

**Minutes of Trust Board meeting held on 25 April 2023  
Large Conference Room, Wellbeing and Development Centre, Fieldhead  
Hospital**

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

**TB/23/31 Welcome, introduction and apologies (agenda item 1)**

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting, apologies were 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 Mike Ford (MF) and Nat McMillan (NM) are attending the meeting via Microsoft Teams today.

MBu informed attendees that the meeting is being recorded for administration purposes, to support minute taking, and once the minutes are completed the recording will not be retained. Attendees of the meeting are advised they should not record the meeting unless they have been granted authority by the Trust prior to the meeting taking place.

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

**TB/23/32     Declarations of interest (agenda item 2)**

Salma Yasmeen is the chief executive designate for Sheffield Health and Social Care NHS Foundation Trust.

**It was RESOLVED to NOTE the updates to the declarations of interest.**

**TB/23/33     Questions from the public (agenda item 3)**

There were no questions from the public.

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

**TB/23/34     Minutes from previous Trust Board meeting held 28 March 2023 (agenda item 4)**

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 March 2023 as a true and accurate record.**

**TB/23/35     Matters arising from previous Trust Board meeting held 28 March 2023 and board action log (agenda item 5)**

TB/23/24a - agency spend - Nat McMillan (NM) noted the timescale of May/August 2023 and queried if the timescale could be any more specific given the need to focus on this matter? Greg Moores (GM) reported he is to take a paper to people and remuneration committee (PRC) PRC in May 2023.

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

**TB/23/36     Service User/Staff Member/Carer story (agenda item 6)**

Carol Harris (CH) introduced Peter (P), Casey (C) and Kirsty Brooke (KB), Manager of the Poplars ward. P and C have attended Board today to tell their story about Julie's (J) care on the Poplars ward. J was P's wife and C's mother.

MBu introduced all board members to P, C and KB.

P spoke of his late wife J, informing the Board that J was a dancer and choreographer and he described her as "fit as a fiddle". P reported J was diagnosed with Alzheimer's disease in 2015. P stated people associate Alzheimer's disease as slow memory loss as a result of old age, but from his own experience this is not the case.

After J was diagnosed in 2015, J and the family went through a massive life change. The family began looking after J at home, with support from people they hired to help, and then friends helping to look after her. This continued for a few years.

J's condition was deteriorating daily and reached the point in February 2022 where P felt he couldn't offer J the level of care she needed at home. P said this was a huge decision and they managed to find a nursing home just around the corner from where they lived. The family believed they had chosen the best and most suitable care available. J was placed in the normal care wing initially, but was quickly moved to the dementia wing.

From this point the deterioration in J's behaviour seemed to accelerate and a number of unwitnessed falls took place. P reported he did not hold the staff to blame for these falls, they were understaffed and under pressure.

J then came to Fieldhead hospital for a week. At the time, J had Covid 19 and so the family were unable to visit her. Shortly after this J was moved to the Poplars ward.

P said he could say with accuracy and true feeling from the first moment of walking into Poplars, he felt the calmness and the serenity of the ward, and it helped the family feel confident in leaving J in the care of others for the first time.

The family visited J daily, but on leaving her, they always felt safe in the knowledge that J was being properly cared for. Information provided by the ward was always accurate and consistent, all the staff were aware of J and her care and treatment requirements. When the family made requests of the ward, they were actioned straightaway by KB and her team. P said C had summed things up well when he said they could not have got better care for his mum if they had paid for it.

C told the Board how hard it had been to put his mum in to care. When she was in the care home the family felt nervous and had uncertainty all the time, her mental health deteriorated and the staff were struggling to support her.

C stated the family didn't see J for two/three weeks due to Covid-19, but as soon as they walked through the door of Poplars any worries went out of their mind. J's smile had returned, and her mental health had improved, despite her condition worsening. C reported when the family had taken J to the acute hospital previously, she had just been put in a room, there was no real care. P reflected that the acute hospital had looked to treat the illness and not any form of J's condition.

KB added that J's physical health had deteriorated very quickly on Poplars and staff had used a specialist type of chair to help move around the ward.

C reported if it had not been for this chair his mum would have been bed bound. Staff had helped by asking C, P and their family how they were, and acknowledging that as a family they were going through a hard time. C stated with Poplars he was confident in his mum's care. When it came to the end, C and P felt very informed of what was taking place. It meant the world to them because they could make a very informed decision. C said the level of end-of-life care was unbelievable, stating his mum's care was perfect, it made the unbearable, bearable.

KB informed the Board Poplars staff had sat down and discussed the position with the family and done the best job possible with what they had to offer.

In response P stated KB and her staff had gone way beyond their best. When J was in her last days, the level of care was amazing.

MBr thanked P and C for sharing their personal story with the Board. MBr noted that C had mentioned his own mental health and asked if there was anything more the Trust could have done?

C reported the family were cared for when they visited. The ward psychologist offered one to one support, but at the time C wanted to be with his mum as he did not know how long she had left.

C stated his mum was diagnosed at 51, it was very early, and the last ten years had been very hard. C felt he was ready to get support now for this mental health, he added that he has tried

to access services before and waiting lists have been very long. C stated it's hard to make the first steps to ask for help and it would be good if services were aware of the situation and offered help, rather than C having to make the approach himself. C is considering doing this, but it costs a lot of money. C told the Board his memories of his mum's passing and the trauma's involved are still very clear.

CH reported she would speak to KB and see what support could be offered.

**Action: Carol Harris**

Dr.Subha Thiyagesh (ST) thanked P and C for their story and informed them that the Trust is in the process of older people's services transformation and asked if P and C would be willing to share their experiences to help improve the service for others? P and C agreed.

**Action: Subha Thiyagesh**

KB reported that P is doing some fundraising to provide an additional chair for the ward to help other patients like J.

Salma Yasmeen (SY) reported the Trust charity EyUp! could support any fundraising initiatives and could help publicise the event. SY would contact Jana Harris to contact P to see how they could be of support.

**Action: Salma Yasmeen**

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

#### **TB/23/37 Chair's remarks (agenda item 7)**

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

- Private risk register
- Collaborative Committee minutes.
- South Yorkshire Committees in Common joint working agreement and terms of reference
- Complex incidents update
- Operational planning for 23/24
- Investment appraisal six monthly report

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

#### **TB/23/38 Chief Executive's report (agenda item 8)**

##### **Chief Executive's report**

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

- Today's meeting focuses on business and risk, and when considering risk, the Trust is looking at the impact of industrial action, the tightening of NHS finances nationally and regionally, ongoing challenges with acuity and demand, and continued workforce challenges. These risks are presented today in the board assurance framework (BAF) and organisational risk register (ORR)
- The integrated performance report will be presented later today. The Trust uses quality improvement methodology which can take some time, but improvements in risk assessments and care planning metrics are now being seen
- MBr gave his heartfelt thanks to Trust staff for managing the recent junior doctors industrial action that took place after the Easter break. As a result of everyone's efforts there was minimal impact and safe services were maintained throughout.

- The Royal College of Nursing has declined the governments most recent pay offer and so further industrial action is likely and a re-ballot is expected.
- The Hewitt review has been published which looks at the future of integrated care systems. It is a detailed report that includes reducing the number targets on ICBs, a focus on prevention and the role of provider collaboratives.
- Financial planning was due to be completed by the end of March, but has been extended to early May due to a reported national £3bn deficit against the funds available based on the latest submissions
- We need to also keep good news in focus and we have just heard about an outstanding episode of care in today's board story from Peter and Casey
- The Trust's perinatal team have gained a chief nurse officer's care support excellence award
- MBr was at Baghill House in Pontefract last week, and noted the continuing level of innovation and improvement that staff are making is now second nature to them. There were many thank you cards on the wall, one showing how a staff member had gone over and above to help a family get new accommodation, which had been life changing
- The board papers include an update on how we can influence the system with Dr.Subha Thiyagesh (ST) including a report in her role as executive learning disability champion.
- MBr offered congratulations to Salma Yasmeen (SY) as the chief executive designate for Sheffield Health and Social Care NHS Foundation Trust. The Trust needs to declare an additional interest due SY's impending move.

**Action: Andy Lister**

NM endorsed MBr's comments and asked the Board to recognise the operational pressures and reflect on the good work of teams across the Trust, and noted this is reflected regularly through reports received by the clinical governance clinical safety committee.

The Board fully supported NM's comments.

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

### **TB/23/39 Risk and assurance (agenda item 9)**

#### **TB/22/39a Board Assurance Framework (BAF) (agenda item 9.1)**

Adrian Snarr (AS) 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:

- This is the Q4 report for 2022/23
- The executive management team (EMT) have conducted a full review of the BAF
- There has been a recommended grading change to risk 1.1 - The new NHS landscape of integrated care boards, place-based partnerships and provider collaboratives could lead to changes and variations in local priorities resulting in service inequalities, and differences in our offer in each place. Integrated care boards are now established and given our engagement with them and role in each place the risk has been reduced and there is a proposed to move to yellow.
- Operational challenges are reflected in the document, risk 2.3 - Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care - EMT discussed that current level of demand and complexity, levels of sickness/absence, the creation of new services and roles and notes these will continue to impact on supply and resources, to remain Amber.
- Risk 4.1 - Inability to recruit, retain, skill up appropriately qualified, trained and engaged workforce leading to poor service user experience and sustainability of safer staffing

levels and 4.3 - Failure to support the wellbeing of staff - have been reviewed by EMT and represent significant challenge but retain their gradings

Mike Ford (MF) reported he is supportive of the proposed changes and queried 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 reported this strategic risk feels within the Trust's control to change, and any extra analysis or reporting could be beneficial to other strategic risks.

MBr reported the Trust is doing a good job in terms of its own development in the use of data. At the executive management team (EMT) meeting last week there was a demonstration of a future platform that can be used to boost the coordination of the integrated performance report, enabling more internal time to be spent on analysis. The challenge is external, in terms of the demand for information, and Trust capacity to meet this demand. This is why the Amber grading has remained. MBr agreed this is a risk that should be able to move to yellow shortly.

SR added to MBr's comments and reported the Trust is inputting into several business intelligence discussions at place, looking at what service user needs are across our places.

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

#### TB/23/39b Strategic Risks for 2023/24 (agenda item 9.2)

Adrian Snarr (AS) introduced the item:

- EMT have reviewed all BAF risks and narrative descriptions
- The paper includes a proposed set of changes for 23/24
- Proposed changes have been reviewed by a group of non-executive directors (NED's) – Kate Quail (KQ), Erfana Mahmood (EM) and Mandy Rayner (MR)
- Following NED feedback there was further review of risks 3.4 and 4.2 and consideration of a new risk – failure to take measures to identify and address discrimination across the Trust may result in poor patient care and poor staff experience.
- The table in the paper shows the key changes for 2023/24 risks

Erfana Mahmood (EM) noted there had also been discussion in the NED group about digital changes in the system and people being expected to book onto services online and how this may exclude certain service users, and noted this has been included in the review.

Julie Williams (JW) noted a new board assurance framework schematic has been presented for approval in addition to the revised risk descriptions.

KQ noted it had been useful to be involved in the process and was assured to see the recommendations and suggestions taken into account.

**It was RESOLVED to NOTE the report and APPROVE the updates to the strategic risks to be included in the Board Assurance Framework for 2023/24 and APPROVE the updated schematic as recommended by the Audit Committee.**

*(MBu welcomed Julia Zebylis from the Care Quality Commission (CQC) to the meeting, who joined virtually via MS teams)*

#### TB/23/39c Corporate / organisational risk register (ORR) (agenda item 9.3)

Adrian Snarr (AS) introduced the item and highlighted the following points:

- All executive director leads have reviewed their sections of the ORR
- A significant review of controls and assurances has taken place

- There is an emergent risk regarding delayed transfers of care to consider
- The paper details the key reviews and amendments that have taken place for this quarter

MBu asked the Board to agree the changes outlined in the paper.

The Board agreed to approve the new risk - There is a risk that the cumulative impact of staff shortages, high turnover of staff, high use of temporary staffing, low supervision rates, opportunity to release staff for training and high acuity, could have a detrimental impact on the culture of a team which could then lead to patient harm.

The Board agreed to approve the new risk - Failure to implement a comprehensive system to monitor, manage and maintain medical devices in line with relevant legislation may lead to patient harm.

DT explained the context of the medical devices risk. DT reported the issue had come to light through the clinical governance group. The resuscitation lead had become aware some devices were outside of their servicing schedule. A project manager is now in place to ensure all devices are fully serviced and implement a robust process for future servicing schedules.

The Board agreed to increase the score of risk 1758 - The risk of disruption to services and reduction in staff due to industrial action and our inability to deliver care - from 12 to 16.

MBr reported this is a risk that will fluctuate in score dependant on circumstances at the time.

Risk 1614 – National clinical staff shortages resulting in vacancies which could lead to the delivery of potentially reduced quality, unsafe and / or reduced services, increased out of area placements and / or breaches in regulations - The Board agreed for this risk to be monitored by the people and remuneration committee (PRC) in addition to the clinical governance and clinical safety committee (CGCS), in light of the staffing challenges.

The Board agreed to reduce the score for risk 1689 – the Trust cannot evidence that it has mitigated against or addressed health inequalities in both the provision and restoration of services.

MBr reported the amount of work that has taken place in relation to health inequalities has led to a decrease in the risk score, but this remains a fundamental Trust objective to be addressed. The equality, inclusion and involvement committee (EIIC) is now receiving much-improved information flow as a result of this work.

The Board agreed to increase the score for risk 1568 – Risk that a seclusion room will not be available due to damage that occurred placing staff and service users at an increased risk of harm.

CH reported the risk score represented a moment in time due to the damage that has been incurred. NM endorsed the increase in risk score following her visit to the Johnson ward having seen damage to one of the seclusion rooms.

The Board agreed to increase the score for risk 1511 – Risk that carrying out the role of lead provider for adult secure services across West and/ or South Yorkshire will result in financial, clinical, and other risk to the Trust.

MF reported the increase in risk for provider collaboratives was as a result of financial issues not quality or clinical issues.

The Board agreed to increase the risk score for risk 1368 – Risk that given demand and capacity issues across South & West Yorkshire and nationally, children and younger people requiring admission to hospital will be unable to access a CAMHS bed. This could result in quality of care being compromised and places additional pressure on staff when young people are cared for on adult wards in the secure CAMHS estate or in acute hospitals supported by the Trust's CAMHS service.

CH reported finding placements for children is becoming increasingly difficult especially in terms of specialist residential placements.

MF reported the audit committee continues to discuss the cyber risk and look at ways in which the risk can be brought within risk appetite.

NM added that risks discussed during CGCS are included in the triple A report in a later item on the agenda.

MF noted the average risk score in the report is the same as the last report, but queried if this is correct given the number of risk score changes? AS agreed to check this.

**Action: Adrian Snarr**

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

**In addition, Trust Board AGREED to:**

- **add the new risk in relation to the culture of a team**
- **add the new risk in relation to medical devices**
- **increase the risk score for risk 1758**
- **the addition to monitoring and assurance for risk 1614**
- **the reduction in risk score for risk 1689**
- **an increase in risk score for risk 1568**
- **an increase in risk score for risk 1368**

#### **TB/23/39d Data Security and Protection Toolkit (DSPT) update (agenda item 9.4)**

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

- On track with actions for the completion of the DSPT
- Submission is due on 30 June 2023
- 92 of 113 actions are complete
- Compliance with data and security mandatory training is currently at 86% and needs to be at 95%. Focussed work including weekly monitoring is taking place to address this
- Training is being provided to teams in person where necessary
- Managers are being contacted and hotspots have been identified

**It was RESOLVED to NOTE the update for the Data Protection Security Toolkit.**

#### **TB/23/39e Draft Annual Governance Statement (AGS) (agenda item 9.5)**

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

- Significant parts of the AGS are prescribed.
- The corporate governance team conduct checks each year to make sure the AGS is compliant against required standards



- There are sections of the AGS that report Trust performance and some of this data will be provided as part of year end processes
- The report has been reviewed by the Chief Executive as the accounting officer for the Trust

MBr reported the AGS has already been through audit committee, and this process is part of development of final statement. It is good practice to see it at Board at this stage.

MF confirmed an early version was received at audit committee earlier in the month and he will provide comments on the updated version in due course.

**It was RESOLVED to NOTE the Draft Annual Governance Statement and comments made.**

**TB/23/39f Executive Champion for Learning Disabilities role (agenda item 9.6)**

Dr. Subha Thiyagesh (ST) introduced the item and highlighted the following points:

- The Trust fully recognises the need to address health inequalities for people with a learning disability.
- To provide even greater focus, a decision was made by EMT colleagues to nominate an executive sponsor for the Trust's Learning Disability (LD) services.
- The paper explains the role to the board and how it will profile and increase the visibility of the LD service and the needs of people with a learning disability, internally and externally

MBr reported the reason ST will carry out this role is due to the inequalities experienced by those with a learning disability. The Trust is sending a clear message of our commitment to improve lives by nominating our medical director to lead this work, we can not only influence our own services but also the wider system to ensure the voice of those with a learning disability is heard.

Nat McMillan (NM) reported the proposal has been through CGCS and it is good to see this work being taken forward.

Greg Moores (GM) reported this is positive from a people perspective, we can bring this into the organisational development work that is taking place.

EM noted it is good to see LeDeR being brought into this role. Some of the priorities are for 2023/24 and it would be useful to see some deliverables and areas of service ownership.

KQ reported it would be useful to have regular updates to CGCS about progress in relation to this role and it will be good to also look at the over use of medication for people with a learning disability which is a national programme.

**Action: Dr.Subha Thiyagesh**

ST reported community pharmacists are involved in this work to ensure that overprescription isn't taking place.

CH reported strategic health facilitators are also part of this work and will support this work in each area, noting that they support physical health needs as well and link closely with GPs.

SY reported in Barnsley, the alliance with the GP federation has used the annual physical health checks to review medication. SY queried if the data in relation to over prescription was broken down by ethnicity as this gives useful insight. This should be a priority for inequalities work for next year.

**Action: Salma Yasmeen**

MBu noted this is a really positive move for the Trust and pleased ST has undertaken this role.

**It was RESOLVED to NOTE the overview of the Executive sponsor role and the clinical and strategic approach of the service to improvement priorities over the next year and NOTE the comments made.**

TB/23/39g Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.7)

Collaborative Committee 4 April 2023

MF highlighted the following:

- The committee is continuing to develop, having been in place for a year, and receives regular reporting on finance, contracting, quality and risk for the West and South Yorkshire adult secure provider collaboratives for which the Trust is coordinating provider.
- New for this meeting was an overall assurance report for West Yorkshire
- There are some challenges to make reporting consistent for the two provider collaboratives. This is due to them reporting from different data sources, but the committee is receiving assurance as required for the different areas of performance
- The risk around finalisation of contracts with certain providers has led to an increase in risk score. MF assured the Board that the risk is not quality related, it is a financial issue that is being progressed with NHS England
- The balance between information being received as a coordinating provider and information on being a provider in other collaboratives is being progressed

KQ queried what assurance the committee is receiving in relation to quality issues?

MF reported there are a number of different reviews taking place across the provider collaboratives, both internally and externally. Where issues have arisen, action plans have been put in place.

AS reported there are a number of quality oversight meetings that DT and Carmain Gibson-Holmes (CGH) chair. DT chairs South Yorkshire and CGH West Yorkshire. There is a process by which an organisation can be placed on enhanced oversight, if the need arises, to receive more detailed scrutiny. Triggers for this measure would be issues such as negative CCQ reports, or any quality issues that arise through oversight meetings. There are a number of West Yorkshire providers on enhanced scrutiny measures at present but none in South Yorkshire.

MBr noted not all contracts have been signed at this time and asked given the tightening financial picture for next year is there any additional risk for the Trust.?

AS reported there is one provider in South Yorkshire who hasn't signed their contract yet. The contract cannot be taken on until it is signed by NHS England (NHSE). We are negotiating with NHSE to see if we can ringfence that one provider on a separate agreement, and sign contracts with all other providers. NHSE are supporting this proposal, and this is being progressed.

MF noted Kate's reflection on quality issues and stated he would consider this in future triple A reports.

**Action: Mike Ford**

Audit Committee 11 April 2023

MF highlighted the following:

- The committee received the triangulation report that compares the risks from the BAF and ORR against the Integrated Performance Report (IPR). Some operational risks are not included in the IPR and the committee received assurance these are being monitored by other committees. There was consideration as to whether risks on the BAF and ORR should have measures by which they can be monitored in the IPR.
- Annual effectiveness reports for all Board committees were received with good levels of assurance. There have been some lessons learned and changes to the effectiveness surveys will take place for next year. This is being actioned through the Audit Committee.
- Induction training for new Non-Executive Directors on the Audit Committee and its key functions will also be addressed.
- Committee members met with internal audit and external audit for their annual meeting

MBr noted the Trust is progressing well to achieve significant assurance for the head of internal audit opinion which is positive, noting the Trust has a strong process for the follow up of internal audit actions.

#### Clinical Governance Clinical Safety Committee 11 April 2023

Nat McMillan (NM) highlighted the following:

- Mechanical restraint – there was a lengthy discussion around this matter at committee. The question around oversight was not about use of mechanical restraint, it was about the approval route for it.
- The safer staffing report is on today's agenda. The care group quality and safety report (known as the trio report) provides the committee with additional assurance on this matter.
- Tees Esk and Wear Valley report regarding learning from incidents in CAMHS has been released, learning from this report will be shared with board at a later date.

**Action: Darryl Thompson**

- A quality monitoring visit to Johnson ward went very well. The leadership on the ward was strong, staff and patients were very open, the ward was very clean and well presented
- The clinical and ethical advisory sub-group is under review
- The waiting list management report was received and has progressed well. AS to discuss with NM and DW about FIP and possible performance metrics to monitor waiting lists from a quality perspective.

**Action: Adrian Snarr**

#### Finance, Investment and Performance Committee 17 April 2023

David Webster (DW) highlighted the following:

- The national 23/24 NHS financial plan is in a challenging position
- A paper regarding an artificial intelligence (AI) tool for attention deficit and hyperactivity disorder (ADHD) was received by committee. The committee were satisfied with the commercial proposal but additional clinical assurance is required and is on the agenda for the private session in the afternoon
- A balanced financial plan has been submitted and DW gave thanks to AS and his team for all the work that has taken place to submit a balanced plan

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

#### **TB/23/40 Performance (item 10)**

#### **TB/22/40a Integrated Performance Report (IPR) Month 12 2022-23 (agenda item 10.1)**

AS highlighted the following in relation to priority programmes:

- Sharing of care plans and risk assessments metrics have improved
- Priority programmes have been reviewed by EMT and a paper will be taken to FIP in relation to proposals for 23/24

EM noted she was pleased to hear some programmes would continue into next year

MBr reported taking a proper quality improvement approach in relation to risk assessment and care plans has resulted in consistent improvement in recent months. The approach takes a little longer but should have longer-term impact.

There is an EMT timeout session in a couple of weeks where the IPR dashboard metrics for 23/24 will be reviewed and the outcome will be brought back to Board for discussion and agreement.

### Quality

DT gave the following highlights from the report:

- Quality metrics are typically running well
- There were no complaints in March with staff attitude as an issue
- Information Governance breaches were over threshold in March
- Prone restraints all remain at 3 minutes or less
- Percentage of people dying in a place of their choosing has returned to 100%
- 96% of incidents resulted in low or no harm – this indicates a positive reporting culture
- There has been a continued reduction in falls. There is now a falls coordinator in place and all falls are being monitored for learning
- Friends and Family Test – all services are above target, except for our attention deficit and hyperactivity disorder (ADHD) service, but they only had ten responses, and are working to improve their level of feedback
- Acuity within services remains high and restraint numbers are a reflection of acuity. The reducing restrictive processes and interventions (RRPI) constantly monitor for incidents around restraint for learning purposes

MF noted there is a difference in the metrics complaints with staff attitude in the quality section to those presented in the care group section.

DT reported complaints for staff attitude in the quality section are those that have been received. In the care group section, the numbers represent those that have been upheld.

JW reported this would be made more explicit in future reports.

**Action: Adrian Snarr**

NM noted the learning in respect of the reduction in falls should come to CGCS to be discussed in more detail.

**Action: Darryl Thompson**

NM noted pressure ulcers are still red on the quality dashboard and asked for further scrutiny of this through CGCS.

DT agreed with NM's observation and noted while low in numbers they are impactful for the patients concerned. DT reported there is already an action in place to take an update on pressure ulcers through the chief nurse report. DT and NM to discuss if a further detailed report is required.

**Action: Darryl Thompson**

MBr noted restraint incidents are increasing and reducing restrictive practice and interventions (RRPI) training isn't where it needs to be, so there needs to be some focus on this.

**Action: Greg Moores**

### NHSE national Indicators

AS reported:

- Strong performance across national metrics with two metrics of note
- 6 week wait for diagnostic procedures (pediatric audiology). We fall short on this metric given recent staffing issues. This is small service area and is subject to fluctuation
- Percentage of children and young people with an eating disorder designated as urgent – Board are to note the low patient numbers. We achieved on seven out of eight patients, but this means we are short of the target.

AS updated the Board on the approach for the redesign of the IPR noting EMT and FIP have received a presentation. The redesign will start with the national metrics as they are stipulated and remain relatively static. Once the priority programmes have been established redesign will progress into the rest of the IPR and will be able to see trend performance rather than the absolute measure.

#### Locality report

CH reported:

- CH noted AS mentioned the deterioration in 6 week wait for diagnostic procedures (pediatric audiology). In real terms this means that 37 out of 183 children waited longer than six weeks for an appointment. While some of this is due to appointment cancellations and short-term staffing issues, there has been a 47% increase in referrals since 2020/21 and there is a growing trend of children being referred as part of the autism assessment pathway. A quality improvement approach is in place, and we hope to be back on track by October 2023 but will achieve this sooner if possible. This issue has been added to waiting list report that goes to CGCS.

#### Adult and Older People Services

- Acuity, demand and occupancy are high
- SPA are having to prioritise people at high risk
- The 100-day discharge challenge has finished but we are looking to maintain the standards as part of normal practice
- We attended a regional meeting with directors of adult social care looking at how we can work with local authority colleagues to address patient flow issues
- Risk assessment and care planning metrics are improving

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

- Adult ADHD and ASD – this remains a high priority for the service.
- 3,257 people are waiting for an assessment with a service capacity of 560 per year (when fully staffed). Work is ongoing with South and West Yorkshire integrated care boards (ICBs) to address this issue collaboratively
- Autism – some recently published NHSE guidance for ICBs states that only clinically appropriate referrals should be accepted for assessment. We have had to change processes at the front end of the service which means we have 24 people waiting for an assessment, and these are all booked. Appraisal and supervision rates are at 100% for this service.
- LD services – quality improvement work on reduction of waiting times continues and this is being overseen by CGCS.
- In Forensic services there is high acuity. Following damage to seclusion rooms, all but one are back up and running. DT has been in contact with the Care Quality Commission (CQC) to explain the measures that are being taken to prevent further damage taking place. We will use learning from this work to prevent damage and maintain the safety of all seclusion rooms in the Trust and throughout the adult secure provider collaboratives
- Forensics use an additional risk assessment, and this is showing 100% compliance

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

- Neurological developmental pathway – work continues on demand. We have improved screening processes and are working with the adult team to improve the transition process. Demand still continues to outstrip capacity, discussions are taking place with the integrated care boards to look at a system solution as this is a national issue.
- Tier 4 beds have already been discussed during the ORR item. There have been a number of recent MP enquiries in relation to this matter, and work is ongoing through the provider collaborative to improve patient flow

### Communications, Engagement and Involvement

SY asked to take the paper as read.

### Finance and Contracts

AS highlighted the following points:

- The financial year-end target of a £3.2m surplus has been achieved
- Agency is the one red metric, the outturn was £10m which is 4.2% of the Trust's wage bill. The target for next year is 3.7%
- Green indicator around financial sustainability and efficiency, this was achieved non-recurrently and so for next year we need this sustainable and recurrent
- Cash remains strong – but there is a reduction in balance at the year-end as we pay public dividend capital (PDC) at the end of the year and also the team have focused on ensuring we pay people as quickly as possible at year end.
- Capital has been a challenge – it shows as green but as the Board is aware we didn't progress the Bretton scheme. There is learning to be taken around the forecasting timeline for next year

EM noted that quality metrics are holding up, and this is being supported partly by agency spend and although this might not be positive financially, it supports maintaining safety and quality in our service provision.

### People

GM highlighted the following points:

- Establishment has grown over the year by 348 full time equivalent staff (FTE)
- Further growth in headcount is anticipated over 23/24 especially in relation to the mental health investment standard (MHIS) and
- Workforce has increased by 153 FTE in 22/23 compared to 74 in 21/22
- Workforce growth is predicted to continue at the 22/23 rate into 23/24
- Staff turnover reducing steadily over the year. 15.5% has decreased to 13% and we are amber against the threshold. Based on data available from December 2022 the Trust has lowest turnover for trusts of our type in West and South Yorkshire ICS's. Turnover by geographical area and professional groups is more variable and there is targeted work taking place to look at this
- There were 58.1 FTE starters against 43 FTE leavers in March
- Sickness has increased over the year from 4.6% to 5.3%, this aligns to national trends, we are lower than national average (5.5%). Based on data available from December 2022 we have the lowest rate of sickness for trusts of our type in both ICSs
- Appraisals are lower than anticipated, they have moved from 56% to 71.8% in the last five months but only improved by .3% this month. There have significant improvements in mental health inpatients and learning disability appraisal compliance is 72.7% which is positive.
- Manual appraisal benchmarking has taken place following a request from MF. The data is not available through NHS digital. We have looked at other trusts' IPRs and we have the highest appraisal rate in West Yorkshire and second highest in South Yorkshire.

- Statutory and mandatory training is typically ahead of target with a consistent picture across care groups, but there are hotspots areas, RRPI training is one example of focus. A new package has been sourced for food safety training
- March was a challenging month for agency spend which is a concern for 23/24. An agency panel has been created that will include GM, CH and Rob Adamson the deputy director of finance. A rostering audit is taking place to see where better rostering could improve agency spend.

EM noted there are some really positive messages in the report. Single point of access (SPA) appears to be an area of concern.

CH reported issues with SPA are affecting the 14-day routine assessments. Resources are being utilised to see people with highest need and the highest level of risk. Operations are working with the People directorate to look at new roles and what can be done to encourage staff into these roles.

MF queried the information governance (IG) training metric, noting it is relatively straight forward and queried why this is an issue.

CH reported the message about compliance with IG training is being strongly supported through the operational management group (OMG).

**It was RESOLVED to NOTE the Integrated Performance Report and the comments made.**

#### TB/23/40b Financial and Operational Planning (agenda item 10.2)

AS introduced the items and highlighted the following points:

- The plan went to FIP on 20 March 2023, and private Board on 28 March 2023
- It is presented today for formal approval
- Plans were due on 30 March, NHSE rejected the original trust and ICB submissions given the scale of the deficit submitted.
- Plans are to be resubmitted on 4 May 2023, the Trust plan will remain unchanged and is a breakeven plan
- There is some divergence between the mental health and acute sectors in West Yorkshire, there have been focused discussions on good system partnership working and we have committed to this for 2023/24, as we did in 2022/23.

MBr noted there is a national commitment to maintaining the spend on the mental health investment standard and this is being honoured in West and South Yorkshire integrated care systems.

**It was RESOLVED to RECEIVE the summary of the final Trust Operational Plan 2023/24.**

#### TB/23/40c Safer Staffing Report (agenda item 10.3)

DT introduced the item:

- There is a focus on care hours per patient day – this is an indicator of quality delivery at the front line, learning disability services has been a challenged area in this respect
- The overall number of substantive frontline staff has increased but the report also identifies where there are vacancy hotspots
- The report includes the mental health optimal staffing tool, this shows the evidence base against which we are rating ourselves and also workforce planning

- DT explained the context of staffing fill rates, high fill rates often represent high levels of acuity.
- Face to face international recruitment events have taken place in Eswatini and Botswana where we have offered 102 posts to registrants
- All staffing related Datix incidents are reviewed in the weekly clinical risk panel by the executive trio

SY queried if the community transformation work is having an unintended consequence on single points of access (SPA) teams?

CH reported she did not believe the new roles were causing the pressures in SPA which was an initial concern, but at this stage the full impact, if there is one, cannot be ascertained. The eventual outcome of the new roles should have a positive impact on SPA.

MF queried staffing fill rates and noted if 100% can't be a benchmark, how do we know if the situation is good or bad?

DT reported triangulation takes place. Staff will escalate staffing issues through line managers and report it on Datix, these reports are then presented to the clinical risk panel along with formal and informal feedback for review.

MF noted the IPR monitors unfilled shifts and this measure does not feature in this report. MF suggested unfilled shifts should feature in future reports.

**Action: Darryl Thompson**

EM reported she was pleased to see the community safer staffing information in the report but would like to see more analysis of this in the next report.

**Action: Darry Thompson**

**It was RESOLVED to NOTE the content of this report and AGREE the actions identified for the next reporting period.**

## **TB/23/41 Integrated Care Systems and Partnerships (agenda item 11)**

### **TB/23/41a 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:

- There was a development session which also included the impact of industrial action
- Financial planning challenges were discussed
- A separate meeting approved the transfer of commissioning of pharmacy, ophthalmology and dentistry from NHS England into the integrated care board
- There were initial conversations regarding the process to be undertaken to achieve the significant reduction in running costs that will be required over the next 18 months
- There hasn't been an MHLDA provider collaborative meeting since our last Board meeting

SY updated in relation to Barnsley:

- Priorities have been agreed and are in place for the Barnsley place partnership
- The alliance with primary care – the work on the three priorities area have continued to make positive progress. Priorities are being set for 2023/24

**It was RESOLVED to NOTE the South Yorkshire ICS update**

### **TB/23/41b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)**



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

- Development sessions for the ICB in place for Kirklees and Wakefield took place, focusing on future strategies and priorities for the districts. They have also been reviewing and seeking feedback on progress since becoming a legal entity in July 2022, and the work that has been undertaken.

MBr noted the report in totality highlights the approach the Trust takes to partnership working and work across systems.

**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/23/41c Provider Collaboratives and Alliances (agenda item 11.3)

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

- Eating disorder and CAMHS Tier 4 provider collaboratives are in a reasonable financial position
- Staffing challenges continue
- The Board supported the phase 2 provider collaborative go live for forensic CAMHS with the Trust as coordinating provider, NHSE supported this, and it went live in 1 April 2023

MBr noted one of the benefits of provider collaboration is identifying how we can work better and improve efficiency and effectiveness, and this is being demonstrated by the reduction on out of area placements in both West and South Yorkshire.

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

**TB/23/42 Governance (agenda item 12)**

TB/23/42a Compliance with NHS provider licence conditions and code of governance - self-certifications (agenda item 12.1)

AS introduced the item and highlighted the following:

- This is a retrospective review looking back over the year 22/23 and Monitor's Code of Governance still applies for this period.
- AS note the report needs a slight amendment in relation to commissioner requested services (CRS), the statement in the second section (Cos2) needs amending for a typing error.

**It was RESOLVED to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to compliance with the conditions of its Licence.**

TB/23/42b Audit Committee annual report including committee annual reports and terms of reference. (agenda item 12.2)

MF introduced the item and reported the following:

- The audit committee is required to review the effectiveness of other committees of the Board
- The committee received annual reports and updated terms of reference and workplans for each of committees
- The report includes brief highlights for each committee over the last twelve months

- The provides the Board with strong assurance of the committee structure and its effectiveness

MBr stated this is a comprehensive report and demonstrates how committees comply with their terms of reference and duties.

**It was RESOLVED to RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through; committees meeting the requirements of their Terms of Reference; committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and committees can demonstrate added value to the organisation,**

- **and APPROVE the update to the Terms of Reference for the;**
- **Audit Committee; Mental Health Act Committee; Clinical Governance and Clinical Safety Committee; People and Remuneration Committee; Equality, Inclusion and Involvement Committee; Finance, Investment & Performance Committee and Collaborative Committee.**

#### TB/23/42c Going concern statement (agenda item 12.3)

AS introduced the item and reported this has moved away from being just a financial measure to now looking at future plans as well.

**It was RESOLVED to APPROVE the preparation of the 2022/23 annual accounts and financial statements on a going concern basis by adopting the following statement:**

***‘After making enquires, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.’***

#### **TB/23/43 Strategies and policies (agenda item 13)**

##### TB/23/43a Strategic objectives, priorities and programmes 2023/24 (agenda item 13.1)

SY introduced the item:

- The paper was discussed at the last Trust Board meeting in private
- The Board agreed the priorities and programmes for 2023/24
- A comprehensive process has taken place to produce this document
- It is presented today for final approval

MBu noted this is a comprehensive process and document that has been co-produced.

**It was RESOLVED to AGREE the proposed priorities and areas of focus.**

##### TB/23/43b Policy on policies (agenda item 13.2)

AS introduced the item:

- This document was last reviewed by Board in 2020 and presented to Board today in line with its schedule for renewal
- The paper includes the changes that have been made
- It has been through a number of iterations and meetings prior to being presented to Board today
- It sets out how we standardise the way on which we construct and format policies

**It was RESOLVED to APPROVE the Policy on Policies .**

TB/23/43b Standards of Conduct in Public Service Policy (conflicts of interest)  
(agenda item 13.3)

AS introduced the item:

- The policy has been approved by EMT and is brought to Board today for formal approval

**It was RESOLVED to APPROVE the Standards of Conduct in Public Service Policy policy.**

**TB/23/44 Trust Board work programme 2023/24 (agenda item 13)**

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

**TB/23/45 Any other business (agenda item 14)**

Nil

**TB/23/46 Date of next meeting (agenda item 15)**

The next public Trust Board meeting will be held on Tuesday 27 June 2023

**Signed:**



**Date:** 27.06.23