South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 27 September 2022
Large Conference Room Wellbeing and Development Centre
Fieldhead Hospital

Present:	Marie Burnham (MBu)	Chair
	Mike Ford (MF)	Senior Independent Director
	Mandy Griffin (MG)	Deputy Chair
	Erfana Mahmood (EM)	Non-Executive Director
	Natalie McMillan (NM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	David Webster (DW)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Carol Harris (CH)	Chief Operating Officer
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Dr.Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Salma Yasmeen (SY)(via MS Teams)	Deputy Chief Executive/Director of Strategy and Change
Apologies:	Nil	
In attendance:	Greg Moores (GM)	Chief People Officer
	Sean Rayner (SR	Director of Provider Development
	Julie Williams (JW)	Deputy Director of Corporate Governance
	Andy Lister (AL)	Company Secretary (author)
	Leanne Hunt (LH) (item 6)	Senior Mental Health Support Worker
Observers:		

TB/22/79 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 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. Today, Salma Yasmeen (SY), Deputy Chief Executive and Director of Strategy and Change, will be attending via Microsoft Teams.

MBu informed attendees that the meeting is being recorded for administration purposes, to support minute taking, and once the minutes have been approved the recording will be deleted. 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 there will be an opportunity for questions and comments, received in writing prior to the meeting, at item 3.

TB/22/80 Declarations of interest (agenda item 2)

There were no further declarations of interest for Board members in addition to those already made for 2022/23.

It was RESOLVED to NOTE no further declarations have been made since the last meeting.

TB/22/81 Questions from the public (agenda item 3)

No questions were received from the public.

TB/22/82 Minutes from previous Trust Board meeting held 26 July 2022 (agenda item 4)

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

TB/22/83 Matters arising from previous Trust Board meeting held 26 July 2022 and board action log (agenda item 5)

MBu asked for the following action updates to be noted:

TB/22/42c -The Clinical Ethics Advisory Group terms of reference are an appendix to the action log and have been reviewed and aligned to best practice. To close.

TB/22/71b – In relation to risk 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 Children and Adolescent Mental Health Services (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 – Carol Harris (CH) reported she had reviewed the risk immediately after the July Board and had presented the update to EMT.

TB/22/71c – Mike Ford and Darryl Thompson (DT) are to meet to look at complaints involving staff attitude in the context of how many staff interactions there are with carers and service users in a year. DT reported this meeting is being arranged. To remain open.

TB/22/72a – Care planning matrix and metrics under review – DT reported an interim approach went live on 12 September and the nursing and quality improvement team are conducting work that will be reported to EMT. A full timeline is still to be identified. To remain open.

TB/22/72a – a presentation to Clinical Governance Clinical Safety Committee (CGCSC) about the care planning process – DT reported this work is in line with the action above. To remain open.

TB/22/73 – Provider collaboratives for forensic CAMHS and perinatal services – Mark Brooks (MBr) reported the members of the provider collaborative in West Yorkshire have met and agreed a set of principles on which to base lead provider decisions. These were supported at the Committees in Common. At this meeting it was agreed that the term "lead provider" isn't helpful and the term "coordinating provider" will be used from now on. This is to ensure the title represents collaborative partnership working rather than a hierarchical structure.
In line with the principles agreed by the three organisations in West Yorkshire, and the West Yorkshire Committees in Common, the coordinating provider for forensic CAMHS, will be SWYPFT. For perinatal services Leeds and York Partnership NHS Foundation Trust will be the coordinating provider. National timescales have not yet been received in relation to perinatal services collaboratives.

TB/22/40a – executive summary of the integrated performance report (IPR) to include key areas of concern – Adrian Snarr (AS) reported there is short paper on today's agenda covering progress on updating the IPR so far.

It was RESOLVED to NOTE the updates to the action log and AGREED to close actions as recorded within the action log as complete.

TB/22/84 Service User/Staff Member/Carer story (agenda item 6)

CH introduced Leanne Hunt (LH) to the Board. Leanne is a healthcare support worker for the Trust and was planning to talk about a service user story that incorporated her own development and supervision. Unfortunately, a recent incident in relation to the service user's care has occurred and so Leanne has kindly agreed to adjust her story and will now talk about her development and supervision.

LH informed the Board she has worked in the Trust for over 21 years, and 16 years of her service have been with the crisis team in Barnsley. LH has always been passionate about mental health and working in a clinical role.

LH reported she started counselling training prior to joining the Trust but continued to do level 3 counselling training while working in an administration role within the Trust in 2004. LH then had a daughter who had health issues which meant she was unable to pursue further clinical training until her daughter's health improved.

14 years later LH discussed her interest in a clinical role with her manager, Tim Mellard, during her development review. Tim was very supportive and suggested LH applied to work on the healthcare support worker bank (bank staff are staff members who are not on permanent contracts and help to backfill gaps in staffing at times of illness, short staffing or annual leave).

LH began to work bank shifts with the Barnsley crisis team while still performing her administration role, shortly after which a secondment opportunity became available with the brief intervention service in Barnsley, based in the single point of access team (SPA).

LH was encouraged to apply, and the secondment was supported, and she was able to work clinically for seven months with the team. This further developed LH's passion to work within a clinical role.

The manager of the brief intervention team, Andy Hart, gave LH great feedback from her secondment and encouraged her to apply for a permanent position when one became available. A short time later LH successfully obtained a position as a senior mental health support worker and has now been this in this post for over five years.

Whilst in this post LH has achieved a distinction in her level 4 health and social care qualification and has received lots of positive feedback from patients, service users and carers which has made the role even more rewarding. LH is now completing a level 2 qualification in functional maths so that she can go on to do her trainee nursing associate (TNA) training.

LH stated her administration role allowed her to deal with mental health patients, service users and carers and gain invaluable experience. LH is grateful to her managers for supporting her and realising her potential to transfer from an administrative to a clinical role.

MBu thanked LH for her story and congratulated her on her qualifications.

CH asked LH when she first realised, she wanted to move across from an administrative to a clinical role.

LH responded that administration work is front line because you deal with distressed patients on the telephone and have many interactions with patients, service users and carers and this experience made her passion for clinical work increase.

CH queried if the Trust could do more to develop administration staff to deal with challenging patients and service user conversations?

LH reported her counselling training, completed prior to her administration role, had helped her manage these situations.

Mandy Griffin (MG) asked how good the Trust is at promoting to staff that they can move from administration to clinical roles, especially given the current level of staff shortages?

LH suggested development reviews should include discussions about clinical roles and explain what options are available. LH reported there will be administration staff who aren't aware of clinical roles being a career option.

Erfana Mahmood (EM) noted the Trust has increased its offer to staff carers in recent years and asked what more could have been done to support LH progress her career while her daughter was young?

LH stated for her personally, her circumstances were very difficult, and didn't think the Trust could have done any more.

MBu noted that good line management always delivers a good experience for staff and LH agreed.

Greg Moores (GM) asked how hard it was to balance a day job, getting an education, and being a parent, and was the Trust supportive in this?

LH noted the importance of regular catch ups with staff, so that issues can be recognised, and staff have the opportunity to ask for support.

MBr thanked LH for her dedication to her role and congratulated her on her career progression. MBr noted the Board have identified the importance of appraisals. This story identifies what a good appraisal can do and identifies that we have some excellent managers within the Trust, with effective training programmes available to staff, for them to achieve their goals.

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

TB/22/85 Chair's remarks (agenda item 7)

MBu reported the following items will be discussed in the private Board session in the afternoon:

- Complex incidents report
- Service line performance report
- Stakeholder map
- Trust telephony contract

It was RESOLVED to NOTE the Chair's remarks.

TB/22/86 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- The Trust has experienced relatively low prevalence of Covid-19 in our communities, and amongst staff, in the last couple of months, which has allowed a lowering of restrictions.
- Prevalence is now rising again, and the Trust is following national guidance.
- The Trust is not exempt from outbreaks and very sadly we have lost two service users to Covid-19 on our inpatient wards, and these are both likely to be health service acquired infections.
- We remain vigilant to Covid-19 and will monitor prevalence closely in the coming months.
- There have been two challenging situations with young people. A young person in Adelbeck secure unit, where we have had to seek additional safeguarding assurance, and a 14-year-old patient admitted to one of our adult wards, requiring three to one observations.
- There has been a change in key roles in the government, and Therese Coffey is the new secretary of state for health and social care.
- There has been a cyber-attack on a company called "Advanced". "Advanced" provide a digital health system for a number of NHS organisations, including mental health providers, and this has caused a number of problems. As a Trust we will be seeking the learning from this incident.
- Our integrated care systems are developing, governance arrangements are now fit for purpose and the focus is now moving to reducing inequalities and improving outcomes for patients.
- In a future Board meeting we will go through the LeDeR report, a report regarding the lives and deaths of people with learning disabilities. The report is sobering and at a recent executive management session, we considered how the Trust can further use its role, and influence in the wider system, to benefit our learning disability service users and their families & carers.
- The cost-of-living crisis is having a large impact. The Trust is looking at what can be done to help staff and service users. We have increased mileage rates, enabled earlier access to part of each month's salary, signposting staff to helpful information, and working closely with partner organisations to identify other practical support.
- The Trust's early intervention in psychosis teams have been recognised as some of the best in the country.
- Wakefield has introduced a discovery college which is aimed at young people and their health and wellbeing.

MBu acknowledged the passing of the Queen and reported the Trust had supported staff to take the day off where possible, while maintaining clinical service requirements.

MG offered her congratulations to the early intervention teams and reported her interest in uptake for the discovery college. MG noted the reference in MBr's report about discussions at the Chief Executive's event about increasing workforce numbers, especially clinical workforce numbers.

MBr stated he had been on a call yesterday in relation to the amalgamation of NHS England, NHS Digital and Health Education England (HEE). The most significant issue raised was about increasing placements for nurses and doctors.

Nationally the number of staff in mental health has increased since the long-term plan commenced, but not at the required rate and there are different gaps according to profession and notable challenges with the number of vacant qualified staff positions. The Trust's recruitment level is relatively good, but retention needs to improve. We need an effective national workforce plan.

Nat McMillan (NM) noted cost of living conversations within systems, and queried if the Trust is having any discussions?

MBr confirmed conversations have already taken place. A number of measures already are already implemented such as increased mileage rates, options for advanced salary, and signposting staff to places for support. The Trust is also looking at what other similar organisations are offering, and what we can do over and above things already in place.

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

TB/22/87 Performance (agenda item 9)

TB/22/87a Integrated performance report review (agenda item 9.1)

Adrian Snarr (AS) reported this paper describes the process the Trust is undertaking to further improve the integrated performance report (IPR).
AS will be working with the Deputy Director of Corporate Governance and the Performance and Informatics team (P&I) to take this forward.

AS explained, there is a timeline for the preparation of the IPR in order for it to be ready for Board. The timing is tight which causes challenge for the Finance, Investment and Performance Committee (FIP), because they do not receive it in time to perform deep dive scrutiny ahead of the Board meeting for the most recent reporting period.

AS reported the process for Board is to be reviewed, in addition to how EMT and the operational management group (OMG) use it. SWYPFT make sure the Board gets the most up to date information, whereas some other trusts receive their information in arrears.

There is a lot of good information in the IPR, but we need to bring a product that allows Board to focus on the key areas and allows OMG and EMT to continue to use it effectively.

We will look at the platform on which we build the IPR, this is excel at the moment, which is not always the most effective tool for this type of document. A full consultation will take place including stakeholder views and FIP committee members and will involve executive and non-executive directors in the development process and working group.

MG queried whether there is any need to look for external assistance, including from an analysis perspective?

AS reported work has already begun in looking at outstanding trusts and what information they present to Board and external support will be considered if a new platform is required to be built from scratch.

NM reported in her role with NHS providers she is aware of some other trusts that have recently been through this process and would gladly provide a link into these trusts if needed. NM was also happy to be part of any working group and suggested this work needed to be carried out at pace.

AS reported some aspects of the IPR will be able to be completed quite quickly and some will take more time. An implementation plan will come back to Board for review.

Kate Quail (KQ) reported she is happy to be involved in the working group.

MF noted the importance of getting the IPR right and while pace is good, the work needs to be done properly.

Julie Williams (JW) reported it may be possible to use Sharepoint (current Trust web-based system) to build the IPR.

MBu stated that the Trust Board doesn't want out of date reporting – the Trust reports up to date information and we need to maintain this process and the forward projection statistical process control (SPC) charts.

It was RESOLVED to NOTE the proposed approach to the development of the Integrated Performance Report and comments made.

TB/22/87b Integrated performance report Month 5 2022/23 (agenda item 9.2)

AS reported in the future the IPR needs to draw out issues that are of most importance to the Board. Issues that EMT have been focussing on recently are the Care Programme Approach (CPA) target and what the target should be to make it achievable, and risk assessment and appraisal targets.

SY introduced the summary dashboards and priority programmes:

Improving health

- Work continues with partners to reduce health inequalities
- Suicide prevention continues to be a focus
- The "All of you" campaign continues to improve data recording for the different protected characteristics
- Improving record keeping – the recording and carrying out of comprehensive risk assessments and care plans - trajectories are in development and are being co-developed with staff
- There is pressure across all services and systems, with areas of focus being waiting lists for CAMHS neurodevelopmental assessments and learning disability referrals with complex care packages

Improving care

- The patient safety incident framework has been established and we have twelve months to implement it

Improving resources

- The Trust maintains a strong financial position
- Digital improvements continue across the Trust, improving access for service users to their personal health records, being one example.
- Digital dictation is receiving extra focus to get back on plan

Great Place to Work

- Recruitment and retention is a focus, we have now recruited 19 overseas colleagues
- Staff appraisals need continued focus
- Inequalities – work continues to embed our approach across the Trust

MG noted a number of waiting lists are still under pressure and a business case had been progressed and asked for an update.

CH reported resources have put in place to manage neurodevelopmental assessment waits, but it will be March next year before the impact of this additional resource can be seen.

MF noted the priority programme for improving care is predominantly red which potentially looks like we aren't a caring organisation, but the quality section reflects a better picture.

MBr noted the discussion in July's board was to review trajectories. If we have an improvement plan in place and are meeting that plan, the grading can be adjusted. The gradings as they stand are not representative of all of the Trust's measures. We need to agree new improvement trajectories and report on them by next month.

Action: Adrian Snarr

Covid-19

- Following a recent Covid-19 outbreak two patients have very sadly died. Post infection reviews have taken place and are going through a sign off process and will go to clinical risk panel for review
- Non-Exec directors have been in attendance at clinical risk panel to gain assurance on the overview of risk and Covid-19 incidents
- The Trust has carried out work to identify vulnerable patient groups for Covid-19 and put measures in place to reduce risks
- Preparations have been made for the Covid-19 booster and flu vaccine roll out when they become available.

KQ noted the two deaths and 24 cases in inpatient services and queried the Trust's adherence to guidance for low prevalence and if it has to be followed?

DT reported the Trust has leeway to move away from the guidance. Part of the post infection review in the two inpatient deaths will look at establishing if there is a link between a step down from personal protective equipment (PPE) and any recommendations that need to be made as a result.

JW reported there is now an Office for National Statistics (ONS) modelling tool for Covid-19 so that the Trust can plan for when increases in prevalence occur.

Quality

DT gave the following highlights from the report:

- The mental health family and friends test has held at target or above for the last four months
- The percentage of service users offered a care plan - the current reported performance is below target and we are yet to see the impact of the interim measure which has been applied. Deep dives are taking place within services where we have variation in practice as opposed to variance in recording
- Risk assessments - there is a care planning and risk assessment improvement group in place, but there is also local response in place where a risk assessment has missed its target to identify any learning and identify any quality impact.
- Patient safety incident review framework (PSIRF) launched on 14 August 2022. Our patient safety specialists are Helen Roberts and Dr Kiran Rele and we have a twelve month implementation plan
- Incident reporting is within normal variation and are reviewed using SPC charts

MBr asked for credit to be given to out of area (OOA) and bed flow teams. There has been a significant reduction in OOA beds, which is facilitated by seven day working. The teams are working hard, and it represents tremendous progress in bringing people back into area so that they can be closer to their families and carers.

CH agreed and reported the team's focus is to bring people closer to home and make sure service users and families feel connected with Trust services.

NHSI national Indicators

AS reported the Trust continues to perform well against national targets.

Locality

CH highlighted the following points:

Child and adolescent mental health services (CAMHS)

- There is increased capacity on the neurodevelopmental pathway
- Wakefield core CAMHS referral to treatment times are challenging and being monitored
- The impact of the roll out of mental health support teams in schools is being monitored. Wakefield is the last area covered by the Trust to implement these teams
- Pressures on beds for children and young people continues. We are working closely with Leeds and York Partnership NHS Trust. There are currently challenges at Red Kite View and we are working as a system to make sure children and young people access the right service at the right time
- Acute trusts' chief operating officers have met with CH to look at proactive work to manage winter and support children who require beds

Barnsley general community services

- The children's speech and language therapy team (SALT) has been shortlisted for an award with the Chief Allied Health Professions office
- There is a commissioner review taking place for the six resettlement programmes in Wakefield, this includes the service we provide in Urban House
- Following Covid-19, we have experienced a backlog on the testing of medical devices, and this has now been escalated with an action plan in place

Barnsley community mental health

- Care programme approach (CPA) reviews (every 12 months). The performance in the IPR refers to service users being given a copy of their care plans. Background work has been completed with the performance and informatics team about how we record this correctly and we now need to implement practice changes in how people are engaged in their care.

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

- An adult attention deficit and hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) report will be received in private Board
- Friends and family test in this area have seen a decline and this is being reviewed
- A learning disability services care planning report will be completed at end of the quarter
- There has been some success with recruitment, but vacancies remain a concern
- We work in collaboration (informally) with the other Assessment and Treatment Unit (ATU) in Bradford. There is a positive feel about working together as a system and the shared approach is bringing positive results
- In forensics there is high acuity across the service
- There have been some successes in recruitment, and we look forward to welcoming some staff nurses
- Turnover remains high and a bespoke recruitment plan is in place with retention as a focus
- CPA has a targeted plan to improve the underperformance in this area
- The roll out of trauma informed care is progressing well

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

- Acute wards and intensive home-based treatment teams remain under pressure
- There is increased demand through single point of access teams (SPA)
- Staffing challenges still exist but we are having some success in recruitment and CH has been informed staff are starting to feel the difference
- There have been patient flow successes, but it has been a challenging couple of weeks with large numbers of people needing beds
- Improvement work is taking place in Calderdale around 72hr follow up

- Deep dive on data quality for risk assessments is taking place and we now know where we need to target our actions, with a view to completion by end of Q3. A similar process is also in place for care planning.

EM noted how well the Trust is doing despite the staffing pressures. A horizon scanning report was received in the Equality, Inclusion and Involvement Committee and some of the comments about SPA were not positive. CH agreed to look into this.

Action: Carol Harris

EM asked if any national work is taking place to address acuity?

MBr referenced the mental health long term plan. Since the pandemic happened, service users have typically presented later and have been more unwell. Looking at the long-term plan there is reference to prevention and intervention. Part of the answer is early intervention work to be carried out in the community and being proactive, but people are ill, and we have to manage the presentations we are presented with.

GM noted this is a potential good discussion point for an extended EMT.

A conversation followed about the work taking place in systems and collaboratives looking at acuity levels and how professional risk tolerance can vary amongst staff dependant on their personal experience.

MBu noted a meeting outside of Board would be good to look at the Trust understanding of acuity, what it means and how it is measured.

Action: Darryl Thompson

MG queried if there are any digital solutions available to help and queried if SystmOne (Trust health records system) is working for the Trust? MG reported she is attending a digital strategy meeting on 11 October 2022.

DT reported there is the clinical safety design group which looks at increasing clinical functionality or reducing the complexity of processes. There is now the patient knows best initiative which is looking at digital applications to improve access to care plans and care information.

MG reported she is familiar with the patient knows best format but questioned whether the design process might need some different skills.

SY reported the solution for giving patients more control of their information is co-produced with service user input and the technical team will make sure we have least labour-intensive options. We have always tried to use this approach in the implementation of digital solutions.

The optimisation process for SystmOne was delayed by Covid-19. DT has already referenced the clinical design group which is made up of clinicians, the change team, and technical experts. Part of the work in improving our documentation will be around ease of access to the system and ease of use. SY assured the Board that the Trust has strong change processes in place.

SY suggested MG could attend the patient design group for the patient portal and this should be considered.

Action: Salma Yasmeen

JW reported Paul Foster (IT lead for the Trust) is part of the SystmOne national design group and has excellent links into TPP (SystmOne platform provider).

Communications, Engagement and Involvement

SY asked to take the paper as read and highlighted:

- There is a focus on supporting priority programmes across the Trust and in our places
- The Equality and involvement team are working hard to raise awareness and start conversations across the Trust.

Finance and Contracts

AS highlighted the following points:

- Financial position is strong, but this is mainly due to workforce vacancies
- We are seeing the financial benefit of the reduction of OOA placements
- There are some risks, the pay award isn't expected to be fully funded – at a cost of £2m recurrent to the Trust
- The pay increase hits mental health trusts harder than acute trusts due to staffing numbers
- There are some emerging non-cost pressures arising on IT equipment and food, these will need to be factored into next year's financial plan
- Our agency target is a red/amber risk. The integrated Care Board have been set a target based on a 10% reduction on last year's spend and the Trust is unlikely to achieve this. The Trust is not reducing agency spend as this could affect safety and quality of care given current staffing levels. Value for money and need are both considered when looking at agency spend, we do not believe we are an outlier in this position.

MBr reiterated the Trust needs to ensure value for money is a key consideration for agency spend.

GM reported there is a plan to centralise agency staff to come through one point to make it easier to manage and monitor across the Trust.

AS reported, there is a risk on capital commercial negotiations due to inflationary pressures and this will be covered in more detail in the private meeting in the afternoon.

Workforce

GM highlighted the following points:

- Staff in post – the Trust has seen a net gain of 40 full time equivalent (FTE) staff – year to date
- The vacancy rate has remained static (16.7% year to date) as despite the increase of 40 FTE, the establishment has increased by the same amount, due to the investment in mental health
- An inpatient recruitment and retention plan has been to the Workforce and Remuneration Committee (WRC) and a wider plan will coming back to the Committee in November
- International recruitment has seen some successes and we are on track to meet our target of 90 international recruits by the end of the year
- The health care assistant recruitment process has been refreshed and digital recruitment fairs have been successful with 30 new recruits being taken on
- Turnover has reduced from 16% - 14.7% we are going to review the trajectory in the IPR to be more realistic
- The Trust internal auditors are looking at our leavers' process and the outcome will be presented to EMT and the Audit Committee
- Some given reasons for leaving include access to training, and development opportunities which highlights the importance of the appraisal process
- Sickness is at 4.8% is slightly above target of 4.4%

- The Robertson Cooper survey results have recently been provided, there are some really meaningful findings that we can use to support improvement
- There is variation in sickness by Care Group – forensics and inpatients being some of the highest. The People directorate are putting support into these areas
- Data from the southern hemisphere around flu is a concern, this is normally reflective of our flu season, we have an ambitious target of a 90% vaccination rate for front line staff
- Appraisals - we have changed how we report this metric. We are now measuring against a 12-month appraisal cycle instead of an appraisal window. This has been positive as it has given us information about areas to target which we may not have been able to see before.
- Appraisal rate is currently at 61.3%.
- Mandatory training compliance is at 90.7% which is consistent across all care groups

MBu highlighted the importance of appraisal as demonstrated in today's board story.

EM queried progress on the workforce strategy and resourcing and capacity for the People directorate.

GM reported there is to be one overarching people strategy to cover organisational development and workforce. The new People directorate structure is being put in place and should be completed by October.

NM queried how appraisals will be able to take place in the context of staffing vacancies and high acuity on inpatients wards and asked if it is realistic if this can be carried out and are there innovative solutions we can use to help?

GM agreed it is challenging and we are trying to make the appraisal system as user friendly as possible. Good appraisal is a key tool in staff retention.

NM noted the IPR reflects acute wards are under pressure and queried how the Trust is helping the managers.

CH stated moving away from the appraisal window to twelve months, provides better visibility regarding who has had an appraisal over the last twelve months. We are ensuring quality conversations are taking place and looking at ways appraisals can take place to be as effective as possible.

KQ queried how the Trust measures staff wellbeing and how do we know that staff have the time to access the Trusts wellbeing offer?

GM reported the Robertson Cooper survey and National NHS staff survey both cover health and wellbeing and the wellbeing offer from the Trust is being reviewed to make sure it is accessible to all staff and will go to WRC in November.

MG reported she is the wellbeing NED for the Trust and receives a national newsletter which she shares with the People directorate and noted that WRC needs to have specific time to look at this particular issue.

MG also noted Estates and Facilities absence has been high (currently at 8.1%) for several months.

GM reported the level of absence has now levelled off, and the People directorate are providing support on long term cases but there isn't a fixed measure yet.

MBu asked for this to be looked at WRC.

Action: Greg Moores

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

TB/22/88 Risk and Assurance (agenda item 10)

TB/22/88a Serious Incidents Quarterly report (agenda item 10.1)

DT introduced the item and highlighted the following points:

- This is the trustwide incident report that includes all incidents, serious incidents and learning from deaths
- All incidents are overseen by the weekly clinical risk panel
- Incident reporting levels are within normal variation
- There have been no "never events" this quarter
- There is reference to the internal audit on the Trust's Serious Incident (SI) actions and how we are implementing the action plan. The report will go to the next Audit Committee followed by CGCS
- The LeDeR report is referenced, and an overview provided of progress so far. A paper is going to EMT, then CGCS before being presented to Board
- Pressure ulcers increased within the quarter; one pressure ulcer was attributable to a lapse in care. A review has taken place and established a Waterlow assessment had not been completed and a learning event has taken place.

NM confirmed, as chair of CGCS, the Committee is to receive reports on pressure ulcers and the LeDeR. NM reported that overview and assurance of Serious Incidents at CGCS is good, and they are now looking at how learning is embedded.

MG reported she had attended clinical risk panel with DW and stated this is a detailed meeting where full reviews of incidents are taking place. MF agreed from his recent attendance at clinical risk panel.

MBu asked that the Q2 report needs to include Q1 data so that a comparison can be made to provide further assurance to the Board.

Action: Darryl Thompson

MBr noted actions around physical health and asked DT to explain how these actions are being monitored and assessed. For example, weight management issues have been identified in incidents and there are actions to address this. We need to provide assurance against those actions.

NM reported CGCS have identified top themes at Committee, physical health is one of these, and will be addressed through the Committee.

Action: Darryl Thompson

CH reported OMG monitor physical health checks that have been carried out.

MBu summarised to confirm that physical health was being monitored through OMG and Non-Executive Directors were assured by their observation of the clinical risk panel.

It was RESOLVED to RECEIVE and NOTE the quarterly report.

TB/22/88b Workforce Equality Standards Report (agenda item 10.2)

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

- The report has been to Workforce and Remuneration Committee (WRC) and Equality, Inclusion and Involvement Committee (EIIC)
- The report has been through a good governance process

- Themes – there has been challenge on diversity in leadership roles
- The action plan has been set out to address issues
- Staff experience perspective has been received and reviewed
- There are clear links into data on equality standards and the sustainability strategy and the Trust being an anchor institution

MG reported WRC had requested each action has an assigned leader. A review is going to take place of ongoing actions to look at completion dates and MG noted a data error still present in the report that non-clinical and clinical headings are still the wrong way round.
Action: Greg Moores

It was RESOLVED to APPROVE the WRES and WDES summary reports and action plans.

TB/22/88c Medical appraisal / revalidation annual report (agenda item 10.3)
Dr. Subha Thiyagesh (ST) presented the item and highlighted the following points:

- The report has been to CGCS prior to Board
- 137 doctors had a prescribed connection with the Trust as of 31st March 2022.
  - 96.4% of the doctors that were due to have their appraisal have successfully completed the appraisal process during 2021/22, an increase on last year, back to pre-Covid-19 levels.
  - 13.8% of the doctors had late meetings or late submissions. 4 of these late submissions were not approved. The rest were approved by either the Associate Medical Director (AMD) for Revalidation or Responsible Officer (RO) as appropriate.
- 35 revalidation recommendations were made between 1st April 2021 and 31st March 2022.
  - 35 doctors had positive recommendations made.
  - All of these recommendations led to revalidation of the doctors by the General Medical Council (GMC).
- Post-Covid-19, medical appraisal and revalidation has reverted back to pre-pandemic processes and timescales following a period of paused appraisals.
- The quality of the training delivered, as judged by feedback from new appraisers, will be monitored following the additional trainer recruitment.
- The number of appraisers and appraiser trainers will continue to be monitored to ensure there is sufficient availability for appraisals to continue to take place within the timescales in order to meet compliance.
- There will be an evaluation of online patient feedback, to understand uptake and whether this should be continued in future years. There will be an exploration of alternative forms of feedback for different services user populations, such as those with learning disability, to ensure that all services users are able to provide feedback about their doctor.
- The Trust will formulate a response to the GMC document, Fair to Refer, which relates to the fair and equitable response to doctors facing complaints and/or referrals to the GMC.
- The revalidation team will prepare for a comprehensive peer review by another Trust in the region in November 2022.
- The Appraisal and Revalidation team will seek to train and appoint 2 further Case Investigators for the Trust.

EM queried if a recent investigation was included in the report. ST reported she believed the investigation was concluded and would check when the incident took place to ascertain whether it was within the scope of the reporting period for this report.
Action: Dr.Subha Thiyagesh

It was RESOLVED to RECEIVE the report noting that it will be shared with NHSE.

- **The Board is further asked to recognise that the resource implications of medical revalidation are likely to continue to increase year on year.**

It was RESOLVE to APPROVE the NHSE Designated Body Annual Board Report Statement of Compliance, attached as Annex D of this report, confirming that the Trust, as a Designated Body, is in compliance with the regulations.

TB/22/88d Community Safer Staffing report (agenda item 10.4)

DT introduced the item and highlighted the following points:

- The report is in response to Committee and Board requests
- A community focused safer staffing meeting was developed, and this has now been merged into the inpatient safer staffing meeting
- Testing on different staffing models is taking place, which includes consultation with general managers who oversee operational delivery
- An escalation plan is being developed for community teams
- The new blended safer staffing group will oversee progress against expected deliverables

EM was complimentary of the report, and noted the report is preliminary, but needs to be maintained as an area of Board focus. A six monthly/annual review would be helpful. Access to different communities is important as well. DT acknowledged this particular report focused on process and would be developed for future iterations.

DT suggested inclusion in the annual safer staffing report as an additional section focussing on community staffing.

The Board agreed to DT's proposal.

Action: Darryl Thompson

It was RESOLVED to RECEIVE the Community safer staffing report and NOTES the comments made.

TB/22/88e Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.5)

Collaborative Committee 4 August 2022

MF highlighted the following:

- This was the second formal committee meeting
- The First update from the South Yorkshire Adult Secure Collaborative was included
- Progress being made in aligning papers between West Yorkshire and South Yorkshire
- Terms of Reference will be reviewed after 12 months to review the separation between provider and commissioner
- OOA bed challenges were discussed
- One provider has a CQC rating of inadequate and is working through an action plan

AS confirmed, he is linking in with other collaboratives to check the committee is aligned to best practice. SR confirmed there are national networks in operation looking at how lead provider collaboratives operate, and the Trust is linked into these.

Clinical Governance & Clinical Safety Committee 13 September 2022

Nat McMillan (NM) reported the following:

- Assurance received that care plans and risk assessments are being reviewed
- Recognition of the pressure in services and the fact that quality standards are being maintained

- Mental health inpatient service user survey – experience for service users is good, despite pressures and this provided significant assurance to the Committee
- Choking thematic review – in the use of external expertise has been positive and it is positive the Trust took this approach. There has been good demonstration of the learning that has been taken

Equality, Inclusion and Involvement Committee 20 September 2022
MBu highlighted the following:

- Equality and inclusion is a golden thread through the organisation
- The disability network group gave an input to the Committee, and they are progressing well
- SY reported progress is being made regarding the process to use data to drive improvements
- There is a focus on communities and the services we provide, and CH and her teams are looking at this data and using it to think about workforce
- There is real ownership of equality and inclusion agenda at the front line
- GM reported that bringing staff networks into that committee is very useful

MF referenced the insight report and interesting feedback and queried where this is shared?

SY reported the insight report goes to EMT so that actions have executive ownership, and we use normal processes to progress actions and close them.

SY referenced the community transformation board from the insight report. There has been a large staff engagement event looking at community services and the new elements of community transformation and how the Trust needs to be thinking about Single Point of Access (SPA) and other access points for our services.

Finance, Investment & Performance Committee 22 August and 26 September 2022
DW highlighted the following from the September meeting:

- Utility costs are becoming an area of significant variance that needs to be monitored
- The revised Committee workplan was approved yesterday
- The Trust surplus will decrease through the recent pay review and the fact c£2m of it is not being funded
- Cost improvement planning is likely to have more prominence and be more challenging next year
- OOA beds are reducing

AS reported attention is now turning to longer term planning in anticipation of national guidance being released.

Mental Health Act Committee 16 August 2022
KQ highlighted the following:

- Assurance was received that we understand what will happen through changes to the Mental Health Act
- Assurance - strong partnership working ensuring patients' rights upheld, as reported by Hospital Managers.
- Performance monitoring – section 17 leave cancellations – the Committee has looked at what leave was granted, as well as cancelled.
- In forensic services out of 1816 periods of leave– 208 were cancelled and we have taken the learning from each cancellation
- Two more mental health act visits since the report, which has picked up the patient rights issue. This may be contrary to the assurance presented in this report, but the CQC have a very detailed look at when service users have been updated in respect of their rights.

EM stated the MHA committee has worked well to resolve lots of issues.

Members' Council 16 August 2022
MF highlighted the following:

- Two focus presentations on the Social Responsibility and Sustainability strategy, and CAMHS, were well received

Workforce and Remuneration Committee 9 May 2022
MG highlighted the following:

- The concern remains around recruitment and retention
- Absence has improved slightly and Covid absence needs to remain under review
- The target for mandatory training was discussed and continues to be reviewed
- The inpatient recruitment plan was received it was noted that the 50% reduction of vacancies target could be a challenge.
- WRES and WDES action plans were received and are agenda items at Board today
- Update on staff survey. The Committee took into account some actions for when the next staff survey results come in, in terms of measurement as well as actions

WYMHLDA Collaborative Committees in Common 26 September 2022
MBu highlighted the following:

- Agreement of the coordinating provider principles
- Update of the various programmes taking place across West Yorkshire

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

TB/22/89 Integrated Care Systems and Partnerships (agenda item 11)

TB/22/89a South Yorkshire updated including South Yorkshire Integrated Care System (SYBICS) (agenda item 11.1)

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

- The South Yorkshire Integrated Care Board had its first face to face meeting which started off with service user stories for Learning Disabilities and Autism
- The cost-of-living crisis was discussed
- There were place reports for Barnsley, Doncaster, Sheffield and Rotherham which were helpful. There were common themes in terms of challenges of acuity, workforce and referrals, as well as examples of good practice and good opportunities for learning
- Richard Jenkins is now the joint chief executive of Barnsley and Rotherham hospitals on a substantive basis
- Oliver Coppard has been appointed as chair of the Integrated Care Partnership (ICP)
- The chief executive of Sheffield Health and Social Care NHS Foundation Trust, Jan Ditheridge is retiring in March 2023.
- Mental health, learning disabilities and autism alliance – the meeting had to be postponed and is rescheduled 10 October 2022

SY reported the following updates for Barnsley:

- The primary care advisor is in post
- The focus remains on delivery, impact and outcomes
- The place partnership is now live, and the place team is in the process of being established

It was RESOLVED to NOTE the SYB ICS update.

TB/22/89b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

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

- The current focus is refreshing the strategy document by December 2022 and delivering on key ambitions
- Place partnerships are now up and running

SR asked for the report as read but asked for feedback on the structure of the report.

Board approved of the report format.

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 and RECEIVE the minutes of relevant partnership boards/committees.

TB/22/89c Provider Collaboratives and Alliances (agenda item 11.3)

SR presented the item and asked to take the report as read:

- Further detail on forensic CAMHS and perinatal pathways is included in the report

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

TB/22/90 Governance (agenda item 12)

TB/22/90a Quality Account (agenda item 12.1)

DT presented the item and highlighted the following points:

- The report has been published and is available on the Trust website
- The report has previously been through CGCS and private Board
- The report was published within the governance expectations and timescales

JW highlighted that the Quality Account will be part of the Chief Executives presentation at the annual members meeting in October 2022.

It was RESOLVED to RECEIVE and NOTE the Quality Account 2021/22

TB/22/90b Equality, Inclusion and Involvement Committee Terms of Reference (agenda item 12.2)

MBu reported the terms of reference have been amended to include the oversight of sustainability by the Committee.

MBr pointed out the transition from business delivery units to care groups since the amendment of the terms of reference.

Action: Andy Lister

It was RESOLVED to APPROVE the Terms of Reference for the Equality, Inclusion and Involvement Committee.

TB/22/90c Workforce and Remuneration Committee Terms of Reference (agenda item 12.3)

MG summarised changes to the terms of reference that the meeting will now be called the People and Remuneration Committee. The People and Remuneration sections have been separated.

It was RESOLVED to APPROVE the changes to the terms of reference and the change of the Committee name to People and Remuneration Committee.

TB/22/90d Internal Governance Structure (agenda item 12.4)

JW presented the new internal governance structure:

- The document has been reviewed twice at EMT prior to presentation at Board
- JW summarised the key changes to the document

MF noted there were limited sub committees and groups feeding into Finance Investment and Performance Committee and Audit Committee.

SR reported all the groups on the document have decision making responsibilities, and there are groups that support the committees, by conducting work of the Trust, that are in existence, but do not appear on the structure document.

NM agreed that there were limited sub committees feeding into FIP and AC.

MBr commented that EMT predominantly feeds into FIP.

MF felt, objectively, it appeared that FIP and Audit Committee is not supported.

JW explained that the document is about key decision-making groups that support higher level committees. It also documents those groups that will receive information where the Trust has a legal or statutory duty. An example of this is the resuscitation and oxygen task and finish group. There are national standards, and legal requirements, and this group supports the drugs and therapeutic committee in their duties. The document shows the key lines of accountability for the Trust, in enabling committees to meet their obligations.

EM reported she has confidence in the committees effectively discharging their duties and that the document should not be too operational.

MBu noted the Non-Executive Directors chairing the committees will be aware of the groups that feed into their committee to give assurance.

JW suggested if it would be of benefit to chairs to see which groups feed into their committees, this could be coordinated by executive leads.

EM suggested that each committee should receive detail of the groups that feed into them as part of their assurance that the process is working correctly.

MBu noted that the level of detail presented in the diagram would not normally be presented at Board level.

MF queried if given the number of decision-making groups underneath the Board committees if there is the opportunity to streamline the document.

MBr reported streamlining had been considered at EMT.

MBu suggested that committee chairs should receive a breakdown of the groups feeding into their committee, to provide assurance on the governance and decision-making processes and that take place beneath them.

KQ noted that the committee summary report includes groups that provide assurance to the board committees.

NM reported that she wasn't comfortable with the impression that FIP had no groups feeding into it and as FIP is developing and is focussing more on performance, this isn't reflected in the document.

MBu asked that JW and lead directors review the schematic to ensure it provides correct levels of assurance for all board committees.

Action: Julie Williams

It was RESOLVED to NOTE the comments made on the update to the internal meetings' governance framework.

TB/22/90e Trust Seal (agenda item 12.5)

It was RESOLVED to NOTE that the Trust Seal has not been used since the last report in June 2022.

TB/22/91 Trust Board work programme 2022/23 (agenda item 13)

It was RESOLVED to NOTE the work programme.

TB/22/92 Any other business (agenda item 14)

Nil

TB/22/93 Date of next meeting (agenda item 15)

The next public Trust Board meeting will be held on 25 October 2022

Signature:  Date: 25 October 2022