

Minutes of Trust Board meeting held on 31 January 2023
Microsoft Teams meeting

Present:	<p>Marie Burnham (MBu) Mike Ford (MF) Mandy Rayner (MR) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) (via MS teams) 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) Sean Rayner (SR) Julie Williams (JW) Andy Lister (AL) Phil McNulty (PM)</p>	<p>Chief People Officer Director of Provider Development Deputy Director of Corporate Governance Company Secretary (author) Acting Children's Service Lead and Specialist Paediatric Epilepsy Service Nurse.</p>
Observers:		

TB/23/01 Welcome, introduction and apologies (agenda item 1)

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting. There were no apologies noted, 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. Kate Quail (KQ) and David Webster (DW) are 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/23/02 Declarations of interest (agenda item 2)

Dr.Subha Thiyagesh (ST) reported she had become a member of the NHS clinical entrepreneur programme strategy board. Andy Lister will update the declaration and Trust website.

Action: Andy Lister

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

TB/23/03 Questions from the public (agenda item 3)

It was RESOLVED to NOTE there were no questions received from members of the public.

TB/23/04 Minutes from previous Trust Board meeting held 29 November 2022 (agenda item 4)

Mandy Rayner (MR) asked for an amendment to the wording on pg 12 of the minutes regarding industrial action and absence. MR agreed to send the amendment to AL for him to update.

Action: Andy Lister

It was RESOLVED to NOTE the required amendment and APPROVE the minutes of the public session of Trust Board held 29 November 2022 as a true and accurate record.

TB/23/05 Matters arising from previous Trust Board meeting held 29 November 2022 and board action log (agenda item 5)

It was RESOLVED to NOTE the changes to the action log and the Board AGREED to close all actions with updates for January 2023 and any other actions where closure is proposed in the comments.

TB/23/06 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Phil McNulty (PM) Acting Children's Service Lead and Specialist Paediatric Epilepsy Service Nurse.

CH reported she had visited PM with ST and Darryl Thompson (DT) as the executive trio and had been inspired by how PM and his team had engaged with carers and adapted the use of digital means to enhance their service offer.

PM reported he is currently the acting children's services lead and has been in the role for six months. PM has been service lead for the paediatric epilepsy service for 12 years.

The paediatric epilepsy service supports around 300 young people and their families/carers at any one time. The young people that the service supports often have other needs, for example, a learning disability, or co-morbid conditions like sleep, behavioural difficulties, or mental health needs.

PM reported the team know that service users can have fears of having seizures in public, and there are often parent and carer concerns about limiting the child's independence because of their vulnerabilities. Some of these issues were very much compounded by the lockdown as a result of the pandemic. This type of social isolation can have a large impact on a young person's mood and can lead to them resenting their condition and the limitations that they may face.

PM gave an example of a female service user who was engaged with the service. She was experiencing similar issues in relation to restrictions from her mother that differed to those of her siblings, and was engaging in low-level self-harm. Her mother was concerned that the behaviours would escalate and noticed her daughter was starting to have different types of seizures.

PM reported a development during the pandemic was the team developed new ways of sharing information, one of which was via WhatsApp. An account was set up through a secured Trust tablet, allowing parents to send videos of seizures to the service for them to assess. This was very successful, and PM and his colleagues were able to watch the videos and determine if they were epileptic seizures or not. The seizures that were taking place were typically dissociative seizures, which have a psychological cause.

PM reported that within the service offer, young people with dissociative seizures are now supported, even though the seizures are not epilepsy related. These young people need support and they need the support in a timely manner. The team works with these children to help them understand the cause of their dissociative seizures and provide them with management strategies, until they can be appropriately referred on to a service catering for their needs.

PM was able to explain to the young female service user that she was not the only person experiencing these issues, and that there were many other young people experiencing similar problems. It was decided with consultation with the service user and her mother, that a small group of young people would be brought together to assist with feedback about service provision and they could also support each other at the same time.

This was facilitated through Microsoft teams, and six young people attended virtually, all with similar needs. The young people who attended really seemed to benefit from knowing they were not on their own, and this was fed back to the team through their parents and carers. The young people also enjoyed the responsibility of helping PM to improve his service.

PM reported the group of young people engaged in the focus group are going to have one more meeting by Microsoft teams and there is then a plan for them to engage in a face-to-face meeting to have a celebration of what they've achieved.

PM reported as a follow-on from this work, PM has joined a project team with colleagues from the learning disability team in the Trust and the University of Huddersfield. The project has been led by Mike Doyle. The aim was to produce a mental health assessment application to be used by non-mental health professionals.

PM felt this work would be very beneficial for the children who are experiencing dissociative seizures. PM has worked on the project for the last 12 months with colleagues from around the UK and the work has been submitted to the Royal College of Nursing Foundation in December 2022. The hope is to start using the application in clinical practice over the next month or so.

PM reported as a non-mental health professional this application will give the team the confidence to have discussions about emotional health and well-being and potential mental illness with these young people.

The application provides a structure to hold conversations that will help establish if a problem exists, what support will be required, and how urgently the support is required. It may be that some children require low level interventions and do not require a referral to the child and adolescent mental health service (CAMHS), which will assist the pressure this service is under.

Mark Brooks (MBR) noted PM's work reflects the Trust values of putting the patient first and in the centre, knowing that families and carers matter, being ready for tomorrow and improvement, and that PM's story encapsulates them all perfectly and thanked PM for all his work.

ST noted there may be potential challenges for young people in care homes and queried if there is an outreach service as part of the team offer?

PM reported the team are keen to ensure all our services are accessible to all children so that no one is missed. Services have close links to "looked after children" medical consultants. A good recent example is the vaccination teams have been going into care homes to reduce any obstacles to receiving vaccinations. The team are always looking to be inclusive, across all services, and have good levels of contact with carers for children who are in care.

Greg Moores (GM) noted the use of WhatsApp and asked if there has been any sharing of this good practice and would PM be happy to share this?

PM reported with the evolution of smart phones WhatsApp has easily enabled the sharing of videos in a secure way. It is a fantastic solution – especially for families with learning disabilities, and videos are received on a Trust secured device. PM would be happy to share this development and good practice with other teams.

Action: Salma Yasmeen

SR queried if there was a plan in place to use the digital application prior to Covid-19 and queried if the pandemic had accelerated this process, or whether Covid-19 brought about the use of the digital application?

PM reported the plan was already in place and had been accelerated by Covid-19. PM explained that plan came to being as some children on the autistic spectrum found it difficult to physically attend clinics. Six / seven years ago the team talked about using zoom type calls and for a tertiary neurologist to be able to see them on camera, but then Covid-19 happened and the Trust supported the use of the technology.

MR asked about individuals who don't have access to the technology and asked if there is any sort of loan schemes in place?

PM reported there is no loan scheme in place currently but would look to link with a charity. One service user was having seizures at school and with his Mum's consent the support staff within the special school were able to film it. Mum was struggling to film them at home as she wanted to hug her child when the seizures occurred. PM reported the team always manage to find a way to resolve issues.

Erfana Mahmood (EM) reported she is chair of the charity committee and had found PM's talk inspirational and would be happy to support any bid PM would like to submit through the Trust website and the EyUp! webpage to support a loan scheme.

MF queried if there is a process in place to support the transition from the children's service to the adult service and asked if the Trust are responsible for the adult service?

PM confirmed the adult service is a SWYFPT service and prior to the pandemic the children's and adult teams worked in offices that were next door to each other. There is a transition programme called "ready steady go", which is a programme from Southampton University Hospital. It prepares service users and their families for the transition into adult services, and PM's team work very closely with adult service to conduct a full and proper handover including the service user and their families/carers.

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

TB/23/07 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
- Covid inquiry
- Financial planning update for 23/24

It was RESOLVED to NOTE the Chair's remarks.

TB/23/08 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- There has been significant pressure on the NHS nationally during the winter months. This pressure has been intense, with Streptococcus A, early and high flu prevalence and Covid-19 all having an impact.
- The Trust teams have worked incredibly hard over Christmas to staff our wards, particularly when staff absence was higher. The Trust continued to provide safe services, and MBr thanked staff on behalf of the Board for their efforts during this period
- Staff continue to manage complex situations and sadly two staff members were seriously assaulted recently. The staff members concerned have injuries and are being supported by the Trust as they recover
- There has been industrial action across the NHS. The Trust has not been directly impacted, but has been impacted by other parts of the system, and the internal strike planning team remain focused on mitigating the impact of any future strike action
- At the last board meeting Mandy Rayner raised that "standing still" may be a positive reflection during the winter, rather than seeing a decline in performance. A considerable effort is being made by staff to maintain the Trust's position in such a challenging climate
- There is a paper in the private Board regarding planning guidance today. The guidance was circulated on 23 December 2023 and there will be some financial challenge to come.
- MBr noted the following positive points for the Board's attention:
- Our services in Barnsley are receiving positive press. We recently hosted staff from NHS England who had heard about our alliance with the Barnsley Healthcare Federation in Barnsley and the work the Trust is doing in an innovative way.
- Work taking place in Barnsley with the primary care alliance has been recognised nationally. The Trust has been invited to contribute to a Primary Care Association meeting next week, to discuss our working practices and the out of hospital care model
- The Trust saw a 7% increase in responses to our staff survey this year, an increase from 43% to 50%
- The excellence awards nomination stage is drawing to a close and we have had in excess of 150 nominations and are hopeful, restrictions allowing, a face-to-face event will take place this year

EM agreed that teams are doing well under constant pressures. On Christmas day Board members were involved in calling teams who were working, and this was fantastic. EM queried if, in the future, chocolate boxes could be sent out from the board as appreciation for the staff working over the holiday period.

CH reported money is released for each of the wards at Christmas for those who are working over the festive season.

NM noted the recent announcement to help with winter in the NHS next year, with extra beds, and ambulances, but queried if there were any offers around mental health and community services?

MBr reported a key challenge for the Trust is to support ambulance services and emergency services. There is also a requirement by April 2024 for the provision of 24 hr crisis support to mental health on 111.

In addition, the Trust has made sure it is doing its job as well as it can, in order to keep people out of A & E and there will be additional focus on this, but there has been no specific mention of additional mental health support for the winter.

MBu reported there is an emphasis that the mental health long term plan will continue.

CH noted the reference to crisis houses and reported the Trust will be expanding the offer for crisis services. The Trust works closely with crisis houses provided by the third sector, as an alternative to admission or when somebody is receiving care in the community. The Trust has a good level of buy-in from crisis houses in all of our places. The Trust has also offered to support the ambulance service by training paramedics in mental health, and there has been a good response to this.

NM noted how invaluable community services are and reported there is not enough understanding of their importance.

CH reported the Trust is a key partner in the development of a virtual ward, which will enable people to be discharged from hospital earlier so that they are able recover in their own home. There are two pathways running in partnership with Barnsley hospital.

SY reported Barnsley is leading a pilot for the South Yorkshire integrated care system on 111 in association with Yorkshire ambulance service. This will include the whole system, social care and the Trust's community services, including Barnsley hospice. The Trust leads some of the end-of-care services in conjunction with Barnsley hospice, Barnsley hospital and primary care services.

MR acknowledged the hard work and support from our staff in A & E. MR was interested in how the Trust had joined with Barnsley Healthcare Federation to fund and distribute over 300 bags of essentials this winter. The bags contain a range of non-perishable foods and toiletries plus hats, hot water bottles, blankets and flasks. All the bags were given to vulnerable local people in need of help. MR queried how the most vulnerable are identified and if there is any best practice to share?

CH acknowledged it was a fantastic project and should be shared in other areas, and further consideration will take place to introduce this in other areas.

MR queried if the Trust is involved in the six projects in Yorkshire that have been granted government “levelling up” funding?

SY reported the Trust will be involved in the projects through place and will be part of the infrastructure development.

MF reported he supports the comments from the Board around the hard work that teams have undertaken over the Christmas period. MF noted Stephen Barclay has recently mentioned that the CQC are starting to move their focus from acute trusts to mental health trusts.

MBr reported soft intelligence suggests there is a heightened focus on mental health services, particularly in light of recent examples of poor care nationally.

MF noted the race equality framework and the need for a board member to be appointed to tackling racism

MBr reported an appointment hasn't been made yet and agreed this is part of the guidance.

SY acknowledged that while a Board member may be appointed to lead on racism, it shouldn't detract from the shared responsibility of the Board to tackle the issue. SY noted the Trust has a strong approach to racism.

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

TB/23/09 Risk and assurance (agenda item 9)

TB/22/09a 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

- EMT have taken a full review of current circumstances, including the current operating environment and the challenges it presents and any impact it may have on strategic risks
- EMT have not recommended any changes in gradings for this quarter
- There will be a further review of the BAF at the end of Q4

MF reflected on earlier discussions in today's Board and that “standing still” could be viewed as positive at the moment, but the Board should see movement against some of these risks in time.

MF noted 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.. MF felt based on discussions and actions taking place there could be some progression against this risk by the end of Q1 23/24.

MBr reported EMT discussion had considered three or four risks that are close to moving gradings, but noted the actions being taken are being nullified by the pressures of the current operating environment.

When EMT looked at the NHS landscape risk (risk 1.1) MBr noted partnerships are strong, but this risk description includes service inequalities which has held the grading. Although nothing has moved in terms of grading, the operating environment continues to change. In Q4 the Trust Board will need to agree wording for 2023/24 BAF risks.

NM reflected when taking a step back there are a number of amber and yellow risks, and questioned if objectively this feels right? NM remained undecided, noting the Board need to continue to challenge themselves.

EM referenced acuity and noted the Trust is doing well to hold an amber grading. EM recalled the Trust was going to look at acuity what it means and its measures, and noted there had been reference to wellness tools for GM?

DT reported the clinical governance group are looking at acuity and how it can be measured. A task and finish group was set up just before Christmas and the outcomes will escalate to the clinical governance clinical safety committee (CGCS) and will be reported into Board through the triple A report.

GM reported the people and remuneration committee (PRC) are looking at the Trust wellbeing offer and whether it is sufficient. GM noted there are many actions in place and the Trust benchmarks well against other organisations.

EM reported some tools and measures would be useful.

GM reported PRC already look at tools and measures and was happy to discuss this further outside of the meeting. In addition MR suggested sharing Hazel Murgatroyd's report.

Action: Greg Moores

KQ queried given the current level of acuity, performance report, and workforce issues, at what point would some of these risks become red?

MBr stated the Board has to remember that not all of SWPYFT services are inpatient wards. Many Trust services are in the community. Challenges in staffing are typically higher in inpatient wards, and not necessarily across all other services. When considering the BAF grading descriptions, red is quite extreme, and has a high threshold.

When considering the integrated performance report (IPR) and looking at metrics on the dashboard we agreed to use to measure achievement of our strategic objectives there are a number of metrics that are red, but when you look at our performance against national targets and the quality dashboard, in the main these are green, with the Trust holding steady.

In relation to acuity, there would need to be a bigger change in these metrics to move to red. In relation to Trust staffing, in the last two months, instead of having one welcome event, we have had two. Therefore whilst not yet a trend, some of the actions we are taking to support recruitment and retention may be taking effect.

MBr accepted it is too early to see this is a trend, but overall staffing numbers are c100 whole time equivalent higher than they were in April 2022.

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

TB/23/09b Corporate / organisational risk register (agenda item 9.2)

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

- A discussion has taken place on emergent risks at EMT and these are being assessed and scored for consideration of moving onto the organisational risk register

- The heat map has been improved to give Board members a better overview

MBu summarised the Board was being asked to consider

- the new risk description 905 – Risk of a negative impact on quality of care due to low staffing levels and insufficient access to temporary staffing
- agree to the removal of risk 1531 - Service users with protected characteristics and specifically from a BAME background and people with a learning disability may be disproportionately affected by Covid-19
- and agree to the changes to the risk description for risk 1157- Risk that the Trust does not have a diverse and representative workforce at all levels which reflects all protected characteristics to enable it to deliver services which the meet the needs of the population served and fails to achieve national requirements linked to EDS2, WRES and WDES.

NM reported risk 905 was discussed at CGCS and was challenged in relation to acuity and impact on quality. The committee were assured and approve the proposed changes.

MF stated he was happy to approve the above suggestions and noted the emergent risks. MF reported there are 32 risks in total, 23 of which are outside of risk appetite, which he noted felt quite high. MF noted there are actions in place to reduce these risks, this is acceptable given the operating environment, however, MF would like to see risks progressing towards their risk appetite.

JW reported there is work taking place in relation to these risks to establish if the risk appetite is indicative of where the Trust is at the moment, considering industrial action and the economy, and this is part of the work we will be doing over the next two months.

MBr noted there is a clear role for committees to focus on their allocated risks. MBr questioned if there are any risks where it is felt the Trust hasn't got the right pace on actions or whether the actions are correct, but are moving slower, given the current operating environment.

MBu asked Committee chairs if they are happy with current actions against their risks.

MF noted he is happy with risk actions for audit committee (AC), noting the cyber risk is allocated to this committee and may never achieve risk appetite due to the constant cyber threat.

NM reported a good level of discussion takes place at CGCS and they are reviewed in detail and sufficiently challenged.

MR reported she is assured by the discussion at people and remuneration committee (PRC) and noted from her review of the organisational risk register, the key risks graded red reflect the Trust's focus is in the right areas.

DW noted the capital and financial sustainability risk has a current short-term focus and this has been influenced by the shorter planning cycles during the pandemic.

KQ noted the mental health act committee (MHAC) doesn't have allocated risks but is happy with the current focus of the risk register. MHAC goes through the risk register every quarter and is assured with the level of detail.

EM reported she felt the Trust is on the precipice of a change, and reported the areas of focus are correct at this time.

GM noted there are lots of other risks that sit below organisational risk register level, and these are managed through local and directorate risk registers. The Board should therefore expect to see the key risks in this report.

MBr noted that the Trust has a beneficial position, given it operates in four places and two systems, and has sight of these risk registers and noted the themes in these place and system registers are very similar.

JW reported that key risks are triangulated against performance metrics and the Board Assurance Framework every quarter and presented to the Audit Committee.

It was RESOLVED to NOTE comments on the risk register and the Trust Board was 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 to the new risk description for risk 905**
- **AGREE for the removal of risk 1531**
- **AGREE to the changes to the risk description for risk 1157**

TB/23/09c Equality and Diversity Annual report (agenda item 9.3)

SY asked for the paper to be taken as read and highlighted the following points:

- The report has been discussed in detail at Equality Inclusion and Involvement Committee (EIIC)
- It sets our progress against the Trust strategy and looks forward to what the future focus will be
- It is presented to the Board for any comments and feedback

NM reported the document is easy to understand and well-presented and NM is assured by the content.

MBr made an observation, querying if the Trust sufficiently publicises what it does well. SR was recently asked in a place meeting to present what the Trust is doing in respect of inequalities. The Trust was the only organisation present that could demonstrate and present progress. Trust processes were acknowledged and taken as good practice.

MBu reported in the West Yorkshire Chairs' meeting yesterday, the success of the mental health alliance in Wakefield was noted and the positive contribution of SR to this was noted. MBu thanked SR on behalf of the Board for all his hard work.

MR noted the report brings home the percentages of white British populations and ethnic populations within our Trust area and noted these are really important.

SY added it helps to show the Trust's level of sophistication in how it looks at its workforce and the communities it serves in a more realistic and measurable way.

KQ commented the second paragraph of the introduction could be misconstrued.

SY reported the language has been tested at several different levels and it is important that the Trust is honest in its reflections but will discuss this with KQ outside of the meeting.

Action: Salma Yasmeen

KQ noted that the icons next to annual pride gender neutral toilets are pink for female and blue for male and this may want to be considered.

KQ reflected the report demonstrates huge progress and is a very positive report.

EM supported that the report highlights how integral the charities are to the delivery of this Trust strategy. The report hides how data rich this area now is, and the progress that has been made. The Trust is now quite sophisticated in how it presents this data.

SY reported the business intelligence team need to be acknowledged for the work they have done in this area.

TB/23/09d Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.4)

Collaborative Committee 6 December 2022

MF highlighted the following:

- There has been an ongoing issue regarding final agreement of contracts in South Yorkshire, this will be resolved in collaboration with NHSE
- A number of risks have been reported via the West Yorkshire collaborative hub and we continue to seek assurance around clinical quality
- The committee is working well and getting through detailed papers and has the West Yorkshire and South Yorkshire teams attending the part of the meeting together

Members' Council 9 December 2022

AL highlighted the following:

- The joint meeting between the Board and Members' Council took place with governors able to contribute their views on the Trust plans for 2023/24

Clinical Governance Clinical Safety Committee 13 December 2022/10 January 2023 **Nat McMillan (NM) highlighted the following:**

- The committee has asked for the waiting list report to be presented as soon as possible.
- The committee has heard about the work of the intensive support team for the autistic spectrum. NM commented it is clear that teams within the Trust feel able to innovate and don't have to seek permission, which is really important.
- EM commented when she started on the Board there was challenge in relation to empowerment and the leadership team have done well to embed quality improvement (QI) work
- SY reported it has been a collective effort and CH has modelled quality improvement behavior through the Operational Management Group (OMG). We have the opportunity to be outstanding as a result of this change in culture
- MF observed the committee meeting in his role as Audit Committee chair and the lead governor also observed the meeting. The lead governor had contacted MF after the meeting and stated he was impressed by the meeting, and assured by the level of challenge at the committee.

Equality, Inclusion and Involvement Committee 14 December 2022

MBu highlighted the following:

- Annual report signed off

- Social responsibility and sustainability strategy – actions being developed to take forward

Audit Committee 10 January 2023

MF reported the following:

- A positive update was received from Paul Foster and his team on cyber security
- The standing financial instructions and scheme of delegation were approved to come to Board
- The internal audit report about the leavers' process was received with limited assurance. GM attended and most actions are already implemented
- There has been a rise in interest rates which means we have more options as to where the Trust invests its money
- MBr noted the Trust challenges itself in its audit planning so that areas of improvement can be identified

People and Remuneration Committee 17 January 2023

MR reported the following:

- The committee is focusing on appraisals, with hotspots identified
- Absence is rising steadily and is being monitored
- Flu vaccine uptake, getting to 90% is a stretch. The Trust is not an outlier but is unlikely to achieve the 90% target.
- Recruitment and retention is a continued focus
- Mandatory training discussions took place, to make sure sufficient resource is in place to support the thresholds we need to reach
- Staff wellbeing was discussed
- The Committee was assured that risks allocated are being managed appropriately

Finance, Investment and Performance Committee 23 January 2023

David Webster (DW) highlighted the following:

- The deficit for the Trust this month is a one-off position and the underlying position for the month remains to be a surplus

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

TB/23/10 Performance (item 10)

TB/22/10a Integrated Performance Report (IPR) Month 9 2022-23 (agenda item 10.1)

SY introduced the item and noted that the IPR reflects all the conversations the Board has been having today, the continuation of the challenging operating environment and also that trust staff have continued to focus on areas of improvement.

SY highlighted the following in relation to priority programmes:

- Digital dictation and capacity for implementation - third party resources have now been secured to progress this work
- The social responsibility and sustainability strategy has been launched. There has been an I-hub challenge for e-bikes, which has received significant engagement. A knowledge café has been held and was attended by a number of staff. The Trust has also planted 500 trees as part of the forest campaign, and to raise awareness of the sustainability agenda
- Community mental health transformation programme – real progress has been made and the early benefits of ARRS (additional roles reimbursement scheme) are being seen, primarily by people who haven't accessed secondary services.
- There is a need to get smarter about how the impact and outcomes of the ARRS roles are measured. West Yorkshire ICS has commissioned a two-year evaluation of community transformation across all five places. This is one of the programs where

we will see deliberate variation dependent on need, in place. There is a need to see quality and equality assessments taking place as this work progresses.

- Addressing inequalities – there is a continued focus to deliver on all of our action plans
- Quality – despite the pressures and ongoing demand, we continue to perform well against most quality indicators. There is a need to maintain focus on improving collaborative care planning; approach and processes, risk assessment processes and addressing waiting times. There are improvement programs in place for all these priorities.
- People – there is a continued focus on recruitment and retention, appraisals, and mandatory training
- Care groups – out of area (OOA) beds usage is higher than anticipated, some of this is planned to manage demand and support safe care

AS highlighted the following:

- Despite the challenging operational environment, national indicator performance remains strong with a couple of exceptions
- OOA bed days - there is a drive to reduce this nationally, we use it appropriately to maintain safe service but there is ambition to drive this down.
- Financial performance remains good
- Conversations about financial planning and the year-end position will take place this afternoon in the private session.

MBu noted the IPR is a good document and there is a need to analyse the information to better inform the executive summary.

AS reported a short demonstration had gone to FIP about the work behind the IPR and this is progressing well.

MR reported she felt the narrative summary was helpful and highlighted the key issues.

MF noted there are a number of areas that don't often get discussed such as equality around recruitment (page 18 of IPR) and queried if these measures are needed.

GM reported these metrics are discussed in detail at PRC and EIIC.

SY reported in EIIC there is a focus on workforce ethnicity/disability and there will be a focus topic each quarter at EIIC.

MF confirmed he was happy for this to be a focus at EIIC and also queried if there are statistics in the IPR not being discussed at Board should they be in the IPR at all

MBr reported EMT have discussed that better insight on inequalities data is required, and if this is presented in the IPR, then it may provoke discussions at Board. MBr agreed that the details of the IPR should be discussed at FIP committee.

MF noted there is nothing in the IPR about the Trust's position as lead/coordinating provider in provider collaboratives.

AS reported this is part of the development work.

MR noted in terms of inequalities, the annual report that has been to Board today covers many of the actions that have been put in place.

AS reported as part of IPR review the frequency of certain indicators, their movement and how often they need to be reported is being reviewed.

DW reported JW brought the IPR review plan to FIP and each area is being reviewed by the responsible director and then is checked by another executive to ensure all metrics are relevant

NM noted the other level of assurance for Board is the assurance provided through FIP meetings as performance is now being fully considered at each meeting.

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

TB/23/11 Integrated Care Systems and Partnerships (agenda item 11)

TB/23/11a 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 board meeting highlighted operational pressures and pressures across the system and Gavin Boyle was keen to express his thanks to all staff who worked over the festive period to keep services running
- There was a focus on discharge funding to try and improve discharge pathways, particularly during the busy winter period
- All ICBs have been asked to update their strategies and there is a plan on a page in the papers with a link to the draft full strategy as well
- Discussion on the Mental Health Learning Disability and Autism (MHLDA) provider collaborative focused on closed cultures and there is a proposal in the papers to develop the collaborative into a committee in common
- Nationally there has been a maturity index template circulated for provider collaboratives, and as a relatively new collaborative it was agreed that it falls within emerging/developing status

SY updated in relation to Barnsley:

- Work with the GP alliance is progressing positively and there is a shared approach in place to address health inequalities for people with serious and enduring mental health illness, and learning disabilities, particularly focusing on annual physical health checks
- Significant work is taking place around frailty and dementia pathways

It was RESOLVED to NOTE the South Yorkshire ICS update

TB/23/11b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

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

- The strategy has been refreshed and co-produced
- SR highlighted the Wakefield, Kirklees, Calderdale and WYMHLDA partnership have reviewed their priorities recently.
- Wakefield is establishing a learning disabilities alliance with its first meeting having taken place in January 2023
- The Wakefield health and wellbeing board received a presentation on gambling and addiction, and it was established gambling is now a major public health concern in the UK

MBr noted these reports highlight the number of meetings the executive team are attending, and it is important that we attend these meetings to keep abreast of current issues and ensure the voice of mental health and learning disabilities is heard.

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/23/11c Provider Collaboratives and Alliances (agenda item 11.3)

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

- Financially both collaboratives are currently in a surplus position
- The team is working with NHS England to get provider contracts signed in South Yorkshire
- There are staffing challenges throughout the NHS and other providers
- One provider in West Yorkshire has closed for admissions which has put pressure on other providers
- Collaboratives are turning their attention to commissioning for the next year.
- There will be a increased focus on forensic community services
- Phase 2 collaboratives due diligence work is taking place for forensic child and adolescent mental health services (CAMHS) and a paper will come to Board once this work is complete

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

TB/23/12 Governance (agenda item 12)

TB/23/12a Constitution, Standing Financial Instructions and Scheme of Delegation (agenda item 12.1)

JW introduced the item and highlighted the following:

- The Trust took part in the consultation on the new code of governance last year
- There are statutory changes to make as a result of the new code of governance
- System structures are now part of constitution
- Trust Board general duties have been updated to include culture, and the Board being able to assess and monitor the culture of the organisation
- JW is working with the lead governor on how this may be a joint enterprise with the lead governor and will report back to the Board on progress

Action: Julie Williams

- We have taken the opportunity to make some organisational changes at the same time which include associate non-executive director roles and introduced the ability for the Members' Council to step up and step-down forums to help the Trust on consultation work and strategic work. One of the first forums we will look at is a youth forum
- The Standing Financial Instructions and Scheme of Delegation have been recommended for approval by the Audit Committee

EM identified the Trust is now obligated to have a diverse board and we need to lead on this and that the Members' Council are possibly a little behind on equality and diversity.

JW reported the lead governor and colleagues are cognisant of this and governors have to come from membership and so we are looking to improve the diversity of our membership and equality data.

EM noted culture and queried how this will be measured and what oversight it will have.

JW reported the team will be working with governors and GM's team to work on key performance indicators that are relevant to this work.

MBr noted the Trust should be able to work with partners on this matter as well.

GM reported there are already a number of culture measures in place. The output from the Flair survey and the work with the governors should enhance this.

Standing Financial Instructions (SFIs)

AS reported the review of the Trust SFIs had been delayed to enable provider collaborative requirements to be put in place. Approval limits have also been updated. Benchmarking has also taken place to help with consistency and best practice.

Andy Lister (AL) reported two strategies needed to be removed from the Scheme of Delegation following discussion at EMT, these being the medical education strategy, which has now been identified as a work plan, and the research and development strategy that will now be overseen by the Clinical Governance & Clinical Safety Committee.

It was RESOLVED to APPROVE the updated Constitution, Standing Financial Instructions and Scheme of Delegation to be presented to the Members' Council on 24 February 2023.

TB/23/12b Audit Committee Terms of Reference (agenda item 12.1)

AL introduced the item and reported the following changes:

- The terms of reference have been updated to include the requirement for at least one member of the committee to have recent and relevant financial experience
- Feedback from the head of internal audit at the Audit Committee meeting on 10 January 2023, asked for the terms of reference to be updated to align with the Healthcare Finance Management Association (HFMA) Audit Committee Handbook as below:
 - The Chair of the Audit Committee is appointed by Trust Board and the Chair of the Committee cannot be the Chair of the Trust.
 - The Audit Committee will meet with the External Auditor and Head of Internal Audit in private, on at least one occasion, per year.
 - The External Auditor and Head of Internal Audit have the right of direct access to the Audit Committee Chair.
- The Counter fraud specialist also asked for the following updates to be made:
 - The Committee shall review the work and findings of the Local Counter Fraud Specialist as set out in the Government Functional Standard 013: Counter Fraud (Functional Standard)
 - The Committee has a responsibility to refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority

It was RESOLVED to APPROVE the Terms of Reference for the Audit Committee.

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

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

TB/23/14 Date of next meeting (agenda item 14)

The next public Trust Board meeting will be held on Tuesday 28 March 2023

TB/23/15 Any other business (agenda item 15)

Nil

Signed:

A handwritten signature in dark ink, appearing to read 'M Bul', followed by a horizontal line.

Date: 28.03.23