

**Minutes of Trust Board meeting held on 26 September 2023
Small Conference Room Wellbeing and Development Centre
Fieldhead Hospital**

Present:	Marie Burnham (MBu)	Chair
	Mandy Rayner (MR)	Deputy Chair/ Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Natalie McMillan (NM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	David Webster (DW) (via MS teams)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Carol Harris (CH)	Chief Operating Officer
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Prof.Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
Apologies:	Nil	
In attendance:	Miriam Heppell (MH)	Interim Deputy Chief People Officer
	Dawn Lawson (DL)	Director of Strategy and Change
	Rachel Lee (RL)	Associate Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Andy Lister (AL)	Company Secretary (author)
	Julie Williams (JW)	Deputy Director of Corporate Governance
Apologies:	Greg Moores (GM)	Chief People Officer
	Lindsay Jensen (LJ)	Interim Chief People Officer
Observers:	2 x Trust governors	

TB/23/78 Welcome, introduction and apologies (agenda item 1)

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting. Apologies were noted as above, the meeting was deemed to be quorate and could proceed.

MBu outlined the Board 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 Dawn Lawson (DL), director of strategy and change, to her first Board meeting, and Miriam Heppell (MH) interim deputy chief people officer who is in attendance on behalf of the interim chief people officer. Today, David Webster (DW), Non-Executive Director, will be attending via Microsoft Teams.

MBu informed attendees that the meeting is being recorded for administration purposes, to support minute taking, and once the minutes have been approved the recording will be

deleted. 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 the members of the public there will be an opportunity for questions and comments, received in writing prior to the meeting, at item 3.

TB/23/79 Declarations of interest (agenda item 2)

There were no further declarations of interest for Board members in addition to those already made for 2023/24.

It was RESOLVED to NOTE no further declarations have been made since the last meeting.

TB/23/80 Questions from the public (agenda item 3)

No questions were received from the public.

TB/23/81 Minutes from previous Trust Board meeting held 25 July 2023 (agenda item 4)

Darryl Thompson (DT) noted some points of detail in relation to the Audit committee and a recent risk assessment audit, namely the “safety pod” reference on page 9/10 and advised he would send some revised wording to Andy Lister (AL) to update. Mandy Rayner (MR) noted on page 8 the word “bespoke” needed to be replaced with “extraordinary” in relation to the people and remuneration committee (PRC) meeting.

Action: Andy Lister

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

TB/23/82 Matters arising from previous Trust Board meeting held 25 July 2023 and board action log (agenda item 5)

TB/23/40c – Nat McMillan asked that the two actions be updated to reflect that updates have been scheduled for November due to the scheduling of the next safer staffing report on the Board workplan.

Action: Andy Lister

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

TB/23/83 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris introduced Andrew Birkenshaw (AB) and Abby Downs (AD). Andrew is the team manager of the Kirklees learning disability team, and interim ward manager for the Horizon centre at Fieldhead, and Abby is the advanced nurse practitioner at Horizon. The Horizon centre is an assessment and treatment unit (ATU) for people with a learning disability (LD). The Horizon team have been undertaking an improvement programme which started as a result of some concerns that were raised by staff through freedom to speak up (FTSU), and a quality monitoring visit (QMV). AB and AD have been leading on this improvement work.

AB reported when work began the ward needed support, and the first thing identified was the staff team had low morale. This was the first area of focus, with a view to improving morale, and upskilling staff, by investing time and resources into the team and reviewing the clinical pathway.

AD spent a lot of time with the staff team, putting a supervision structure in place, in line with what staff consider to be best practice standards, and then implementing these standards, alongside a staff development programme.

A positive clinical leadership team has been developed with a new psychologist and an experienced occupational therapist (OT) in place for two days a week, who have a lot of experience of working in inpatient units, which has boosted the development of the staff team.

A clear training plan was developed including four key areas. The Oliver McGowan training, which is autism and learning disability training, positive behavioural support (PBS) training, and trauma informed training. The Oliver McGowan training and PBS training have been completed with trauma informed training to come next, and this will be followed by active support. These four areas of training will enable staff to take a holistic view of the patient, and as such provide a better level of care.

AB reported they have tried to adjust the attitude on the unit. Students on placements in the past have reportedly had negative views of the ward. Time has been spent with students and changes made, and students are now keen to work on the unit again.

AB reported changes to recruitment processes, to employ people who are passionate about LD, have significantly reduced vacancies on the unit. There are plans to develop band 5 staff to progress to band 6 in order to fill band 6 vacancies.

AB noted that some staff have moved on as a result of the changes, but with the changes that have taken place AB believes staff retention will be stable over the next couple of years.

AD reported that the ward is feeling positive and more stable, and restraints have come down considerably in the last six weeks. It is now a happy, positive place to work.

AB reported there are plans to develop further and the team want Horizon to become a centre of excellence for LD across the country.

MBu thanked AB and AD for excellent work they have carried out and opened up to the Board for questions.

MR asked how the Board can support their work so that it doesn't lose momentum?

AB reported the team need to make sure they have the right environment and facilities, and changes need to be carried out in a timely manner. The Board need to trust the team to take Horizon to a better place. When there is a request for something, there is a genuine reason for the request.

The view of the new staff is we are making a temporary home for our patients, and the staff that care for them, in the 12 hours they are on duty each day. There is also a plan to enhance occupational therapy (OT) provision to five days a week on a rotational basis.

Prof.Subha Thiyagesh (ST) noted how much change has taken place, and in particular the level of meaningful activities which seem to have had a positive impact.

AB reported they are trying to upskill the nursing team so that they are starting to challenge themselves about meaningful activities. There is now an activity chart on the wall outside each patient's room, showing them what is available each week. Creative practitioners are being used for four days a week at the moment, and there is a plan to recruit some assistant OTs so the team can offer seven days of activities.

Dawn Lawson (SL) queried what has been the most difficult part of the journey and which part has given the most reward?

AD reported the difficult part was deciding what to prioritise first and the scale of change to be tackled. AD added that AB and her worked really well together and broke the project down into small manageable parts. It has been rewarding to see patients getting better, and reaching their potential. We are now looking for active placements for some of our patients, which is really positive.

AB stated he had completed a “Kaizen” training programme (change management programme) in his previous Trust. AB stated they couldn’t just tell everyone to change, they had to get staff invested in the change, and be part of it, and support them to do it. There was some initial resistance but once people saw what was being achieved the improvement began to grow.

Mike Ford (MF) queried how this good work could be shared across the Trust and DL reported it was her job to make sure this positive improvement story and process is shared.

MF also noted the FTSU concern being raised after the improvement had started and queried if this was resistance to the changes being made.

AB reported there was a lot of initial resistance to the changes.. To combat the resistance, AB filled people with kindness, and when resistance continued, more kindness followed. AB and AD were confident the changes were for the best interests of the patients and the Trust.

Mark Brooks (MBr) gave a personal note of thanks, reporting on a recent visit to Horizon with Carol Harris, they had spoken to 10 -15 members of staff who all seemed very happy and it was clear the culture had changed.

MBr noted it will be a challenge to maintain this good work. There has been a 45% reduction in LD nurses across the country since 2009, so for the Trust to start bucking the trend is positive. The Trust has spent time influencing partners with the need to complete physical health checks for people with a learning disability, and we need to focus on own services too.

MBu stated the work that has taken place is commendable, and thanked AD and AB for their contribution to the immense changes that have taken place.

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

TB/23/84 Chair’s remarks (agenda item 7)

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

- Complex incidents
- Full year financial forecast
- Assurance from Committees, minutes to be taken in private.
- Private updates from integrated care partnerships and provider collaboratives.

It was RESOLVED to NOTE the Chair’s remarks.

TB/23/85 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 verdict of the Lucy Letby trial has taken place since the last Board meeting, and we have a separate Board paper on our own initial response. Our sympathies are with those families affected by her crimes.
- West Yorkshire (WY) and South Yorkshire (SY) integrated care systems (ICS) are required to make a 30% saving to running costs. Consultation processes with their staff have now commenced.
- The financial position across the NHS is deteriorating. The WY ICS is predicting it will not achieve its break-even target position for this financial year. This will increase focus on the system and providers within the system, including our Trust.
- Industrial action continues. MBr thanked the hard work of Trust teams, who continue to maintain safe care, adding this is taking a lot of planning and work.
- MBr welcomed Dawn Lawson to the executive team and Board as director of strategy and change.
- Winter is approaching and we are commencing our flu vaccine roll out and promoting Covid-19 boosters. Our Covid restrictions remain in line with national guidance.
- “Right care right person” is a joint working programme with the police and NHS.. Carmain Gibson-Holmes is leading on this work for the Trust, and we have an extended executive management team (EMT) input on this, this week. It will be important for the quality and safety committee (QSC) to look at this over the coming weeks.
- The Royal College of Surgeons has published a report about sexual safety in the workplace. We have carried out a lot of work on sexual safety in the workplace and continue to focus heavily on speaking up, but we must not be complacent. NHS England has recently published a sexual safety charter for trusts to sign. We intend to sign this charter.
- Overall performance in the Trust is holding up, but there are some areas of pressure in relation to some workforce metrics including mandatory training.

Erfana Mahmood noted the WY ICS deficit and queried if there is anything we can do or manage from a Trust perspective?

Adrian Snarr reported NHSE have a set of expectations regarding the control environment, which is integrated care system (ICS) wide. The control environment plan is for all providers within the ICS to comply. The Trust is on target to meet its financial plan. We are complying and supporting the system.

Nat McMillan (NM) noted the national suicide prevention strategy referenced in the paper and asked for Naomi Sutcliffe to present this to QSC, following her presentation of the regional strategy in July.

Action: Darryl Thompson

NM queried if there is the option for the Board to support and lead on the vaccinations programme?

MBr reported there is a rolling vaccination plan, with one directors having their pictures published on social media as they receive their vaccination and all Board members are encouraged to do this.

NM posed a question for the integrated performance report item to follow; as a Board are we satisfied we are measuring the right things, and do we know where the challenges are?

A discussion took place about the WY ICS financial position and AS reported WY ICS have not changed their position, as their plan was submitted with an identified level of risk. They are now reporting this risk is coming to fruition.

Mandy Rayner (MR) raised industrial action, and asked how the joint junior doctor and consultants' industrial action is managed to mitigate the risks?

Prof. Subha Thiyagesh (ST) reported the risk is mitigated by the significant amount of planning that takes place beforehand. A joint operational approach takes place with senior leaders from all specialisms being involved. We look at the management of the bank to see how we can utilise people's skills effectively. We have also strengthened the on-call system across the Trust. The two key components to success are planning and communication. ST confirmed that the use of agency staff is not allowed to be used for cover gaps brought about by industrial action.

MBu noted there is a risk of the level of response to industrial action being accepted as normal practice, and this mustn't happen.

MR noted the number of good news stories included in MBr's report, which should be celebrated.

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

TB/23/86 Performance (agenda item 9)

TB/23/86a Integrated performance report month 5 2023/24 (agenda item 9.1)

AS introduced the item and highlighted the following points:

- The Finance, Investment and Performance (FIP) committee met last week and were updated with a demonstration on the build "behind the scenes" of the IPR and how drill down into the data now takes place. This drill down facility provides assurance that the drill down data feeds go through to the operational management group (OMG), care group directors and wider.

MBu asked if would be possible for non-executive directors who are not part of FIP to be able to see the demonstration. AS agreed, to arrange this.

ACTION: Adrian Snarr

- Out of area (OOA) bed days have been an area of focus, there is cautious optimism in the reduction this month. There is caution as we are seeing an increase in people clinically ready for discharge. We have good links with our partner organisations to see where the peak points are.

Priority programmes

AS highlighted the following points:

- We have introduced a measure regarding completion of work to address ligatures this year. Previously we recorded every ligature point, but we have refined this, and we are recording category 2 ligature risks. Category 2 ligature risks are the highest category risks, that are dealt with quickly, this metric now shows we are dealing with the majority of these in the required 24 hour time period.
- Digital dictation was made part of the priority programs at the beginning of the year, we have just concluded the procurement process and are now moving on to the implementation phase.

Quality

DT highlighted the following points:

National indicators

- We continue to perform well against the majority of national metrics.
- Inappropriate out of area (OOA) bed days is reducing but we are still over target, with 11 people placed out of area at the end of August.

Local indicators

- Care planning – a person receiving care under the care programme approach (CPA) and is offered a copy of their care plan shows compliance at 87.4%. This is sustained performance above the 80% threshold since April 2023.
- For risk assessments, the August data shows an increase in performance from the previous month within inpatient services (88%) and community services (94.7%).OMG monitor risk assessment data.
- There were 16 information governance (IG) breaches in month, this is above threshold of 12. All incidents have been reviewed and there are no hotspots or themes.
- Pressure Ulcers – there is one category 4 pressure ulcer that has been associated with a lapse in care. The service is reviewing the incident to identify any learning.
- There has been an increase in band 2 colleagues joining the Trust bank from agency which should help further support safer staffing fill rates, which have improved this month.
- There have been 33 falls in August, the same as July and these are the lowest numbers in the last 12 months.
- Infection, prevention and control (IPC) – there were two outbreaks of Covid-19 in August, which reflects what is being experienced nationally with increased prevalence. Both affected wards have since re-opened.
- The Trust has responded to 100% of received complaints within 3 days.
- The backlog of complaints to be allocated to an investigator has reduced, and this continues to be part of complaints improvement work.

MF noted IG breaches and a target of 12, and queried if the Trust is an outlier and what the impact of these breaches is on the affected parties.

MR added to the query asking if there is a scoring process from the information commissioner's office (ICO) that is completed as a part of the risk assessment, along with duty of candour.

DT reported the Trust has an improving clinical information group (ICIG) which he attends as Caldicott Guardian and AS as Senior Information Risk Owner (SIRO).

IG incidents are reviewed through this group and any complaints received in relation to IG breaches are signed off by DT as Caldicott Guardian. The communications team and corporate governance team are pulling together the human impact of these incidents to be shared as real examples with all staff.

MBr reported IG breaches and associated stories are regularly part of the Brief. IG breaches tend move in peaks and troughs, and we will continue to work on Trust communications. We focus on ensuring our Trustwide IG mandatory training is at 95% every year for the data protection toolkit.

We categorise incidents, and at the moment they are relatively low level, but we need to maintain focus.

At ICIG we have teams presenting on how they have learnt from IG breaches.

In the last year we have been successful in recruiting many new staff from outside the NHS and they may not be as aware of the IG standards needed in NHS organisations. It is the ongoing learning and education that is important. Reporting is good, we were in the "mid-20s" each month, some years ago, and 12 -15 is quite low but one major incident could have a major impact.

MF queried if the threshold in the IPR of 12 is correct.

MBR reported that some years ago there was a suggestion that there should be zero tolerance in relation to IG incidents. Human errors do occur, and we must learn from them, and so need staff to feel confident they can report them.

Julie Williams (JW) reported every team subject of an IG breach is written to, and asked to produce an action plan.

NM noted paediatric audiology and the performance is expected to reach 99% in October 2023 and queried if this target is correct?

CH reported there has been a plan in place for the last couple of months. There was a dip in performance as a result of a capacity gap, but we have recruited and are expecting a return to performance in October. CH reminded the Board there are small numbers of children involved in this metric.

NM asked for an action to report back to Board that the required trajectory has been met for assurance purposes.

CH reported performance is monitored through the OMG action log and this can be presented to Board once achieved.

Action: Carol Harris

NM also noted OOA beds being a stubborn issue and despite improved performance it is still below trajectory, are we going to achieve this target? Are we looking at other mental health trusts to learn?

CH reported we are working with the Humber Teaching NHS Foundation Trust as our critical friend. One SWYPFT general manager is working on OOA beds two days a week. Information is being shared with both West Yorkshire and South Yorkshire systems on a regular basis, looking at ways to improve. There is increased focus from the clinical leads, we are looking at community pathways to make sure people are getting the right care at the right time. Colleagues in other Trusts are having more challenges than us but we continue to learn from each other. CH reminded Board members it was only recently that other trusts were learning from us about how we had reduced the number of out of area bed placements.

KQ noted on page 27 of the IPR the reporting of incidents and high levels of reporting. KQ noted previously 97% of incidents resulted in low or no harm, this is now around 95%, is this moving, is the severity changing. We need to monitor the trend.

DT reported the figure in last year's annual report was 97%, today's quarterly incident management report shows 96%, but the annual report is an average figure over the year. The quality team monitor this. Some incidents will also be regraded following review. All red and amber incidents are reviewed in the weekly clinical risk panel to explore opportunities for learning and ascertain the investigation level required.

People

MH highlighted the following points:

- On 20 July 2023, 27 appointments were cancelled as result of industrial action which included 14 individual inpatient reviews. There was also reported disruption to services in the Unity centre (Wakefield) and ward 18 (Dewsbury)
- On 21 July, 28 appointments were cancelled (includes 20 individual inpatient reviews)

- 1 older adult community patient had to be referred to community mental health team as they couldn't wait for an appointment after their clinical appointment was cancelled.
- The proportion of staff in senior leadership roles who are from BAME background and females, is now included in the IPR. Other protected characteristics will be included as data becomes available. Of the 1064 band 7 and above staff (including consultants, excluding bank staff) 126 (11.8%) are from BAME population. The number of women in these roles is 769 (72.3%).
- The Trust had 14 violence and aggression incidents against staff on mental health wards involving race during August, any increases are monitored by the patient safety team, and equity guardians are alerted to all race related incidents against staff.
- Our substantive staff in post position continues to remain stable and has increased slightly in August. The number of people joining the Trust outnumbered leavers in August. Year to date, we have had 281.9 new starters and 251.7 leavers.. Focus remains on recruitment and retention.
- Overall turnover rate in August was 13.1% and has been relatively static for the last three months and improved on the 22/23 position.
- Sickness absence in August was 4.7% and below local threshold, with a rolling 12-month position of 5.3%.
- Rolling appraisal compliance rate for August saw a deterioration, from 76.5% to 74.5%. An improvement trajectory of 78% was set by the Executive management team (EMT) in May, this will be reviewed at the end of September to be clear on how the Trust will achieve the 90% target in year. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.
- Overall mandatory training is at 92.5% compliance, which exceeds the Trust target of 80%, this has increased marginally from last month 92.1%. Cardiopulmonary resuscitation is the only area in month below the Trust target (79.9%). Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).
- The Trust position for reducing restrictive practice interventions (RRPI) training saw an increase in August to 82.6% from 76.2% reported at the end of July and is now above the 80% threshold.

EM noted the appraisal compliance rate and queried if it is a recording issue or are we behind with appraisals?

MH reported assurance is not in place that any paper-based appraisals are being recorded on the system.. The second issue is the system itself. We are looking at manual interventions in the interim. There is also a need to focus on the quality of appraisals.

NM noted the improvement in RRPI training is good to see, the sickness benchmarking is also good. NM questioned if this is sustainable, and queried if the staff sickness rate is decreasing, what are the quality outcomes of this change, and how do we reflect this in the IPR?

MBu noted NM's comments and reported the data in the IPR is good but the interpretation and analysis of the content needs to be improved and MBu has spoken to AS about this as executive lead on the IPR.

MBr noted that typically sickness is lower in the summer, and there may well be an increase in the next few weeks given the recent increase in the prevalence of Covid-19.

MR suggested the People and Remuneration Committee (PRC) had received different information about appraisals and that the challenge is around people dropping off the system.

MBr reported that more intelligence has been received since the report to PRC and greater clarity has been established about what the issues are.

KQ noted RRPI, and cardiopulmonary resuscitation (CPR) mandatory training metrics and reported when you drill down into the care groups some of them don't use these interventions, and are they having an impact on overall Trust compliance rates?

CH reported the Trust prioritises the training places for new staff on the bank and staff that are working on our wards. Training does vary dependent on role. CAMHS for example, won't do the same RRPI training as other services.

KQ noted Barnsley general community services have 33% compliance against RRPI training, but this won't be required in stroke and neurological rehabilitation services, and the narrative needs to be adjusted to reflect this.

ACTION: Adrian Snarr

Care groups

CH highlighted the following points:

CAMHS

- There has been a dip in appraisal performance this month, the team have assured CH this is a dip in month, and not a trend.
- Eating disorders – 66.7% looks like we are not providing NICE concordant treatment for children that are in crisis. The detail shows this refers to one child out of three that hadn't had their appointment within a week, due to the need to re-arrange the appointment.
- There has been continued progress in reducing the wait for core CAMHS. Wakefield continues to present a hotspot, and the reason behind this is understood with actions in place across the system to address this.
- A neurodiversity summit has been arranged by Rob Webster from the WY ICS to look at access to neurodiversity services across the West Yorkshire system. Pressure in Kirklees remains, and the average wait time is around 12 months, even with the additional capacity we have in place.

Adult and older people's services

- Performance needs to be improved in relation to assessment within 14 days. There is work taking place to address hot spots. We are expecting a return to full performance by the end of quarter 3.
- Patients clinically ready for discharge on our wards has increased, our community teams are working hard to address this. This is a system wide issue.

Inpatient services

- Occupancy levels appear more positive than they are in reality, in acute services. Currently we measure occupancy levels across all of our bed-based services, including rehabilitation services. CH has requested that in the future only adult and older people services are included in this data set. Previous data will be adjusted so the data comparisons are like for like.
- We are seeing a slight increase in people whose discharge pathway is complicated by the additional requirement from the Ministry of Justice pathway.

- OOA has reduced.

Barnsley general community services

- For the two inpatient wards have for stroke rehabilitation and neurological rehabilitation, we are looking at the level of physical intervention training that the staff on these two wards require.

Learning disability (LD), autism spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD)

- Clinically ready for discharge numbers are very high and this is a small number of people that impact on the percentage presented in the report. The percentage relates to four out of six people present on the Horizon Centre who will experience a delay in their discharge from hospital, which impacts on their life, as reflected in this morning's board story.
- We are really disappointed about the 18-week target taking a downturn. Performance has been impacted by an increase in demand in people transitioning from children's services into adult services, needing an assessment diagnosis for a learning disability.

Forensics

- There has been an appraisal rate dip due to staff availability in the summer.
- Sickness has improved but is still too high.
- Ready for discharge is showing green. There have been technicalities with discharges through the Ministry of Justice route which will affect future performance, and we are looking into this.
- Commissioners are concerned about occupancy in medium secure services. This is being discussed through the provider collaborative, because while we have people in out of area bed placements, we have 80% occupancy and so we are looking at who we can take back sooner. We are looking at our pathway so that we can be more flexible with our bed use.

EM requested the need for some more focus on single point of access (SPA) numbers and the current situation.

CH reported improving access is one of our priority programmes, one priority programme is our community mental health improvement programme. These two programmes will have an impact on single point of access processes.

MBu asked for CH to provide EM with a more detailed update in relation to SPA outside of the meeting and CH agreed to take a deeper dive to FIP.

ACTION: Adrian Snarr /Carol Harris

Finance

AS highlighted the following points:

- Revenue position is showing a surplus, we are slightly behind plan cumulatively. This current position and forecast includes the cost pressures associated with the pay awards for agenda for change and medics. The pressure from the pay award is recurrent and some of the mitigation for this year is non recurrent so it represents an increased challenge for future years.
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- WY adult secure provider collaborative is in a surplus position, due to not using as many out of area placements as historically, but we shouldn't rely on this to offset the underlying Trust position.

- There is a high degree of confidence that we can achieve our break-even position for this year.
- Agency spend has reduced, but this has only taken us back to where we used to be. This is being tracked very closely through the agency scrutiny group.
- The financial sustainability plan is on track, but there are some potential challenges ahead towards the end of the financial year.
- The Trust cash position remains strong.
- Capital is showing as red this month, information management and technology projects are slightly behind, as are estates projects given supply chain issues and so options are being reviewed.
- Better payment practice code, the Trust have received positive feedback from NHS England – we are among the best in the country.

MBR highlighted that the Trust is having to absorb a £3.5m cost a year, due to the pay increase.

MBu concluded by summarising the data in the IPR is there, but analysis and interpretation could be better.

AS agreed, and reminded the Board to note the Trust turns this report around very quickly, August data is presented into September's meeting.

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

TB/23/87 Risk and Assurance (agenda item 10)

TB/22/87a Serious Incidents Quarterly report (agenda item 10.1)

DT introduced the item and highlighted the following points:

- The Trust continues to have a robust incident management process.
- The report includes all incidents, serious incidents, and learning from healthcare deaths
- There is a new section in the report, learning from incidents, which used to be reported annually and will now be presented quarterly.
- The team have processed 3,733 incidents, 96% of which with low or no harm.
- There has been an increase in pressure ulcers in quarter one, and there is a deep dive paper going to quality and safety committee next month.
- There have been four serious incidents, no never events, and "physical aggression/threat no contact made" continues to be the highest reported incident.

MBu noted this is a good report as always, learning from incidents as a quarterly update is a positive improvement.

It was RESOLVED to RECEIVE the quarterly report on incident management.

TB/23/87b Medical appraisal / revalidation annual report (agenda item 10.2)

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

- 150 doctors had a prescribed connection with the Trust as of 31st March 2023.
 - 98% of the doctors that were due to have their appraisal have successfully completed the appraisal process during 2022/23, which is a further increase on last year.
 - 11% of the doctors had late meetings or late submissions. One of these late submissions was not approved. The rest were approved by either the Associate Medical Director (AMD) for Revalidation or Responsible Officer (RO) as appropriate.
- 19 revalidation recommendations were made between 1st April 2022 and 31st March 2023.

- All 19 doctors had positive recommendations made.
- All of these recommendations led to revalidation of the doctors by the General Medical Council (GMC).
- There are no long-standing post-Covid-19 implications to the medical appraisal and revalidation process.
- We have had external review this year from Leeds and York Partnership Trust with very positive outcomes.
- The General Medical Council (GMC) requires five yearly feedback, we are doing this on a three yearly basis.

NM queried the risk around the voluntary status of appraisers if it allocated with their job plan.

ST agreed to share the detail with NM outside of the meeting.

Action: Prof.Subha Thiyagesh

MF asked for the numbers to be checked as to how many appraisals have been completed as there is differentiation in different parts of the report. ST agreed to share detail, and agreed the narrative of the report needs to be improved to reflect this.

Action: Prof.Subha Thiyagesh

It was RESOLVED to RECEIVE the report noting that it will be shared with NHSE, and the Board recognised that the resource implications of medical revalidation are likely to continue to increase year on year. It was RESOLVED to APPROVE the NHSE Designated Body Annual Board Report Statement of Compliance, attached as Annex D of this report, confirming that the Trust, as a Designated Body, is in compliance with the regulations.

TB/23/87c Response to Lucy Letby trial and verdict (agenda item 10.3)

DT introduced the item, asking to take the paper as read, and highlighted the following points:

- Following the verdict, the Trust received a letter from NHS England describing their commitment to prevent something like this ever happening again.
- The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner, and improving data quality, making it easier to spot potential problems.
- This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS.
- The letter also reminds NHS leaders of the importance of listening to the concerns of patients, families and staff, following whistleblowing procedures, and good governance.
- All staff should have easy access to information on how to speak up.
- Relevant departments and teams, such as Human Resources, and Freedom to Speak Up (FTSU) Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
- Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so.
- Boards should seek assurance that staff can speak up with confidence and whistleblowers are treated well.
- Boards are regularly reporting, reviewing and acting upon available data.
- The letter also reflected the strengthened Fit and Proper Person Framework which will bring in additional background checks, including a board member reference template.

MBr reported the purpose of paper is for the Board to have a discussion as to whether our speaking up processes are effective and appropriate. This paper provides an excellent summary of what we do as a Trust. We need to look at assurance compared to reassurance. It is FTSU month in October, and we are generating a staff communications campaign. It is important that we maintain a level of focus on people feeling confident to speak up.

EM noted there will be more information to follow from this verdict and the learning to be taken. As a Board do we need to look at our FTSU themes and what information we get.

MF reported as NED lead for FTSU most reports are about line management issues and internally focused issues, he had not seen any reports of harm to service users. When the annual report for FTSU was presented earlier in the year the Board asked for more thematic reviews of the information. MF queried whether analysis of serious incidents may be more insightful than FTSU.

MBr reminded the Board that FTSU is only one avenue to receive this type of information. There are many other ways in which staff are able to raise concerns and speak up.

MF reported that the relatively low numbers of issues raised through FTSU could be taken as positive as issues have been resolved through other means, such as line management, before they have reached this stage.

MBu noted the Board's focus on the integrated performance report and the detailed information included in relation to care groups should allow the Board to identify areas of concern.

EM agreed that FTSU does work well, and from quality monitoring visits it is clear that line management processes work well in the Trust. This could be strengthened by there being some focus for Board on where issues may arise.

MR noted the issues reported in the Lucy Letby case weren't about people speaking up, it was about the response they received when they had spoken up.

CH reported the executive trio review all incidents where concerns around the quality of care have been raised and review different sources of information and act upon them. Any of our staff are able to report an incident or concern through the Datix incident management system and managers receive these to review and act upon them.

KQ agreed the triangulation of the information at care group level from patients and carers through complaints and feedback, beyond the friends and family test feedback is limited. In the Lucy Letby case families were reporting issues as well as staff and were not being listened to. This is something that could be included in the IPR to help Board monitor issues at this level.

Action: Adrian Snarr

It was RESOLVED to RECEIVE the Trust response to the Lucy Letby trial verdict.

TB/23/87d Consideration of CAMHS report for Tees, Esk and Wear Valley NHS Foundation Trust and associated learning (agenda item 10.4)

DT introduced the item and highlighted the following points:

- This was an external investigation into TEWV CAMHS inpatient unit.
- The paper is here to show EMT and services have reviewed this report, along with other national incident reports to make sure any learning is taken, and to ensure Trust practices are aligned to any recommendations.
- QSC have reviewed the full report in more detail.

- The QSC triple A report will feedback assurance to the Trust compliance with the recommendations of the report.

It was RESOLVED to RECEIVE the CAMHS report for Tees, Esk and Wear Valley NHS Foundation Trust.

TB/23/87e Patient Experience Annual report (agenda item 10.5)

DT introduced the item and highlighted the following points:

- The report has recommended for approval to the Board by QSC
- The report highlights feedback from service users, carers, and staff, and this information is collected in a number of ways through our customer services team, MPs on behalf of constituents, and the family and friend's test.
- FTSU reports are dealt with through a separate annual report.
- More triangulation has been included in this year's report as previously requested
- The Trust received 758 items of feedback during 2022/23, which is a 2.5% decrease on the year before. Of these 86 were formal complaints, compared with 119 the year before.
- Performance in response to "closure of a complaint within 6 months of receipt" has deteriorated over 2022/23, with a range of factors impacting on this situation. An improvement approach is being utilised to address identified issues and this is detailed in the report.
- A backlog of complaints awaiting allocation to a complaints case handler has reduced from a peak of 61 in autumn 2022, to 40 at the end of 2022/23, with further and sustained reduction to 12 at the current time.

NM reported the improvement work in complaints is being monitored by QSC, and we need to see the trend continue to be fully assured. The report is an improvement from last year and we can now build on this improvement. The report needs qualitative data as well as quantitative data to confirm we are listening to carers, service users and families.

Action: Darryl Thompson

MF queried if benchmarking data is available to compare us to other trusts for complaints by service line?

MBR reported the emphasis needs to be on getting our own process right, and once we get into that position, we can start to do comparisons.

It was confirmed that there are national indicators on complaints turnaround times, but not on complaints by service line.

It was resolved to RECEIVE and APPROVE the annual report on Patient Experience (including complaints) and to NOTE the next steps identified.

TB/23/87f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.6)

Collaborative Committee 8 August 2023

MF highlighted the following:

- Work is ongoing to review provider collaboratives against their original objectives.

Mental Health Act Committee 15 August 2023

KQ highlighted the following:

- The committee received an inequalities report and there is a need to link in with Equality, Inclusion and Involvement Committee (EIIC) on the findings of this report.

Action: Prof.Subha Thiyagesh/Dawn Lawson

Members' Council 16 August 2023

- MBu asked to take the report as read.

People and Remuneration Committee 16 August 2023

MR highlighted the following:

- The People directorate are under pressure given the number of recruitment applications and staffing levels

Quality and Safety Committee 12 September 2023

Kate Quail (KQ) reported the following:

- Patient experience annual report was recommended to Trust Board for approval.
- Medical appraisal and revalidation report was recommended to Trust Board for approval.
- The quarterly incident management report was recommended to Trust Board for approval.

Equality, Inclusion and Involvement Committee 13 September 2023

MBu highlighted the following:

- NM noted the WRES and WDES and how they triangulate with other reports and whether this is being dealt with by more than one committee.

Finance, Investment & Performance Committee 18 September 2023

DW highlighted the following from the September meeting:

- Future plans are required for future years' finances.
- Learning disability roles are a challenge to recruit into.
- OOA beds – the committee received detailed presentations and will come back to committee again in a couple of months as part of the monitoring process

WYMHLDA Collaborative Committees in Common 26 July 2023

MBu asked to take the report as read.

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

TB/23/88 Integrated Care Systems and Partnerships (agenda item 11)

TB/23/88a 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 items were discussed:

- Review of the Lucy Letby outcome and response
- Winter planning and readiness
- Industrial action
- Preparing operating models for the 30% cost reduction
- The mental health learning disability and autism (MHLDA) provider collaborative have recognised there will be updated national mental health strategy. They are also looking at how commissioning will work in the future and what the collaborative's role will be in commissioning.

MBr reported the following updates for Barnsley:

- Barnsley provided a focus on creativity during wellbeing week
- There was a proposal regarding two GP branch closures, which have been closed for a period of time during the pandemic.

It was RESOLVED to NOTE the SYB ICS update.

TB/23/88b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

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

- There were similar key themes presented to those in South Yorkshire
- SR drew the Board's attention to the paper presented to the West Yorkshire integrated care board, with a focus on MHLDA, and in those papers is an overview paper by Sara Munro which provides an overview of the West Yorkshire priorities and shows as a collaborative where the areas of focus are.
- Despite financial challenges and service challenges a good level of focus remains on health inequalities.

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/23/88c Provider Collaboratives and Alliances (agenda item 11.3)

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

- Leeds and York partnership have been confirmed as the lead provider for the perinatal mental health collaborative.
- Outside of the specialist provider collaboratives, SWYPFT are to become the lead provider for maternal health, and there are plans for this to go live in 2024/25.

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

TB/23/89 Governance (agenda item 12)

TB/23/89a NHSE fit and proper persons (FPPT) framework (agenda item 12.1)

AS presented the item and highlighted the following points:

- The paper presents the updated requirements of new FPPT requirements.
- The corporate governance team and people team are working through the changes.
- The rest of the paper summaries the FPPT changes.

It was RESOLVED to RECEIVE the revised Fit and Proper Persons Test (FPPT) revised standards.

TB/23/89b Trust Seal (agenda item 12.5)

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

TB/23/90 Strategies and Policies (agenda item 13)

TB/23/90 Customer Services Policy (agenda item 13.1)

DT introduced the item and highlighted the following points:

- The policy has been recommended for approval by EMT.
- Customer services is the single gateway for people to raise issues about the Trust and its services.
- It sets out a framework for the management of complaints and feedback received into the Trust in line with obligations of the NHS constitution and the health and social care act.

- It has been updated to show clear expected time frames for responses, it has been informed by the improvement work that has been taking place in the customer services department.

MBu queried if the metrics in the equality impact assessment (EIA) need to appear in IPR as equality metrics. CH agreed but would need to look at how this would work practically.

MBr suggested we should assess what we have in the IPR already and look to identify any gaps.

Action: Carol Harris/Adrian Snarr

It was RESOLVED to APPROVE the updates to the policy.

TB/23/91 Trust Board work programme 2023/24 (agenda item 14)

It was RESOLVED to NOTE the work programme.

TB/23/92 Any other business (agenda item 15)

NM noted there is a lot of reference in the Board papers to improvement work taking place in various areas across the Trust and questioned if this coordinated in any way. NM queried how the Board knows that improvement is taking place in the right areas?

MBr reported EMT receive monthly updates on the Trust's priority programmes, so does this need to come to FIP or Board? EMT has regular oversight of this. It may be harder to capture local improvement work that happens every day as a result of teams discussing things, learning and improving their processes. This is happening all the time and we need to look at how we gather this. This will form part of DL's portfolio and priorities.

MF added there are updates in the IPR on priority programmes, but they don't have any rating as to their progress, is this something we could do?

ACTION: Adrian Snarr / Dawn Lawson

RL noted it would be useful to have something visual to see how it all fits together.

ST reported we have the quality improvement and assurance team who could provide information on local level changes along with the change management team and see how we capture that.

DT reported the annual quality account includes improvement work against the Trust's quality priorities, which DT accepted is retrospective.

MR noted "patient knows best" is an area of improvement that was noted in the Chief Executive report.

TB/23/93 Date of next meeting (agenda item 16)

The next public Trust Board meeting will be held on 31 October 2023

Signature:



Date: 31.10.23