

**Minutes of Trust Board meeting held on 29 November 2022
Large Conference Room Wellbeing and Development Centre
Fieldhead Hospital**

Present:	<p>Marie Burnham (MBu) Mike Ford (MF) Mandy Griffin (MG) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS)</p> <p>Dr.Subha Thiyagesh (ST) Darryl Thompson (DT) Salma Yasmeen (SY)</p>	<p>Chair Senior Independent Director Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Director of Finance, Estates and Resources Chief Medical Officer Chief Nurse and Director of Quality and Professions Deputy Chief Executive/Director of Strategy and Change</p>
Apologies:	Nil	
In attendance:	<p>Greg Moores (GM) (via MS teams) Sean Rayner (SR) Julie Williams (JW) Andy Lister (AL)</p>	<p>Chief People Officer Director of Provider Development Deputy Director of Corporate Governance Company Secretary (author)</p>
Observers:	1 x Member of the public	

TB/22/109 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, Greg Moores (GM), Chief People Officer is 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/22/110 Declarations of interest (agenda item 2)

David Webster (DW) stated there is an item in the private board in the afternoon that relates to the Trust's strategic relationship with the university of Huddersfield. DW reported his spouse is a university lecturer in psychology at Sheffield University.

It was RESOLVED to NOTE the above declaration by David Webster.

TB/22/111 Questions from the public (agenda item 3)

No questions were received from the public.

TB/22/112 Minutes from previous Trust Board meeting held 25 October 2022 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 25 October 2022 as a true and accurate record.

TB/22/113 Matters arising from previous Trust Board meeting held 25 October 2022 and board action log (agenda item 5)

MBu asked for the following action updates to be noted:

TB/22/98 – the action refers to complaints in relation to staff attitude. Darryl Thompson (DT) reported Mike Ford (MF) had asked for context in relation to the number of complaints about staff attitude, versus the number of contacts the Trust has, in a given period.

DT reported the Trust has 83,750 contacts a month and complaints in relation to staff attitude are on average, four to five a month. DT reported although the number of complaints is small in relation to the number of contacts, each complaint will be reviewed in line with Trust policy and Clinical Governance Clinical Safety committee (CGCS) will be looking at these in detail as part of the committee workplan. To close.

TB/22/103b – relates to the LeDeR (LeDeR report provides information on the lives and deaths of people with a learning disability and autistic people with an aim to improve services). This has been built into the workplan for CGCS. To close.

Mark Brooks (MBr) reported the executive management team (EMT) are fully committed to improve the lives for those people living with a learning disability. Dr. Subha Thiyagesh (ST) will be the executive champion for learning disabilities. This role will place additional focus on learning disabilities and will look to influence Trust partners and focus on the Trust's own services, this should be noted by CGCS.

MBu asked for a paper to be brought back to Board in relation to learning disabilities and the context of ST's role and what her initial views are, identify key areas of focus and what CGCS will focus on in relation to learning disabilities.

Action: Subha Thiyagesh

TB/22/88a – CGCS to look at physical health actions included in the Serious Incidents Quarterly report, with a particular focus around weight gain. Two comprehensive audits have taken place within service and a task and finish group has been established to look at physical health needs and weight, and a regular programme of future audits has been established. To close.

TB/22/87b – The Trust's understanding of acuity - MF queried if this action would come back to Board. DT reported a meeting has been established through the clinical governance group and they will feedback to CGCS who will inform board through the triple A report. To close.

TB/22/87b - estates and facilities sickness absence – Greg Moores (GM) reported the report is going to the People and Remuneration Committee (PRC) in January and will come to Board following presentation to committee. To stay open.

TB/22/90d – MF is reviewing the internal governance document with Julie Williams (JW) and Andy Lister (AL) and a further update will come in January. To stay open.

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

TB/22/114 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Nicole Dumisani (ND). ND is the team manager of the Kirklees mental health support team. DT, ST and CH conducted a trio visit to Children and Adolescent Mental Health Services (CAMHS) and saw the work the team is doing in schools.

ND reported today's story is about a service user from school, who had been referred to the team through an educational wellbeing lead. Imogen (not real name) was ten years of age and in year five. Mum reported Imogen had issues with self-confidence, low self-esteem and social anxiety. The mental health support team provide support for mild to moderate mental health conditions such as Imogen's, with a view to providing coping strategies to prevent any further deterioration in her mental health.

Imogen was assessed by one of the educational mental health practitioners and it was established there was a lot going on at home. She had recently been diagnosed with autistic spectrum condition.

Imogen reported on a challenging day, her "inner boss" (her inside thoughts) would tell her she needed to work harder, not sleep, and not do anything she enjoys. Imogen was not sleeping properly and had been headbutting things and self-harming, suffering anxiety attacks and was not enjoying life at all.

As a result of her assessment, Imogen's goals were to be able to go out and deal with a social situation confidently and engage in more outdoor activities with her friends. Imogen had six sessions of worry management in school.

The sessions included psycho education about what worry is, how to identify worrying thoughts, problem solving with the worry tree, the difference between "real" and "what if" worries, use of a worry diary, and increasing tolerance of uncertainty and introducing coping self-talk.

The team also worked with Mum on how manage Imogen's worries and explain the techniques to help manage this. The team also brought the emotional wellbeing lead in from school to help manage this in the classroom.

After the sessions, Imogen felt more able to cope with her anxieties and worries and felt she could use the tools to manage herself and her worries in a healthier way. She went with her Mum to a public event and managed to be there for a short time, which she felt was really positive.

Further assessments showed Imogen's mood and anxiety levels had improved, and hopefully when Imogen goes onto high school and takes her SATS she has the tools to manage this, as will her Mum.

ND reported although this is a short story it shows a great outcome for Imogen.

MBu noted the story will resonate with all who have children.

Mandy Griffin (MG) felt the involvement of parents and the offer to help parents to support their child is important.

ND reported the team had found involving the family resulted in the best outcomes.

JW queried if there were any plans to put tools and techniques on the Trust website to provide online support to those who may not be able to access the service.

ND reported the team is going through a branding process at the moment and are building a website with some videos and support material. There is a six-week course to help parents with anxious children and some of the material from that course would transfer well onto the website.

Nat McMillan (NM) noted access to the service through the school but queried broader accessibility options considering the health inequalities agenda.

ND reported the service currently operates in 50% of schools in Kirklees and also take referrals from the single point of access team (SPA). Referrals are also received from GP's, health visitors, school nurses and parents and so there are other routes for access.

MBR reported as part of the NHS mental health long-term plan, the plan is to grow accessibility of this team to all schools by 2025. At full staffing, the Kirklees team will have 25 staff.

Dr. Subha Thiyagesh (ST) queried if referrals vary in school age groups, from primary to secondary and also reported she has recently spoken to a sixth form student who had told her about tools they had been given for anxiety management. ST asked if the Kirklees team has a similar offer?

ND reported the age range the team currently deal with is between eight and 16. There is currently a 50-50 split between primary and secondary school. ND reported from age 12 referrals show a decline for males.

The team is currently advertising for an early year's practitioner who will deal with infants and juniors in nursery from the age of 2/3 to 8 years old.

In general, the earlier the team have access to the child the more difference they can make. At present there is no post age 16 access, but the team are working on this.

Kate Quail queried if there is a targeted work for children with autistic spectrum disorder (ASD)?

ND reported she was formerly an occupational therapist and has worked closely with ASD for a number of years. Although ASD does not feature in the current staff training package the number of referrals involving ASD and learning disabilities (LD) has increased significantly.

The team is working with specialist provision schools to develop workshops for children with ASD and LD. The team are keen to develop this area work further.

Erfana Mahmood (EM) queried the level of referrals received from diverse communities.

ND reported the team are currently working with the equality and engagement team, have appointed an engagement officer and are targeting areas with low rates of referral. At

present, the schools within which the team work are up to 60% BAME but referral rates are 15 to 20% from BAME backgrounds.

Applications for staff from diverse backgrounds, who speak different languages, are being encouraged and there is strong representation of diverse communities across the team. We have parenting community workers who speak Urdu and Punjabi and reduce the stigma of mental health.

The team has also identified some areas have a large Hungarian cohort and as such are looking to get some of the team material translated into Hungarian.

The engagement officer has collated information about the area the team covers and is now producing a report and looking at actions to address how the team can adapt its approach. ND highlighted the importance of listening to what communities need and want, and not to make assumptions. The team are also doing some work on gang violence in the Huddersfield area following an incident that occurred recently at a local school.

EM reported she is the Chair of the charitable funds committee (CFC), and ND should contact her in relation to potential funding availability for items that are not covered by core NHS funding, such as parent courses, as there may be monies available.

MBu queried if teachers receive any training from the team?

ND reported the Kirklees team have a partner with Kirklees council, an educational psychologist, who takes the lead on the teacher training and the adoption of a whole school approach.

One person from every school is trained to be an emotional literacy support assistant (ELSA). They are able to deal with children who are starting to present with early mental health problems. They do training on emotional based school avoidance, youth mental health first aid and self-harm.

MBu noted the work of the team is fantastic and asked that ND return to the board in 18 months' time to provide an update on to how the team is progressing.

Action: Andy Lister

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

TB/22/115 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
- Financial forecast
- Strategic partnership with Huddersfield University

It was RESOLVED to NOTE the Chair's remarks.

TB/22/116 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- A recent NHS Providers survey of chief executives highlights there are strong concerns regarding the level of demand that the NHS will face through the winter months
- The Autumn statement has been released and we anticipate planning guidance to be received before the end of December.

- There is a commitment to publish the national workforce plan early in 2023
- There is to be a national mental health inpatient quality transformation programme which has been in development for the last 12 months
- There is a national focus on learning disabilities, and reducing the health inequalities for people with a learning disability
- Trust performance month on month is quite similar, however, compared to a year ago we have more red rated metrics, and this is representative of the operational and demand pressures in the Trust and our sector. Some interventions to improve performance against red metrics haven't had the full effect we would have liked yet. The executive team still believe they are the right interventions but will take some time to work through given the pressures in the system.
- The Royal College of Nursing has balloted its members and approximately 50% of organisations met the threshold to proceed with industrial action which is scheduled to take place on the 15th and 20th of December 2022. For our own organisation the threshold has not been reached. We are working closely with staff side to make sure patient safety is not compromised as a result of industrial action in other trusts
- The Trust has recently published its "choose well" guide for children and younger people
- Last Friday (25 November 2022) the Trust hosted Gavin Boyle - chief executive of the South Yorkshire integrated care board and Wendy Lowder - place director for Barnsley. They were both very impressed with our staff and the innovation they have displayed in partnership working, along with a real commitment to improving the lives of people in Barnsley.

KQ noted the cost-of-living crisis and how industrial action in other sectors (e.g., teaching) may impact on trust staff.

MBr reported in the first instance the Trust would turn to its well-established business continuity plans. In addition, both Greg Moores (GM) and Carol Harris (CH) are part of the working group looking at the impact of industrial action and how we respond.

GM reported the Trust is following the emergency preparedness resilience and response (EPRR) governance structure, and looking at essential issues across the system, and any potential impact on the Trust. Industrial action from other sectors, and any impact, are being reviewed in the weekly working group meetings.

NM noted reference in MBr's report to two care quality commission (CQC) reports and stated these will be presented to the clinical governance and CGCS which will report any key points to board.

Action: Darryl Thompson

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

TB/22/117 Performance (agenda item 9)

TB/22/117a Integrated performance report Month 5 2022/23 (agenda item 9.2)

SY introduced the summary dashboards and priority programmes:

Improving health

- The "all of you" campaign continues for staff to update their equality information in relation to protected characteristics, and there is gradual, positive progress
- The Trust is continuing to progress work around inequalities, ensuring that dashboards and data are available to teams
- Equality impact assessments (EIA) still need work, but the numbers reflect a huge amount of change, including changes to policy, as well as service change.

- Development of the sustainability and social responsibility strategy action plan continues with a report going to the equality, inclusion and involvement committee (EIIC) in December
- Community mental health transformation continues to progress

Improving care

- Work continues on improvement approaches for risk assessment and care planning, the issues identified are complex in relation to documentation but are being worked through
- Out of area (OOA) bed use remains high and CH will pick this up in her locality report

Improving resources

- Financial performance remains strong
- The Trust continues to roll out and implement the electronic prescribing and medicines administration (EPMA) program
- The digital dictation programme is currently behind schedule, due to capacity

Great Place to Work

- GM will update the board in his report in relation to vacancies, recruitment and retention, and appraisals

Covid-19

- There were three outbreaks in the reporting period of October
- Eighteen services users are being monitored for Covid-19
- There has been one death within an inpatient unit in relation to a service user who arrived with Covid-19. The service user was identified to be positive through standard ward practice.
- Testing continues throughout the Trust in line with the model for testing at times of low prevalence.
- The Trust has identified areas of vulnerability for Covid-19, such as the learning disability unit, older people's services, and stroke and neurological rehabilitation units
- Staff absence from Covid-19 has been between 23 and 33 in recent weeks.

Quality

DT gave the following highlights from the report:

- The Trust continues to do well against the majority of quality indicators
- Care planning metric – there is an improvement trajectory, and this month we are in line with this trajectory, recognising there will be risk in future months
- Risk assessment metric – we continue to navigate the complexity of this issue and reporting outside of the system. The metric definition is now more specific.
- 66 falls occurred in October, all of which have been reviewed, and there are no concerns about practice raised.
- The Trust wide falls lead position has been successfully recruited to
- Incident reporting remains within the expected range, in month there were 26 moderate incidents, 20 of these relate to pressure ulcers

NM reported the care programme approach improvement work and risk assessment, updates are coming to CGCS in January 2023. There was also a deep dive in respect of pressure ulcers at committee and the team have suggested we can expect pressure ulcers to increase in the community as demand grows (not as a result of care in the Trust)

MF queried the risk assessment trajectory and asked how confident we are we can meet the threshold? MF noted the care plan trajectory is less ambitious.

CH reported the trajectory is ambitious and there has been further discussion at operational management group (OMG) about the need to focus on this. It is a key area relating to practice. More work has been done with the performance and information team which has identified anomalies in recording data, but it is also recognised that some risk assessments

are not being done within required timescales. OMG will continue to focus on this and carry out reviews where targets have been missed.

SY reported this is subject to an improvement programme. We are testing what works and revising the approach when issues are found. If we don't see improvement, we will need to bring an exception report to private board. NM reported this is the reason why interim feedback has been requested for CGCS in January. This is a persistent issue that will take time to resolve properly.

DT reported where breaches in relation to risk assessments occur, quality leads are following up on these so that the Trust is focussing on quality as well as quantity.

CH noted the report to OMG looks in detail at how much the trajectory was missed by, and the amount of time involved, to determine that people are not being put at risk. The group also looks at anomalies that are identified.

NHSI national Indicators

Adrian Snarr (AS) reported that despite the challenging operating environment the Trust continues to perform well against national targets. There are only two exceptions to this position regarding access to services and wait times. Performance against indicators relating to early intervention and improving access to psychological therapy (IAPT) exceed national targets.

CH reported in relation to care programme approach (CPA) 12-month review's, the Trust has identified some hotspot areas in Barnsley, Kirklees and forensics, and improvement plans are in place.

MBu acknowledged it is easy for Board and committees to focus on red and amber metrics, and this is appropriate to drive improvement, but at the same time the Board must not forget how hard staff are working to deliver services in a very challenging environment.

MG noted that following review of the IPR, although the trust is making slow progress against some improvement trajectories, the Trust position is being maintained, which is a challenge in itself in the current environment. MG added that at times of challenge the Board should accept that maintaining our position is a positive.

MF reflected on the comments made and noted that by focusing on identified areas of risk and trajectories to improve, in the longer term, the Trust is reducing future issues for staff.

A Board conversation took place as to whether the full resolution of issues, in the current operating environment, is achievable. Maintenance of performance and steady progress should be acknowledged and are a reflection of how hard staff are working.

AS reminded the Board that the drivers behind some of the metrics are staffing related, and the Trust is working hard on an improvement trajectory, but there is always a risk of another issue arising and so the Trust must ensure a balanced approach and manageable improvement trajectories.

MBu acknowledged the positive and helpful Board discussion regarding these issues.

SY reported the Trust is under a continuous improvement journey, albeit progress in some areas is slower than initially hoped. A detailed exception report regarding risk assessments and care planning to CGCS and then Board showing the complexity of improvement work would provide more assurance as suggested by NM.

Action: Darryl Thompson

EM noted the Trust is holding performance against many metrics, which is remarkable given the current operating environment. Trust priorities may change over time, and we need to look forward to cover new pressures that may arise, and not lose sight of the swift innovation that Covid-19 brought.

SY reported the Trust has a robust process to manage transformation and priority programmes which it has used for the last five years and refine these as required with the balance of maintaining basic improvement work.

Locality report

CH reported in all areas there is a focus on appraisals, mandatory training, risk assessments and care planning.

Adult and Older People Services

- Appraisal rate compliance is 19% within our inpatient services. We are aware of staffing issues, high turnover, and high levels of acuity and are committed to improving this
- An adjustment to the appraisal process has taken place to simplify and make less time consuming, it will take some time to work through, but should have a positive impact on appraisal rates
- Acuity and staffing challenges remain in this care group, and the executive trio have visited all inpatient areas. Staff have been spoken to about what acuity staffing challenges mean to them. Staff reported it reduces their ability to work as “named nurses” i.e. to spend time with service users and discuss their care and treatment
- The executive trio are going to look at how this is affecting the care and treatment that people receive from the Trust and the outcome of this will be reported to CGCS
- Demand into the single point of access (SPA) teams, and capacity issues are causing pressures across the service. Staff are being moved into SPA to ensure we assess people in a timely way
- Out of area beds use (OOA) is increasing, work is still taking place in relation to patient flow. There is a performance paper going into private board in the afternoon and we are performing well in relation to gatekeeping assessments. On review, we are satisfied, that people are being admitted having met the correct criteria, and so further work is being conducted to look at demand.
- There is a national working group looking at discharges from mental health care which has identified 10 processes or interventions to have in place, and our patient flow team has all of these to a greater or lesser extent. We are also looking at what additional support can be given to the patient flow team

Barnsley Mental Health Services

- A previous data capture issue in Barnsley core services and Barnsley memory services that had an impact on waiting times reporting has now been addressed. CGCS have received the detailed update and there was no clinical impact
- There have been some positive steps this month in relation to recruitment

Barnsley Community Services

- The 18 weeks from point of referral to treatment metric has declined. This relates to musculoskeletal services and staffing capacity in the service. The Trust is working hard to recruit into vacancies to resolve this
- Some of the care homes we support have experienced flu outbreaks, we are working with Barnsley hospital infection prevention and control team, who are supporting our staff with training

- Our integrated community equipment store in Barnsley is seeing pressure in terms of capacity, which is impacting on waiting times for equipment. The Trust is looking at how external companies can support this
- South Yorkshire integrated care board (ICB) intend to move to an integrated approach for neuro rehabilitation and we are working with the ICB on this
- “Life after stroke” support groups have been established and are engaging with local community and businesses

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

- The Adult ADHD and ASD service friends and family test hasn't improved, the quality and governance lead is looking at ways to improve the information returns
- The invited review from the Royal College of Psychiatry has now started
- Learning disabilities – 84% of referrals have a completed assessment care package. The target is 90% and the service is looking into the detail to identify how improvements can be made
- Learning disabilities are conducting bespoke recruitment to fill vacancies
- Improvement work is taking place on horizon ward. CGCS will be kept appraised of the detail
- New roles are being considered in learning disability services
- The commissioning function of the provider collaborative has conducted a service review of forensic services. We are awaiting the report. Some positive messages were received in relation to “one voice”, the service user network in forensic services
- The executive trio have conducted a visit in forensic services and spoke to service users and staff about the panorama programme. There were positive messages feedback from both service users and staff and notably a ward had run a learning session with student nurses and service users in which they had watched the panorama programme together. They then discussed how the programme made them feel and how they would report any poor behaviour on their own ward.

Child and adolescent mental health services (CAMHS)

- Neurological developmental waits continue to be a pressure, although positive progress is noted in the IPR
- The executive trio sat in on a multidisciplinary team (MDT) meeting. The trio listened to the way referrals were taken in and managed, and despite ongoing pressures it was noted discussions were very person focused and included families.
- CH explained to the team during the visit that Board is very supportive of the work being undertaken and asked if there was any message from the team in return? The team asked for patience in relation to waiting times and explained they are doing everything they can to manage this. The team were asked to consider what more senior leadership could do to support them and they are considering this.

EM reported that the community reporting looks positive but queried the reason for flu outbreaks in nursing homes given the fact that Trust teams were providing vaccinations in Barnsley?

MBr reported South Yorkshire had a target to have everybody in care homes vaccinated by 31 October 2022 and this was achieved.

CH agreed to make enquires in relation to recent flu outbreaks in care homes and update EM
Action: Carol Harris

A discussion followed about the context of what is an “out of area bed”. It was established these are beds outside of the Trust.

MBr reported that typically “out of area beds” are provided by the independent sector, or NHS trusts in different areas of the country. Independent sector beds are an additional cost to the NHS as a whole.

MBu reported when looking at different teams in the Trust, there are some patterns in relation to appraisal rates, mandatory training and complaints management that CH has already identified, taking into account the current pressures, MBu referenced appraisal rates in inpatient services and reported she would speak to CH outside of the meeting.

Communications, Engagement and Involvement

SY asked to take the paper as read and highlighted:

- There is a continued strong focus on partnership work and internal priorities

Finance and Contracts

AS highlighted the following points:

- Financial position remains strong but is largely driven by vacancies
- OOA beds - we are within our own financial profile. Psychiatric intensive care unit (PICU) beds are in line with expectations, but acute beds are increasing
- Agency staffing levels are similar to those reported in previous months
- GM has re-established a group to focus on agency use
- If we can improve on recruitment, we can reduce our reliance on agency
- If the Trust was fully staffed, we would have a financial challenge, and we are trying to identify the crossover point in next year's planning
- The two provider collaboratives are not causing any financial concern and are broadly breaking even. AS warned though that for every referral that comes through there is an additional cost and there can be a level of volatility. We are receiving good information through the collaboratives now and are able to predict the trends

EM queried if there would be any consequence of the Trust breaching the agency cap?

AS reported other organisations, both locally and nationally, are in a similar place. We are conducting a deeper dive to understand this, and the primary reason for the use of agency staff is to maintain safe services.

Workforce

GM highlighted the following points:

- Establishment has grown by 227 full-time equivalent (WTE) over the financial year to date. This rate of growth is not thought to be sustainable in the current climate and may continue into Q3/4 but will then start to subside
- Employed staff numbers have experienced net growth over the financial year
- Vacancy rate has increased due to the increased establishment associated with the mental health investment standard.
- Assessment centres have been reintroduced following Covid-19 and more events will follow
- The Trust has changed how it approaches recruitment fairs
- We are appointing to a recruitment lead post and are encouraging diverse applications
- Turnover is reducing steadily from 15.5% to 14.4% - year to date (YTD). The biggest driver of turnover is staff experience and understanding staff experience is important and will help us take actions to improve retention.
- Retention – internal audit is looking at the Trust leaver process, this will be presented to the Audit Committee in January 2023
- Sickness increased to 4.6% to 5% YTD; GM has asked for a rolling 12-month figure. The PRC are going to look at hotspot areas in January and will report back to Board

- Trust sickness benchmarks well against local similar trusts
- Sickness is expected to be challenging over the next few months through winter, 56% of staff have received the flu vaccine
- A new measure is being introduced, long term sickness over 12 months – there are 2 current cases and GM, and CH are satisfied that everything possible is being done.
- Appraisals are at 56% down from 57.3%.
- Mandatory training is 89.5% and green
- Agency – the agency scrutiny group has been established and will be looking at the detail for agency spend but the Trust will prioritise safety over everything else. There is evidence that good rostering practice will see reductions in agency spend

EM noted that RIDDOR incidents had increased from 3 to 8 and queried the reason for this?

JW reported that she had requested the detail behind the increase and would report back to Board.

Action: Adrian Snarr

NM noted the pressure around workforce and acknowledged there is a clear grip on this, and benchmarking is useful. NM queried how the Trust is supporting the workforce team to manage the number of priorities?

GM reported they are prioritising work using the Trust change team and are being realistic about what we can be achieved. We need to recruit to our vacancies as this will assist overall capacity.

DW noted sickness levels and queried if there is a level where it starts to present an operational risk to the Trust?

MBR reported in January last year we had 501 staff were off work with Covid-19 and had to utilise its business continuity plans. It is hard to say specifically when the tipping point is, as it depends on the level of sickness and the service(s) where it occurs.

MG noted the threat of industrial action and high absence will have an impact on the Trust but she is assured the Trust is doing all it can to mitigate issues identified.

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

TB/22/117ba Safer staffing report (agenda item 9.2)

DT introduced the item and highlighted the following points:

- This report has been discussed in detail in CGCS and is a routine report to give assurance to the Board around safer staffing
- The report shows progress regarding new roles, recruitment, international recruitment and the use of bank and agency staff
- It includes a summary of the previous report and progress against actions
- It explains our care hours per patient day measure, noting a decline in two care groups namely Specialist Learning Disability Services and Stroke and Neuro Rehabilitation
- Fill rates – this is the staff per shift required in response to acuity, not the ward establishment level
- The report includes a response to safer staffing in the Community as request by CGCS

NM reported as chair of committee, she noted safe care is now being rolled out in forensic services. KQ and NM have asked to look at the safe care tool and find out how it works. It was agreed the safe care tool would be added to the agenda for the next Non-Executive Director meeting.

Action: Mandy Griffin

EM queried the community safer staffing judgement tool and whether this had been paused.

DT clarified that it had been paused to allow the alignment of inpatient and community safer staffing agendas, so that work can then continue.

EM noted the report doesn't reflect this and asked that this is adjusted for future reports

Action: Darryl Thompson

MG reflected on the need for staff to take holiday before March 2023 and noted other pressures and queried if there are any plans to mitigate against this.

DT reported this will be managed through care groups, business continuity planning and temporary staffing, and is part of day-to-day operational management.

CH reported the Trust monitors leave throughout the year through normal management processes to avoid times of low staffing as a result of annual leave.

GM reported good rostering practice will improve leave management. It has been agreed through EMT that five days paid leave will be allowed this year and staff can carry forward five days to help clear the outstanding backlog on untaken leave.

MBr noted this is a comprehensive, detailed and lengthy report. MBr asked if CGCS could look to streamline the report to avoid any duplication from other reports such as updates on international recruitment.

Action: Nat McMillan / Darryl Thompson

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

TB/22/118 Risk and Assurance (agenda item 10)

TB/22/118a Serious Incidents Quarterly report (agenda item 10.1)

DT introduced the item and highlighted the following points:

- Sadly, there have been five apparent suicides of people receiving community care in this quarter
- Amber, yellow and red incidents have increased and are being monitored through the clinical risk panel by the executive trio
- It shows the Trust's response to learning through blue light and greenlight alerts
- Five serious incident reports have been completed
- Action descriptors have been broken down to show further detail
- We continue to have systems that capture the known deaths of service users
- One of the investigations was a structured judgement review that was reported into the LeDeR programme

MBu commented this is a good report, with a good level of information and assurance.

MBr noted this report is helpful in how it triangulates with earlier conversations today. MBr reported it is important for the Board to recognise that whilst the number of reported incidents is within tolerance it is also higher than recent quarters, and this will be monitored to ensure safety across the Trust. The Trust continues to have a positive reporting culture, and this should be encouraged.

NM agreed with MBr and as chair of CGCS reported this will continue to be monitored through committee.

MG noted that reported red incidents are often reduced from red once the full circumstances are known.

ST reported the executive trio monitor the themes of incidents through the clinical risk panel and commission reports as required.

It was RESOLVED to RECEIVE and NOTE the quarterly report.

TB/22/118b Ligature annual report (agenda item 10.2)

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

- The report has been discussed in detail at CGCS
- An environmental review of all wards has now taken place
- The visits are clinically led with support from the health and safety team and nursing and quality team
- Work is overseen by clinical environment safety group
- Any estates work required is sent through to the estates group
- The report includes a more detailed breakdown of the door replacement programme
- Two deaths have occurred from ligatures in the timeline of this report. Both have been investigated and the outcomes reported as part of a learning review

MF queried the pace of the door replacement programme.

MBr reported the pace is determined by the global supply chain. The Trust is progressing the programme as quickly as possible given the supply chain issue.

NM reported CGCS received a good presentation, and Nick Phillips presented the detail of the door replacement programme. Committee were assured with the action around the audit and the level of assurance received.

NM asked Board to note the level of knowledge NP and his team have, and the level of assurance they present to committee. The committee are looking at developing a metric for how the door replacement programme and the ligature audit have impacted on preventing incidents and how we can measure it.

MBu asked AS to pass on thanks to NP and his team.

MBr reported this is a key report for the Board and committee, the estates team work hard, and the clinical teams also have a big part to play in this too and this needs to be acknowledged.

It was RESOLVED to RECEIVE the report and confirm it provides the required assurance.

TB/22/188c Medical education annual report (agenda item 10.3)

Dr. Subha Thiyagesh (ST) asked for the paper to be taken as read and highlighted the following points:

- The report is to provide assurance to the Board on behalf of the medical education department as to how it meets the requirements stipulated by Health Education England and the universities with which it holds contracts
- For Health Education England, this is done through annual meetings with their Quality Team
- For universities, this is done through annual meetings with the respective universities, analysing broadly similar areas as Health Education England.

- The report also ensures that EMT have oversight of any challenges that the department is expecting to experience, or areas of particular focus for the next 12 months.
- The Trust has been commended for its work with students
- The Medical Education department conduct a survey after every placement which allows us to act quickly to make changes where necessary
- Governance is well established and shared as good practice
- Achievements – attendance is high, it has been opened to nurse practitioners, people are now wanting to meet face to face following the pandemic, and a hybrid model is being considered.
- There is a good development programme in place, and this is how we showcase our Trust
- Wellbeing has also been a focus
- The main three challenges are trainee vacancies, the restructuring of training positions across the country, and rota coordinator turnover.
- Considerable progress has been made in respect of IT issues, although some issues may remain

MF noted the purpose of the paper is we are meeting our contractual obligations to Health Education England, but this is not actually stated in the report.

ST noted this is a fair challenge and accepted this needs to be clearer in future reports and confirmed to the Board that Trust is meeting its contractual obligations.

MBu suggested that ST and GM might want to consider looking at an overall education, including clinical training rather than just medical education and to look at where clinical psychology fits in.

GM has asked for a broader report about the experience of all students across the Trust and this will be going to the People and Remuneration committee. GM noted that positive feedback from students is positive for recruitment and retention and students are a great source of intelligence well and often provide objective views on service provision and culture.

It was RESOLVED RECEIVE the second annual Board update and note the ongoing challenges placed upon the Medical Education Department.

TB/22/118d East Kent maternity and neonatal services report (agenda item 10.4)

DT introduced the item and highlighted the following points:

- The, focus of the recently published review is on maternity services but there is learning to be taken for all providers
- As a result of this publication, there is a requirement for every Board member to examine the culture within their organisation, and how they listen and respond to staff.
- As a Board, we must take steps to assure ourselves, and the communities we serve, that the leadership and culture across the organisation, positively supports the care and service user experience we provide.
- The report states that the origins of the harm identified and set out in the report lie in failures of teamworking, professionalism, compassion and listening. There are four areas for action from the report:
 - To get better at identifying poorly performing units
 - Giving care with compassion and kindness
 - Teamworking with a common purpose
 - Responding to challenge with honesty
- The assurance paper to October Board in response to the Edenfield incident has resulted in an action plan and there will be an overlap between today's report and the action plan
- The new executive trio report for CGCS will be a good vehicle for this work

NM observed this report emphasises the importance of listening to our service users and broadening our patient experience report.

MBu noted that advocacy services are very useful for this type of feedback as they bring a different challenge and level of assurance.

KQ reported advocacy services are monitored by the Mental Health Act (MHA) committee and these have improved significantly. Advocacy in the Trust is now strong. Service users have a statutory right to advocacy when detained under the MHA.

JW reported the executive trio report triangulates medical, clinical, quality and operational perspectives and this could perhaps be enhanced further through service user and carer feedback through quality monitoring visits.

It was RESOLVED to NOTE the report and the initial response to the four areas for action.

TB/22/118e Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.5)

Clinical Governance & Clinical Safety Committee 8 November 2022

Nat McMillan (NM) reported the following:

- All matters highlighted have been covered in discussion at Board
- The trio report has been in development and triangulates the work coming through the committee and is developing to cover the "so what" – where should our focus be.

Finance, Investment & Performance Committee 21 November 2022

DW highlighted the following from the September meeting:

- Nothing additional from the report

Mental Health Act Committee 1 November 2022

KQ asked the take the report as read and highlighted the following:

- August committee discussed its membership.
- Chris Lennox to be added as an attendee. Andy Lister to check the terms of reference

Action: Andy Lister

Members' Council 18 October 2022

MBu highlighted the following:

- The annual members' meeting was held and positively received

People and Remuneration Committee 8 November 2022

MG highlighted the following:

- There is pressure on the recruitment team with 619 jobs currently vacant
- There is challenge on the 90% threshold for flu vaccinations
- There is some perceived pressure to reband band 2s to 3s
- Pension recycling is being assessed and could add financial pressure

WYMH LDA Collaborative Committees in Common 26 October 2022

MBu highlighted the meeting has taken place and the minutes will be presented to the private Board in the afternoon

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

TB/22/119 Integrated Care Systems and Partnerships (agenda item 11)

TB/22/119a 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 integrated care system is conducting a strategy update to be completed by December
- There is a high level of focus on winter planning and health inequalities
- In relation to population health and health inequalities in South Yorkshire targeted lung health checks had been carried out in the community in Doncaster and has led to the identification of a number of cancers early, meaning they can be treated.
- Mental health, learning disability and autism provider collaborative work has taken place on agreeing priorities for how the three organisations can work together

SY asked for the Barnsley report to be taken as read.

MBu reported she chairs the Barnsley place committee and noted it is working very effectively.

It was RESOLVED to NOTE the SYB ICS update.

TB/22/119b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism (MHLDA) 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 ICS strategy is being refreshed
- There is a continued focus on health inequalities
- The ICS is ensuring that operating models are being embedded in place and they reflect a large number of the Trust's priorities including suicide prevention, learning disabilities and serious mental illness physical health checks

SR highlighted:

- The West Yorkshire MHLDA partnership board are conducting an important piece of work in relation to housing assessments. It focusses on accommodation for people who are eligible for Adult Social Care (ASC) or are inpatients or at high risk of inpatient admission including people with learning disabilities, autistic people, people identified as being part of the Transforming Care Programme, people with severe mental health issues (SMIs), people in the criminal justice system who have a diagnosis of autism, learning disability and a SMI. The scope will cover those who are forensic inpatients and those eligible for ASC. It is due to report earl next year.
- In the Wakefield health and care partnership committee on 22 November 2022 Penny Woodhead, the director of nursing and quality gave feedback on a range of quality issues, one of which was the Trust's response to the Edenfield incident. Penny gave a very positive reflection on the work the Trust is doing, and the committee heard favourably about the Trust's board report.
- Kirklees mental health alliance met yesterday, and there was a report on the community mental health transformation programme. It brought to life the importance of this work and the additional benefit of mental health social prescribers, and the service users and carers in the meeting were commenting on what a difference these new roles will make and the quality of time that can be afforded to individuals.

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/22/119c Provider Collaboratives and Alliances (agenda item 11.3)

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

- There is a focus on OOA placements and repatriation
- Focus on staffing and quality
- Case managers have transferred in from NHSE, and these managers are integral to everything the collaboratives need to do. They possess the skills to provide tight case management and early warning signs of issues and challenges. They have a direct line through to both commissioning hubs in both South and West Yorkshire, and so the provider collaboratives dictate their work.
- In South Yorkshire we have received NHSE lead provider contract but cannot sign it yet, because NHSE are still negotiating with one of the independent sector providers. We are pushing to get this finalised, and are now looking forward to the year ahead

AS reported the Collaborative Committee is in development and there is a plan is to have both West and South Yorkshire staff present in the middle of the meeting so that a joint discussion in relation to quality can take place.

It was RESOLVED to RECEIVE and NOTE the Specialised NHS-Led Provider Collaboratives Update and RECEIVE and NOTE the Terms of Reference of the South Yorkshire and Bassetlaw Provider Collaborative Partnership Board.

TB/22/120 Governance (agenda item 12)

TB/22/120a NHSE consultation on the new provider licence (agenda item 12.1)

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

- The consultation closes on 9 December 2022
- The proposal to the Board is that it supports the proposed changes to the licence
- As a Foundation Trust there are fewer changes for the Trust than NHS trusts
- Members' Council and Governors will have a role of oversight of the system and our operation within it, in addition to just having oversight of the Trust. The governors have received a development session on this

SY noted that the Trust fed into the development of this work, as NHSE recognised that the Trust has kept governors up to date on system developments as they have been taking place over the last five years.

It was RESOLVED to SUPPORT the licence amendments.

TB/22/120b Finance, Information and Performance Committee Terms of Reference (agenda item 12.2)

AL reported a company called Aqua have reviewed Trust governance arrangements to support our understanding our standing against the Care Quality Commission (CQC) well-led domain. The review identified that the FIP terms of reference did not include the stipulation that one of the non-executive members of the committee must have recent and relevant financial experience. The terms of reference have therefore been amended to this effect.

DW reported that the frequency of meetings has been agreed to be eight times a year, and the terms of reference will need updating to this effect

Action: Andy Lister

It was RESOLVED to APPROVE the Terms of Reference for the Finance, Information and Performance Committee NOTING the amendments required.

TB/22/120c Trust Seal (agenda item 12.3)

AL reported the Trust seal has been used once since the last report in September 2022 for a contract appointing “Daisy” to be the supplier of Transactional IT Services for the Trust.

It was RESOLVED to NOTE the use of the Trust Seal since the last report in September 2022.

TB/22/121 Strategies and Policies (agenda item 13)

TB/22/121a Digital Strategy update (agenda item 13.1)

AS asked to take the paper as read:

- The Trust’s digital journey starts from a position of strength
- Digital dictation is behind schedule, so external support is being sourced to support this
- Information Management and Technology (IM & T) team are under pressure due to the increase in the use of devices following both the pandemic and investment in our services
- Care groups - when we roll out new technology there is a time commitment needed from care groups to conduct training, and this isn’t always possible due to the current pressures. The IM&T team are work closely with CH to resolve this issue
- We want to continue to pin our digital innovation to the electronic care record. Systmone is established in most of our service areas and there are some modules that the Trust is still to fully utilise.
- We are going live with electronic prescribing
- We are looking at using SystmOne to tackle waiting list issues, by using SystmOne we can ensure commonality of approach.
- AS and Paul Foster (PF) met with Microsoft recently. Microsoft acknowledged that the NHS as a whole has a lot of Microsoft technology available that it doesn’t utilise. PF took them through what the Trust has done, and Microsoft were impressed and reported as a Trust, we are ahead of the game.

MG noted this is a good summary. The optimisation piece needs staff engagement to get the maximum benefit. We have a solid foundation and good infrastructure allows the Trust to be innovative. Outsourcing some aspects of work for support will be useful.

MG reported she has attended a digital strategy group meeting, and this gave her assurance about the work that is taking place.

AS commented the report perhaps needs to be explicit that some digital solutions are there as a solution to an identified problem. There is a risk to get drawn into innovation and technology, rather what issues the technology can resolve.

KQ suggested we don’t celebrate when we have used digital to resolve issues. Section 17 leave forms are a great example of this. Our compliance has increased considerably through this.

CH reported this additional support has given the Trust a management process and considerable assurance.

MBu noted it would be helpful for executive colleagues in committees to remind non-executives to triangulate digital strategy into Trust business.

JW – noted the “what looks good framework” from 2021 is weaved into the digital strategy. This needs to be articulated into the Trust’s annual report.

It was RESOLVED to NOTE the achievements made to date in respect of the 2022/23 milestones and NOTE the comments on the report.

TB/22/122 Trust Board work programme 2022/23 (agenda item 13)

It was RESOLVED to NOTE the work programme.

TB/22/123 Any other business (agenda item 14)

JW reported the Trust has just received the initial questionnaire for the Covid inquiry to be completed and submitted before Christmas.

TB/22/124 Date of next meeting (agenda item 15)

The next Trust Board meeting in public will be held on 31 January 2023

Signature:  Date: 31.01.23