

**Minutes of Trust Board meeting held on 28 March 2023  
Large Conference Room Wellbeing and Development Centre  
Fieldhead Hospital**

<b>Present:</b>	Marie Burnham (MBu) Mike Ford (MF) Mandy Rayner (MR) Erfana Mahmood (EM) (via MS teams) Natalie McMillan (NM) Kate Quail (KQ) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS)  Dr.Subha Thiyagesh (ST) Darryl Thompson (DT) Salma Yasmeen (SY) (via MS teams)	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
<b>Apologies:</b>	Nil	
<b>In attendance:</b>	Greg Moores (GM) Sean Rayner (SR) Andy Lister (AL)	Chief People Officer Director of Provider Development Company Secretary (author)
<b>Apologies:</b>	Julie Williams (JW)	Deputy Director of Corporate Governance
<b>Observers:</b>	Two members of the public	

**TB/23/16 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. MBu reported Erfana Mahmood (EM) and Salma Yasmeen (SY) are both joining the meeting today 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/23/17 Declarations of interest (agenda item 2)**

MBu reported the annual declarations of interest process for Board members has taken place as below and asked for any comments from Board members.

<b>Name</b>	<b>Declaration</b>
<b>Chair</b>	
BURNHAM, Marie	Independent Chair of Lancashire Place Chair of NICE Committee for weight management Chair of Pennine Multi Academy Trust
<b>Non-Executive Directors</b>	
FORD, Mike Non-Executive Director Senior Independent Director	Chair of the Joint Audit Committee for the West Yorkshire Combined Authority and West Yorkshire Police
RAYNER, Mandy Non-Executive Director Deputy Chair	Spouse - works for a global not for profit organisation (HIMSS) selling consultancy services to healthcare bodies.  Working within the advisory sector as a private consultant for a number of technology organisations who provide technology to the NHS. Any work that may link to the Trust will be declared at the time any future interest arises  Director/Owner of "Opinicus" providing IT consultancy to organisation/suppliers in Healthcare.
WEBSTER, David Non-Executive Director	Director and minority shareholder - Horizon Platforms Ltd (Horizon supplies the Trust with powered access)  Director and joint-owner - Tango Residential Ltd  Non-executive trustee director - The Mast Academy Trust
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director for Riverside Group.  Non-Executive Director for Omega / Plexus part of Mears Group.  Sister – Employed by Mind in Bradford.
MCMILLAN, Natalie Non-Executive Director	Director/owner of McMillan and Associates Ltd.  Associate - NHS Providers
QUAIL, Kate Non-Executive Director	Director of The Lunniagh Partnership Ltd, Health and Care Consultancy.  Inclusion North – expert advisor – care (education) and treatment reviews

<b>Name</b>	<b>Declaration</b>
<b>Chief Executive</b>	
BROOKS, Mark Chief Executive	Trustee for Emmaus (Hull & East Riding) Homelessness Charity

Name	Declaration
	Partner member of South Yorkshire Integrated Care Board
<b>Executive Directors</b>	
YASMEEN, Salma Director of Strategy and Change, Deputy Chief Executive	Spouse is employed as head of clinical governance and quality at Leeds and York Partnership NHS Trust Member of the Board of Thirteen (trading name of Thirteen Housing Group) - a charitable Community Benefit Society registered under the Co-operative and Community Benefits Societies Act 2014 with registered number 7522 Advisory board member for School of Business, Huddersfield University
HARRIS, Carol Chief Operating Officer	Spouse works for an engineering consultancy company specialising in healthcare which has involved work with local NHS Trusts including Mid Yorkshire Hospitals NHS Trust.
MOORES, Greg Chief People Officer	No interests declared.
RAYNER, Sean Director of Provider Development	No interests declared.
SNARR, Adrian Director of Finance, Estates and Resources	No interests declared
THIYAGESH, Dr Subha Chief Medical Officer	Spouse is a Hospital Consultant & Clinical Director at CHFT Member of the NHS Clinical entrepreneurship strategic board Honorary Visiting Professor at Huddersfield University
THOMPSON, Darryl Chief Nurse and Director of Quality and Professions	No interests declared.

It was **RESOLVED** to **NOTE** the changes to the declarations of interest for 2023-24.

#### **TB/23/18 Questions from the public (agenda item 3)**

No questions were received from the public.

#### **TB/23/19 Minutes from previous Trust Board meeting held 31 January 2023 (agenda item 4)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 31 January 2023 as a true and accurate record.

#### **TB/23/20 Matters arising from previous Trust Board meeting held 31 January 2023 and board action log (agenda item 5)**

MBu asked for the Board to note all action updates for March 2023.

The Board accepted all action updates, and no further comments were made.

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

### **TB/23/21      Service User/Staff Member/Carer story (agenda item 6)**

Carol Harris (CH) introduced Jacob Agoro (JA), a member of Trust staff who attended the Board meeting to speak about this role in the Jabali men's network.

JA explained he is a matron in Calderdale for inpatient services, the vice chair of the REACH (race, equality and cultural heritage) staff network and an equity guardian for the Trust.

JA explained the Jabali men's network is a group of senior male nurses from Black, Asian and Minority Ethnic (BAME) backgrounds. The network was developed just after the Covid-19 pandemic and has continued to grow since then.

The purpose of the network is to encourage men from BAME backgrounds to join nursing as a career and develop more male nurses into senior roles within the NHS through to Board level.

The group links with various committees and organisations and offers coaching and mentoring opportunities. JA is also a coach and mentor across the Trust.

The group is sponsored by Ruth May, Chief nursing officer at NHS England, and she joins some of the network meetings. The network is also part of the Ethnic Minority advisory collaborative, which is made up of three networks that can support each other and help hold conversations nationally.

JA reported the Jabali men's network has been recognised for the work it has been carrying out and as a result the network was invited to the House of Lords by the deputy leader of the House of Lords, the Rt Hon Earl Howe, to meet with committee colleagues, from local and national areas, to celebrate the work they have done together.

The experiences of members of the network were shared, as well as other people who had contributed to changes in national healthcare. JA reported there was a mother of a disabled child present, who had fought to get the right care for her child and afterwards she had entered the healthcare system to help others, and this was great to hear.

Greg Moores (GM) reported he had seen the network on Twitter and queried if nurses from mental health and acute backgrounds, are equally represented, and if their experiences differed in any way.

JA reported there are more mental health nurses in the network, and experiences are similar across the different areas, but the representation of BAME staff on NHS boards is generally low.. The network is helping to promote this and there are now more chief operating officers and chief nurses from diverse backgrounds.

Mark Brooks (MBr) thanked Jacob for his story and his contributions to the Trust, noting as well as doing an incredibly challenging day job, JA regularly goes above and beyond and is a huge advocate of the Trust.

MBr queried if JA has seen any initiatives through the network to encourage or promote senior male nurses from diverse backgrounds that could help the Trust.

JA reported he has been speaking with GM to develop coaching and mentoring across the Trust. JA added it is about educating people to know what they are able to achieve and helping and supporting them to reach their goals and potential.

JA reported he has supported a number of staff in this way and believes there is a need to put a system in place that provides this support, rather than it being done on an individual basis.

Nat McMillan (NM) noted the Trust has carried out reciprocal mentoring. NM reported she is keen to be an ally to this work and asked what more can the Board do to help and support this work?

JA stated he doesn't have an exact answer at this time, but he knows organisations are trying, and the Trust has systems in place to support people, and it is now about supporting people to know the opportunities are there.

Dr.Subha Thiyagesh referred to the recent staff survey results and asked JA how his network could help with the experiences of BAME Trust staff, especially in the area of nursing?

JA reported that the same issues are prevalent everywhere and it is especially difficult in mental health. There are conversations in the REACH network and staff need to know something is being done to address issues.

JA reported he is part of RACE forward strategy group and this work is helping him identify issues and to help people approach matters in different ways. Conversations are now taking place on inpatient wards which is helping things to change.

CH noted JA has offered a lot of support to international recruits to the Trust, and queried if there is a link through the Jabali network for international recruits.

JA reported individual organisations are supporting international recruits, and at the moment he isn't aware there is any national work taking place.

JA has linked with Colin Hill, who is part of the team supporting international recruits, so he can link support these colleagues. There are two international nurses who have now developed to band 6 roles and are doing very well. JA reported this helps the Trust to show we are an international organisation, and how we are able to these staff to progress.

MBu noted it is great that these staff are developing within the Trust and this work needs to continue so that it is part of the Trust culture to support these staff to develop.

MF asked how these positive stories get out for staff to hear rather than them being communicated through The View and Headlines.

MBu noted The View is only one tool, and staff such as JA are going on to wards and talking about the work, which is another way how staff will hear the message.

SY reported individual success stories are shared across the organisation, SY stated stories are linked to awareness days or celebration events in the Trust as well as being shared through all Trust communications channels.

DT thanked JA for all of his work, and his contribution to RACE forward meetings.

Salma Yasmeeen (SY) thanked JA for his leadership and his continued support of others, while still progressing on his own journey.

**It was RESOLVED to NOTE the Staff Member Story and the comments made.**

**TB/23/22 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
- Provider collaboratives
- Draft financial and operational planning
- Draft strategic priorities
- Older people's transformation update.

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

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

Chief Executive's report

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

- Industrial action – MBr asked the board to recognise how much planning and work went into managing safe services during the junior doctors' strike.
- A further junior doctors' strike is proposed for April for four days and planning is in progress for this
- An updated pay offer has been made for agenda for change staff
- High demand, acuity and complexity continue in many of our services. Delayed discharges are having an increased impact on Trust services. The Trusts mental health inpatient services were on operations pressure escalation level (OPEL) 4 for five days, this situation was managed well by operational staff
- Integrated care board colleagues have been given a directive to save 20% of their running costs over the next twelve months, and a further 10% the following year.
- The 2022 staff survey has typically seen a slight improvement from last year. There is a wider extended EMT discussion this week to look at these results and agree next steps.
- Work continues around mental health inpatient quality transformation; we are working with our partners in the wider system
- There was a recent landmark employment tribunal about racial discrimination. It reminds us as a Trust about all the equality, diversity and inclusion work we do, and the importance of giving opportunities to everyone.
- Trust performance is holding steady. We have now seen 2 or 3 months of improvement on some of our focused metrics, which is positive
- On 4 May 2023 we have our staff excellence awards and shortlisting has taken place
- Physical health checks for people with learning disabilities - the Trust has made this a priority as part of our alliance with Barnsley Healthcare Federation. Barnsley is leading the way on this work, and there have been strong improvements in West and South Yorkshire
- EMT timeout recently looked at Board Assurance Framework risks for next year and these will come to April board to agree.

Mandy Rayner (MR) noted the potential impact of the Integrated Care Board (ICB) running costs reduction and queried what the impact may be on the Trust.

Adrian Snarr reported the ICB are starting to plan for it now, the impact will be in the next financial year. They are forming structures with this in view, and there are opportunities as well as risks.

MBr reported Tim Ryley is leading some work for West Yorkshire ICB and there is work taking place in South Yorkshire as well around operating models. The Trust will have the opportunity

to contribute to this work and a paper should come to Board in a few months' time explaining what the changes may mean.

**Action: Sean Rayner/Adrian Snarr**

KQ queried if the proposed pay deal is being covered by the Treasury?

AS reported NHS trusts were told to plan for a 2% increase, and guidance in respect of the pay award is expected imminently.

GM reported the outcome of the ballot on the pay deal won't be known until the end of April.

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

## **TB/23/24 Performance (agenda item 9)**

### **TB/23/24a Integrated performance report Month 11 2022/23 (agenda item 9.1)**

AS introduced the summary dashboards and priority programmes:

- There is a tendency for Board to focus on areas of red and amber, but there are also many positive performance indicators in the integrated performance report (IPR) that should be noted.
- Care planning and risk assessments have been fully considered by the executive management team (EMT) and operational management group (OMG) with a view to what is driving these metrics. We have made some changes and are confident as a result, there will be a positive impact seen into the next financial year
- Digital dictation is behind our original plan, but additional capacity has been obtained, and there is now a clear timeline for implementation for next year.
- The Trust is strong on most national indicators. Pediatric audiology and eating disorders have seen a slight decline.
- Out of area beds (OOA) are featuring heavily in financial plans. This is driven by high levels of demand and acuity. The Trust is not achieving the target for this metric and a new trajectory has been set, which still has some challenge in it.
- Financial performance - the Trust expects to achieve its financial plan for this year

### **Quality**

DT gave the following highlights from the report:

- The Trust continues to perform well against its quality indicators
- There are challenges regarding up-to-date risk assessments and sharing of care plans and there is a separate paper in today's Board
- Patient Safety Incident Review Framework (PSIRF) - phase 1 work is complete and the Trust is on track for phase 2
- Friends and Family test results for forensic and community services are on target this month
- The Trust trend for incidents remain stable
- There have been three incidents of prone restraint for three minutes or less, and these have all been subject to review by the reducing restrictive practices and interventions (RRPI) team
- There has been the lowest number of falls this month since June 2022 and the Trust has now employed a new falls coordinator

NM noted the prone restraint incidents and reported there had been appropriate challenge at Clinical Governance and Clinical Safety Committee (CGCS) in respect of these. CGCS will conduct a deeper dive into these incidents, but there are no concerns at this time.

### **NHSI national Indicators**

Already covered in AS's introductory summary

## Locality report

CH reported the care group summary section has the performance hot spot areas identified for the month of February. With the exception of child and adolescent mental health services (CAMHS) all care groups are under the 80% threshold for appraisals.

In February there has been a dip in all inpatient areas and the operational management group (OMG) are monitoring this.

With the exception of Barnsley general community services, the information governance training is below threshold.

OMG is taking steps to improve performance against this measure.

Delayed transfers of care across mental health and learning disability services are continuing to increase. The Trust is part of the 100-day discharge work and part of multi-agency discharge arrangements in each of our places.

Sickness levels are over threshold in all areas with particular pressures in mental health inpatient services and forensic services.

There are workforce challenges across the wards due to high sickness levels combined with difficulties in obtaining bank and agency staff. Some good work is taking place in respect of trust wide recruitment.

The junior doctors' strike has been felt across services even though it has been managed extremely well. The measures to manage it are not sustainable in the long term, and there is concern about the next planned strikes due to it being immediately after the easter holidays.

### Adult and Older People Services

- Acuity and demand are high
- Demand is above capacity in the single point of access teams in the community setting. We use available resources to make sure people who require an urgent service get one, but this has an impact on routine appointments
- The Trust's perinatal service has been awarded accreditation by the Royal College of Psychiatry perinatal quality network, which is a significant achievement

### Barnsley Mental Health Services

- A previous data capture

### Barnsley Community Services

- Challenges are being experienced in the neighbourhood nursing workforce due to staff absence and turnover. There are plans in place to recruit into vacancies and manage the risk.
- Despite these pressures the two-hour urgent crisis response time continues to be met and exceeded

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

- In LD the Horizon centre action plan continues to be monitored by the executive trio, and another quality monitoring visit is planned to take place shortly
- Forensic – there are high levels of acuity and turnover

### Child and adolescent mental health services (CAMHS)

- Neurological developmental pathway – waiting times are still a challenge and demand continues to exceed commissioned activity
- Access to specialist inpatient services continues to present a challenge, Red Kite View is experiencing issues with capacity and acuity.

MBu queried delayed transfers of care and if there are any community options available to these clients.



CH explained it is about getting the right onward placement and care. The clients affected tend to have complex needs and the right package isn't available in the community.

MBr reported when the service went to OPEL 4 there were 18 people awaiting a placement at this time.

MR congratulated the Trust on its performance given the very challenging environment. MR queried IG training compliance, and queried if there is a plan.

MBr reported every manager will receive a copy of staff who haven't completed the training and there is a strong message across the Trust to bring this training up to the required level.

MF queried if the March IPR will reflect the Trust's performance across the year or the position in March? MF noted there could be benefits to both views.

AS reported it is dependent on the metric. Some have to be reported annually, but as part of the IPR update we are looking to further use statistical process control (SPC) charts which will reflect annual performance and look at the longer term.

NM asked the Board to acknowledge recognition for the Trust's performance in such a challenging environment. It is remarkable that the Trust continues to mitigate against these issues so that our service users are not affected by external pressures.

#### Communications, Engagement and Involvement

SY asked to take the paper as read.

#### Finance and Contracts

AS highlighted the following points:

- Capital expenditure for the year is shown as green, but there is an ambitious level of spend towards the end of the year, which is not unusual for capital programmes..

#### Workforce

GM highlighted the following points:

- Establishment has grown by 328 full time equivalent (FTE) since April 2022 given service investments. Even in a normal recruitment climate this progress would be difficult to maintain and in the current climate is a significant challenge.
- Employed staff figure - we now employ 140 more staff than at the start of April 2022, noting this is the overall figure of growth. There is slower recruitment and higher turnover into some services such as inpatients, forensics and LD
- We are expecting workforce growth of 3.5% in 2023-24
- There will likely be a strong start to the year, with four assessment centres taking place in April 2023
- There were 70 whole time equivalent (WTE) starters in February 2023 against 38 WTE leavers
- Turnover is slowly reducing; we have the lowest turnover of trusts of our type in both ICSs and the Trust is below the regional average. There are hotspots in LD services (23%) and forensics (16%)
- Sickness has increased from 4.6% to 5.3%
- Staff wellbeing continues to be a focus
- Appraisals, we have seen steady improvement over the last few months
- Statutory and mandatory training, there are some hotspots that are being managed
- Agency is an area of concern, year to date the Trust has spent £8.9m, 4.4% of the pay bill. The agency limit for next year is £7.8m for next year and this will be a key focus from NHSE.

MF asked how the Trust performance on appraisals compares to other trusts in the system?  
GM agreed to look into this and a report back to Board.

**Action: Greg Moores**

MF noted there are 944 vacancies, we need more people, this equates to twenty months of new starters, this will be a huge challenge, how will this be managed?

MBr stated this a valid point and the executive team has recognised the Trust needs to re-evaluate its establishment, looking at models of care and new roles. This work will take place over the course of the next year. The Trust has added to its establishment as a result of mental health investment standard (MHIS), and there is now a need to look at cost improvements and establishment.

MBr stated the Board needs an honest conversation about risk appetite. There will be pressure from regulators to reduce agency use and whilst there is a need to use agency staff to maintain safe services.

GM reported safety will always come first, but there is a need to ensure value for money through the agencies the Trust uses.

DW reported Finance, Investment and Performance (FIP) committee have queried where the agency focus group would feed into for oversight and which Board Committee it should report into?

MBr reported the group will report into EMT but there is a question as to where agency should be reviewed at Committee level.

**Action: Greg Moores/ Adrian Snarr**

MBu summarised by reporting there are some positive indicators in the IPR that demonstrate the commitment and hard work of Trust staff.

NM identified that where the Board has focussed on an area of performance the improvement can be seen.

KQ queried the number of children and young adults on adult wards in the national metrics. KQ stated this metric should be regularly challenged and not accepted as normal. This is a system measure involving multi agencies, and KQ queried if it is the Trust's metric? KQ asked what assurance the Board can get that the system is doing something about it?

CH reported she will need to look at how the Board can receive assurance on this matter.

**Action: Carol Harris**

MBr reported placing a child onto an adult ward is always the last resort and least worst option. There is a need for the wider system, involving all relevant partners to look at options for the children concerned, as they are not being provided with the right care in the right environment..

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

## **TB/23/25 Risk and Assurance (agenda item 10)**

### **TB/23/25a Serious Incidents Quarterly report (agenda item 10.1)**

DT introduced the item and highlighted the following points:

- The report reflects data from the third quarter (Q3)
- The number of incidents recorded is an upward trend, but low or no harm incidents are at 97%, which shows evidence of a strong reporting culture

- Violence and aggression against staff has increased, which indicates high acuity
- Serious incidents did not include any apparent suicides in this quarter
- The report includes serious incidents and the Trust's learning from deaths
- Deaths of patients with a learning disability are reported via the LeDER programme. At the time of the writing of the report 12 cases were pending reporting to LeDER, these have all now been submitted.
- Year to date inpatient deaths: 7 deaths were expected with end of life care in place, 9 were unexpected and resulted from a physical health cause, and 1 is pending information, which will be included in the quarter 4 (Q4) and annual report.

MR noted a reduction of capacity to deal with incidents and investigations.

DT reported this was a temporary situation in the patient safety team which presented short term challenge and this has now been resolved.

MBR asked DT to explain how the data contained in the report is used to help prevent future deaths and learn from incidents.

DT reported all incidents rated as amber or red are reviewed at the clinical risk panel by the executive trio. Any issues related to care are given a proportionate level of investigation. These reviews include any monitoring of staffing issues or incident related to protected characteristics.

All actions from serious incidents investigations are held at care group level and learning events are held after investigations at care group level or Trust wide level if appropriate. Learning events are also held in relation to homicide investigations.

Any incident where there is the opportunity for immediate learning will go out across the Trust as a blue light alert.

National learning is also monitored through various networks and shared across the organisation.

In reference to incidents reported between 01/01/2022 – 31/12/2022 MR noted that Wakefield community have nine incidents, and this seems disproportionate.

DT reported this hasn't been flagged by the team as an outlier and the team are very strong on trend analysis, but DT will check and report back to Board.

**Action: Darryl Thompson**

MR noted the continued theme of recording keeping in serious incidents.

DT reported the main interface between patients and care is records. Where record keeping is identified as an action from a serious incident, quality of the records is reviewed as well as performance.

MF noted the table (figure 3) in the report reflecting trends in care groups. MF commented it seems hard to compare care groups but noted that any trends in a particular care group could be identified through the weekly risk panel.

DT reported benchmarking between care groups is difficult due to populations and differing service provision by each care group.

DT noted that high incidents in Kirklees have been a topic of previous Board conversations. Sean Rayner (SR) has spoken with Kirklees place and there is a meeting planned between the Trust's patient safety team and Kirklees' patient safety team to establish if the number of incidents is relative to the population.

MF noted the final sentence on page 142 references national reporting and learning and there is a large increase in the number of incidents reported from Q2 to Q3?

DT agreed to confirm if these figures are correct.

**Action: Darryl Thompson**

Erfana Mahmood (EM) reported each Trust collates serious incident reports differently, and queried how we benchmark properly against other trusts?

DT reported there is the national reporting system STEIS. As we move into the patient safety incident review framework (PSIRF) over the next year trusts will be expected to comply with this nationally.

NM reported CGCS have asked for PSIRF to come to the next non-executive directors' meeting so that all non-executive directors are aware of the content.

**Action: Mandy Rayner**

ST reported thematic reviews are carried out when trends are identified, such as choking and clozapine issues. When issues arise with particular teams, in addition to learning from incidents, we also look at how well teams are supported when incidents take place.

MBu noted the triangulation work of the executive trio is working well.

CH noted in relation to violence and aggression, there are approximately 12 incidents of violence and aggression against staff a day. The majority of these are in inpatient areas, half in mental health inpatients and the other half between learning disability and forensic services.

KQ noted that people detained under the Mental Health Act are more likely to be violent in their presentation.

MBu noted that following a recent visit to learning disability services, the leadership has changed, and more activities are taking place, which is positive.

**It was RESOLVED to RECEIVE the quarterly report.**

**TB/23/25b Strategic Overview of Business and Associated Risk (agenda item 10.2)**

SY introduced the item and asked to take the paper as read:

- The paper was presented to Board in the strategic session in February and has been through a good level of discussion and is presented today for approval.

MF reported he has some questions for SY and will pick these up outside of the meeting.

**Action: Mike Ford / Salma Yasmeen**

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

**TB/23/25c Review of Risk Appetite Statement (agenda item 10.3)**

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

- The Board had a risk appetite session in January with 360 Assurance, the Trust's internal auditor to consider and updates to our risk appetite and risk categories
- It is presented to Board to approve before being added to the Risk Management Governance Framework

**It was RESOLVED to APPROVE the risk appetite statement.**

#### TB/23/25d IPC Board Assurance Framework report (agenda item 10.4)

DT introduced the item and highlighted the following points:

- We would normally present the Trust's compliance with the national infection prevention and control framework (IPC)
- The assistant director of nursing, quality and professions has been part of a national group reviewing the IPC board assurance framework (BAF)
- The outcome is for trusts to await the outcome of this review before reporting on compliance
- The Trust remains compliant with the current IPC BAF and the report flags the renewed timetable for compliance against the new framework

**It was RESOLVED to RECEIVE the update.**

#### TB/23/25e Risk Assessment and Care Planning update (agenda item 10.6)

DT introduced the item and highlighted the following points:

- There is a clear process of quality improvement, and this being supported by the integrated change team
- There is a continued focus on the quality and patient experience of care planning and risk assessments.
- Changes in our approach to care planning are showing some improvement recently
- Risk assessments are complex by their nature, and it has been identified that when a service user moves into a different pathway of care, the clock restarts and this is an issue that is being reviewed
- A detailed report will be presented to EMT next month before going to CGCS to identify what learning has taken place and new trajectories
- A driver diagram has been used to give the project a quality improvement approach and will include service user and carer engagement

MBr noted the reason this report has come to Board is this is one of the Trust's priority programmes where the expected progress hasn't been made. The report shows recent progress and improvement in performance and provides assurance to the Board that the scrutiny and oversight is there.

MR acknowledged the fact the work is being co-produced and complimented the report.

EM queried how the improvement work will become embedded?

DT reported the quality improvement approach is designed to deliver improvement over the long term.

A discussion took place regarding how process change will lead to quality change and that the current work taking place will help the Trust set realistic targets and trajectories for the future.

NM noted that care planning and risk assessments are an issue across all mental health trusts. If the Trust is able to find a good outcome from this work, it should be shared with other trusts to help them improve.

**It was RESOLVED to receive the update.**

#### TB/23/25f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.6)

##### Collaborative Committee (CC) 7 February 2023

- The Committee has been reviewing terms of reference and

- Looking at the right balance of committee work between lead/co-ordinating provider and being a provider in other collaboratives

#### Clinical Governance & Clinical Safety Committee (CGCS) 7 February/ 14 March 2023

Nat McMillan (NM) reported the following:

- The executive trio report is an excellent triangulation report
- Pockets of culture, there are some areas still to improve from quality monitoring visits (QMV's), and there is a link into the people and remuneration committee
- Assurance on QMV's, the committee follow up on actions that arise from visits
- Clinical governance has improved, and reports to committee have improved
- Outstanding work for the accreditation of the perinatal service by the Royal College of Psychiatry

#### Members' Council 24 February 2023

MBu highlighted the following:

- Members' Council approved the update to the Constitution, Standing Financial Instructions and Scheme of Delegation.
- Members' Council approved their two year objectives from 1 April 2023 until the 31 March 2025.
- Members' Council approved the re-appointment of Non-Executive Directors.
- Members' Council approved the re-appointment of Lead Governor.
- Members' Council received a presentation on the Trust proposal to become a Teaching Hospital.
- Members' Council received the process for the Chair's appraisal in 2023.

#### Mental Health Act Committee (MHAC) 17 March 2023

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

- The committee has a focus on CAMHS and services into Wetherby Young Offenders Institute (YOI) and Adelbeck
- Section 132 rights compliance has seen considerable improvement through focused work
- Cancellation of section 17 leave has been the subject of focused work and has risen from 30% to 87% compliance

#### Equality, Inclusion and Involvement Committee (EIIC) 14 March 2023

MBu highlighted the following:

- Assurance - the trust wide strategy and action plans have been delivered for 22/23
- Equality dashboard – progress continues, and we are helping ICS colleagues to capture more data

SY added:

- Equality Delivery System 2 (EDS2) has been submitted as “achieving”
- EDS 23 is a revised approach going forward and will involve people across the organisation
- The committee received a LGBTQ network presentation
- “All of us” artwork is going up across sites and has been co-produced with staff and service users to symbolize inclusion across the Trust
- The committee reviewed the risk in relation to inequalities given the substantial work that has taken place over the last two years
- The way the Trust is using data and insight to reduce inequalities is positive and the Trust has been invited by NHSE to be a case study for the national inequalities programme

#### Finance, Investment & Performance (FIP) Committee 20 March 2023

DW highlighted the following from the March meeting:

- The 23/24 plan was approved, and it is a stretching plan including cost improvements with agency and OOA beds being the focus for 23/24

MF noted the Bank of England rates have crossed the threshold for different routes for savings. Audit committee receives a quarterly report on treasury and noted FIP holds responsibility for investment.

AS reported audit committee is responsible for treasury investment decisions, FIP oversees the plan and looks at how it is maximised.

MF to speak to AS outside of the meeting to discuss committee duties in relation to investment of Trust monies.

**Action: Adrian Snarr**

#### People and Remuneration Committee 21 March 2023

NM highlighted the following:

- The annual workforce equity report and the freedom to speak up annual report have been rescheduled, there is no associated risk
- Discussion about appraisals and the improvement work taking place
- Agency improvement work
- Workforce metrics in the IPR are starting to improve
- High level results of the staff survey were also received

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

#### **TB/23/26 Integrated Care Systems and Partnerships (agenda item 11)**

##### TB/23/26a 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:

- Operational pressures have eased since the peak of winter, but remain challenging
- Each place provides an update report to the ICB with some great examples of innovation - Rotherham for example held a mental health think tank to share learning where 130 people attended. This may be something we want to consider in our places.
- The Trust's stroke rehabilitation service were recognised for its work

##### MHLDA collaborative

- A communication and engagement plan is in development as is an IPR
- The terms of reference came to Board earlier this year and will come back for final approval in April

##### SY highlighted

- The Barnsley Health and Care Partnership have approved their priorities and health and care plan for 23/24
- The alliance with Barnsley Healthcare Federation has made real progress on annual health checks for people with learning disabilities and severe mental illness.
- Work around annual health checks for those with frailty and dementia is now taking place

**It was RESOLVED to NOTE the SYB ICS update.**

##### TB/23/26b 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)

SR highlighted:

- At Wakefield health and wellbeing board, a presentation was given, including Trust staff, regarding support for children in schools, and the focus shifted to CAMHS waiting times because of the metrics presented to the board.

**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/23/26c Provider Collaboratives and Alliances (agenda item 11.3)

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

- Challenges around staffing and acuity are prevalent in collaboratives
- Forensic CAMHS lead provider collaborative has been approved for go live on 1 April 2023 and the Trust is working through this with NHSE for a memorandum of understanding
- If this date has to slip the Board will be informed, but there will be limited consequence
- Perinatal provider collaborative proposal is going into private board

**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/23/27 Governance matters (agenda item 12)**

##### TB/22/120c Trust Seal (agenda item 12.1)

AS reported the Trust seal has been used three times since the last report in November 2022:

- Extension of the lease for the Priestley Unit, Fox View & Cullingworth Street, Dewsbury District Hospital (Mid Yorkshire Hospitals NHS Trust)
- Transfer agreement relating to the sale of the Keresforth Centre to the secretary of state for levelling up, housing and communities. (Signature witnessed by the Deputy Chair in the Chair's absence)
- Licence to charge in relation to the Airedale health centre in Castleford. The Trust owns Airedale health centre. A lease was assigned to the current tenant in 2020 and a charge was placed on the title by Lloyds Bank. A charge should not have been placed without the Trust's consent and the licence is retrospective consent. (Following agreed constitutional changes in January 2023 signature witnessed by company secretary)

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

#### **TB/23/28 Strategies and Policies (agenda item 13)**

##### TB/23/28a Estates Strategy update (agenda item 13.1)

AS asked to take the paper as read:

- This is a bridging update between old and new strategy
- The new strategy is being refined to make sure it aligns to Trust strategies and priorities
- There is a need to look at where we are now and what may need to change
- Our inpatient estate standards vary dependent on ownership
- New ways of working, remote working and different use of buildings will be a theme
- The challenge is for the strategy is to match ambition and take into account realism regarding availability of capital budgets.

NM noted the Trust estates strategy should align to the ICS estates strategy and noted the ICS strategy isn't finished yet and will there be any challenge in this?



AS noted one key area may be around relative priorities. The Trust may have priorities, but they may not necessarily be a similar level of priority for the ICS and this is where discussions will need to take place.

MR queried if the Trust's backlog will compromise the Trust in any way?

AS reported there is backlog to deal with but there is capital ringfenced to deal with backlog issues in the capital plan. The Trust has experienced challenges with supply chain during 2022/23.

MF noted the FIP committee training session for capital regimes in NHS and would be interested too. AS reported the offer would be opened out to all non-executive directors.

**Action: Adrian Snarr**

**It was RESOLVED to NOTE the update on the existing strategy and progress towards key milestones and NOTE the development of the new estates strategy and some of the emerging themes.**

**TB/23/28b Quality Strategy update (agenda item 13.2)**

DT asked to take the paper as read:

- This the strategy that came to strategic board
- It has been reviewed in detail by CGCS and is submitted to Board for formal approval

SY noted the priority programme diagrams need to be changed to reflect the strategy runs over a number of years. DT will liaise with the comms team for the best approach.

**Action: Darryl Thompson**

**It was RESOLVED to APPROVE the Quality Strategy for 2023-2026.**

**TB/23/29 Trust Board work programme 2023/24 (agenda item 14)**

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

**TB/23/30 Any other business (agenda item 15)**

**Nil**

**TB/23/31 Date of next meeting (agenda item 16)**

The next Trust Board meeting in public will be held on 25 April 2023

Signature:



Date: 25.04.23