

**Minutes of Trust Board meeting held on 31 October 2023
Boardroom, Conference Centre, Kendray Hospital, Barnsley**

Present:	Marie Burnham (MBu) Mandy Rayner (MR) Mike Ford (MF) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS) Prof.Subha Thiyagesh (ST) Darryl Thompson (DT)	Chair (in attendance via MS Teams) Deputy Chair/ Senior Independent Director (Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Director of Finance, Estates and Resources Chief Medical Officer Chief Nurse and Director of Quality and Professions
Apologies:	Nil	
In attendance:	Sue Barton (SB) (item 9.4 only) Lindsay Jensen (LJ) Dawn Lawson (DL) Rachel Lee (RL) Andy Lister (AL) Sean Rayner (SR) Tony Wright (TW) (item 9.4 only)	Deputy Director of Strategy and Change Interim Chief People Officer Director of Strategy and Change Associate Non-Executive Director Company Secretary (author) Director of Provider Development Sustainability Change Manager
Apologies:	Greg Moores (GM) Julie Williams (JW)	Chief People Officer Deputy Director of Corporate Governance
Observers:	Lianne Richards 1 x governor	360 Assurance (Trust internal auditor)

TB/23/94 Welcome, introduction and apologies (agenda item 1)

The Acting Chair for the meeting, Mandy Rayner (MR) welcomed everyone to the meeting. Apologies were noted, and the meeting was deemed to be quorate and could proceed.

MR 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. MR noted that Marie Burnham (MBu) is in attendance via Microsoft Teams.

MR 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.

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

TB/23/95 Declarations of interest (agenda item 2)

The following updates to the Board declarations of interest were noted:

Name	Declaration
Associate Non- Executive Directors	
Rachel Lee – Associate Non-Executive Director	<ul style="list-style-type: none"> • Director of North Star Psychology Ltd, • Endorses a wellbeing product called Luma, this is a light that guides people through various breathing practices, based on scientific research.
Executive Directors	
Dawn Lawson – Director of Strategy and Change	No interests declared.

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

TB/23/96 Questions from the public (agenda item 3)

No questions were received from the public.

TB/23/97 Minutes from previous Trust Board meeting held 26 September 2023 (agenda item 4)

Darryl Thompsen (DT) noted on page 12 of the minutes “MBu noted learning from deaths” should read “MBu noted learning from incidents”.

Mike Ford (MF) raised on page 15 of the minutes – “it was confirmed there were national indicators on complaints on turnaround times”. MF queried whether there should be an action in place.

Mark Brooks (MBr) reported the Trust needs to first focus internally on reducing its complaints backlog and once we are in a sustainable position, we can look at benchmarking. This might be something we want to revisit through a committee in six to twelve months’ time.

Nat McMillan (NM) reported complaints would be monitored through the quality and safety committee (QSC). The minutes need to reflect this action will be monitored through QSC.

Action: Andy Lister

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/23/98 Matters arising from previous Trust Board meeting held 26 September 2023 and Board action log (agenda item 5)

TB/23/26a – It was agreed that the integrated performance report demonstration would take place after strategic Board on 19 December 2023.

TB/23/87b – action to remain open. MF asked to speak to Prof.Subha Thiyagesh further about the checking of the figures in the document. NM agreed she needed further assurance about risks prior to closing the action.

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

TB/23/99 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Jennie Linstead (JL). CH reported she met JL when she visited Lundwood (Trust site in Barnsley) before the pandemic and JL spoke to CH about the use of eye movement, desensitisation and reprocessing (EMDR) and how the Trust utilises this technique to help people live well in their communities.

JL opened by referencing one of the Trust values, being ready for tomorrow. JL has seen the benefits of EMDR for service users and the Trust now need to provide greater equity across services for the availability of this treatment.

JL explained that EMDR is a psychotherapy process that was discovered in America in the late 80s/early 90s. It is a somatic psychotherapy that targets the symptoms of disorder in the body and using a series of eye movements, blinks, clicking of fingers, finger taps and other noises. Trained therapists are able to transform underlying memories underneath the disorder. There are a number of theories as to how this works, one being that it brings forward a natural propensity to promote healing. JL stated it is known to work and therapists are now using EMDR for more and more complex conditions.

JL reported she wanted to share a story with the Board about a service user, who, two years ago, was on a mental health inpatient ward with the Trust. She could not be left alone due to the high level of risk she presented to herself and was very unwell. Today she is living in supported accommodation, has a partner, and a cat, and while she is still engaging in therapy, is living a far more independent life, having spent most of her life in hospital. The reason for this change is that two and a half years ago one of the Trust's EMDR therapists was given some time to spend with patients on the ward to see what help they could provide.

This service user described her position as "stuck" in services despite the efforts of her multi-disciplinary team (MDT). The service user's mother did not believe her daughter would ever leave hospital.

Two years later after her EMDR therapist transferred her to JL she is now working with JL in therapy, in the enhanced team west in Barnsley, and is making enormous progress.

The service user describes the process as being so somatic; in that she didn't need to have a conscious narrative of what was wrong. At the time when she was involved in risky behaviours towards herself, she did not know why she was doing them. She tried EMDR and it worked.

JL reported EMDR is now being trialled for service users in Barnsley who experience psychosis. We may not know what the underlying trauma is, but this doesn't matter, because it focuses on the physical aspects of the illness and heals the underlying issues. There is no need for the service user to verbalise what the issues are that they have experienced. The other reason we think EMDR has worked so well is because it is a complete psychotherapy. Anyone with the right MDT around them can access it, no matter how complex. There is no other therapy required to go alongside it.

JL reported Tracey Smith had spoken with the Board, and she is helping JL to improve coordination of the treatment offer. We estimate there are 85 practitioners in the Trust. There are six confirmed consultants, most of whom are part time, or are due to retire. The service offer is inconsistent. The inpatient wards in Wakefield have an EMDR therapist, but there isn't one in Barnsley. The intensive home-based treatment team (IHBT) in Calderdale have a therapist, but the IHBT in Barnsley do not.

There are three consultants in Barnsley, but none in Calderdale. Better coordination will improve the provision of EMDR across the Trust to the benefit of many service users. Some trusts have an EMDR coordinator.

MBr thanked JL for her story and asked her how do we decide who receives this type of therapy and how many service users have benefitted from this treatment?

JL reported she was currently collating these numbers. The issue currently is that access to this treatment is not coordinated and so it can be a case of being in the right place at the right time.

MR questioned how the Board can help with the coordination of this therapy?

JL reported time or support to administrate the coordination of the clinicians. All clinicians have to be supervised by a consultant, and at the moment this is done by goodwill.

EM asked if this service is available in community services?

JL reported the majority of practitioners are in community teams, there is less availability on inpatient wards and enhanced teams.

ST reported we need to do more to share information regarding service user numbers. Do we have any benchmarking information to compare us with other trusts?

JL reported the Trust has a much higher capacity for providing this therapy, due to the number of practitioners we have, compared to other trusts.

ST queried if JL had been in touch with the research and development (R&D) team to see how they could help?

JL stated they could use their help to record and capture data.

ST stated she would put JL in touch with the R&D team.

Action: Prof.Subha Thiyagesh

DT reported Tracey Smith is the newly appointed chief psychological professions officer, who will be keen to support this work. DT stated he is sponsoring some work across West Yorkshire for psychology supervision across all providers, and Barnsley will be included in this model. This will look at supervision across all services, especially for specialised services, such as EMDR.

RL noted it was great to hear about EMDR in the Trust and asked how it links to being a trauma informed organisation?

JL noted there is a strong link with trauma informed care, and she has been linking in with the team leading this work, adding consistency of service provision across the Trust is going to be key.

RL asked if there is anything that can be done in relation to succession planning for the consultants who are retiring?

JL reported basic training has now been reduced to one year from eighteen months. You can become an accredited practitioner in five years (supervision by a consultant is required throughout) and become a consultant in around ten to fifteen years. There is a national developmental gap, we need a career structure to help people progress through their accreditation programmes.

Lindsay Jensen reported there are EMDR practitioners and a consultant working in the occupational health team, and they form part of the trauma informed work for the Trust.

EM stated EMDR sounds transformational for the Trust and its service users, but there are a number of points that need to be addressed following this discussion. EM queried if the Board could have an update on the progress they have made at an appropriate time?

CH reported Tracey Smith has just come into role and she will be taking it forward in her new role. DT suggested in 12 months a paper should come to Board to update on progress.

CH suggested that interim reports can be provided to the Quality & Safety Committee (QSC) over the 12-month period through the executive trio report. DT suggested a psychological professions update from Tracey Smith would encompass this work.

Action: Darryl Thompson

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

TB/23/100 Chair's remarks (agenda item 7)

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

- Private risks
- Assurance from Trust Board Committees (private minutes)
- Complex incidents report
- Care group performance report

It was RESOLVED to NOTE the Chair's remarks.

TB/23/101 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- Joint industrial action (consultants and junior doctors) has been well managed by the Trust during October to maintain safe care.
- This is a risk focussed Board and the board assurance framework (BAF) and organisational risk register (ORR) will recognise changes to our operating environment, as well as the consideration of some future risks.
- Our risks include flu and Covid-19, particularly as we move into winter. Flu vaccinations are being provided to staff by the Trust. We are encouraging those that are eligible for Covid-19 vaccinations to receive them. We have reiterated through Trust communications the importance of good hygiene and infection prevention and control practices to Trust staff. Regionally we are seeing rises in Covid-19, and some local trusts have moved back to mask wearing, we are monitoring the position closely.
- The staff survey continues to be promoted across the Trust, and we are providing examples of what has changed in local Trust teams to incentivise people completing the survey.
- This month the integrated performance report (IPR) shows some strong progress on reducing out of area (OOA) bed placements.
- The Care Quality Commission (CQC) has published its annual state of healthcare report and focuses on a number of challenges in mental health. This report is available on the CQC website.
- A number of awareness events have taken place during October, it has been national speaking up month, and it was also world mental health day in early October.
- There are also a number of national initiatives taking place including a survey on how improvements can be made to children and young people's mental health.
- It has also been black history month, which we have been celebrating through October.
- The Provider Selection Regime has been published, subject to parliamentary scrutiny and agreement, which supports what is stated in the health and social care act about focusing more on collaboration than competition. finance, investment and performance committee (FIP) may wish to consider what this could mean for the Trust.

Action: Adrian Snarr

- MBr noted the success of the annual members' meeting and thanked those that had arranged the event and those that had attended.

- A premature mortality report has been released which reported mortality was five times higher for those with a severe mental illness during the covid-19 pandemic – which highlights the importance of retaining our focus on reducing health inequalities.
- MBr gave thanks to Sue Barton for acting up into the role of director of strategy and change since Salma Yasmeen left the Trust and her support in Dawn Lawson joining the Trust.

NM noted the provider selection regime, and how it will be interesting to see this develop. NM supported MBr's comments about the annual members' meeting and reported it had been an excellent event. MR agreed.

Kate Quail (KQ) noted industrial action and thanked staff on behalf of the Board for all the work that had gone into managing this. KQ queried if there has been a rise in incidents or any incidents as a result of industrial action?

CH reported there hadn't been a rise in incidents or any incidents as a result of industrial action but there may be longer term impacts that haven't materialised yet, e.g., people that have missed appointments.

MBr reported there may also be some unintended consequences, such as staff having to miss mandatory training or not receiving their appraisal or supervision in order to provide cover.

ST reported silver command meetings have been very effective in managing industrial action. All incidents are closely monitored through the clinical risk panel for any links to industrial action.

EM noted the solving together platform, which relates to hosting a month-long online conversation on children and young people's mental health, seeking views and ideas on how waiting times can be improved, and services being made more accessible. EM queried if the Trust is part of this?

MBr reported the Trust is promoting the platform so staff can participate if they want to, and the Trust is looking at other creative solutions in relation to service provision as demand currently outstrips capacity.

EM asked if it is possible for the Board to look at this again at some point?

Action: Carol Harris

MR queried if 32% is a good for a return at this stage for the Trust staff survey?

LJ reported the Trust is above average in terms of like providers and is slightly above where we were this time last year.

MR acknowledged the progress on out of area beds, and Sue Barton's work as interim director of strategy and change.

MR congratulated David Yockney, who works in Barnsley services, who has been awarded the prestigious title of Queen's Nurse, and the positive comments in relation to children and adolescent mental health services (CAMHS).

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

TB/23/102 Risk and Assurance (agenda item 9)

TB/23/102a Board Assurance Framework (agenda item 9.1)

Adrian Snarr (AS) asked to take the item as read and highlighted the following points:

- The executive management team (EMT) have reviewed the BAF in full..

- Risk 2.4 is a new risk for 23/24 - Failure to take measures to identify and address discrimination across the Trust may result in poor patient care and poor staff experience. Today's paper contains a proposed grading. The discussion at EMT identified the Trust is in a much better place in terms of data capture, but we now need time to analyse the data. EMT propose a grading of Amber with an action plan in place to progress to Yellow in the coming months.
- EMT considered external pressures and discussed at length the financial 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. EMT decided this should remain as Yellow at this time but will need to carefully consider this risk in the planning process for 24/25 given the deterioration in NHS finances generally.
- Risks regarding recruitment challenges and staff wellbeing were also areas of focus, but no changes to gradings are recommended at this time.

MBR noted these are strategic risks, EMT have considered finance, and staffing and wellbeing in detail. When we look at our staff surveys and metrics, EMT did not feel a need to change gradings at this time but agreed these need to be monitored closely. Finances will be a challenge for next year.

MF noted the number of yellow risks is encouraging. We now need to focus on the risks that are amber to move them to yellow.

AS reported the BAF is a dynamic document and will change every time it is reviewed. These are the Trust's strategic risks, and they are not expected to move quickly because some of them contain engrained challenges, that cannot always be influenced by the Trust. The changes may more likely come incrementally.

MF commented this paper shows objectively we are broadly on trajectory, and that is how it feels at present.

MR agreed. When looking at the BAF we need to take account of the national factors and external factors, and objectively the BAF reflects where the Trust is, noting the external risks across the broader NHS.

The Board agreed the proposals were appropriate for approval.

MF reported he and AS had reviewed a Price Waterhouse Cooper (PWC) paper about risks across the NHS, and 360 Assurance have provided some further insight on BAF development which will be considered at Audit Committee in January, the outcome of which, will be fed back through the 'Triple A' report.

KQ stated she agreed with the grading of risk 2.4 at this time and queried assurance number 78 which relates to the international recruitment processes, suggesting further clarity may be required given the nature of the risk. The assurance should be about international recruits feeling valued and included, rather than the success of the recruitment itself. Assurance 33 also needs to be broken down more by protected characteristics and by service.

MR questioned whether this was included in the international recruitment action plan?

KQ agreed she did not want major new research being undertaken but it would be helpful to receive further assurance regarding the points she has raised, and highlighting where any hotspots may be.

Action: Lindsay Jensen

LJ reported the focus on recruiting international nurses has now moved to how they are working in our teams. We have some dedicated resource in the operations team to look at how embedded international staff are, in our teams and services. Working groups are in place looking at the preceptorship of international recruits and these will be fed back into the People and Remuneration Committee (PRC).

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

TB/23/102b Board Assurance Framework grading process review
(Agenda item 9.2)

AS introduced the item and highlighted the following points:

- Benchmarking work has taken place and we have consulted with 360 Assurance for best practice.
- The review identified that three level grading systems are not always effective.
- Consideration was given to the 5 x 5 matrix used with the Trust organisational risk register (ORR), but it was deemed it was important to differentiate between the BAF and the ORR.
- The proposal includes four levels of assurance and five levels of risk and has been brought to Board today for approval.
- If supported, we will look to integrate this into a new Board Assurance Framework

EM queried if this means more actuated differences between gradings, and will this mean that our gradings will get better or worse?

MF reported his understanding is that each risk under this proposal will have two ratings, one for assurance, and one for how likely the risk is to happen. MF queried if the combined total of both ratings provides the risk score.

AS reported the Trust is trying to avoid this type of matrix as it is too close to the ORR grading system.

MF queried where the consequence is going to be referenced?

CH reported the consequence, at this level, is the Trust won't achieve its strategic objectives.

MF reported he would like to see the new grading system, to determine if this is the right step to take.

MR reported the Board is here to take assurance on risks and the new grading system includes this.

MF questioned if this grading proposal should have come to Audit Committee first.

AS noted, the Audit Committee in January will run parallel to the January risk Board, and the BAF, including the new grading system, could be presented to Audit Committee in January, for scrutiny prior to Board.

MBr stated the risk scoring seems appropriate now, but questioned how often the criteria by which risks are determined is fully considered by the Board. The proposed system would be more thorough in assessing risks.

MBr agreed this should go to Audit Committee in January for detailed discussion. It feels the right time to review the grading system, but the Board need to be comfortable with the change.

The Board agreed the BAF including the new grading system will go to Audit Committee in January and then follow into January Board.

Action: Adrian Snarr

It was RESOLVED to NOTE the new Board Assurance Framework grading process, and AGREE for implementation in January 2024, through Audit Committee and then Trust Board.

TB/23/102c Corporate/Organisational Risk Register (agenda item 9.3)

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

- There is an emerging new risk regarding the culture in terms of speaking up, following papers received at board about broader challenges in the NHS.
- Similarly, there is an emerging new risk about individuals feeling safe from sexual harm, this also emanates from broader NHS context.
- There is a good level of detail in the paper which demonstrates this is a good example of the process executive leads go through to review their risks on a regular basis.

MBr stated risk changes should have been through Board committees for detailed discussion and committee chairs will have agreed scores and so we should now be able to take any queries by exception.

NM highlighted that risk 1530 was discussed in detail at QSC, this is also referenced in the committee's Triple A report this month. There is work taking place in respect of quality and demand, and the committee received assurance to this effect from CH. Committees can scrutinise the detail of risks and provide assurance to Board.

DW noted the new risks and asked if they will be presented to Board committees before January Board.

AS confirmed, this will be the normal process.

MF queried the new freedom to speak up risk.

MBr stated there is a need to go through the process to see what controls and assurances are in place. If we have strong controls the risk score should be low, but we need follow this process to provide appropriate assurance.

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 the reduction in risk score for risk 1151, 905, 1568, 1368, 1758.**
- **AGREE to the change in description for risk 1530, 1368, 1689, 1159, 1217.**
- **AGREE to an increase in risk score for risk 275, 1585, 1840, 1432.**
- **AGREE that risk 1757 retains a score of 12 and be further reviewed in Q3.**

TB/23/102d Sustainability annual report (agenda item 9.4)

Dawn Lawson (DL) introduced the item and introduced Sue Barton (SB) and Tony Wright (TW) who highlighted the following points:

- DL asked the Board to note the level of staff interest and engagement in this strategy.
- SB reported this is the first time a combined sustainability and green plan annual report has been presented to the Board.
- We are proud of our progress whilst noting there is still a lot more to do.

- The report documents key achievements to date and identified next steps.
- We have spent a lot of time on metrics to measure progress, but some of the sustainability agenda is quite hard to measure.
- As part of the sustainability agenda 500 trees have been planted across the Trust at Fieldhead and Kendray.
- SB reported another 1,200 trees are coming. Estates and facilities have been working hard to establish where they should be planted.
- Medicines optimisation work through Kate Dewhirst and her team is starting to take shape around sustainability within medicines.
- An example is the “green bag” scheme, where people bring their medication with them to inpatient wards and then take it back home once discharged.
- There has been the first ever use of the sustainability impact assessment through the West Yorkshire older people’s services transformation work.
- E-bikes have been purchased and are coming to the Trust next week.
- TW reported “the green team” idea has been well supported by the communications team. Over 200 staff have asked to be involved, and the whole idea is for people to take ownership of sustainability within the Trust.
- We want people to start thinking about their role, their team, and their service. The green team will provide a great network of people who will be able to share ideas.
- Details of progress within the Trust will be included in further reports to Trust Board and the Equality, Inclusion and Involvement Committee.
- TW reported there is a desire to engage with patients, carers and families and we need to think about how we are going to do this, and any ideas are welcome.
- At the beginning of next week an e-mail will be circulated about next steps for the green team. There is a broad range of staff wanting to be involved both geographically and also by service and roles within the Trust.
- TW asked that all members of the Board volunteer to join the green team.

Action: Andy Lister

- Start of next week we will be sending out comms around next steps.

NM noted it is good to see metrics in the report so that we know how we are going to measure the impact of this strategy. NM also supported the range of metrics that have been identified.

MBu noted the Trust being one of the first to complete a sustainability impact assessment in the service transformation planning process. MBu sits in a number of national and regional Chairs’ meetings and suggested there may be scope for the Trust being an exemplar for sustainability, showcasing our work.

MBr reported Rob Webster (Chief Executive of the West Yorkshire Integrated Care System) has agreed to feature the Trust in the ICS weekly publication, which is a good first step.

TW reported the West Yorkshire integrated care board (ICB) sustainability impact assessment has been a useful learning process.

MBr gave thanks to Sue and Tony for all the work they have done and noted it is a good report with the right amount of detail.

Sean Rayner (SR) followed on from MBu’s comments and noted paragraph 3.10 of the report. The strategy has substantial depth, commenting that the breadth of the strategy through the partnerships we are involved in, is substantial. One of the issues raised is about anchor organisations and how difficult it is to evidence being an anchor organisation. This report provides sufficient evidence for the Trust to justify that it is an anchor organisation.

EM complimented the pace and quality of work that has taken place so far.

KQ agreed and noted reducing health inequalities, building communities, and tackling social determinants is often hard to explain but this shows how we are doing it through the metrics included in the report.

STh noted that sustainability will be included in the public consultation regarding the older people's transformation process, and this in turn will engage with service users, carers, and families as per TW's earlier query.

MR thanked SB and TW on behalf of the Board for the progress made and the good report presented.

It was RESOLVED to NOTE the content of this report.

TB/23/102e Patient safety incident response framework (PSIRF) (agenda item 9.5)

Darryl Thompson (DT) introduced the item and highlighted the following points:

- Updates have been reported to Board as part of quarterly papers, and it has been reviewed in detail at QSC.
- A background paper is presented to Board today and the organisational plan that requires approval to commence from 1 December 2023
- As part of core requirements, it has been agreed as a plan by both West and South Yorkshire integrated care boards.
- Our data analysis and learning from previous incidents has helped us to identify three areas that require investment of resource to aid our learning about the system and subsequent improvements needed:
 - Suicide prevention
 - Clinical risk assessment (Formulation Informed Risk Assessment (FIRM))
 - Pressure ulcer clinical documentation

We will do this through thematic patient safety incident investigation (PSII) projects.

- We will also undertake other types of learning response for incidents (individual incident or thematic) where we want to identify new learning for improvement.
- The PSIRF policy has been written and is being approved through normal Trust processes.
- We now have recruited three patient safety partners, who are all very experienced.

MR noted the balance between learning and responding, and queried the start date?

DT reported not all aspects will be in place by 1 December 2023, but we will have the core components in place ready to go live.

MF queried if this plan needs an equality impact assessment?

Action: Darryl Thompson

MF noted the list of provider collaboratives, includes the phase 1 provider collaboratives but not phase 2.

DT reported it is a live plan and so items will be added and removed as the work in the organisations develops.

MF noted on page 12 of the plan, there is a list of patient safety issues, but care plans aren't on there?

DT confirmed in thematic patients' safety investigations, the headline is risk assessment, which includes care planning and family views.

It was RESOLVED to RECEIVE the update paper, note the continued progress with these patient safety developments, and APPROVE the plan.

TB/23/102f Workforce equality standards report scores (item 9.5)

Lindsay Jensen (LJ) asked for the paper to be taken as read and highlighted the following points:

- The Trust has been completing both the workforce race equality standards (WRES) and workforce disability standards (WDES) reports for a number of years and they have been through equality inclusion and involvement committee (EIIC) and people and remuneration committee (PRC) prior to being presented to Board today.
- Trust data was input onto the NHSE system in May and these reports now look at what that data is telling us.
- This is the first year we have had a dedicated diversity, inclusion and belonging lead on this work.
- WDES – 9% of the workforce are declared disabled, and we are reducing the “unknown” figure year on year.
- Our disabled colleagues have a poorer experience in terms of bullying and harassment.
- There have been some improvements in terms of adequate adjustments.
- We have a new “people experience team” which are working with staff to identify where more support is needed in terms of equality.
- Action plan – we have focused on the “so what”. There are longer term cultural changes included that will take some time to embed.
- The Touchstone partnership has received awards for our working across the collaborative, in relation to employing people from diverse backgrounds.
- The renewed bullying and harassment policy is in development, and we are looking to embed some different principles to be more proactive and identify issues before lengthy investigations are required. A new work plan in relation to talent management and succession planning will be coming to PRC in the next few months.
- Race equality data, metrics and action plan. Our BAME colleagues are less likely to be appointed into posts than white colleagues and are also more likely to be bullied and harassed.
- Race forward, as a group, has shifted its focus to looking at the work we need to complete to change people’s experiences. Equity guardians have been a key component of this work.
- There is an extended EMT this week where Monique Carayol is presenting to the group about inclusive leadership.

DT reported the “all of you race forward group” has created a resource around micro aggression, and how to respond. This has been co-produced, and a general manager has been involved in this work to help communicate this message.

NM noted this item was discussed at PRC – we need to be more specific about metrics, we need to be better than “ongoing”, and have real timescales. Having strong metrics and timelines will help show us what impact we are having, or not. This will also demonstrate the Trust’s level of ambition. The Trust does a lot of good work, and the metrics need to reflect this.

MR reported she has discussed the same issues with LJ.

LJ reported some of these metrics are national metrics and some require review to think about what we measure. We also need to look at the benchmarking reports from these submissions and invite the national scrutiny group to support this work.

EM reported a lot of effort has gone into this work, but we haven't progressed as far as we should have. We have focussed on metrics a little too much and we need to recognise the world outside isn't the same as it was five years ago. We need to pick what we can drive forward, especially in relation to bullying and harassment.

LJ agreed and stated we have taken too broad a view and we need to identify some key points of focus to make identifiable changes.

The race forward work needs to come to fruition. Metrics should be discussed and selected in EIIC and PRC and then we can closely monitor progression over the next couple of years.

DL reported we need to ask staff which metrics would represent what they feel? This would give staff some ownership of what is being monitored.

MBr noted this has been a good discussion and we need to really clear on our scale of ambition. The Board and EMT need to reflect on this. We need to enable real change. Bullying and harassment has improved over the last two years but not to the extent we would like.

MBr reported from those staff he has spoken to, people with protected characteristics regularly find it harder to progress within the Trust. We need to think about how we are going to change these perspectives and the work that Monique is going to carry out this week as a wider leadership team is vital to get our leaders into the right frame of mind. We need to ensure we are doing enough to facilitate real change.

KQ mentioned the reciprocal mentorship programme and whether this could be reinvigorated.

MR stated that PRC and EIIC need to have conversations about how we take this work forward.

Action: Lindsay Jensen

It was RESOLVED to SUPPORT and AGREE the contents of the reports for them to be published in accordance with NHS England requirements.

TB/23/102g Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.7)

Collaborative Committee 3 October 2023

MF reported on the following:

- Discussions are to take place about the role of the committee when it comes to the approval of some items.

Audit Committee (AC) 10 October 2023

MF reported on the following:

- The accessible information standards audit had a limited assurance finding, this will also be picked up at EIIC.
- There is a slight drift in staff being made available to support internal audit work.
- The triangulation report has identified a slightly larger gap (6 out of 35) between the BAF, ORR and IPR, this is generally because of their operational nature. MF will write to committee chairs to confirm the risk isn't being reported through the IPR.
- MBr also noted there has been a slight drift in the timeliness of completing internal audit actions.

Quality & Safety Committee (QSC) 17 October 2023

Nat McMillan (NM) reported the following:

- NM highlighted that the issue of inequity of access for attention deficit and hyperactivity disorder (ADHD) services for people with a learning disability is being monitored by the committee.
- The committee received an input from the long Covid service which was very positive.
- Received a deep dive report from Laura Hallas, a nurse consultant in tissue viability, who presented on pressure ulcers, which provided a great deal of assurance.
- The restraint and restrictive practice and interventions (RRPI) annual report was the subject of significant discussion about practices and prone restraint. NM opened up to DT and ST to comment.
- DT reported there has been an increase in restraint and prone restraint year on year. ST, DT and CH have met with RRPI leads and operational service and quality leads on 18 October 2023 to conduct a review. We aim to use the least restrictive practice across all of our service areas. The RRPI team's primary aim is to prevent the laying of hands-on service users. Whenever prone restraint is used it is reviewed by the RRPI team to identify any learning. There is confidence that staff are reporting prone restraint in line with guidance and when required. What we are exploring is how we record prone restraint and how we report it as an organisation, along with the influence this may have on benchmarking. There is a meeting being arranged with RRPI network leads to establish peer organisation thresholds.
- ST reported we are confident we are restraining people only when it is required, and staff use it as a last resort. We can improve on being more open about how we share this information across the Trust. Every Datix involving restraint is reviewed by the RRPI team.
- NM reported a further update will come back into committee on 14 November 2023.

Finance, Investment and Performance Committee 23 October 2023

DW highlighted the following:

- Out of area bed use (OOA) as already discussed is coming down.
- Agency spend has increased very slightly, which will be looked at in further detail at the next meeting.
- The committee has started to look at cost improvement programmes for future years given their importance to financial stability going forward.

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

TB/23/103 Performance (agenda item 10)

TB/23/103a Integrated Performance Report (IPR) Month 6 2023/24 (agenda item 10.1)

AS introduced the item and highlighted the following:

- There is a new inpatient section within the care group section of the report, which shows a number of indicators at ward level.
- Clinical supervision is a challenge in some wards, and there is also some good performance.
- Clinically ready for discharge – we are getting better at reporting, and understanding the data, but looking at the detail there is variability in performance across wards.
- Equality impact assessment for policies now shows good improvement.
- OOA beds, we have improved, but we are being cautious, it is not yet a trend, but we are hopeful this will be the case.
- Pediatric audiology – we are still seeing staffing challenges. There has been improvement but not to the level we had hoped. There is more work to do before we get back to target.

MR noted improvement in the front sheet and the detail on inpatient services is good but shows some high areas of absence.

RL noted the supervision metric is low, and queried if this is a reporting issue?

CH stated it is not just a reporting issue. CH is going to review the metric with her leadership team, because there is variance in the way timings are being recorded, which could be affecting the output.

DW noted appraisals have started to decline again after some improvement in the summer.

AS responded that we have growing evidence we are under reporting the level of appraisals and the only way we can fix that at the moment is a manual adjustment in the IPR. We want to focus on fixing the system. We continue to push hard to get to the matter resolved.

MR stated the Board needs some assurance that we are progressing towards the 90% threshold.

AS reported, there are two key areas of focus, one is around data input because the system isn't working as we had hoped. There isn't an automatic link between Workpal and ESR. In addition we need to ensure teams are completing appraisals in line with expectations.

LJ noted we are now reporting to teams how many completed appraisals are dropping off after 12 months, and how many new appraisals we are completing to determine the trajectory.

EM queried when there might be sustained improvement.

AS reported part of the solution is whether we need a new system. If we do, this may take time, but we might be able to fix the system and processes we currently have.

MR queried if the detail can be reviewed outside of the Board. MBr suggested PRC should look at this on behalf of the Board and report back. NM suggested as part of this, a review of the business partner role, to establish if it is making the difference that would be expected, should take place.

Action: Adrian Snarr/Lindsay Jensen

KQ noted the RRPI numbers. The RRPI annual report was received in committee, and we heard the number of restraints and seclusions has increased, yet in the IPR it reads as though they have been stable since 2018. These numbers need reconciling. We are also higher than average on comparison against NHS benchmarking data.

AS reported, we have just received a refreshed benchmarking report which we need to analyse.

MR noted there is a need to keep RRPI as a focus. QSC will review this and report back to Board as to clarify the data.

Action: Adrian Snarr/Darryl Thompson

MBu reported the IPR still requires interpretation and analysis rather than taking a holistic overview. The data is good, but it needs interpretation.

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

TB/23/104 Integrated Care Systems and Partnerships (agenda item 11)

TB/23/104a 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 most recent integrated care board meeting was a development session looking at the approach to improvement across South Yorkshire and recognising the financial challenge.
- For the mental health learning disability and autism (MHLDA) collaborative an area of focus was parity of esteem for people with mental illness, and how we can work with partners, particularly those in the acute sector.
- In Barnsley there was a good presentation on eating disorders, and we reviewed the local housing strategy.
- The Barnsley alliance with Barnsley Healthcare Federation have been making sure our objectives are aligned to the joint forward plan and reviewed continuing progress on physical health checks for people with a learning disability and severe mental illness.

It was RESOLVED to NOTE the SYB ICS update.

TB/23/104b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism (MHLDA) Collaborative and place-based partnership update (agenda item 11.2)

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

- Kirklees and Wakefield integrated care board committees both recently had development sessions which covered the contribution of the voluntary, community and social enterprise sector (VCSE), and reflecting the challenges in relation to reduced grant funding in particular from local authorities and sustainability. Actions have come out of both meetings to be progressed.

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/23/104c Provider Collaboratives and Alliances (agenda item 11.3)

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

- West Yorkshire have demonstrated good progress on the forensic community pathway and have launched the forensic women's pathway. They had an event earlier in the month that was well attended by all partners.
- Using collaborative networks across the country it appears clear that we are probably one of the first to place focus on the women's pathway.

MBr noted the CAMHS provider collaborative in DSouth Yorkshire and increases in exceptional packages of care, this is a risk we need to be aware of, as costs can be high.

MBu queried if this risk appears in the Trust's risk register?

AS reported it is only a risk in West Yorkshire, as there is currently no risk share agreement in South Yorkshire. It is included in the risk register but is also picked up through financial reporting.

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/23/105 Governance matters (agenda item 12)

TB/23/105a Constitution review (agenda item 12.1)

AS introduced the item and highlighted the following points:

- A full review has taken place and the proposal is to extend the constituency of “social care workers in integrated teams” to “social workers” with a view to appointing a governor into this constituency in the next round of governor elections.
- Governors have been consulted over a two-week period and no objections to the proposal have been received.

It was RESOLVED to RECEIVE the update and SUPPORT the recommendation to the Members Council to APPROVE the change of staff governor constituency for social workers in integrated teams to social workers.

TB/23/106 Strategies and Policies (agenda item 13)

TB/23/106a Progress against the Digital Strategy update (agenda item 13.1)

AS introduced the item and highlighted the following points:

- This is the last update on the current strategy.
- We are on track and are delivering on target.
- Digital dictation is to move on from the procurement stage to the implementation stage.
- Sustainability planning – there has been lots of debate about food wastage at EMT. We have rolled out tablets so that service users order food from the wards, and this is reducing food wastage.
- The new digital strategy is being developed and will be brought to board for approval in due course. Engagement with staff is in progress at the moment.

MR noted the challenge given the tightening financial position and moving towards paper light. The report has a lot of detail and is well presented, we are doing some really good work.

AS agreed, finances will be a challenge, but we need to make sure as well as an appropriate strategy we have an appropriate delivery plan, which can be flexible around workforce.

MBr reported there was a good executive time out session last week, and a conversation considering whether we need refresh our overall Trust strategy, we have a clinical strategy in development. We might want to ensure the sequencing of strategy development is logical and therefore to have an updated digital strategy for July might be more appropriate. We just need to consider the sequencing of strategies.

MR supported this..

NM commented if we are developing an updated digital strategy, the Board needs to consider what we really mean by being “digital”.

AS reported, we have an excellent starting point with SystmOne, and having a single clinical platform across the organisation that we can incrementally build on, means we can be ambitious and safe at the same time.

MR noted we might need a strategic board/development meeting where we can consider this.
Action: Adrian Snarr

MR asked to thank Paul Foster as author of the report.

A discussion took place in relation to capital expenditure requirements. AS acknowledged the risk of spending our budget within years and also the general availability of capital in the NHS.

It was RESOLVED to NOTE the achievements made to date in respect of the 2023/24 milestones

TB/23/107 Trust Board work programme 2023/24 (agenda item 14)

It was RESOLVED to NOTE the work programme.

TB/23/108 Date of next meeting (agenda item 15)

The next Trust Board meeting in public will be held on 28 November 2023 at Fieldhead Hospital, Wakefield.

TB/23/109 Any other business (agenda item 16)

Signature:

A handwritten signature in black ink, appearing to be 'M. Paul', written over a horizontal line.

Date: 28.11.23