

**Minutes of Trust Board meeting held on 27 June 2023
Large Conference Room Wellbeing and Development Centre
Fieldhead Hospital**

Present:	Marie Burnham (MBu) Mike Ford (MF) Mandy Rayner (MR) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS) Prof.Subha Thiyagesh (ST) Darryl Thompson (DT) Salma Yasmeen (SY)	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
Apologies:	Greg Moores (GM)	Chief People Officer
In attendance:	Lindsay Jensen (LJ) Dr.Rachel Lee (RL) Sean Rayner (SR) Andy Lister (AL) Julie Williams (JW)	Deputy Chief People Officer Associate Non-Executive Director Director of Provider Development Company Secretary (author) Deputy Director of Corporate Governance
Apologies:		
Observers:	Sue Barton	Deputy Director of Strategy and Change

TB/23/47 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 welcomed Dr.Rachel Lee to her first Board meeting as an Associate Non-Executive Director.

MBu noted this is Salma Yasmeen's (SY) last board meeting and thanked SY for her dedication and service to the Trust over the last six and half years.

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/23/48 Declarations of interest (agenda item 2)

Darryl Thompson reported he has been appointed to the Council of the National Mental Health and Learning Disability Nurse Directors Forum. All members have been asked to declare an interest as they will be registered as directors on companies' house.

Action: Andy Lister

It was RESOLVED to NOTE the changes to Darryl Thompson's declarations of interest.

TB/23/49 Questions from the public (agenda item 3)

No questions were received from the public.

TB/23/50 Minutes from previous Trust Board meeting held 25 April 2023 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 25 April 2023 as a true and accurate record.

TB/23/51 Matters arising from previous Trust Board meeting held 25 April 2023 and board action log (agenda item 5)

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

TB/23/40a – Restraint incidents are increasing and reducing restrictive practice and interventions (RRPI) training numbers are below target – Lindsay Jensen reported there was no direct correlation between the number of incidents and the level of RRPI training, but a more detailed review is going to be undertaken and will report into the clinical governance clinical safety committee (CGCS) and will report back to Board through the triple A report. To close

TB/23/39g – Mike Ford (MF) to consider how to present assurance to the Board on quality issues raised at the Collaborative Committee through future triple A reports - MF reported he had used revised wording for this month's triple A report and the action could be closed if Board were satisfied with the updated report. (This was confirmed later in the meeting) To close.

TB/23/39g – Discussion to take place at the Finance Investment and Performance (FIP) committee about possible performance metrics to monitor waiting lists from a quality perspective – Adrian Snarr (AS) reported this was dealt with on the FIP agenda last week and so this action is complete. To close.

The Board accepted all other action updates for June 2023, 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/23/52 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Carol Mason (CM) with her Individual Placement Support officer Neil Brannigan (NB).

CH reported the Individual Placement and Support (IPS) service is delivered across secondary care mental health services in Calderdale, Kirklees and Wakefield by the Trust, whilst provision in Barnsley is delivered in partnership with South Yorkshire Housing Association.

Using an evidence based “place then train” approach, IPS offers intensive, individually tailored support to help people to choose and find the right job, with ongoing support for the employer and employee to help ensure the person keeps their job. The IPS service believes anyone can work if the right kind of job and work environment can be found, and the right support is provided.

CM reported her mental health journey started in 2006 when she was admitted to Fieldhead hospital. She was readmitted due to a deterioration in her mental health in 2012, and at that point was discharged to the enhanced mental health community team. CM spoke to her care coordinator and asked about getting back into work and reported she wanted to help people with similar issues to herself. CM’s care coordinator put her in touch with NB. NB has helped CM develop a new curriculum vitae (CV) and in January 2023 CM has successfully gained employment as a mental health support worker.

CM reported given her life experience she understands what it is like to be going through mental health difficulties and wanted to give something back and help people. CM reported NB and the community enhanced mental health team have been impeccable and supported her immensely. CM reflected on her progression from October 2022 noting how incredibly well she has done, and felt proud to be here today and telling her story.

NB spoke of how well CM has done in such a short time.

Mark Brooks (MBr) thanked CM for sharing her story. MBr firstly noted he would like the Trust to speak to CM about how our service can best support people who experience substance misuse and domestic abuse.

Action:Sue Barton

MBr continued, and asked CM what difference working is making to her life?

CM stated it has given her grounding which helps to manage her bi-polar disorder, and she also has a real sense of purpose. In addition, she has financial stability. CM reported she loves her job because she knows she has so much to offer as a result of her own experiences.

Darryl Thompson (DT) thanked CM for speaking to the Board and noted it takes a lot of courage to achieve all that CM has, and asked what CM felt had given her the courage for her achievements?

CM reported the support from the enhanced team and NB has been a big part of this. CM added she lost her Mum, Dad and sister and wants to honour their memory and make them proud, so has also used their memory to move forward. CM reported she is going to write to a book called “Carol’s Courage”.

Prof.Subha Thiyagesh (ST) queried if work is having a positive effect on CM’s mental health?

CM stated it is because she can maintain relationships with work colleagues and patients. CM has also spoken to her employers about her experiences, which has been positive, and she has become an advocate for others.

Nat McMillan (NM) queried how easy it was to find out about the IPS service?

CM stated it was very easy, as her care coordinator referred her into the service straight away as soon as CM spoke about wanting to return to work.

Lindsay Jensen (LJ) noted the Trust is always looking at different recruitment options and asked CM what the Trust can learn from her experience through the IPS service.

CM stated the IPS and NB had helped her immensely with her job application, interview preparation and journey planning to enable her to get back to work.

MBr noted the IPS is a relatively new service having been operational for about two years.

NB reported the service started in Kirklees and Calderdale and the Wakefield service commenced more recently.

MBr noted approximately 150 people have benefitted from the service so far. MBr visited the service earlier in the year and spoke to two people who reported the service, and support, had been life changing for them. MBr thanked the IPS service for the work they are carrying out.

The Board thanked CM for her story and wished her well with her for the future.

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

TB/23/53 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
- Older People's Service Transformation
- Calderdale Talking Therapies Contract
- Annual report and accounts
- Quality Account

It is the 75th anniversary of the NHS this year and MBu and staff from the Trust will be going to London as part of a celebration event.

It was RESOLVED to NOTE the Chair's remarks.

TB/23/54 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- A Care Quality Commission inspection has taken place in adult mental health, learning disability and forensic inpatient services. MBr thanked all staff who supported the inspection. The initial correspondence from the inspection is included in the board papers and include both positive comments and some areas of learning.
- MBr thanked everyone involved in managing service provision during the recent industrial action by junior doctors. A lot of effort and planning has taken place to maintain safe services. There is a further five consecutive days of industrial action planned by junior doctors in July.
- The Trust has been engaged in work taking place in with both integrated care systems on their new operating models to take account of the 30% running cost savings they are required to make.
- The national equality, diversity and inclusion improvement plan has been published. We very much welcome this plan. On initial review it has been identified the Trust's internal

plans are largely aligned to the national plan, noting there are also some areas where improvements can be made, and this will be followed up by the equality, inclusion and involvement committee (EIIC)

- Covid restrictions are now at their least restrictive level since March 2020
- It is Creative Minds 10-year anniversary, and this week a celebration event is being held at Huddersfield University
- “Right care, right person” is a national approach to how our services work with the police. We are working in partnership to manage any changes effectively and carefully. There will be more information coming out about this at future meetings.
- The latest successful bids to be included in the new hospital programme have been announced been released. The Trust did submit a bid which was not successful, and it is noted no mental health bids were included in this latest round of approvals.
- Salma Yasmeen (SY) is to leave the Trust after six and half years as the chief executive officer for Sheffield Health and Social Care NHS Foundation Trust. MBr thanked SY for all she had done for the Trust and wished her every success for the future.

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

TB/23/55 Performance (agenda item 9)

TB/23/55a Integrated performance report Month 2 2023/24 (agenda item 9.1)

AS introduced the summary dashboards and priority programmes section of the integrated performance report (IPR):

- Review and engagement sessions have been held with the executive management team (EMT) and the Board in relation to metrics required for the year ahead. The vast majority have been incorporated into the IPR for this month, with some metrics still to follow. Some others will be quarterly measures, so don’t appear in this month’s report.
- In general terms the Trust continues to perform well, although we acknowledge there are some hotspots and areas of challenge that will be discussed in more detail.
- There has been a focus on the collection of data in relation to protected characteristics. We are showing good performance in the collection of data and what it shows. We can then start to benchmark the protected characteristics data against service provision within the Trust and look at what this shows. This process has recently been used with waiting list reports. This information has been shared with the West Yorkshire ICS and its use will be promoted across the West Yorkshire system.

David Webster (DW) noted appraisal rates had been raised in CGCS and while in the main there had been improvement, there were a few wards where appraisal rates were quite poor. The finance, investment, and performance committee (FIP) have taken an action to look at how significant variance in appraisal rates can be addressed.

DW noted the metric in relation to ligature points and queried whether performance against this metric is within the Trust’s control?

AS reported FIP and CH have discussed the reporting of appraisal rates, and noted there is the potential to lose detail when reporting takes place at a Trust level. CH has identified areas where there will be some focus on appraisal rates such as on inpatient wards, and this will be monitored through the FIP work programme and the operational management group (OMG).

In relation to ligature audits, AS reported there is a rolling programme of ligature audits and there is a work programme in place. There is a lead in time to some of this work as there have been some supply delays. The biggest challenge over the last year has been the door replacement programme, where there has been reduced supply of doors. AS pointed out that later in the finance section of IPR, it will be reported that the Trust is ahead of its capital programme, and this is directly related to the door programme that has caught up and doors are now being fitted.

DW queried if the 100% threshold is achievable?

MBr thanked DW for the question, noting this is new metric and DW's question demonstrates the reason for the metric being included. MBr noted if the Trust has a work programme it should be known if the programme is on track. From the information available this isn't currently clear. We need to establish if work is being completed within the stipulated time scales and added there is also a need to look at what risk assessment is in place to cover the risk until the work is completed.

Action: Adrian Snarr

NM noted the Board discussion and focus on waiting lists has brought positive results and this is good to see.

DT noted there is more information to share about ligature points in the CQC reports later in today's Board agenda.

Quality

DT gave the following highlights from the report:

- The Trust is holding steady on most of its quality indicators.
- We are above target on people where we have shared a copy of their care programme approach (CPA) care plan with.
- Completion of a timely risk assessment is up in community services to 94.6% but there has been a slight dip in inpatient services, and this is being reviewed to identify any learning.
- A new trajectory for risk assessments has been identified through the quality improvement approach.
- The number of restraint incidents is holding steady.
- Falls increased to 53 in the month and the falls coordinator is reviewing all incidents. Board members were asked to note that several incidents relate to one individual with complex needs.
- As MBr has already highlighted in his report, the Trust has stepped down universal mask wearing in line with national Covid-19 guidance.

MF noted it is good to see the improvement in care plans but queried why the year end forecast is red?

MBr suggested this is an error and needs to be checked.

Action: Adrian Snarr

Erfana Mahmood (EM) noted the Trust is still doing well given the operating context. EM queried if there had been any progress in identifying measures for acuity?

DT reported a task and finish group is working on this and will be reporting into CGCS. DT will establish what the timeline is on the outcome of this work being reported into CGCS.

Action: Darryl Thompson

NHSI national Indicators

AS reported in respect of out of area beds (OOA) the Trust is hitting the financial trajectory, but numbers remain high. The context of this is that the OOA packages are not as complex as assumed in the plan. The Trust is typically managing to look after complex cases within its own bed base.

The other area of note is national access targets, one of which is paediatric audiology. To give context, this service deals with small numbers of patients. The service has five people to see

in the month, four were seen within the timeline, and one declined an appointment offered, which brings the percentage to 80% which is red.

Locality report

CH reported continued pressures on neurodevelopmental assessments. In Kirklees, we have worked with commissioners to increase the capacity commissioned, but currently although there are 64 commissioned assessments available between the Trust and a third sector provider, demand is over 160 assessments a month. This is being discussed with commissioners and is a national issue.

SR commented that given this is a national issue, the West Yorkshire system has held a recent summit which involved all areas subject to this demand pressure, and there have been actions identified for all sectors, not just the health sector.

SR is writing a paper in relation to attention deficit and hyperactivity disorder (ADHD) wait times in Wakefield as an identified pressure, and what mitigating actions are being taken, noting there are issues beyond our control.

MBu queried if, hypothetically, money was no object, would the staff be available to meet the demand?

CH reported it would be a struggle due to it being a specialist service. There is different practice in relation to assessments, and the Trust maintains adherence to best practice guidelines. Other providers may perform a different, quicker, assessment but this may not meet the needs of a prescribing practitioner, as highlighted on the recent Panorama programme.

CH reported there are still pressures on beds for children in specialist placements, these are complex cases, and the Trust is working with partner colleagues to resolve the matter.

There is growing pressure in Wakefield core children and adolescent mental health services (CAMHS) with waits being over six months for children to be seen. This is a result of demand and capacity. This is monitored through the waiting list report and there are actions in place to address these issues.

Adult and Older People Services

- There have been improvements in collaborative care planning but as DT previously mentioned there has been a slight dip in the inpatients risk assessment metric.
- Challenges with appraisals are subject to targeted work which is now showing some improvement and the teams internally have committed to everybody having an appraisal by July 2023

EM queried the single point of access (SPA) team and if there is any improvement?

CH reported work is taking place to establish if there is higher demand or higher acuity, and what if any impact is being seen as a result of community mental health transformation.

EM queried if there is any way this can be built into figures in the IPR in the fullness of time?

CH agreed to look into this with AS and see what could be presented to the Board.

Action: Carol Harris/Adrian Snarr

MBu noted things seem to be improving from an operational perspective.

CH reported the performance figures demonstrate positive movement. The operational teams are keen to be involved in the development of services, despite the operational pressures.

The Trust will be contributing to a regional event about the development of services later this week.

MBr reminded the Board not to underestimate the challenges the Trust has. Staff are doing a fantastic job, but the pressure is still very apparent.

NM reflected on the importance of being clear what the priorities are, as this can help to drive positive solutions.

MBr agreed and commented that the Trust has a well-established process by which it identifies and communicates its priorities each year.

ST explained the trio leadership model helps this focus, as the challenges in community and inpatient services are very different.

DT noted in a recent visit to the rehabilitation service they had stated their shared ambition with inpatient services to assist early discharge and support inpatient services to deliver this.

Barnsley Community Services

- There are staffing challenges in Urban House and the paediatric epilepsy nursing service. There are plans in place to address, but it is causing pressure in relation to service delivery.
- Neighbourhood nursing teams – there have been previous issues in relation to this service, but we are now seeing positive recruitment in this area.
- AS has already mentioned about six week waits for paediatric audiology. We hope to be on track for this service by October 2023 by recruiting into vacancies.

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

- Adult ADHD continues to experience high demand, this is being monitored through FIP.
- The Trust is working through the “any qualified provider” contract which is new in Calderdale. We are working through some issues in the implementation to this contract before signing.
- We have now received the invited review report from the Royal College of Psychiatry. We are working through this and will provide the royal college with a response, and this will come through the Trust governance process to CGCS.
- It was learning disability week last and there were celebrations across the Trust. The Horizon improvement work is continuing, and the executive trio have seen visible improvements.
- There is positive progress in relation to annual health checks in learning disability services across all areas in which we work.
- Forensic service metrics continue to hold steady; sickness continues to be an issue but the team are working hard to address this
- Trauma informed care continues to be rolled out across the forensic service and is being well received by staff.

NM reported the Horizon work is a standing item at CGCS that is being consistently reviewed until the executive trio are satisfied the changes are embedded.

CH reported the executive trio carried out an unannounced visit to Horizon after the last board meeting and it felt very positive, with notable changes.

Kate Quail (KQ) reported the Mental Health Act committee (MHA) had received a report about the improvement work and this demonstrated good triangulation and assurance between CGCS, MHA and the executive trio.

CH added there have been some freedom to speak up (FTSU) issues raised and we continue to look into concerns despite the positive improvements that have been seen.

MBr reminded the Board they have opportunities to promote reducing health inequalities for all of our service users. Today's Board story has reminded MBr there is work taking place to help those with a learning disability gain employment. Colleagues at Mid Yorkshire Trust have done some excellent work in this regard, and we can promote this work as a Board.

Finance and Contracts

AS highlighted the following points:

- There is still a good degree of confidence the Trust will achieve its plan for 2023/24 but when we look at the drivers behind expenditure, pressures are building.
- We will get additional funding for the pay award, but there will be a gap of about £2m,
- so there are recurrent pay cost pressures starting to develop.
- Inflationary pressures are coming through on estates and premises costs as well as travel budgets.
- Efficiency programme robustness is being developed and monitored through FIP.
- Whilst AS is confident the Trust can achieve this year's plan some of the measures are not recurrent, therefore medium-term planning will show some pressures.
- In this report we have made a separation between core SWYPT business and provider collaboratives.
- Agency spend – there is no move, and the Trust is starting to look like an outlier in the system. CH and AS have agreed to support the agency working group. In inpatients there is still a level of stress around staffing. If we don't act, we may be under external scrutiny.
- The agency working group is led by people directorate, and reports into EMT, and into the people and remuneration committee (PRC).
- The capital programme is ahead of plan but is shown as red which is misleading. This is largely due the door replacement scheme.

NM asked how the Board are going to see the trajectory around agency.

MBr reported the agency working group had been in place prior to the pandemic and has been re-established. In more recent times, during the pandemic, the focus was getting staff into the Trust, rather than the cost. There is a lot of detail available in relation to agency, but the Board needs to consider if this goes to the finance committee, the people committee, or Board.

SY reported it is part of the priority programme to improve use of resources and therefore the highlights could come through the priority programme section of the IPR to Board and the detail can be presented to one of the Board committees.

Action: Adrian Snarr

The Board agreed it should become a standing item at PRC.

Action: Greg Moores/Lindsay Jensen

MBr noted the pay increase gap will cost the Trust £2m recurrently. Last year's pay increase gap was approximately the same in value, and so the Trust's pay bill has come under pressure by approximately £4m over the last two years due to the way the funding works.

People

LJ highlighted the following points:

- Continuing trend of more starters than leavers this month
- The Trust continues to work on international nurse recruitment, there are now 64 nurses in place.

- There has been a recent successful assessment centre, with over 60 people through for support worker roles.
- The Trust is working with Touchtone in Leeds to prioritise recruitment from diverse groups.
- The people directorate have met with Richard Bates from the individual placement support service IPS service (today's board story) to see what the Trust can offer to people engaged with this service.
- Turnover has come down and the Trust benchmarks well against trusts of a similar type.
- Sickness absence is reduced this month.
- Appraisals, there has been a slight increase, and we know there is challenge. There is a weekly appraisal report going to OMG to identify hotspots and assist managers to tackle this issue. There is also a review of the appraisal system taking place as the contract expires in March 2024.
- Mandatory training – in the main positive but there are some areas for improvement – CPR training is a current area of focus. Mandatory training is monitored through OMG.
- LJ noted the Trust has achieved its 95% compliance on information governance (IG) training to support the submission of the annual data security and protection toolkit (DSPT) and the Trust is now green on food safety training which has been a recent area of focus.

Mandy Rayner (MR) noted the good progress and highlighted the reduction in absence especially given national issues. MR challenged the reducing restrictive practice and interventions (RRPI) and cardiopulmonary resuscitation (CPR) mandatory training figures and asked for assurance that that training rates will improve given their importance.

MBr stated EMT received a paper last week for RRPI training and they have agreed to recruit two new members of staff and ensure there are suitable training facilities.

CH reported for RRPI training, some of the bigger challenges are in community services rather than inpatients. Forensics are green and inpatients are amber.

DT reported the RRPI team are also looking at options with partners across the system.

Communication, Engagement and Involvement
SY asked to take the paper as read.

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

TB/23/55b 2022 NHS Staff Survey update (agenda item 9.2)

LJ introduced the item and highlighted the following points:

- There has been a 50% response rate this year, up 7% from last year.
- The paper has addressed the "so what" questions.
- An engagement plan has been formulated and the people directorate has spoken to a number of teams across the Trust about their results, including where we need to improve.
- The plan is based on the Trust's people promises as part of the great place to work strategy.
- The people directorate have helped teams to focus on the improvement of their own issues, empowering them to make changes.
- Staff health and wellbeing is a focus.
- A review at Q2 23/24 will come back through to PRC to ensure assurance is received on progress.

MBr noted feedback on what the Trust has done about the staff survey results is important so that staff know the Trust has listened and changes have been made.

It was RESOLVED to NOTE and SUPPORT the updates provided in this paper.

TB/23/56 Risk and Assurance (agenda item 10)

TB/23/56a Incident Management Annual report (agenda item 10.1)

DT introduced the item and highlighted the following points:

- The Trust continues to have a robust incident management process.
- Data quality remains an area of focus and incidents include the capture of protected characteristics.
- Work around sexual safety has been increased.
- There has been a 12% increase in reporting in year, the percentage of no harm or low harm is at 97%, which shows a positive reporting culture.
- Serious Incidents has reduced to 16.
- Self-harm incidents have increased from 770 (21-22) to 1067 which appears to be a significant increase. A group has been established to review the Trust's learning from these incidents. For context Board should also note in 2020-21 the number of self-harm incidents was 994. The 21-22 year was therefore comparably low in number.
- There were no never events in year
- There has been an increase in pressure ulcers, this has been noted throughout the year by CGCS and update reports have been presented to committee, including the executive trio report. There is a further report to be submitted to committee demonstrating the learning taken from these incidents. DT assured the Board that a significant number of the pressure ulcers reported were service users admitted to Trust services with the pressure ulcer already present.
- The report referenced the Trust's learning from patient safety events and the patient safety incident review framework (PSIRF) is also referenced.
- This annual report includes learning from healthcare deaths.
- The appendix shows examples of learning that the Trust has taken in year.
- Our learning journey used to be an independent report but is now included in this report and will now form part of the quarterly report.

NM informed the Board that CGCS has held detailed discussions on key issues raised in this report throughout the year, including a focus on pressure ulcers.

KQ noted the Board had discussed earlier waiting lists broken down by protected characteristics and queried if there is any progression towards carrying out this analysis for incidents.

DT reported this is in the planning stage, the data is now available, and we are working through this, with the aim that this information will start to come through in quarterly reports.

MBr noted sexual safety is subject to increased focus nationally and is likely to become part of the care quality commission (CQC) well led process and so this may need to be monitored in more depth by CGCS.

ST reported sexual safety incidents are being monitored through the clinical risk panel. ST noted the only incident category in the top ten that has reduced is the administration/supply of medication from a clinical area. These incidents have steadily decreased quarter on quarter over the last 18 months, likely due to the implementation of electronic prescribing and medicines administration (EPMA) which has been rolled out in the Trust over the last 18 months.

It was RESOLVED to RECEIVE and APPROVE the annual report on incident management and to NOTE the next steps identified.

TB/23/56b CQC inspection reports update (agenda item 10.2)

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

- The letters received from the CQC are the initial outcomes of the two inspections that took place, one in the psychiatric intensive care unit (PICU) and mental health inpatient wards, the other for forensic services.
- Nine wards were visited during the inspection.
- The letters reference how welcome staff were and open to engagement with the CQC and their inspection process.
- The mental health and PICU wards were noted for their positive and caring interactions with service users.
- Patients told inspectors they were treated with kindness and respect.
- Wards were safe, clean and free from avoidable hazards.
- Medicines were well managed and there was further positive feedback in relation to electronic prescribing and medicines administration (EPMA).
- Staff felt valued.
- The CQC felt there were some aspects of care that weren't met, access to personal psychological support and cultural needs.
- There was use of a non-bedroom area in Kendray hospital where someone was being treated in an "extra" care area due to national bed shortages.
- It was noted that all wards were impacted by staffing pressures which impacted on activities and the support of service user leave from the ward.
- Inspectors did not identify any concerns in relation to culture on the wards, which is positive, given the current operating context.
- In forensic services, the CQC observed not all wards had an up-to-date ligature risk assessment and staff were not always aware of ligature risks on the wards or how they were locally managed. The Trust has responded to this with a folder being placed on all units containing the ligature risk assessments and a summary sheet at the front of the folder to highlight the specific risks for that unit.
- Oversight of ligature risk assessment actions and sign off is now under review along with where new learning can be highlighted. This oversight is through the clinical environmental safety group and will feed through to CGCS as an update report.
- There was a noted lack of activities across some of the forensic wards, especially in the aftermath of the pandemic.
- Inspectors observed some positive interactions between staff and patients.
- Patients told inspectors that some staff really cared about them.
- EPMA was seen as an effective tool.
- Clinic rooms were generally well maintained, but some out of date and un-checked equipment was found by inspectors.
- Inspectors were unclear about the kind of security checks [of the environment of the ward] that were being undertaken.
- Staff were positive about some of the training being offered.
- Fridge temperatures (where medication is stored) were not always checked on some wards. This has now been reviewed by the pharmacy team and renewed guidance has been circulated.
- 120 data submissions were requested after the visit and the full outcome of the CQC visit is expected to be received by the end of July 2023.
- Staff have reported they felt it was a very positive experience.

EM praised the operational staff on the initial outcome of this report. EM noted the fridge temperatures had been raised in a previous visit which was resolved, but it has appeared again.

CH reported the fridge temperatures had been recorded but some had been noted to be below temperature and there is an action plan in place to address this. This was fed back to the CQC as part of their data requests and follow up information.

MF noted there was reference to blind spots in the forensic services.

DT reported this was in relation to the ward environment and is being built into the environmental review as part of the learning.

It was RESOLVED to RECEIVE this executive summary and the CQC response letters.

TB/23/56c Premises Assurance Model annual report (agenda item 10.3)

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

- The premises assurance model annual report is a mandatory annual return.
- There are a comprehensive set of questions with an evidence and peer review process.
- There are six categories of scoring, and all Trust scores are “good” to “outstanding.”
- It demonstrates we have good functional estate with good effective services that manage our estate.

MR noted the move from good to outstanding in categories is positive.

MF noted this paper will be added to the Audit Committee work programme to be reviewed by Audit Committee prior to Board submission in future.

Action: Adrian Snarr

It was RESOLVED to NOTE the content of the report, NOTE that the overall score is “good”, NOTE the improvement to “outstanding” in some areas across the submission and AGREE that the submission of the formal PAM return to NHS England.

TB/23/56d Data Security and Protection Toolkit (DSPT) (agenda item 10.4)

AS introduced the item and highlighted the following points:

- This is the required annual return.
- The Trust started from a position of strength.
- The mandatory training target was a challenge but has been achieved.

MR acknowledged of the work that has taken place in achieving this standard.

It was RESOLVED to APPROVE the Trust’s submission of the final assessment of the DSPT with “standards exceeded”.

TB/23/56e Guardian of Safe Working hours report (agenda item 10.5)

ST introduced the item and highlighted the following points:

- There is an annual return – Dr Marriot is the guardian of safe working hours.
- It ensures safe working practices for junior doctors.
- All rota patterns are compliant with the required terms and conditions.
- There are very few exception reports, and where issues arise, these have been directed to appropriate managers to address the difficulties.
- Access to training experience in assessing self-harm and other acute presentations - we are held to account by NHS England (formerly Health Education England).
- EPMA has been very helpful and had a positive impact on workload.
- The Board are to note the Trust spends very little on junior doctor agency spend due to a junior doctor bank scheme now being in place.
- Rota administration has been well supported and has assisted the Trust during times of industrial action, with the support of operational colleagues.

EM noted the format of the report is easy to understand. EM queried if the skills mix is right across the Trust.

LJ reported a new roles group has been established which looks at potential new roles and what can be implemented within the Trust. LJ stated the Trust now has two physician associate roles within the Trust. They are not able to prescribe, which is a limitation to the role. It takes years to train for a role such as this. This work is being reviewed through PRC and the Trust recruitment plan.

MBr reported at an EMT time out earlier in the year, there was an agreement to re-visit the Trust's workforce plan to consider realistic assumptions on recruitment, finances available and new roles and ways of working. MBr noted further the publication of the long-term NHS people plan is imminent.

MF noted the rota gap trends and queried if this will be a pressure going forward?

ST reported this is a possibility, but it is difficult to predict but, the filling of gaps is supported by the medical bank.

It was RESOLVED to RECEIVE and CONFIRM the Board are assured that the Trust has met its statutory duties.

TB/23/56f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.6)

Audit Committee (AC) 26 June 2023

- The head of internal audit opinion is significant assurance.
- Update received from Deloitte on the Trust accounts and no adjustments have been requested.

Collaborative Committee (CC) 5 June 2023

- The report includes additional detail following a previous board action.
- The committee received its first report on where the Trust is a partner in a provider collaborative (not the lead provider)
- Received a paper on plans for a community pathway for the West Yorkshire adult secure provider collaborative. The committee has asked for clinical input into the review of the proposal of the proposal prior to coming to committee.
- Phase 2 collaborative reporting will now start to come to committee.

Clinical Governance & Clinical Safety Committee (CGCS) 16 May 2023

Nat McMillan (NM) reported the following:

- The committee is assured about the process being utilised for the improvement work in the Horizon centre.
- The committee is focusing on complaints and how improvements can be made.
- The "support to carers" by Gillian Cowell was presented to the committee and this is a positive piece of work.
- Reducing restrictive practice and interventions (RRPI) the committee has asked for the quarterly report to include mechanical restraint.
- Out of area (OOA) beds will now be part of the clinical audit programme to provide assurance, but noted there are no concerns in this area at present.
- Falls prevention work continues to come through the committee.

MBr queried the backlog of complaints being 26 and queried if this is the number of complaints, or the numbers of complaints awaiting allocation for investigation?

DT reported this is the number of complaints awaiting an investigator being allocated.

Equality, Inclusion and Involvement Committee (EIIC) 14 June 2023

EM highlighted the following:

- There was a focus on forensic services, learning disabilities, attention deficit and hyperactivity disorder (ADHD), and autistic spectrum disorder (ASD).
- There was also a presentation from the race, ethnicity, and cultural heritage (REACH) network. Good progress is being made, with some aspects of improvement required in relation to training programmes.
- Trust workforce data is being used to help inform decisions.
- The social responsibility and sustainability internal audit resulted in significant assurance, with 2 proposed and agreed medium risk actions identified (impact and likelihood 3x3). The report provided assurance to the committee with the report and content noted.

Finance, Investment & Performance (FIP) Committee 19 June 2023

DW highlighted the following from the June meeting:

- Capital training for the Board is now to take place in September 2023

Mental Health Act Committee (MHAC) 16 May 2023

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

- Strike action was noted along with the impact on MHA implementation. The committee agreed that nurse associates will now be able to receive section papers if there are no registered staff on duty.
- The committee is looking at service user experience and is going to do some work on the experience of children detained in adult beds.
- The committee received an update on the improvement work on Horizon.
- There was good assurance of performance against and compliance for Mental Health Act training.
- Assurance was received on the progress against the CQC action plan.

Members' Council 9 May 2023

MBu asked for the paper to be taken as read.

People and Remuneration Committee 23 May 2023

MR highlighted the following:

- The committee looked at challenges regarding appraisal compliance, agency spend, industrial action and some mandatory training issues.
- A highlight report was received on recruitment and the metrics are showing some positive movement.
- Assurance was received regarding the staff survey.

WYMH LDA Committees in Common 26 April 2023

MBu asked to take the paper as read.

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

TB/23/57 Integrated Care Systems and Partnerships (agenda item 11)

TB/23/57a 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:

- A review of the governance structure in the integrated care board (ICB) is taking place to look at whether the board and committee structure is best enabling the ICB to meet its objectives.
- There was a focus on industrial action.
- There was a deep dive on mental health indicators, there are six national mental health indicators for this year.

- There was a focus on actions in place to address health inequalities.
- There was a development session on digitisation, what the ICB role is in this, and where the digital agenda is going in the future.
- In relation to the Mental health, learning disability and autism provider collaborative, there was a focus on inpatient quality transformation programme, the specialist provider collaborative hub and agreement of our funding arrangements.

EM queried how influential are we in terms of digitisation?

MBR reported one of the benefits of integrated care boards and partnerships is having people present from all health sectors including mental health, primary care, acute, voluntary and community, and HealthWatch. We have a good level of influence. There was good discussion about digitisation and what can be done to influence best practice and inclusion.

SY reported the health and care partnership in Barnsley continues to mature, and it is now conducting positive work against the significant financial challenge that is being faced. The meeting started with a powerful story from someone of no fixed abode which demonstrated the positives of partnership working.

The health and care plan has been agreed and work continues to implement this.

The Barnsley health and care alliance has made progress against all three priorities from last year and has held a workshop to establish priorities for this year.

It was RESOLVED to NOTE the SYB ICS update.

TB/23/57b 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:

- The recruitment for an independent chair of the Wakefield District Health and Care partnership has not been successful.
- Place committees in all areas are thematically focusing on financial recovery plans.

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/23/57c Provider Collaboratives and Alliances (agenda item 11.3)

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

- West Yorkshire is a full collaborative and there is a full risk and benefit share across all of the workstreams.
- Other collaboratives that the Trust partners in are experiencing issues regarding staffing and out of area placements, which is having some financial impacts.
- The adult secure collaborative, which the Trust leads, is in a better financial position but this can be subject to change.
- As we move into the second-year, governance is embedded we can now focus on pathways, and this work is progressing well. There is some variance in pathways, and we are looking at what the optimum model is moving forward.
- In the South Yorkshire adult secure provider collaborative there is no confirmed risk and benefits share, although it is recognised there should be one. There are some contractual challenges to be worked through.

- There is ambition to develop a forensic community pathway in South Yorkshire.

MF noted that Deloitte advised the Trust needs to move forward on getting contracts signed.

MBu asked for a meeting with AS and SR to look at the current situation in respect of provider collaboratives across both systems. Dr.Rachel Lee also asked to attend.

Action: Adrian Snarr/Sean Rayner

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/23/58 Governance matters (agenda item 12)

TB/23/58a Compliance with NHS provider licence conditions and code of governance - self-certifications (agenda item 12.1)

AS introduced the item and highlighted the following points:

- This is an annual return and a self-assessment.
- There are some clearly defined standards for the Trust to meet.

MF noted the internal audit report stated the reported states that we received seven internal audits but there were two that carried over from last year. It also needs to reflect that the value for money work will be completed by the end of August 2023.

Action: Adrian Snarr

It was RESOLVED to NOTE the comments made and 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:

- the Corporate Governance Statement 2022/23
- the training for Governors 2022/23

TB/23/58b Trust Seal (agenda item 12.2)

AS reported the Trust seal has not been used since the Board meeting of 28 March 2023.

It was RESOLVED to NOTE the Trust Seal has not been used since the last report in March 2023.

TB/23/59 Trust Board work programme 2023/24 (agenda item 13)

It was RESOLVED to NOTE the work programme.

TB/23/60 Any other business (agenda item 14)

TB/23/61 Date of next meeting (agenda item 15)

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

Signature:



Date: 25.07.23