

**Minutes of Trust Board meeting held on 25 July 2023  
Rooms 3 and 4, Laura Mitchell Clinic, Halifax**

<b>Present:</b>	Marie Burnham (MBu) Mike Ford (MF) Mandy Rayner (MR) Erfana Mahmood (EM) Natalie McMillan (NM) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS)	Chair Senior Independent Director Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Director of Finance, Estates and Resources
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
<b>Apologies:</b>	Kate Quail (KQ) Prof.Subha Thiyagesh (ST)	Non-Executive Director Chief Medical Officer
<b>In attendance:</b>	Sue Barton (SB) Lindsay Jensen (LJ) Sean Rayner (SR) Dr. Kiran Rele  Andy Lister (AL) Julie Williams (JW)	Interim Director of Strategy and Change Deputy Chief People Officer Director of Provider Development Consultant Psychiatrist (on behalf of Prof.Subha Thiyagesh) Company Secretary (author) Deputy Director of Corporate Governance
<b>Apologies:</b>	Greg Moores (GM) Dr.Rachel Lee (RL)	Chief People Officer Associate Non-Executive Director
<b>Observers:</b>	1 x governor	

**TB/23/62 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 this is a meeting held in public and there is no dial in facility, but members of the public have been invited to attend and one of the Trust's public governors is in attendance today.

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/23/63    Declarations of interest (agenda item 2)**

**It was RESOLVED to NOTE there were no additional declarations of interest.**

## **TB/23/64    Questions from the public (agenda item 3)**

No questions were received from the public.

## **TB/23/65    Minutes from previous Trust Board meeting held 27 June 2023 (agenda item 4)**

Darryl Thompson (DT) advised he had reduced the board story narrative to focus on learning and Andy Lister (AL) has updated the minutes to this effect.

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 27 June 2023 as a true and accurate record.**

## **TB/23/66    Matters arising from previous Trust Board meeting held 27 June 2023 and board action log (agenda item 5)**

Mark Brooks (MBr) asked the Board to note the amount of work being added to the Clinical Governance Clinical Safety committee workplan and to ensure this remains manageable.

Nat McMillan (NM) reported the workplan is manageable at present, but there is a risk if the workplan continues to grow effectiveness may be compromised.

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

## **TB/23/67    Service User/Staff Member/Carer story (agenda item 6)**

Carol Harris (CH) introduced Beth Murphy (BM) and Laura Bentley (LB) who both work in Children and Adolescent Mental Health Services (CAMHS). BM introduced herself as the team manager of the Calderdale and Kirklees CAMHS Crisis Team and reported LB is a member of her team. The story is about a service user who has been with the team and has now moved on to adult services.

LB explained the crisis team covers Huddersfield, Halifax and Dewsbury and since the Covid-19 pandemic, the team have experienced a significant rise in A&E referrals. The majority of referrals are between the ages of 15 to 18 with suicidal thinking and deliberate self-harm behaviours.

As a result, the crisis team has changed how it works. It now holds clients for longer periods of time, on a workload, to aid transition to adult services, if required, in order to reduce repeated A&E attendance and reduce risk. This has led to improved feedback from service users and better staff retention.

LB reported she was asked to support a service user aged 17 years and nine months through her transition into adult services. She had been known to the service for two years, engaging in risky behaviours with repeated attendance at A&E. LB worked with the service user for three months to her 18th birthday and then for three months during her transition into adult services. During this time, they developed a very strong therapeutic relationship and LB supported her to improve herself worth and perception of self.

LB told the Board she had received positive feedback from the service user after their time together and presented a letter the service user had written to the Board. This included

compliments such as (amongst many others); you were there for me when I needed it most, letting me run to a hug and feel safe, watching you watch me sing, sitting on my bedroom floor feeling seen, understood, accepted, trusted, respected and cared for.

LB read the thank you letter to the Board in which the service user stated she would miss LB and thanked her for her support and acknowledged how much she had helped her.

MBu thanked LB and BM for the story and stated stories like this make everything the Trust does worthwhile.

BM stated LB has worked differently to support this service user in a way that suited her presentation and it had been very effective.

MBr stated the Trust mission is to help people reach their potential and live well in the community and this story exemplifies this mission. At Board meetings we talk about numbers and statistics, but behind every number is a person, their family, and friends. Stories such as today's remind the Board that it is the experience people have of using Trust services that really matters.

MBr stated he had been fortunate to visit BM and her team recently and asked her to explain the difference in presentations since the pandemic and how they had adjusted their practice to meet this demand.

BM reported there is more complexity in presentations, and this has been impacted upon by the pandemic, social media and the cost-of-living crisis. There is a lot of pressure on families and young people at the moment.

The pandemic has affected young people as "doing nothing" became normal, and there is lots of catastrophising. Normal life problems are sometimes exacerbated into something much larger. There is also variance in the appropriateness of referrals received from schools and GPs and the team are carrying out work to improve this.

BM stated that because of the team holding cases to treat people for longer this has led to a reduction of repeat A&E attendance through effective risk management and care coordination. There are also now trainee nurse associates, some of whom have been support workers, and for the young people with a first low risk presentation at A&E they can get support from qualified staff on recovery work which can be very effective.

CH asked if the young person who had written the feedback would be willing to let the Trust share her feedback for learning and perhaps to use for recruitment for CAMHS vacancies to show what the roles aim to do and what outcomes can be achieved.

**Action: Carol Harris**

MBu thanked BM and LB for their story and insight into the CAMHS team.

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

#### **TB/23/68 Chair's remarks (agenda item 7)**

MBu reported the following items will be discussed in the private Board session in the afternoon:

- Private risk register
- Complex incidents report

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

#### **TB/23/69 Chief Executive's report (agenda item 8)**

### Chief Executive's report

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

- The NHS long term workforce plan has been published. The three themes are train, retain and reform. The People and Remuneration Committee will have oversight of the plan and the Board will go through the plan in some detail in strategic Board in August.
- A 'rapid review' into data on mental health inpatient units chaired by Dr Geraldine Strathdee has been published. This rapid review sets out 13 recommendations aimed at integrated care systems, provider trusts, and provider collaboratives. The Trust will review the report and what it means for us as an organisation.
- The latest round of industrial action by junior doctors has just finished, with consultant action due to follow shortly after. Safe services have been maintained throughout thanks to hard work by our staff.
- Operationally, demands on our services continue to be high. This is reflected in the number of referrals in some services, along with high levels of acuity and complexity. Out of area bed placements remain stubbornly high despite intensive focus and work on bed management and flow.
- We have engaged with the development of joint forward plans for both the South and West Yorkshire systems. These are due to be published in between the date of writing this report and the Trust Board meeting. A link has been provided to all Board members separately to the joint forward plans. In addition, both systems are developing revised operating models in response to the requirement to make significant savings to running costs.

NM reflected on recent CGCS and Finance and Investment and Performance Committee (FIP) meetings and queried if there should be a review taking place of the out of area bed position.

MBr stated out of area beds was a real challenge for the Trust in 2017 and 2018. The Trust carried out some strong work with the data we have, and reviewed our processes, and made significant reductions. The same team is still in place, and so we have the right team, with the right values, to carry out the work. This was discussed at last week's executive management team (EMT) meeting, and CH and the executive team are looking at this, and considering whether an external review would be a positive step forward.

A general discussion took place regarding what measures the Trust had utilised previously.

Mandy Rayner (MR) noted in relation to industrial action, there have been reports in the press of doctors leaving to go overseas.

Dr.Kiran Rele (KR) reported this may be the case for newer graduates who were finding work in Australia, New Zealand and Canada, but this did not appear to be the case for established doctors.

CH noted that although the Trust is managing industrial action well, the longer-term impact is yet to be realised.

MBu queried if the Trust's objectives and plans aligned with those of the integrated care systems and MBr confirmed this to be the case.

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

### **TB/23/70 Risk and Assurance (agenda item 9)**

#### **TB/23/70a Board Assurance Framework (agenda item 9.1)**

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

- Risk 4.3 – Failure to support the wellbeing of staff – the proposal is to move from amber to yellow. We have a lot in place to support staff and performance indicators and benchmarking support this.
- Risk 2.4 – Failure to take measures to identify and address discrimination across the Trust may result in poor patient care and poor staff experience. This is a new risk and EMT is going through the process of grading this risk.
- Risk 1.2 – Internally developed service models and influence across the wider system could lead to unwarranted variation in service provision. The wording of this risk has been revised to reflect the true position.

Mike Ford (MF) queried if the Trust currently has a higher level of risk due to issues such as continued demand and acuity, industrial action, staff turnover, and queried if holding risks at their current level is getting harder and as such should be reflected in the gradings.

MBr suggested the Board needs to look at the organisational risk register (ORR) as well, to answer this question. The Board Assurance Framework represents our strategic risks, which are longer term in nature.

MF queried if risk 3.1 - Increased system financial pressure combined with increased costs and a failure to deliver value, efficiency and productivity improvements result in an inability to provide services effectively – is on track given the recent pay award and ICS challenges.

AS reported, this will be picked up in the ORR discussions. The question is whether the issue is immediate or in the longer term and therefore should it be reflected in the ORR or the BAF. AS reported as the Trust starts to develop a medium-term plan, we can look at the strategic risk and consider its grading.

**Action: Adrian Snarr**

MF noted the CQC rating is still shown as good from 2018, do we need to look at this assurance point.

MBr noted it is important we reflect the current rating but also acknowledge the level of assurance we can reasonably take from it due to its age.

NM noted that in the Finance, Investment and Performance (FIP) committee there had been discussions regarding finance and asked for consideration to be given to a private board discussion on the immediate and longer-term financial position of the Trust.

MBr reported this is going to form part of the strategic Board meeting in August.

MF stated he had received a paper from Price Waterhouse Coopers on the risk profile of NHS organisations so that a sense check can take place against the Trust's risks.

**Action: Adrian Snarr**

**It was RESOLVED to APPROVE the updates to the Board Assurance Framework.**

#### **TB/23/70b Corporate/Organisational Risk Register (agenda item 9.2)**

AS introduced the item and highlighted the following points:

- New risk - Maintaining people who are clinically ready for discharge in an inpatient bed, impacts on bed capacity - This risk has been developed in relation to the number of people clinically ready for discharge who continue to stay in acute mental health inpatient and learning disability services, which is having an impact on bed capacity.
- New risk – The current appraisal and supervision process including issues with the WorkPal system may impact on staff retention, wellbeing and development, clinical practice and regulatory oversight - There is more work to do but important to log the risk

at this time. This risk will be monitored reviewed by the People and Remuneration Committee and the Clinical Governance and Clinical Safety Committee.

- Reduction in score (16-12) - The risk of disruption to services and reduction in staff due to industrial action and our inability to deliver care - We currently have successful mitigation in place for this risk and industrial action has been well managed to date.
- Increase in score (6-9) - Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided - AS reported the Trust can give a high level of assurance regarding the financial position for this year but can see financial challenges coming through for next year. This risk will be kept under review and the consideration will be given as to whether this affects the strategic or operational risk grading as part of the process.

MBr informed the Board that the current appraisal system has different levels of effectiveness across the organisation, and doesn't link with ESR, which affects the Trust's monitoring of data, often requiring manual inputting. Under Lindsay and Greg's leadership we are assessing our plans.

MF suggested the risk is worded as though it is affecting turnover.

MBr reported effective appraisal is important for retention and if the appraisal system is not working effectively, it cannot be determined if the correct conversations are taking place about the development of staff to support retention.

MR reported Greg Moores was asking for new starters to have appraisal discussions after six months to tackle any potential issues early on.

MF queried if acuity and demand is influencing appraisal rates?

CH reported most wards are up to 100% appraisal rates. There are some outliers at late 75-80%. Staff are overcoming issues by having good appraisal conversations but there are system issues that are affecting reported performance metrics.

NM reported the delayed discharge risk will be reviewed through the clinical governance clinical safety committee.

Board agreed the new appraisal risk should be affiliated to people, remuneration committee.  
**Action: Adrian Snarr**

EM noted the improving care metrics have declined in the ORR and questioned if this change flows into the BAF as having an effect on strategic objectives?

AS reported the BAF and ORR are reviewed in parallel and the timescale and timeline for ORR risks and how quickly they can be mitigated.

Board agreed an objective review of both documents is required to make sure changes are accurately reflected in both documents.

**Action: EMT**

MBr also reflected the volume of controls and assurances should be reviewed as part of this work.

**It was RESOLVED to NOTE 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, it was RESOLVED to:**

- **AGREE to add the new risk - Maintaining people who are clinically ready for discharge in an inpatient bed, impacts on bed capacity.**
- **AGREE to add the new risk - The current appraisal and supervision process including issues with the WorkPal system may impact on staff retention, wellbeing and development, clinical practice and regulatory oversight.**
- **AGREE to the reduction in risk score for risk 1758**
- **AGREE to an increase in risk score for risk 1114**

#### TB/23/70c Health and safety annual report (agenda item 9.3)

AS introduced the item and highlighted the following points:

- Although the title is health and safety report it covers most of Nick Phillips's (NP) portfolio as deputy director of estates and facilities, including fire safety, security and emergency preparedness.
- In year the work of the team was heavily impacted by Covid-19, noting some of the performance measures are still strong despite those challenges.
- Fire compliance remains good, and there is a desire to move to more face-to-face training
- The Emergency Preparedness, Resilience and Response team were impacted by Covid-19, and they now have a clear work programme in place.
- The report provides a good level of assurance of health and safety across the Trust.
- The appendices represent plans for 2023/24.

NP reported health and safety updates go to every operational management group (OMG) and EMT, and regular updates are taken to the Audit Committee.

MBr noted executive directors and senior managers cover health and safety and emergency planning at least twice a month. The Board has a statutory responsibility for health and safety across the organisation and MBr asked if the non-executive directors are assured by the report that statutory requirements are being met.

EM agreed the report does provide assurance and meets the criteria as there are no exceptions in the report. Any exceptions that are identified in year would need to be reported to Board outside of the annual report.

MF noted other reports to Board show us a self-assessment against the requirements e.g., adherence to the NHS constitution. Does a similar process take place with this report?

NP reported for health and safety, emergency planning and security it is read into this report. For fire safety EMT receive a certificate each year to demonstrate compliance.

MBr suggested for the appendices to this report for next year, it needs to show all the other reports and where they are presented to for approval.

#### **Action: Adrian Snarr**

NM queried if the report provides assurance or reassurance and we maybe need to think about that.

MF reported that the Audit Committee provides assurance updates in reports to Board for the reports that go through Audit Committee, but the appendices suggested by MBr would be a helpful addition.

DW noted Riddor (reporting of injuries, diseases, and dangerous occurrences regulations) incidents and that the integrated performance report shows a target of zero. DW noted

Riddor incidents do occur in the Trust, and future reports should provide more detail on these incidents and their outcomes.

**Action: Adrian Snarr**

NP reported that Riddor incidents are presented to both OMG and EMT when they occur, and agreed more detail will be included in future annual reports.

**Action: Adrian Snarr**

**It was RESOLVED to APPROVE the annual report for 2022/23 and NOTE the work plan for 2023/24 for safety services.**

**TB/23/70d Freedom to speak up (FTSU) annual report (agenda item 9.4)**

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

- Normal process would be to complete comparative work against national data, but at the time of the writing this report the national data was not available.
- The number of people using FTSU is increasing, which is positive.
- There is good track record of the team dealing with, and resolving issues, in a timely manner.
- There is more work to do, but the report shows positive progress.

MF as lead non-executive director for FTSU, noted development of a self-assessment tool is underway that will be presented to Board in November 2023.

MR reported the annual report was taken to an extraordinary PRC meeting on 13 July 2023. Estelle Myers (full time FTSG guardian) presented the report to the committee. MR noted the positive mandatory training compliance and the work safety elements of the report. The report was supported to come to the Board for approval.

NM noted the report has improved but the thematic part of what are we are hearing through freedom to speak up and how it aligns to the organisational development strategy and people plans is missing. We know staff experience discrimination from the staff survey results and we need to look at FTSU themes and triangulate them with other sources of information. NM also noted the FTSU guardian should also present the report directly to Board.

**Action: Adrian Snarr**

MF noted that despite the increase in referrals the timeliness of responses has improved significantly.

**It was RESOLVED to APPROVE the freedom to speak up annual report and subsequent publication.**

**TB/23/70e Premises led assessments of the care environments (PLACE) scores (item 9.5)**

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

- The PLACE process has been impacted by Covid-19, but performance remains strong across the board.
- The site with lower scores is leased through a private finance initiative (PFI) and we have less influence as a Trust. There is no cause for concern despite it presenting slightly lower scores.

MBr noted the report is positive, but there is need to be careful about complacency. This year we have been able to use volunteers and governors again to gain different perspectives.

Outside of the PLACE report we have been looking at alignment with quality monitoring visits, complaints, and other feedback to get a good level of assurance.

NM queried how do we feed this report back to service users and patients? NM referenced a recent ward visit where the variety of food was mentioned.

CH reported the operations team, and the estates team work closely with the dieticians. Complaints about food tend to be from forensics patients and people who have been with the Trust for some time and experience repetition. The food team attend service user meetings to take feedback and make improvements.

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

#### TB/23/70f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.6)

##### Audit Committee (AC) 11 July 2023

MF reported on the following:

- The Committee received a limited assurance internal audit report on e-rostering. The issues relate to the system implementation.
- Received a limited assurance audit on risk assessments and care plans.
- DT reported in respect of the risk assessment and care planning audit, it looked at the quality of the risk assessment and if identified risks followed into the care plan. This work is already in progress in care groups as part of a quality improvement approach. MF noted the concern is the performance work has affected the quality of risk assessment and care planning.

MBR reported EMT have asked the exact same question. When we have looked at the detail, we believe this is a timing issue. Improvement in completion of risk assessments and sharing of care plans was seen about 4/5 months ago and the audit was carried out at a similar time. The audit plan is there to give us challenge and identify areas where we can learn. An assurance paper needs to come back to Board to confirm this is the case.

**Action: Darryl Thompson**

DT reported discussions with quality leads across care groups have asked if pressure is so great that quality is declining, and the responses have stated this is not the case.

- Updates regarding actions to mitigate the risks assigned to the Committee were discussed; further consideration was requested from management regarding the risk re the lack of capacity to deliver the Trust's strategic objectives in the current financial year.
- Declarations of interests have achieved 100% compliance.
- Monitoring treasury investment is being monitored in light of higher interest rates.

##### Clinical Governance & Clinical Safety Committee (CGCS) 24 July 2023

Nat McMillan (NM) reported the following:

- NM reported there is a proposal to change of name of the Committee to "quality and safety committee" – Board approved.
- A focused review on the medical devices risk and received a highlight report on mitigation against this risk and assurance of the progress.
- The committee agreed the new risk being developed around delayed discharge should be aligned to the committee.
- The committee were made aware of work being undertaken to review demand given the experience of staff that it is increasing but this not necessarily being reflected in the data.
- Appraisal rates are continuing to improve.

- The recent industrial action has seen staff work hard to mitigate the risk and impact on service users and patients, with no patient safety incidents reported at the time.
- The committee received and commented on the draft Physical Health strategy.
- The committee was assured about the improvement that had taken place on Waterton ward between the previous visit in November 2022 and the Quality Monitoring Visit that took place on 9th May 2023.
- The committee received and discussed the Apparent Suicide Report and noted in particular, the comprehensive analysis that can be utilised to try and take action and have a positive impact by reducing suicide rates.
- The committee received the Patient Experience Update, the Patient Safety Strategy Update and Drugs and Therapeutic Annual Report.
- The board is asked to note that a previous action was for the committee to receive a report on learning from the independent report into CAMHS incidents at Tees, Esk and Wear Valley. This was received as was assurance around the learning.

MR noted it is good to see appraisals being triangulated through a number of committees.

#### People and Remuneration Committee 13 July 2023

MR highlighted the following:

- The July meeting was cancelled, and September's meeting has been brought forward
- The extraordinary meeting received FTSU report was received as presented at Board today.
- Due to the pressures in the people directorate at present, the deputy chief people officer has increased her hours

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

DW highlighted the following:

- Agency continues to be a challenge.
- The AI tool, the potential investor has now pulled out. Lessons learned are taking place.

MBr noted there were issues from our perceived pace on the AI tool from an NHS perspective, as we were awaiting a clinical study report to be produced, evaluated and peer reviewed.

EM noted the agency spend forecast is for £8.9m and queried if there are any ramifications for the Trust?

AS reported it is part of a range of indicators, and the Trust is currently an outlier on agency spend, but not for other indicators. If the Trust achieves its plan but fails on agency spend will this balance out? We may be asked questions by our partners who are hitting their agency target and we are not.

MR queried what the Trust vacancy rates are like in comparison to other trusts?

AS reported if we reduce agency staffing usage, we might see a rise in out of area beds. Agency spend is affiliated to a small number of high-cost medics and a high number of registered and unregistered, all on inpatient units.

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

#### **TB/23/71 Performance (agenda item 10)**

##### TB/23/71a Integrated Performance Report (IPR) Month 3 2023/24

AS introduced the item and highlighted the following:

- The full IPR is in the papers and development work on the IPR continues.

- Stability is a theme of this month's IPR, with many metrics remaining stable, with one or two exceptions, one being paediatric audiology, which is skewed by low patient numbers.
- Delayed discharges have increased this month from 2.1% to 4.6%, this is being reviewed.
- The IPR now separates the Trust's core financials from provider collaborative business.
- The West Yorkshire Provider Collaborative is currently forecasting a surplus, and this needs to be monitored.

CH reported appraisals and performance in care groups and reported there are only 5 appraisals still to be completed across all staff on the nine acute wards.

EM noted restraints have increased.

DT reported there is a low threshold for recording restraint, and this is also a reflection of acuity. The Care Quality Commission (CQC) have reported there is a national noted increase in demand and acuity. All restraint incidents are reviewed by Reducing Restrictive Practices and Interventions (RRPI) team.

CH reported specialist bean bags (Safety Pods) are being used to assist restraints and prevent taking people directly to the floor.

NM noted the narrative on agency spend suggested the increase is due to sickness, but sickness numbers have reduced.

AS reported the Trust is currently trying to understand agency use by service area, and it is heavily dominated by inpatient units, due to the need to maintain numbers on wards at times of sickness/absence. AS agreed, there is a need to provide better explanation in the narrative about what is driving agency use and where.

**Action: Adrian Snarr**

MBr reported EMT discussions have recently been focussing on a couple of key areas. One is 72hr follow up after discharge, and we are seeing positive performance in this area. Ligature work completion has increased significantly, to in excess of 90%. MBr noted this metric became a point of focus through being introduced into the IPR, and this level of focus has brought improvement.

MBr noted, in relation to people metrics, the Trust has amongst the lowest turnover and best staff number stability rates of like organisations in the region. There are challenges and there is no room for complacency but focussed work is bringing results. In reference to quality metrics, learning disability commencing delivery of treatment in 18 weeks remains persistently amber, and work is taking place to address this.

MBr suggested racial abuse incidents on wards should be an area of focus for the equality, inclusion and involvement committee.

**Action: Sue Barton**

DW queried RRPI training and noted a business case has been approved and queried what the timeline was for getting training levels back on track?

DT reported part of the business case is to explore options with partners and will report back on timelines.

**Action: Darryl Thompson**

## **TB/23/72      Integrated Care Systems and Partnerships (agenda item 11)**

TB/23/72a South Yorkshire updated including South Yorkshire Integrated Care System (SYBICS) (agenda item 11.1)

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

- The integrated care board (ICB) meeting received a helpful presentation about the use of virtual wards, and the benefits for service users.
- The joint forward plan was discussed in terms of engagement and submission.
- A one-year review took place of the ICB, including achievements so far and looking to the future.
- Industrial action and the challenges presented across the South Yorkshire region.
- There was focus on the running cost allowances and it was noted this is a very challenging time for those whose jobs may be a risk.
- The level of financial risk in South Yorkshire was discussed.
- The annual report and accounts were approved.
- The Mental Health Learning Disability and Autism alliance – it was noted there are a number of newly appointed chairs and chief execs in August.
- There is capital available for perinatal mental health, but this may be challenging due to timescales.
- Discussions took place regarding what is commissioning and what does the commissioning hub need to do.
- Chair of South Yorkshire MHLDA Provider Collaborative- the proposal for Sharon Mays to be the next Chair of the SY MHLDA Provider Collaborative was approved.

MBr updated the Board on the following points relating to Barnsley:

- The meeting was a development session with a focus on Barnsley hospice and what its role is.
- The Barnsley place has a challenge with financial sustainability.
- There has been a positive uptake for physical health checks for people with a learning disability.
- Some specific work has also been taking place to improve health for migrants.
- Barnsley place plan is on today's board agenda.

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

TB/23/72b 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)

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

- The joint forward plan and running costs update was an area of focus.
- A wide range of meetings have been attended across the ICB and updates are included in the papers.

MBu noted there was a suggestion in the papers that as a result of the running costs work there could be a reduction in focus on mental health.

MBr report the focus on mental health in the West Yorkshire system is strong and future system meeting agendas support this.

MF referenced today's board story and the impact of the pandemic on children's mental health and school attendance levels and queried what is taking place at a system level.

CH reported schools are being supported by the mental health support teams and the Trust is part of the collaborative for Tier 4 beds. There is an event coming up to look at crisis services for children.

MBr reported that ICSs don't include education but do have representation from the local authority.

SB reported there is a Children's Trust in Barnsley where health and education meet to discuss issues.

SB reported at neighbourhood level, local academies are feeding into conversations.

CH reported it has been identified at collaborative level, there is a need for better working relationships with local authority.

MBr noted "right care right person" which affects both ICSs. This is a national partnership agreement, working with local police services and other NHS organisations to make sure everyone knows what their individual responsibilities are for processes such as detention under 136 of the Mental Health Act. The Trust is engaged in these discussions and Trust Board will continue to be updated.

MBr also noted that people in mental health crisis are now being encouraged to use the 111 service, this is being reviewed to understand if there will be any unintended consequences as a result of this, and what impact there may be on demand on the service.

**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/23/72c Provider Collaboratives and Alliances (agenda item 11.3)

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

- West Yorkshire adult secure collaborative had a strategy day which AS and CH attended, which included a review of the last twelve months. There has been success in repatriation, which has given some financial headroom allowing for the review of pathways.
- South Yorkshire adult secure collaborative continue to establish good governance processes. There is a focus on a community pathway for the whole of South Yorkshire demonstrating a good level of ambition. There is a higher level of financial challenge in South Yorkshire at present.
- Where the Trust is a partner but doesn't lead the collaborative, in West Yorkshire, CAMHS and adult eating disorders are feeling pressure due to an increase in referrals.

MBu queried if good pathways are established in West Yorkshire will there be an opportunity to mirror this in South Yorkshire?

AS reported, this should be possible once a baseline position has been established.

**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/23/73 Governance matters (agenda item 12)**

##### TB/23/73a Assessment against the NHS constitution (agenda item 12.1)

AS introduced the item and highlighted the following points:

- This is an annual return and a self-assessment with evidence presented against each of our requirements and follows a well-established process.

- AS asked the Board to note that waiting time standards stipulated are not applicable to many mental health services.

A discussion followed in respect of service user rights and opportunities.

Julie Williams (JW) reported the framework is based on acute care and for the majority of our services, we don't have "dear doctor" referrals.

**It was RESOLVED to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.**

TB/23/73b Barnsley Place Plan 2023-25 (agenda item 12.2)

MBu introduced Joe Minton (JM) from Barnsley place who works on strategy and health management, and partnerships. JM highlighted the following points:

- The plan has already been approved by the place partnership and is now being presented to all partner organisations.
- It is a product of conversations and engagement with colleagues and patients.
- It has been developed in response to the South Yorkshire health and care strategy published in April 2023 and the NHS operating guidelines.
- It doesn't cover everything that all partners will be doing but does show where we can work together to tackle health inequalities.

JM presented the plan on a page including the five main ambitions:

- A better start in life for children and young people
- A joined-up approach to tackling ill health.
- Better and fair access for all
- Coordinated care in the community.
- Improve impact on environment, economy and employment.
- JM shared with the Board the plan priorities, objectives, deliverables and measures of success.

SB reported the Trust has been heavily involved in the work towards this plan.

NM noted how the presentation shows that the Barnsley plan is aligned to the work of the Trust.

MF queried if charities will be able to be involved to support this plan.

JM reported that Barnsley place is keen to work with the voluntary and charity sectors to look at shared solutions to issues.

SB reported Creative Minds work across all of areas of the Trust and carry out work to support service users. SB noted there is a Creative Minds project working with Barnsley football club currently looking at dementia.

EM reported as Chair of the Trust's charity committee, evidence shows the Trust charities make a difference to people's lives on a micro level, and queried if there is a forum where we could look at how we can support areas such as Barnsley as a collective?

JM reported work has been undertaken with Barnsley voluntary and charity sector to create a network and be able to approach them to work on shared solutions to issues.

SB reported there is a group in Barnsley which links us with the Barnsley hospital charity and the voluntary and community sector. SB asked the Board to note that acute hospital charities

differ in how they operate, they don't tend to have linked charities but focus more on raising money to support things for themselves, and work is ongoing to develop this.

MR liked the plan on a page, and the key enablers, and queried what challenges there may be against capability and capacity in the two-year time period.

JM reported there are challenges in the running cost changes, there are areas where we would like to see capability strengthened, digital would be an example, but there is still a lot of development work at this point. JM reported SWYPFT provides a strong level of support to work in Barnsley.

MBr reported the Board should be able to see the positive relationship we have with partners in Barnsley. The objectives and priorities are mutually agreed, and MBr fully endorses the plan.

**It was RESOLVED to RECIEVE the plan and note the alignment to the work of the Trust.**

### **TB/23/74 Strategies and Policies (agenda item 13)**

#### **TB/23/74a Estates Strategy (agenda item 13.1)**

AS introduced the item and NP highlighted the following point:

- This is a ten-year plan 2023 - 2033 and is a high-level strategy.
- The strategy recognises the wider involvement of the integrated care systems and the NHS long term plan.
- It is aligned to Trust clinical planning through OMG.
- The strategy is ambitious, and NP reported the Trust receives an annual allocation of capital from the West Yorkshire ICS. Some of the larger projects will require national capital if they are to come to fruition.
- The strategy looks at where we are now and where we want to be.
- The appendices show plans and timelines, and it will be a live document.

DW reported this is a good document and noted on page 12 it references we should consider our activity against IFRS (international finance reporting standards) 16? Should we be letting an accounting standard dictate what we do?

AS reported, there isn't enough capital for everything the Trust wants to do. Historically if NHS trusts couldn't build, they would lease, but trusts can't lease to the same extent as previously given the impact of these lease accounting rules.

DW noted the three key areas include environmental impact, but should there be reference to digital as well as this will have an impact?

NP agreed this was a fair challenge and would update the document to this effect.

**Action: Adrian Snarr**

EM supported the comprehensive Equality Impact Assessment (EIA) and suggested an order of priority would be helpful and should include what would proceed and what won't.

AS supported the prioritisation request and noted there is a need to be careful that the Trust doesn't limit itself by putting things in a strict order in case opportunities become available in the future that we aren't aware of at this time. There will be priorities included in the strategy and we need to think about how these will be communicated with the Board.

**Action: Adrian Snarr**

EM queried if any planning conversations have taken place with local authorities?

AS explained it will be the clinical strategy that drives the estate changes.

MF reflected that the Trust is considered to have relatively good estate and suggested therefore applications for capital may be challenged.

MBr reported we have established some principles and this strategy gives us sufficient flexibility to adjust to the climate in which the Trust operates. There is a risk where we might want to invest in Barnsley, but it is the the West Yorkshire ICB that agrees our capital allocation so we will need to work carefully around this.

**Action: Adrian Snarr**

MBu noted the strategy needs to be flexible and be able to align to the planning process each year. The Trust doesn't have a comprehensive clinical strategy. We have service strategies but there needs to be an overarching clinical strategy. DT reported conversations have already started to develop a clinical strategy.

**Action: Executive Trio**

**It was RESOLVED to APPROVE the Estates Strategy in line with comments made.**

**TB/23/75 Trust Board work programme 2023/24 (agenda item 14)**

MF noted the digital strategy and workforce strategy are both due in March 2024.

MBr reported the strategies will be subject to necessary engagement and will both go through relevant committees prior to presentation to Board.

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

**TB/23/76 Any other business (agenda item 15)**

**TB/23/77 Date of next meeting (agenda item 16)**

The next Trust Board meeting in public will be held on 26 September 2023.

Signature:



Date: 26.09.23