: a) development of a digital inclusion question set within clinical assessments that capture digital preferences, b) ongoing implementation of Electronic Prescribing & Medicines Administration (EPMA) in inpatient wards, c) integrated neighbourhood team service developments and d) co-design/development of bespoke eLearning training packages.
- Effective delivery of a compliant Information Governance service continues.
- Performance & Information: Dashboard developments - progress has been made on Covid-19 and health inequalities reporting.
- Trust email platform accreditation and decommissioning of Trust NHS Mail email accounts has been completed.
- Completion of the 21/22 infrastructure modernisation programme
- Cyber Essentials Plus re-accreditation.
- Replacement of the Trust Virtual Private Network (VPN) solution.
- In 2021/22, capital funding of £2.4m was allocated to support digital developments and was spent in full.
- During 21/22, integrated care system digital strategy priorities and plans have been subject to review.
- Nationally, assessment work has been conducted to understand provider electronic patient record (EPR) system coverage and self-assessment against the 'What Good Looks Like' framework to ascertain digital maturity.
- The Trust remains well positioned in respect of these requirements and our current digital strategy and plans remain relevant and aligned.
- The key priorities for the next six months are to a) conclude the reprovisioning of IT services procurement, b) continue EPMA rollout, c) deployment of the Patients Know Best solution, d) conduct a procurement for a Trust-wide digital dictation solution, and e) rollout of sustainable hybrid working models.

MG noted the quality of the report and sent compliments to the author. MG noted this was second update on the digital strategy in the 8 months she has been here which shows the

level of Trust ambition. MG queried the £1m investment for 22/23 and asked if this includes initiatives such as digital dictation.

JS reported there are other digital monies available that the Trust can bid for, but due to the Trusts positive position it may be challenging to access these.

JS reported the Trust has recognised it needs to invest in additional clinical leadership for digital development beyond the role of the Chief Clinical Information Officer (CCIO).

MG queried if there is scope for there to be a Chief Nursing Information Officer (CNIO) to present a nurse's perspective on things.

ST reported although the person in this role is a consultant, the role itself is a clinical one, representing the broader perspective and she and DT had been very clear on this, when appointing into the role.

MG reported in relation to digital intelligence the Trust is using SPC charts well and there are other developments ongoing

SY referred to the CNIO query, there is a chief clinical information officer, who works across the professional disciplines to get engagement, and underlying this is the change approach within the organisation. This is about getting as many different voices into change as we can. There is a digital innovation and strategy group in place and at the next meeting three digital innovations are being presented.

NM reported a strategy should be something non-experts can understand, and this strategy is a good example of this.

ST reported the pharmacy, electronic prescribing and medicines administration roll out is now in the second phase. Phase three roll out will commence in September 2022 and is due to finish by March 2023.

MBr noted the IT team consistently delivers and thanks to were given to Paul Foster for the report.

**It was RESOLVED to NOTE the achievements made to date in respect of the 2021/22 milestones and NOTE comments on the contents of the paper.**

#### **TB/22/59 Trust Board work programme 2022/23 (agenda item 13)**

MBu asked that consideration be given to having provider collaboratives and Barnsley alliance added to the work programme. It was agreed to review the position outside of the meeting.

**ACTION: Andy Lister.**

MBu asked for questions from members of the public to be taken at the start of the meeting and any other business should be added to the end of all meetings.

**ACTION: Andy Lister**

**Trust Board RESOLVED to NOTE the work programme.**

#### **TB/22/60 Date of next meeting (agenda item 14)**

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

#### **TB/22/61 Questions from the public (agenda item 15)**

No questions were received from the public.

**TB/22/62    Any other business**

Nil

Signed:  Date: 26 July 2022