South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 25 October 2022
Microsoft Teams meeting

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) (via MS Teams)	Chief Nurse and Director of Quality and Professions
	Salma Yasmeen (SY)	Deputy Chief Executive/Director of Strategy and Change
Apologies:	Sean Rayner (SR)	Director of Provider Development
In attendance:	Greg Moores (GM)	Chief People Officer
	Julie Williams (JW)	Deputy Director of Corporate Governance
	Andy Lister (AL)	Company Secretary (author)
Observers:	Lianne Richards	360 Assurance
	3 x members of the public	

TB/22/94 Welcome, introduction and apologies (agenda item 1)

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

MBu outlined the Microsoft Teams meeting protocols and etiquette and reported this meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting. Darryl Thompson (DT), Chief nurse and director of quality and professions, will be attending the meeting via Microsoft Teams.

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 members of the public that there would be an opportunity at item 3 for questions and comments, received in writing.

TB/22/95 Declarations of interest (agenda item 2)

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

TB/22/96 Questions from the public (agenda item 3)

Andy Lister (AL) reported one question had been received from the public: "As the demand pressure builds for the Trust and staff shortages/high use of bank and agency create stress within the workforce, how does the Trust combat the risk of corner cutting and poor compliance in inpatient facilities leading to deteriorating patient care".

AL reported there is a paper at item 9.5 on the agenda reporting on the quality and safety of inpatient services. This paper addresses this question and should there be any further questions AL will deal with these outside of the meeting.

It was RESOLVED to NOTE the question received from a member of the public.

TB/22/97 Minutes from previous Trust Board meeting held 27 September 2022 (agenda item 4)

Mandy Griffin (MG) requested an amendment on page 14 where it read "MG reported WRC made sure there are key leaders involved in the action plan". MG reported the minutes should read "WRC requested each action had an assigned leader"
Action: Andy Lister

It was RESOLVED to NOTE the required amendment and APPROVE the minutes of the public session of Trust Board held 27 September 2022 as a true and accurate record.

TB/22/98 Matters arising from previous Trust Board meeting held 27 September 2022 and board action log (agenda item 5)

TB/22/71c – Mike Ford (MF) reported DT and MF have met in relation to staff complaints involving staff attitude in the context of the total number of staff interactions with carers and service users. DT reported he has spoken to the performance and informatics team to see if the number of complaints about staff attitude can be measured against the total number of staff interactions with carers and service users.

NM reported this formed part of the broader patient experience report that was due to come back to clinical governance clinical safety (CGCS) committee in November. Board agreed to delegate the action to CGCS.

Action: Darryl Thompson

TB/22/87b – MBu asked for further information for the action in relation to a horizon scanning report received by the equality, inclusion and involvement committee (EIIC), that included some negative comments in relation to single point of access teams. Carol Harris (CH) agreed to update the action response.

TB/22/72a – Care planning metrics for the integrated performance report - DT reported the matter has been discussed in detail at CGCS. There is a monthly progress update going to CGCS and a deep dive will be undertaken in CGCS in February 2023. A timeline for presentation to the executive management team (EMT) is to be established. DT to discuss with Mark Brooks (MBr)

Action: Darryl Thompson

TB/22/43c – Standing financial instructions (SFI's) and the scheme of delegation (SOD) review – Adrian Snarr (AS) reported both documents need updating to fully reflect that provider collaboratives are live. The routine updates to the documents will be minor but we must make

sure we have the delegated limits correctly stipulated for the fully embedded provider collaboratives.
MBr reminded the Board that the review of the SFIs and SOD had been deliberately delayed allowing for AS to be appointed and so he could conduct the review which will include updates for provider collaboratives and other changes as a result of the health and care bill.

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

TB/22/99 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Keith, a service user currently on the Chippendale ward, who was supported by Damon Barker-Scholes, the Chippendale ward manager.

Keith reported he is 45 years old and experienced a traumatic childhood during which he was abused by people in his community. This led to Keith deliberately injuring himself and he suffered with depression and angry episodes.

Keith reported he later committed a street robbery to the value of £1.20 for which he received a life sentence. Keith spent five years in prison where his behaviour worsened, and he was "acuphased" by medication and used to self-harm. In 2000, Keith was sent to Rampton Hospital where he spent the next 20 years. Keith informed the Board that this period of his life had not been good.

During his time at Rampton, Keith took the decision to stop taking his medication, which included clozapine and sertraline. As a result, Keith became very unwell, and started hearing voices.
Keith realised he could do better than this and started to take his medication again. After two years Keith stabilised and became so well, he did not have a single episode of seclusion, or self-harm in five years. As a result, Keith was allowed to transfer to Newton Lodge at Fieldhead hospital (SWYPFT) where he was accepted onto the Chippendale ward.

Keith explained that the Chippendale ward is a rehabilitation ward and holds 12 patients, and he is very happy there. Keith reported the staff are great and really look after him and will listen to him if he has any problems. Keith reported he continues to improve and is doing very well.

Keith stated he receives further support from occupational therapists who help him to go out into the community, to Snow Hill (a local all-weather football pitch) with two members of the team.

Keith explained to the Board he finds these trips quite frightening due to the amount of traffic. Keith stated the volume of traffic has changed considerably since being first detained in Rampton.

Keith reported at a recent tribunal, the panel was shocked by how long Keith had been detained in Rampton.

Keith's hopes for the future are that he will be transferred to a low secure unit. His doctor has informed him he will not be returning to prison, and Keith will now progress through the hospital system.

Keith hopes that ultimately, one day, he will be able to return to the community.

Keith informed the Board he is concerned about the lack of staff on the ward, the staff on the ward are tied up with duties such as observations and can't get other things done. Keith also reported there are a number of staff off sick at the moment.

MBu thanked Keith for his story and reflected on the journey he had been on, and the progress he had made.

MBr asked if there was anything further the Trust could do to help Keith reach his ambition of ultimately moving into the community?

Keith stated with the support of staff he would be able to keep his medication stable and continue to progress and work with staff towards his goals.

CH queried if Keith still gets his leave from the ward when staffing is low?

Keith reported nine times out of ten his leave is granted. Staff are very proactive in this respect and do their best to allow patients on the wards to get their leave.

CH apologised to Keith for the occasions when he had not been able to take his leave from the ward.

Keith clarified, that although there were occasions when his leave was unable to take place, he continued to feel safe and cared for.

Dr. Subha Thiyagesh (ST) asked if Keith felt, as part of a group of service users, he can influence the level of activities that take place on the ward?

Keith reported the occupational therapy staff carry out a wide variety of activities with patients, from pumpkin carving to bingo, or just having a cup of tea and a chat. Keith attends 'one voice' one Friday every month. This allows service users to sit down with ward managers and staff and talk about any problems or issues they may be having and find solutions.

DT praised Keith on his level of self-motivation. DT noted Keith's concerns about the lack of staff on the wards and assured Keith the Board is committed to making sure the Trust gets the right number of staff on its wards.

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

TB/22/100 Chair's remarks (agenda item 7)

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

- Private risks
- Assurance from Trust Board committees (private minutes)
- Integrated care systems and partnerships
- Complex incidents report
- Ligature report
- Service line performance report
- Bretton centre update
- Investment appraisal framework
- Board development update

It was RESOLVED to NOTE the Chair's remarks.

TB/22/101 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- This paper introduces other papers that will appear on today's agenda and provides general oversight of the work taking place in the Trust at the moment
- On the agenda today is a paper on the quality and safety of inpatient wards. MBr reported how appalled he had been at the treatment of service users on the Panorama and Dispatches documentaries. He stated as a Trust, we need to ensure that we consistently focus on the quality and safety of care. Although we have just heard a great story of inpatient care through Keith, we cannot be complacent and need to be sure people are aware of and feel able to use freedom to speak up processes
- Covid prevalence had increased but appears to have plateaued recently. As we look to winter this is adding pressure to the wider health system
- A number of trade unions are balloting their members to take industrial action and the Trust awaits the outcome of this
- MBr noted his report includes some examples of the provision of excellent care. There has been positive written feedback for the stroke rehabilitation team in Barnsley, and our individual placement support team in Kirklees (helping people with mental health difficulties to obtain employment) have supported 45 people in finding work with 12 job offers received
- The Trust finance team have received the future focused finance level 2 accreditation
- NHS England has published its new operating framework. This will be incorporated in the planning process for 2022/23
- The Trust held its annual members' meeting in person last week. This was a very positive event and those that attended really enjoyed it
- Our Reach network (race, equality and cultural heritage) held its annual event. MBr gave thanks to Manreesh Baines who has been the chair of this network for the last couple of years
- MBr noted an interesting report last week from the care quality commission (CQC), a state of the nation type document. It recognises the hard work of staff but highlights a system in deadlock and a number of challenges. Some of those challenges involved the outcomes for people with a learning disability or autism, and children and young people's access to mental health services. There is also reference to the deprivation of liberty. The Trust will review the report and ensure it is mitigating any risks that are highlighted.

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

TB/22/102 Risk and assurance (agenda item 9)

TB/22/102a Board Assurance Framework (agenda item 9.1)

Julie Williams (JW) introduced the item and reported the board assurance framework (BAF) is the document that records risks that may prevent the Trust achieving its strategic objectives

MBu noted that risk gradings remain remained unchanged for this quarter.

MBr reported EMT discuss the BAF in detail. Strategic risks are longer term risks and do not necessarily change month on month. The focus of EMT is where there is likely to be the most change, whether positive or negative. EMT consider what Trust data is telling them and what the operational environment currently feels like across the system.

MBr reported Trust quality metrics are remaining consistent, and any change has been minimal. Workforce numbers are also similar, and whilst the Trust continues to have a significant number of vacancies, substantive staff numbers have increased slightly in year.

MBr reported in the next 3 to 6 months the new NHS landscape in which the Trust operates should become more embedded which may enable risk 1.1 to move from amber to yellow.

MBr noted in the EMT review of the BAF, one area of focus was identified as whether the actions stated are sufficient to address the gaps in control and/or assurance identified.

MBr noted the view of strategic risks is objective, and both the soft and hard intelligence available to EMT supports the current risk gradings.

EM noted risk 4.1 is around the ability to have safer staffing and Board has discussed the possibility of industrial action. Does this need to be reflected in the document?

MBr reported EMT held the same discussion. At the moment EMT believe the risk belongs on the organisational risk register, but the possible impact of industrial action has been noted and will continue to eb considered in further reviews of the BAF.

GM updated the Board that the industrial action ballot relates to the national pay award and is not specific to issues with the Trust. GM reported the Trust has positive relations with staff side and conversations are taking place as to how the safety of services can be maintained should industrial action take place.

MG noted the BAF executive summary makes reference to the reduction of risks, but there should also be reference to the possibility of escalation.

Action: Julie Williams

A conversation followed in relation to the executive summary and the grading of strategic risks. Board members identified on review of the executive summary they had queried gradings for risk 2.1 (The increasing demand for strong analysis based on robust information systems means there is insufficient high-quality management and clinical information to meet all of our strategic objectives) and 2.3 (Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care), but on reviewing the full document had been assured that the gradings were appropriate.

It was noted that the cumulative risk had increased but the mitigations against risks had also increased so in net terms the level of risk remains the same.

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

TB/22/102b Corporate / organisational risk register (agenda item 9.2)

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

- The report has been discussed in detail with individual executive directors, at Board committees and at EMT
- There is a proposed new risk in relation to industrial action - The risk of disruption to services and reduction in staff due to industrial action and our inability to deliver care.
- Risk 1080 – Risk that the Trust's IT infrastructure and information systems could be compromised by cyber-crime leading to a) theft of personal data, b) Key system downtime and/or c) Inability to provide safe and high-quality care - The risk has been fully reviewed to make sure we have actions in place to mitigate against issues

identified following the recent attack on “Advanced” (digital system provider for a number of NHS trusts)

MG queried the reduction of the score of Risk 1614 – National clinical staff shortages resulting in vacancies which could lead to the delivery of potentially reduced quality, unsafe and / or reduced services, increased out of area placements and / or breaches in regulations nationally seeing the pressure.

JW reported the lowering of risk is as a result of work carried out by the Trust from an operational and people perspective to mitigate the risk.

GM reported at this time there has not been any impact on quality metrics, the data doesn’t suggest that quality is declining.

MBr queried if the proposed change has been through committee and NM confirmed it has been through CGCS and agreed with GM’s assessment, but noted the risk required dynamic management.

JW informed the Board that the ORR is under constant review and is being updated all the time as a live document.

ST reported executive directors are continually reviewing risks and identifying emergent risks. She has been working with the executive trio and GM to look at staffing shortages and make key decisions about how to mitigate risk given the national staff shortages. Triangulation of safety and quality information is being constantly reviewed to manage the risk.

EM noted the risk score for 1614 has gone down, but the staff are working above their capacity and the staff risk wellbeing risk score has gone up and queried how long this is sustainable.

GM reported risk 1151 - Risk of being unable to recruit and retain clinical staff due to national shortages and growth in mental health investment/ commissioning which could impact on the safety and quality of current services and future development of not having enough staff - has not reduced.

Salma Yasmeen (SY) reported that the inpatient improvement programme is looking at ways to be innovative and identify different ways of working.

MF noted a reduction in the number of total risks and MBr reported that some risks have been merged and some Covid-19 related risks have been closed and embedded in wider risks as agreed at the July Board meeting.

MBr reported that emerging risks are considered through the operational management group (OMG) chaired by CH, and if any risks are deemed to be escalating, they will be reviewed through EMT.

It was RESOLVED to NOTE comments on the risk register and CONFIRM Trust Board are ASSURED that current risk levels are appropriate, considering the Trust risk appetite, and given the current operating environment.

In addition, Trust Board RESOLVED to:

- **•AGREE the new people specific risk in relation to the risk of disruption to services and reduction in staff due to industrial action and our inability to deliver care**
- **•AGREE to the new risk description for risk 1729**
- **•AGREE to change the risk owner from DPD to DFER for risk 1511**
- **•AGREE to the new risk scoring for risk 1614**
- **•AGREE the new risk description for risk 1114**
- **•AGREE to the risk scoring for risk 1368**
- **AGREE for the removal of risk 1615**

TB/22/102c Green plan update (agenda item 9.3)

NP introduced the item and highlighted the following points:

- In future years the report will be part of the wider sustainability and social responsibility report
- The Trust has reduced carbon emissions by 7.3% since last year
- There has been a 50% reduction in carbon emissions since reporting began, in part due to changes in estate but in the main due to a lot of work carried out within the Trust
- A large part of the Trust carbon footprint is gas. The further reduction of gas usage will be challenging and will be a future focus
- The Trust is now purchasing green electricity which is reducing the electric carbon footprint
- There has been a rise in staff travel over the last year as people are returning to more face-to-face interactions, but the carbon footprint from staff travel is still very much lower than 2019/20
- Initiatives for the future – 500 trees are being delivered in November to be planted across the Trust which will absorb carbon
- Fruit trees are being considered for therapeutic reasons/activities
- A plan is in place to recruit a consultant to look at how we achieve our net zero carbon for 2040. There are costs and challenges, and a specific report will come to Board in due course

MG suggested a high-level summary of the level of investment made to get the Trust to where it is now would be useful.

NP agreed to do this

AS noted there will be an investment required to reduce gas emissions at some point in the future.

MF queried if there is any impact of electric vehicles being used by staff?

NP reported the Trust is not in possession of that level of detail at the moment.NP reported the Trust is trying to further move to the use of electric vehicles, but supply is currently limited.

DW noted the great work on direct emissions and queried if indirect emissions will be considered as the Trust progresses with this work?

NP reported supply chain emissions will be part of the future wider sustainability annual report

KQ noted some trusts have climate change work included in their BAF.

SY reported the Trust look at climate risks as part of the wider sustainability agenda through Equality, Inclusion and Involvement Committee (EIIC)

MF noted the Trust has sold some sites and asked if consideration is given to the environmental impact of sale of sites and what they will be used for?

SY reported the Trust has strong partnerships in places and they all have sustainability and green plans, the integrated care systems have this in view as well.

NP reported the latest major sale has gone from being a hospital site to a school.

MBu summarised that future reports should include the costs of carbon footprint reduction and the impact of selling sites on the communities they are located in.

Action: Adrian Snarr/Salma Yasmeen

It was RESOLVED to NOTE the content of the report

TB/22/102d Emergency Preparedness Resilience and Response (EPRR) Compliance annual report (agenda item 9.4)

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

- There is a new framework in place through the integrated care board and they hold category 1 responder status
- This year the return is based on the updated three yearly review of the standards
- There are 55 standards overall, 13 of which are deep dive
- The Trust is green in 44 areas and amber in 8
- It is certifying as red in 3 (non-compliant)
- We are therefore partially compliant, and Board should note we have been substantially complaint previously. The reason for this is that the standards have changed.
- Areas of non-compliance relate to the following:
  A training change, against which we have a plan to be compliant shortly.
- The post pandemic plan has changed and the EPRR team are working with the infection prevention and control (IPC) team to enable compliance to be achieved shortly
- The last issue is an evacuation plan for an entire site. This plan would involve closing an entire SWYPFT site and moving to another mental health site. The entire ICS is looking at this, but it is a large ask. It may take some time to find a resolution.

DW noted the report had been discussed at audit committee and reported immediate service user safety is not at risk and current plans are in place at a local level.

MF asked whether given the level of challenge to achieve whether it is realistic for the Trust to achieve compliance with the third point given the level of investment that would potentially be required.

NP suggested this issue needs to be dealt with regionally not by individual organisations

NM asked that progress against compliance should be monitored through Audit Committee.

Action: Adrian Snarr

MBr reported as chief executive, he is the responsible person for EPRR for the Trust. The Trust has a professional approach to this work, a good track record and has responded well to incidents in the past. The site evacuation issue aside, other items can be progressed quickly to give the Board assurance of compliance. The site evacuation action needs to have its profile

raised at both West and South Yorkshire Integrated Care Boards as individual providers do not currently have the capacity to manage full site evacuations.

It was RESOLVED to APPROVE the submission of the core standards compliance position and note the action plan.

TB/22/102e Quality and Safety of Inpatient Services (agenda item 9.5)

Darryl Thompson (DT) presented the item and highlighted the following points:

- The paper provides a summary of existing processes in place that provide assurance regarding the safety and quality of care in our mental health, learning disability and autism inpatient services
- It recognises and highlights where higher levels of assurance can be provided to the Board and sets out an initial action plan. The aim of the plan is to further strengthen processes already in place.
- The report was instigated following the first Panorama programme in relation to Edenfields in Manchester, and followed by the mandate in the letter from Claire Murdoch
- The report also explains the Trust's role in seeking assurance as coordinating/lead provider for adult secure mental health services in both West and South Yorkshire.
- The executive trio, ST, CH and the deputy director of nursing, quality and professions met with quality leads for inpatient services after the Panorama programme to support colleagues
- CH reported staff needed to talk about what they had seen and were keen to assure themselves and the Board that incidents such as these are not occurring within the Trust. The trio asked whether staff are being put under so much pressure as a result of staff shortages that they are taking short cuts.
- CH noted in the Panorama programme there was evidence of falsifying observation records i.e. observations were being recorded as taking place when they hadn't.
- CH reported it was made clear to staff that they should never feel under so much pressure that they deviate from good practice, they should record a Datix incident (incident management recording system) so that issues can be properly addressed.
- The executive trio have conducted further ward visits, and matrons and quality leads have also increased their visibility
- ST reported the open conversations with staff were helpful and staff felt able to talk and raise issues. The meeting was held virtually and face to face meetings will be arranged going forward. Fundamentally this is about Trust culture and values in tougher times and how to we stick to these through values-based recruitment process and trauma informed pathways of care.
- ST reported today's paper is the start, we will then provide the evidence of what we have achieved by being able to demonstrate where we have sought external assurance. We need to assess patient safety through the triangulation of quality, safety and governance.
- ST reported the approach needs to be from learning perspective and must not be punitive

SY reported the way in which people were dealt with in these documentaries has shocked staff across the Trust, and it has galvanised action right across the health and care sector. It has presented an opportunity to conduct deep dive reviews to look at whether such incidents could happen in the Trust. The paper demonstrates we have robust processes in place, and the Trust has the right culture and values. By being open, honest and transparent we can have conversations with our staff, drive our assurance processes forward, and strengthen the assessment of our culture on an ongoing basis.

DT noted the values aspect of this work is key. The question of pressure has not just been asked of the quality leads, but also of the inpatient staff in Barnsley on a ward visit last week. Staff from the nursing and quality directorate have visited all Trust wards in recent weeks and

we have responded robustly to places where we have identified issues. We are also triangulating input from service users, carers and Healthwatch.

CH noted the programmes also included deprivation of liberty issues. Trust staff have directly fed back that Trust training does not include the methods used in the programme. All restraint incidents in the Trust are reviewed by Reducing Restrictive Practice and Interventions (RRPI) team and incidents are then reviewed by the clinical risk panel.

NM reported visibility from our internal visits is of key importance, as is feedback from our own staff, service users and carers. NM knows this is taking place in the Trust, but reporting could be better into Board about what we have heard from our staff, service users and carers and what have we done about it. We should report on what we have heard and how we have responded.

Action: Executive Trio

JW reported freedom to speak up is important and the profile of this work is being raised with staff. NM agreed and stated Board should be updated about what we have done.

CH acknowledged the importance of staff completing incident reports through the Datix incident reporting system, despite being as busy as they are, so that issues and outcomes are correctly recorded.

KQ queried if patient experience items should be more regular to Board in addition to service user stories and the annual report, to keep this work in view. KQ also reported non-executive directors are keen to visit wards and support this work.

KQ stated that non-executive directors provide assurance to Board through committees and asked if any specific assurance work needs to be directed through Board committees themselves?

ST reported the paper had looked at lines of assurance and how committees can further support the assurance of the Board and utilise what we are already doing, without asking staff to do more paperwork. The Trust needs to improve on “you said, we did” and this is included in the action plans.

KQ referenced the East Kent hospitals report and asked for this to be included in the Board work programme.

Action: Andy Lister

SY noted as well as the Trust response to the letter from Claire Murdoch, both West Yorkshire and South Yorkshire integrated care systems are looking at this, and both quality Boards will be seeking assurance from the provider collaboratives. Safety first, always, is the key message.

ST reported quality improvement is important using the Plan Do Study Act (PDSA) cycle. There are examples of this work on some of the wards, and it engages staff in the process and the learning.

ST reported that provider collaboratives, of which the Trust is part, are also looking at their processes for assurance.

MBr reported EMT were keen to bring a paper to board in the immediate aftermath of these documentaries. The action plans will evolve, and professional curiosity will continue. The Board sets the tone and the values, and the inclusion of Non-Executive Directors and the challenge they bring is welcome. The report is useful in that it captures the various means by which we take assurance, but we must never be complacent.

MBu asked that AL check with the member of the public who had provided the earlier question was satisfied with the discussion that had taken place and address any further information they may require.

Action: Andy Lister

It was RESOLVED to RECEIVE the report and initial action plan.

TB/22/102f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.6)

Collaborative Committee 4 October 2022
MF highlighted the following:

- The Committee continues to evolve
- Adrian Snarr is now the lead director, having taken over from Sean Rayner
- The composition of the committee is under continual review
- A South Yorkshire service user was under the care of Edenfield
- There are some outstanding contracts that need to be signed and this work is being progressed

MG queried from the minutes if there were any incentives being offered around workforce and staffing.

GM reported there are regular conversations taking place and the position is being looked at by West Yorkshire and South Yorkshire systems. Incentives will now be discussed by both West Yorkshire and South Yorkshire Human Resources directors' groups.

AS reminded the Board that there are more independent providers in the South Yorkshire collaborative providing beds than West Yorkshire.

MBu noted risk ownership in collaboratives need to be considered, and this work is evolving.

AS reported the way services are commissioned is on variable rates, a bed day rate, or enhanced package of care rate, and they can be volatile. We therefore need to be clear what quality of care is being provided and what the cost is, and this is also evolving.

MF noted the importance of contracts in regard to managing this risk.

KQ queried if there is non-executive clinical representation on the committee. MF reported ST provides clinical representation on the committee at present, but non-executive membership on the committee will be considered in the committee review in the new year.

Action: Adrian Snarr

Audit Committee 11 October 2022
MF thanked MG for her support in chairing the meeting and reported the following:

- Health &safety reporting and estates risks are now coming through to the committee
- JW reported following the value for money opinion from the external auditors, the annual report and accounts were laid before parliament prior to the annual members' meeting on 18 October

Clinical Governance Clinical Safety Committee 11 October 2022
Nat McMillan (NM) highlighted the following:

- Quality monitoring visits are starting, including non-executive directors and governors
- Research and development strategy and suicide prevention strategies, NM gave credit to staff for the fantastic work that has taken place

- Through CGCS, DT and ST are working to explain how we make sure we are learning – serious incidents and complex case reviews highlighted themes on ligatures and triangulated this with the choking review. This demonstrates we are identifying themes proactively and performing deep dives in a timely manner and this shows a learning culture

Finance, Investment and Performance Committee 24 October 2022
David Webster (DW) highlighted the following:

- Agency spend continues to be over target – the consequences of this are unknown at this time
- Staff headcount is increasing, but so are funded roles and the vacancy gap has increased slightly
- Non-executives from this committee will be supporting the review of the integrated performance report (IPR)
- The surplus is increasing, and this continues to be driven by vacancies
- We are reviewing which sub-committees feed into the committee
- The waiting list project now has 72% of services online

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

TB/22/103 Performance (item 10)

TB/22/103a Integrated Performance Report (IPR) Month 6 2022-23 (agenda item 10.1)

SY introduced the summary dashboards and priority programmes.

SY reported the content of the integrated performance report (IPR) this month continues to reflect the challenging and changing environment within which the Trust operates.

It also demonstrates the work our teams are doing to provide safe and responsive care, while continuing to improve and transform care and services.

Improve health

- Work has started to scope out the priority areas for the sustainability and social responsibility strategy and an action plan is being developed. An update on progress will be presented to the equality, inclusion and involvement committee in December.
- The second phase of hybrid working has commenced through the effective working group, this continues to embed learning from the pandemic.
- Inequalities continue to be a key focus with the use of a data and insight driven approach through dashboards and metrics, with a view to embedding this across the organisation.
- The "all of you" campaign continues in relation to the recording of inequality data for staff from protected characteristic groups
- We continue to work with partners in all of our places to address health inequalities, in particular for those with serious mental illness (SMI) and learning disabilities.

Improve care

- Staff are being encouraged to have their Covid booster vaccination, where applicable, and also the flu vaccination. The Trust has a 90% compliance target for flu vaccinations this year.
- The "moving forward group" continue to monitor Covid-19 prevalence.
- In relation to quality, the Trust continues to perform well against the majority of metrics. Improvement work is taking place, particularly in inpatient areas, in relation to risk assessments and care plans.

Improve resources

- The Trust continues to perform well against most metrics
- This month there is higher use of out of area beds (OOA) given demand pressures across the system, there are remedial plans in place to reduce numbers in the longer term
- The Trust continues to present a strong financial position

Great place to work

- Recruitment and staff well-being are Trust priorities
- Appraisal rates are being closely monitored and staff are being encouraged to complete these

AS summarised the following key updates:

- Last month, Board agreed to review three areas of non-compliance and establish new trajectories for risk assessment, sharing of care plans, and appraisals.
- The dashboard shows the improved trajectory for risk assessment, the aim is to be at the original threshold by the end of Q3, this is a stretch target with a high level of ambition
- For sharing of care plans, we aim to be at our original threshold by the end of Q4, there is focused work taking place regarding how we capture the information for this metric
- The Trust financial position remain strong, we have reached a position in year where we have confidence in our forecasts as some expenditures now remain stable. We have implemented the pay award and the back pay; this has been slightly less than expected due to the vacancy rate across the Trust
- The Trust is currently ahead of its surplus plan that was set at the beginning of the year
- An area of volatility is out of area beds
- Provider collaboratives packages of care are commissioned on bed day rates or individual packages of care and can vary month to month
- AS is confident the Trust will hit its surplus target and may well exceed it
- Capital spend is being hit by inflationary pressures, the Trust is in the middle of a negotiation on a large scheme

MBr reported there is a different approach to the IPR this month. Today there is a summary presentation by Salma and Adrian of the IPR due to this being a risk focused meeting, and there will be a full IPR presentation by each director again next month. Executive directors will still answer any questions on points of detail.

MBu noted the welcome addition of the care group report in the IPR. The inpatient and forensic services have notably poorer sickness and appraisal rates. Safer staffing monitoring is positive

CH reported the Trust has to report its safer staffing numbers against the Trust funded establishment as opposed to the staffing numbers required each shift, the numbers don't necessarily reflect the level of acuity on inpatient wards.

MBr noted the Trust's financial position and suggested it would be prudent to take a paper to the Finance, Investment & Performance Committee (FIP) if there is a recommendation to change the Trust's financial forecast.

AS reported, this had been discussed at FIP yesterday and he and his team are working through the Integrated Care Board (ICB) requirements to change forecasts and will bring a paper to Board for November.

Action: Adrian Snarr

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

TB/22/103b LeDeR report (agenda item 10.2)

DT introduced the item and highlighted the following points:

- This is the paper to Board following the national publication of the LeDeR report
- This is an improvement report for trusts providing services for people with a learning disability (LD) and autism
- More than 10,000 deaths have been reviewed as part of this report
- People with a learning disability and autism have twice the avoidable death rate of the general population
- The national and local improvement action plans are included.
- The Trusts LD ACE initiative in Wakefield is positively cited in the report. This is an educational project to improve the health of people with a learning disability in the community and reduce unplanned hospital admissions.
- The importance of Covid vaccinations in relation to people with a learning disability and autism is also referenced

MBr noted the report does not show any great improvement over the years. As well as our own service provision for people with a learning disability there are people with learning disabilities who don't use our services. MBr raised the question of how we can use the Trust's influence in the wider system to improve outcomes for people with a learning disability?

MBr reported in Barnsley as part of the alliance with Barnsley Healthcare Federation an objective has been agreed to increase the number of physical health checks on an annual basis for both people with a learning disability and serious mental illness (SMI). The Trust is also taking the opportunity to raise this i meetings it has in each place.

ST is going to be the executive sponsor for LD, and this will involve coordination of what the Trust is doing internally and what it is happening in each place. MBr noted it is positive Trust work has been recognised in this national report.

NM reported CGCS had early sight of paper, and the action plan will continue to come through committee as part of the workplan and will feedback to Board through the triple A report. NM questioned whether a renewed focus on LD is required through CGCS and will discuss this with DT.

Action: Darryl Thompson

DT reported there had been a follow up Panorama programme to the Edenfield documentary on learning disabilities and this will be reviewed through CGCS.

MF noted this is a national paper, and queried if we know what our local percentages are?

DT reported deaths in our organisation come through our quarterly incident management report.

NM reported CGCS has received a visit from the community LD team and noted the focus on the individual was very impressive. NM was assured about steps the Trust takes with GP partners to listen to individual needs.

SY reported both West Yorkshire and South Yorkshire ICSs have prioritised LD and mental health which supports the work we are carrying out in place.

It was RESOLVED to RECIEVE the report and NOTE the comments made.

TB/22/104 Integrated Care Systems and Partnerships (agenda item 11)

TB/22/104a South Yorkshire update including South Yorkshire Integrated Care System (SY ICS) (agenda item 11.1)

MBr asked to take the paper as read and reported:

- The integrated care partnership and has held its first meeting.
- The integrated care board is developing its approach to risk development management.
- Strategic plans are to be updated by December 2022
- The learning disability and autism provider collaborative met to prioritise the programmes that can be worked on collectively between partner organisations

SY updated in relation to Barnsley:

- Operational colleagues have been working with the Barnsley Federation in the work for the Barnsley healthcare alliance and focus is on the three priority areas
- Winter is approaching and a significant vaccination programme is being undertaken that primary care partners will be delivering and making sure that SMI and LD are appropriately targeted with support from the Trust

MF queried if the Hill Dickinson presentation on risk raised anything of note.

MBr reported the presentation highlighted the respective roles of the integrated care board, place, collaboratives and individual organisations. There was recognition that there needs to be an appropriate risk appetite framework developed and there was acknowledgement of the complexity of the new structures in terms of understanding risk responsibility and oversight

It was RESOLVED to NOTE the South Yorkshire ICS update

TB/22/104b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

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

- Work is ongoing to refresh the ICS strategy, which places are feeding into
- Health inequalities are still an area of focus
- West Yorkshire, and South Yorkshire ICSs are looking at alleviating poverty and the cost-of-living crisis in each of our place
- West Yorkshire gave a strong presentation in relation to end of life care

MBu raised a question regarding how services are commissioned for each place and whether any unwarranted variation is in effect leading to a postcode lottery.

CH reported there are differences in service provision for some services given that partnerships are different dependent on local providers, has and how services have been commissioned historically.

CH added where there are concerns about specific service provision in certain places there are regular conversations happening at ICB and place to look at how these are addressed.

MBr asked to note that ICBs only went live as statutory bodies in July. MBr assured the Board that places are addressing access to services and inequalities as priorities. he added that finances are likely to become a greater challenge for the NHS in 2023/24.

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

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

TB/22/104c Provider Collaboratives and Alliances (agenda item 11.3)

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

- The collaboratives are evolving
- There is a focus on getting the governance right, both individually and collectively as a lead provider
- The South Yorkshire commissioning hub has been in place for longer and reacted very quickly to provide assurance to the Trust as lead provider on recognising they had a patient in Edenfield
- There is a focus on contract signatures being completed
- There is ongoing debate about phase 2 of provider collaboratives and how we look to the future
- Phase two should be easier to implement once the governance has been embedded

SY noted both West and South Yorkshire commissioning hubs are looking at quality and safety assurance measures.

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

TB/22/105 Strategies and Policies (agenda item 12)

TB/22/105a Research and Development Strategy (agenda item 12.1)

STh introduced the item and Dr. Wajid Khan (WK) joined the meeting:

- The strategy has been to CGCS already
- This is strongly linked to the Trust's strategic objectives and ambitions in terms of wanting to be leading partner in research and innovation
- The objectives that have been set out are ambitious, and the team has been expanded despite the pandemic
- WK reported the Equality Impact Assessment needs some more work and this is in progress
- The strategy is aspirational and is making sure that the Trust becomes a leader in co-produced evidence-based practice and is a vehicle for change within our spheres of influence.
- The Trust has become a key partner within the research landscape in the region and nationally
- The Trust is seen as the "go to" organisation for looking at engagement activities with our community groups, through our internal structures and external structures.
- The strategy lays the foundation to look at the challenges facing different clinical teams and corporate teams.
- It looks at what the external landscape is and strategically positions us within that.
- It resonates with the key aspirations of the Trust for people to live better lives, get well and to be the best they can be.
- The strategy focuses on organisational development in terms of internal/external structures and engagement with service users, staff, families and carers, as well as partnership development and workforce development.
- We need to use these specialist skills to draw people into our Trust to become a place of choice for people coming into this working environment.
- It is a three-year strategy and at the end of the strategy there are some aspirational statements about outcomes.
- We will have a sophisticated and developed engagement platform to disseminate information. It does not just focus on studies, but the outcome of studies, and the work that will take place afterwards.

- People who have been involved in studies will look to take the outcomes into their everyday working practice.
- We have worked hard to ensure key representation of the R&D department throughout the different clinical areas of the Trust, and we have networked with all the clinical teams and clinical managers and the care groups
- The second aspiration is to develop specialist studies, some of which we would like to be homegrown research studies.
- There is inspirational work taking place within the Trust, we need to capture all this information and put it on an evidence base so that it can be published and delivered.
- We are also involved in place-based and ICS research activities.
- As a Trust we have a distinct advantage in that we cover four areas, Kirklees Calderdale Barnsley and Wakefield. These places each have their own personalities and unique activities. The strategy looked at these nuances in the way people work and utilises this.
- We have so far networked with approximately 25 different universities and educational institutions across the UK and have built good firm relationships.
- There will be an annual review plan for monitoring and reporting to provide to the different governance areas of the Trust.

MBu acknowledged the importance of a good R&D department in a Trust such as this.

EM queried the trajectory to becoming a teaching hospital. Can creative practices feature in research and development? Does acuity factor into the research and development strategy and how it can be measured?

ST reported it is a Trust ambition to become a teaching hospital and WK and his team have played a major role in developing links with local universities. The Trust already has associate teaching trust status. A paper is coming to Board in November to look at the plans and process to becoming a teaching hospital. Preliminary conversations have taken place with the Chair, Chief Executive, and executive management team.

WK advised that through joint work with Huddersfield University the innovation team and R&D team we have put a bid in to look at how we can bring together the evidence base around creative minds and the activities that they do.

The Trust is looking to build a consortium to build this work into a national profile and we have been successful with this bid. A lot of the pieces of work that are taking place have a creative element to them and a non-prescribing element and a focus on recovery.

WK reported he had recently been contacted by Durham University about the relationship between archaeology and mental health and how they can support one another, there is also work taking place around canine befriend support and how an evidence base can be developed.

WK reported that as of last week the Trust now sits on the steering group for the ARC (applied research collaboration) which is a network of the academic structure in the local area for all the universities.

Being a part of this structure enables looking at what is happening in the ward, our needs, and assesses if there is a different way of doing things. These are questions that we regularly feed into the academic structure and vice versa.

Any colleagues from academic institutions who want to visit our Trust to have a look around will be welcome and we are working to link academic colleagues to clinical colleagues to drive improvement and improve networking

NM noted the alignment of the strategy to the risk register and action plan, quality improvement plans and organisational development plans. NM acknowledged it is important for our staff so that it doesn't feel like another new piece of work, it is already part of what we are doing.

MF noted the strategy appears to be complementary to work that is already taking place in the trust.

ST reported there has been increased visibility of the R&D team and they are now truly part of the clinical team. R&D associates are now able to go out into the clinical teams and encourage our medical and non-medical staff to be part of the studies. R&D staff are being requested to attend clinical meetings on a more regular basis.

WK explained that historically the R&D department had been perceived to work only on external studies which were nationally set. We have delivered national studies at a local level over the last two years, we have made a point of attending multi-disciplinary team (MDT) meetings where possible and the research teams have been able to build a rapport with the clinical teams.

If clinical colleagues are under pressure, R&D will try and identify a pragmatic workaround. A recent perinatal study took place where the perinatal team did not have capacity to carry out the work. The R&D team were able to attend and learn the work of the team and embed themselves, allowing them to assist the perinatal team with the study.

A Board discussion followed to confirm that there will be opportunity through the provider collaboratives to conduct research studies in this area. ST acknowledged that the scope and the thinking of where the R&D team can support work needs to be as wide as possible.

GM reported that research and development has been shown to improve recruitment and retention.

DW queried the financing aspect of the R&D studies noting this work is likely to be funded externally but queried if any internal funding would be considered? There are some great ambitions within the strategy, would it be worth considering some more objective ambitions such as a certain number of publications in high-impact journals or hosting conferences.

ST reported funding is received through a local clinical research network, and this is constantly being reviewed to make sure the funding is appropriate for what we are contributing to the wider clinical research network.

ST reported targets are already included in the objectives in terms of what we want to achieve. We have not included specific numbers of high-impact journals, but we are currently recruiting to a replacement post for an associate director of research. We hope to recruit someone who will be working part-time in the research area and conducting clinical work as well. We are looking for high calibre clinical academics.

WK reported the strategy is split into two, the first part being the objectives, and the second part being the annual delivery plan, which looks at more tangible aspects of the strategy,

such as the number of principal investigators, how many studies will be objectively delivered year-on-year and how many new studies and activities will be delivered. There will be an annual update to monitor this.

EM reported the performance mapping annual update should be targeted to research and development that has benefited the organisation, progression against our teaching status, and outcomes for patients rather than publication numbers.

SY reported the strategy has to provide input to the Trust strategic objectives and the five ambitions of the Trust and demonstrate the impact it is having.

ST reported the senior leadership team in the R&D department will consider what the strategy means internally for the Trust and externally in terms of our reputation and position. The hosting of commercial studies, targets and outcome reports will go into CGCS.

WK assured the Board that the studies taking place are looking at Trust objectives and ambitions and the impact of the applied research on our Trust. R&D are already working with CAMHS, as a point of focus for the future, about what research we can do to help them do their job.

MBu summarised some additions are required, such as links to strategic objectives, the update of the equality impact statement should then go back to clinical governance clinical safety for approval.

Action: Subha Thiyagesh

It was RESOLVED to APPROVE the R&D strategy subject to the noted amendments and the update of the equality impact assessment.

TB/22/106 Trust Board work programme 2022/23 (agenda item 13)

MBr raised KQ's earlier comment in relation to patient experience reporting being received more regularly through Board. MBr queried whether this should be through Board or Committee, noting a discussion should take place regarding frequency of reporting.

Action: Andy Lister/Darryl Thompson

MF noted that the risk appetite statement is on the work plan for this meeting. AL agreed to review this and check the position.

Action: Andy Lister

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

TB/22/107 Date of next meeting (agenda item 14)

The next public Trust Board meeting will be held on 29 November 2022

TB/22/108 Any other business (agenda item 15)

Signed:  **Date: 29.11.22**