

**Minutes of Trust Board meeting held on 28 November 2023
Small Conference Room Wellbeing and Development Centre
Fieldhead Hospital**

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

TB/23/110 Welcome, introduction and apologies (agenda item 1)

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting. Apologies were noted, 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 Paula Gardner, the Trust insight candidate, who is on the GatenbySanderson programme for aspirant non-executive directors.

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/23/111 Declarations of interest (agenda item 2)

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

TB/23/112 Questions from the public (agenda item 3)

No questions were received from the public.

TB/23/113 Minutes from previous Trust Board meeting held 31 October 2023 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 31 October 2023 as a true and accurate record.

TB/23/114 Matters arising from previous Trust Board meeting held 31 October 2023 and board action log (agenda item 5)

MBu asked for the following action updates to be noted:

TB/23/40c – updates to the safer staffing report. Darryl Thompson (DT) reported the safer staffing report has been submitted to the quality and safety committee (QSC) and further work had been requested. The report will be updated and submitted to January board. Nat McMillan (NM) reported she supports this proposal as Chair of QSC. It will return to QSC before Board in January 2024.

TB/23/103a – Appraisal data in the integrated performance report and reducing restrictive practice and interventions numbers - Mandy Rayner (MR) reported both items were presented to people and remuneration committee (PRC) last week and these matters are being progressed.

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

TB/23/115 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Tim Mellard (TM), lead matron for the Trust and Dean Kenney (DK), the management assistant to the matron team. CH reported TM and DK would share with the Board their story about digital innovation in quality improvement.

TM reported DK was here today as he has been pivotal in this work and added DK is a perfect example of “leading from every seat”.

TM reported today’s story is in relation to digital innovation in inpatient services through a system called “Tendable” which is a clinical audit system. The system is a smart inspection tool, that used to be called “perfect ward”.

The system provides real time data, input by ward teams, regarding clinical audits, which provides assurance not only for issues such as care quality commission (CQC) standards, but also identifies areas for quality improvement which for the Trust, as a learning organisation, is key.

DK reported in terms of implementing the system, the first step was obtaining the equipment required and then rolling out training to leadership teams. Once the matrons were confident

in using the system it was rolled out to ward leadership teams, allowing the matrons to provide support where required. It was then rolled out to the band 6 teams.

DK reported the clinical record keeping audit was then introduced, which was an addition to the audits already undertaken. Pharmacy colleagues were introduced to the system and were interested in how it could support their audits. Pharmacy are now rolling the system out and have moved onto their third locality.

TM reported the system is now fully embedded in the matron team. Matrons undertake a weekly inspection and check the following have been completed each week:

- Staying safe plans
- Quality of care plans
- Mental Health Act rights
- Advocacy referrals
- Quality of risk assessments
- Updating of risk assessments after incidents
- Debriefs with service users.
- Rapid tranquilisation
- Reviewing observation levels
- Risk management plans being in place and a care plan that manages the risks and ensures Datix incidents are followed up.

TM reported the matrons also carry out a monthly inspection which is qualitative. It involves staff interviews, patient interviews, clinic checks and environment checks. It includes some of the points Board members will associate with quality monitoring visits. The system has been beneficial to the matron team. Next steps are for the ward leadership teams to undertake their quality checks which is a slightly different process. There are daily checks and weekly checks.

The daily checks include:

- Clinic checks
- FIRM risk assessments (formulation informed risk management) completed in the correct time frame.
- Completion of observation sheets
- Rapid tranquilisation forms have been completed in line with policy.
- Seclusion records are completed in full.
- Admission/discharge checklists are being followed.
- Post fall protocols are being followed for the older people's service.

Weekly ward checks include:

- Formulation of risk
- Up to date notice boards are maintained.
- Pre and post leave risk assessments.
- Quality of risk and care plans
- Patient voice

TM reported dashboards are now being developed which allow teams to see trends and themes, not only for individual wards, but also across service lines. This allows teams to build on their quality priority plans, which can then be tracked through the system.

TM reported when the CQC inspections took place earlier in the year, the impact of Tendable was identifiable. An example being when the CQC last inspected the Trust acute services, clinic checks were identified as an issue, and on this occasion, they weren't, which shows consistent monitoring has been effective.

TM reported the system has allowed improvements in efficiency, matrons are using less paper, which supports the sustainability agenda. Matrons also estimate by using the system to conduct weekly audits, instead of paper, it is saving them approximately two hours per audit.

DK reported alongside the system dashboards there is the administration portal. This allows limited keyholders to add and remove audits as required. These can be added and removed from the system as required.

TM reported the system can be used to support the response to the recent CQC report arrives their audit and assurance processes can be reviewed to check they are in line with what is required.

TM highlighted that service user feedback through the monthly matron inspections, allows the team to look at feedback and trends, and understand what really matters to service users.

TM reported the Tendable system is based on a tablet and can also be used on a laptop. The staff work through a number of questions, and dip sampling can also take place, which is recorded into the system, producing a ward manager report.

TM reported the system has been rolled out across, all working age adult and older people's wards, (15 wards in total). It has now been in place for around two and a half years.

MBu asked what action is being taken as a result of the audits?

TM reported there is a corrective element, where matrons will produce a narrative response to give to the ward leadership teams. Matrons meet with ward leadership teams every six weeks and look at themes and trends and explore any issues that arise. If things don't improve, issues are added to the ward improvement programme.

TM confirmed that matron inspections have been in place for two years, and ward leadership inspections for the last 12-14 months. The matron audits are now fully embedded.

NM noted the importance of the qualitative side of this work and questioned how this information could be used to inform the patient experience report.

Action: Darryl Thompson

TM reported the matron engagement with service users has been so positive that matrons are now attending community service meetings to gain feedback from these services as well.

Kate Quail (KQ) questioned if it would be possible to have service user led audits?

TM responded this is a great idea and something that the team would look into.

MBr noted there will be differing levels of staff digital awareness across the 15 wards, and how to effectively utilise the information the system is providing. Has training for the staff included how to use the tools and interpret what they information they have?

TM reported this is where DK's role has been pivotal. DK has been out to wards and shown people how to use the system. Some have struggled with the technology, but we have a support system where we have paired the ward managers up to support one another.

Prof. Subha Thiyagesh (ST) queried if there is a plan to roll the system out into community services?

TM reported the system has worked well for the matrons because it is something they sought out. It may not be suitable for community services. Forensics don't have the system yet, and we will consider where it can be used effectively elsewhere. It hasn't worked as well as we'd hoped for quality monitoring visits (QMV's) and so there is some work to be done there.

Mike Ford (MF) reported later on this morning the Board will review the IPR. Will the Board know where improvement has been driven by this system?

CH reported improvements are made by the team through the audits they carry out. Tendable is the process by which they conduct their audits. CH noted it would be of value to roll the system out into the forensic service.

DT noted QMV's are being reviewed to help align them to the system.

MR noted that QMV's are quite paper driven, and queried if there may be duplication taking place? Information gained through QMV's may already be available from the Tendable system and MR suggested QMV's could perhaps have an alternative focus to provide a different data set, if this is the case.

TM reported the live inpatient dashboard is being developed and will be viewable at a number of different levels. The biggest challenge now is to continue embedding the system in the inpatient service because of acuity and staffing challenges, it helps get the message across that service improvement remains a priority.

MBu queried if the system would highlight where there are potential leadership challenges?

TM states it would, and it would also identify where strong leadership was in place.

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

TB/23/116 Chair's remarks (agenda item 7)

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

- Complex Incidents report
- Integrated Care System (ICS) updates
- Investment appraisal (six monthly board report)

It was RESOLVED to NOTE the Chair's remarks.

TB/23/117 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- There has been no industrial action since last board meeting.
- £800m has been diverted from national budgets, including digital, to support the financial impact of industrial action, particularly with acute trusts. Total additional funding of £1bn has been made available for systems to cover the costs of industrial action and winter pressures, and all ICSs are expected to present a balanced position for the year.
- The Trust is currently bucking the national trend on out of area beds (OOA), with some improvement in recent months. This is not a trend yet, but the progress is encouraging.

- The patient and carers race equity framework (PCREF) has been published. The Trust has already done a lot of work in this area and will review the document to see if we can enhance our equality, diversity and inclusion plan.
- Hempsons (a legal firm) have issued good guidance on how to counter racial discrimination in disciplinary processes. The author of the report is going to deliver the outcomes to the Trust to see what learning can be taken.
- The Trust staff survey has had at least a 50% return, the final numbers are still to be established with the survey having closed on Friday last week.
- Flu vaccination uptake was strong when it started. This has now plateaued in the last couple of weeks at around 40% uptake and this would appear to reflect the national position. We will continue to promote the offer of the Flu and Covid-19 vaccines to all Trust staff.
- NHS Providers has published the results of its annual state of the provider sector survey. Within this report there is concern about the impact of winter pressures and how this will feed into the new year.
- The integrated performance report will be presented later in today's meeting. In the main we are holding up against most metrics, but there are a couple of areas of focus required.
- The Trust has had some murals developed for some of our inpatient wards, which have been co-designed. They are excellent and well worth a look and demonstrate the added value of engagement with service users, carers, and staff to make ward environments more welcoming.

NM noted the patient and carers race equity framework and queried if this is mandatory?

MBr reported this needed to be checked. There was consultation on the framework some time ago and it was checked against our own equality and inclusion plan. This demonstrated we were largely in line with the framework. We can now reassess and bring the outcome to the equality inclusion and involvement committee for review, and report to Board through the triple A report.

Action: Dawn Lawson

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

TB/23/118 Performance (agenda item 9)

TB/23/118a Integrated performance report Month 7 2023/24 (agenda item 9.1)

AS introduced the summary dashboards and priority programmes:

- There are some areas of positivity in this month's report.
- The finance, investment and performance committee (FIP) agreed to spend more time on performance and is agreeing a programme of deep dives. These will be conducted through intelligence from the IPR, and wider Board feedback.
- At the last FIP meeting there was a focus on out of area placements to try and understand if there was an impact on agency usage.
- A waiting time report was also received from paediatric audiology. This is a challenged area, and we will take further information from Board today about how to develop a deep dive programme.

Strategic objectives and priorities

- We are now trying to embed the capture of our diversity information in order to improve, identifying hotspots and areas where action is required.
- New indicators go through an information gathering phase following which we can look at their impact and the "so what" conversation.

MF raised the metric “number of people who have sustained 26 weeks employment via the Trust individual placement support service”, and questioned what progress there has been in this area?

MBr reported the team have recently presented a Board story, where a service user presented their positive experience of the service. A couple of metrics have been introduced, one of which is the number of people accessing the service. The average is 25 to 35 people a month. In time we expect an increase in service users sustaining longer periods of employment.

MBr reiterated this is a new service and. we have not yet had longevity of service provision to assure ourselves if the service is successful. We know from feedback from service users it is having a positive impact on their lives, what we now need is to establish is the longevity of that impact.

DT reported there is an individual placement support service steering group, and a fidelity assessment against the national standards. The team's performance against these standards is good. DT provided assurance that the team's approach is in line with national expectations, but he will take MF's comments on performance against the referenced metric to the steering group for discussion.

Action: Darryl Thompson

Quality including national indicators.

DT gave the following highlights from the report:

National Indicators

- The Trust continues to perform well against the majority of national metrics.
- OOA bed days is over trajectory (for the year), but as already discussed we are seeing good improvement in this area.
- Percentage of service users waiting for an audiology assessment is under trajectory and we are cognisant of conversations about the importance of this metric and our paediatric services are working hard to improve access.

Trust Quality Indicators

- Care planning and risk assessments have shown improved performance in inpatient services.
- There has been an increase in restraint incidents, on review the increase has been attributed to the clinical presentation of specific patients.
- 91.7% of prone restraint incidents were for a duration of three minutes or less.
- The Trust has identified that prone restraint incidents often occur at times of medication administration. There is a renewed training programme taking place alongside Leeds & York and Bradford trusts to have a different position to support the person whilst administering medication without using the prone position.
- In addition, new ways of exiting seclusion rooms are also being considered.
- The backlog of complaints awaiting allocation to a complaints advisor has now been reduced and is being continued as business as usual.
- 100% of our complaints have been acknowledged within three working days.
- No complaints have breached the three-month target where we have not had a conversation under an agreed new time frame for completion.
- The number of complaints responded to within six months (national target) has been increasing month on month since June 2023.
- Friends and family test data - the forensics data in this document needs to be refreshed. The actual performance is 100% of people in this service give a positive outcome to the friends and family test. The report has been amended and arrangements have been made for these errors to be rectified and republished.

- All areas in relation to the friends and family test are at 90% or above except autism spectrum disorder (ASD) and attention deficit and hyperactivity disorder (ADHD) which perform at 75%.

MF noted supervision levels of 60% vs the 80% target seems relatively consistent across most areas. Is this an area of concern?

CH confirmed it is an area of concern. Supervision and appraisals are key areas of focus for improvement for all team leaders and managers. There is a practice and a recording issue. All wards with low supervision have a high sickness rate, and this needs to be reviewed, but there isn't a pattern of other metrics failing as a result of low supervision.

David Webster (DW) queried if any benchmarking has taken place against other organisations in respect of restraints. DW had visited a Trust in Bradford and they reported they have no restraints. DW stated it would be useful to understand definitions in this area.

DT reported the reducing restrictive practice and interventions (RRPI) team are well connected across the region to make sure the Trust is in line with emergent best practise.

NM reported RRPI benchmarking against other trusts goes to the quality and safety committee and there are two main focuses at committee, how we are reporting restraint, to understand our approach, and the performance rate, as the number of restraints appears higher than benchmarking data.

KQ asked to reconcile the information in the RRPI annual report with what is in the IPR. We benchmark higher than other trusts. We need to look at the two pictures that have been presented to the Board, in order to understand this.

Action: Darryl Thompson

CH reported individual ward performance data now includes the number of restraints, including prone restraint. The highest user is Walton ward, which is one of our psychiatric intensive care units (PICU), which is expected given the presentations these types of wards deal with

.

People

AS highlighted the following points:

- A continuing trend is that we have had more starters than leavers for every month of this year.
- The vacancy rate has increased. We still attract additional income for the mental health investment standard (MHIS). Board members may start to see a national debate on increasing headcount across the NHS not necessarily matched by an increase in productivity. We have to remember as a mental health trust the MHIS still applies, and we're still being commissioned to provide additional and new services which require our headcount to increase. There are some real positives that we are growing the workforce but there is a challenge that we have to keep pace with new roles through the MHIS. This is a position that is likely to change next year.
- We've looked at some of our peers around vacancy rates and sustainability and we perform well compared to mental health peers in the Yorkshire region.
- There is a continuing challenge in relation to appraisals, detailed discussion has taken place at executive management team (EMT). MBr has asked for some action plans for improvement.
- Appraisals also need to be quality meetings, not just numbers based. We are hopeful we can achieve some sustained improvement.

Mandy Rayner (MR) confirmed the appraisal improvement plan came to PRC last week. There was a good debate around some of the challenges. We are expecting to see some improvement soon and it was noted there had been recent improvement in forensic services and estates & facilities.

MBr asked Board members to note this year we have a phased target, so 80% is only at a point in time, the target has never moved from 95%. The paper that came to committee last week dissected this information and DL is supporting the people directorate with some change management techniques and improvements so that we can have some visible and tangible actions which will come back to EMT.

Care Groups

CH reported:

Barnsley general community

- There is a continued focus on supervision and appraisals.
- The staffing risk has been reduced in the neighbourhood nursing team having recruited to a good number of vacancies.
- Pediatric audiology - we were confident in reaching the target, but unfortunately, we have not managed to achieve this due to demand and staffing capacity. We are reviewing the service and hope to be in a better position to provide a trajectory in January 2024.
- Assurance was provided to quality and safety committee (QSC) that we can still provide paediatric audiology appointments within four weeks. It is the diagnostic appointment that we're struggling with. If parents need support with their child, we can get somebody to see them to provide support in the short term. The maximum wait currently is 12 weeks, and we are doing all we can to address this.

CAMHS

- There is continuing pressure on Tier 4 beds. There are also issues in respect of suitable placements for a child, which might not be an inpatient bed, but the default is often to an inpatient bed because there isn't a better solution.
- There are still some staffing hot spots. The Wakefield team have raised this, as have Wetherby and Adelbeck.
- There have been some good ideas from the service about how to involve children in our recruitment processes.

Adults and older people's services

- There is low use of out of area beds, and patient safety always comes first, if somebody needs a bed, and it out of area, it will be used.
- Calderdale, Kirklees and Wakefield single points of access (SPA) teams continue to be under pressure, but they are managing to see people within 14 days. In this service people with urgent need are prioritised. More routine referrals can be a risk due to the number of urgent referrals being received. There are issues in Barnsley and there is an action plan in place to resolve this.
- Reducing restrictive practice and interventions (RRPI) training - inpatient services, notwithstanding individual hotspots, overall are green and the challenges sit within our community services, who are less likely to utilise restraint, which presents a slightly reduced risk.

Attention deficit and hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) and Learning disability and forensic services.

- The Royal College of Psychiatry invited review, have now returned their final report. There is an action plan in place and the plan is to present this to QSC in January and the Board will be updated through triple A reports.
- There are challenges in finding suitable placements for people who are ready for discharge from Horizon, this is a challenge that is shared with our partners in Bradford. There are collaborative discussions taking place to look at a resolution.
- There are still challenges with learning disability services and completed assessment care packages to commence treatment. 21 referrals out of 71 have not met the assessment to treatment target of three weeks. These referrals are spread throughout Barnsley, Kirklees and Wakefield.
- Forensics are working through a rapid improvement plan in respect of appraisals. We are working on data accuracy plans to improve data and will keep a local record to provide the required evidence.
- Band 5 vacancies have been reduced although the impact of this recruitment has not been seen yet as some staff are working through preceptorship and induction.

Inpatient Wards

- It has been noted that where there is low supervision there is high sickness amongst the staff group.
- There have been some identified dips on Clarke ward in Barnsley in relation to performance and the matrons will be working with the ward to improve performance.
- Ward 19 (female) sickness compared to ward 18 (male) is significant, and all of their workforce performance indicators are currently below target. This is not indicative of a trend, but we need to keep an eye on this. It should be noted there has been a COVID-19 outbreak on this ward.
- Low secure services in the Bretton centre are experiencing high levels of sickness and this is impacting on cardiopulmonary resuscitation (CPR) training compliance.
- Lyndhurst is one of the Trust's rehabilitation wards and is below target on several indicators. There are some new leadership arrangements in place with a service improvement plan and so we are expecting these to change.

MBr noted the Trust is seeing one or two young people placed in adult beds a month, so far there have been 325 young people placed in an adult bed nationally this year.

Learning disability discharge is also a national issue. We need to work with our local authorities and partners to try and improve this position and length of stays.

NM asked CH which areas the Board needs to be aware of as areas of concern?

CH reported Clark ward is a current area of concern, as is Lyndhurst. CH noted she is currently looking at the improvement work that has taken place in Wakefield, Calderdale and Kirklees single point of access (SPA) teams and why this hasn't been effective in Barnsley.

Leadership and how the community teams are brought together is being reviewed so that we continue to learn from each area of the Trust while still understanding the differences in the dynamics of populations. CH also reported she is keeping a close eye on any potential impact as a result of the reduction in out of area beds on other services.

A conversation followed in relation to the "so what" element of the IPR and how the analysis of the data being presented is improving and this is continuing journey as the IPR continues to develop.

Finance and Contracts

AS highlighted the following points:

- There has been a request from NHSE for ICSs to confirm they can deliver their original plan. Our Trust financials are included as part of the West Yorkshire ICS who have submitted a break-even forecast.
- The Trust has not changed its forecast, and this has been fed into the ICB.
-
- We have seen agency spend reduce this month, and this is the first time this year it has been within target.
- There remain some pressures on non-pay, some of these are inflationary pressures, some are activity.
- There is a slight concern the provider collaborative underspend is supporting the underlying Trust position. The risk is that provider collaborative spend can be volatile, a small number of high-cost placements can have a significant impact on this position.
- OOA beds have been discussed and we currently have zero OOA placements for adults and older people services, we have two PICU patients out of area, and both have unique challenges.
- Agency review group reviewed individual roles and looked at what measures we can take. Where we have seen a big improvement, this month is around staff on rotas. Work continues with the operations directorate and the people directorate to understand and maintain the change and identify if there are any unintended consequences.
- Capital is shown as red as we are not spending at the rate we need to. Supply chain and lead in times for some the schemes are difficult.

MF raised virtual ward occupancy that is highlighted within the national metrics section and noted that performance appears to be under trajectory.

CH reported this is reduced currently but when the team have looked at this, it is believed to be a timing issue, because people on our caseload get added to the virtual ward and then step back down again. We are confident that people are on the right pathway, and this will be reviewed in further detail. CH confirmed she would double check the position and report back to the board.

Action: Carol Harris

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

TB/23/118b Care Group Performance Report (agenda item 9.2)

CH introduced the item and highlighted the following points:

- This report is focused on community mental health and mental health inpatients.
- This is retrospective data from the month prior to the IPR that has just been presented.
- There was an improvement in appraisal rates at the start of the year, but this has started to slow in community services although it has been maintained at 75% in all areas. Further work is underway in all areas to achieve the 95% target.
- In relation to access for people in the community, those in crisis consistently receive an assessment within four hours. Other access measures, such as, 72-hour follow up, and A&E assessments are positive.
- As already mentioned, there are some challenges around single point of access in Barnsley. There is an improvement plan in place to take learning from other areas.
- Learning from incidents and complaints is embedded as part of care group governance processes, and there is further work being undertaken to understand the statistical significance of the data to check that appropriate action is being taken.

- In mental health community services, referrals for white people are marginally overrepresented and Asian people are marginally underrepresented. Equality impact assessments have been carried out along with action plans.
- Looking at our inpatient services there is a reciprocal position. BAME communities are more likely to be referred onto an inpatient ward than white communities and this is a national trend.
- There has been improved performance on sickness and we do focus on staff wellbeing.
- Incidents for this staff group in the main relate to aggression and violence. The race forward group has been looking at racial abuse and how staff can support each other to deal with this issue.
- Turnover runs high for this staff group. Most nurses start their career in inpatient wards before they move onto other areas. We are looking at a career structure to improve retention within inpatient services.
- CH explained safer staffing data is reflective of acuity on wards rather than establishment.

Rachel Lee (RL) noted the referrals by deprivation data and asked what plans were in place to address this.

CH reported this would be reviewed as part of the equality impact assessment action plans.

MBr noted there is a need to work in partnership with public health and commissioners as well so that there is a wider system view on this data.

DT reported he had recently met with the Chairs of care group governance meetings and asked them to consider how assurance can be provided to Board around certain issues.

DT added there is a current initiative through Barnsley recovery college focused on the two post codes of highest deprivation, which is looking at engagement with people from those populations through the recovery college, to address self-care, wellbeing and health promotion.

DL reported the Trust is progressing into a strategy refresh and it is important that it is data informed and action focused. Inequality is a good indicator for the Trust to think about. This will take some time to resolve through work with partners, and the Board may wish to consider what this will look like in the medium- and long-term position.

It was RESOLVED to RECEIVE the report and NOTE comments made.

TB/23/119 Risk and Assurance (agenda item 10)

TB/22/119a Serious Incidents Quarterly report (agenda item 10.1)

DT introduced the item and highlighted the following points:

- There have been almost 3,500 incidents reported in the quarter which remains within expected variation levels.
- 96% of incidents resulted in no, or low harm, or were external to Trust care.
- There has been an upward trend in red incidents in recent months, they continue to be regularly evaluated through our governance process which considers the level of harm caused.
- Physical aggression, threat with no contact made towards staff from service users, is normally the most frequent incident type. Self-harm is the most frequent incident for this quarter. This is reflective of the levels of acuity we are experiencing as highlighted in our board story this morning.
- Learning from experience is included in the report.
- Two serious incidents this quarter and we have had no “never events.”

- The report includes learning from healthcare deaths. There were 98 reported deaths in quarter 2, and 75 of those were in scope for mortality reviews. These numbers include our end-of-life pathway and neighbourhood nursing teams.
- The report has been recommended for approval by Board following presentation to the quality and safety committee (QSC).

MF noted there is a notion that the number of reported red incidents is when reported, then this can reduce on review. Is there a way the table can show the difference between these two totals?

MR pointed out that the narrative includes the differential between reported red incidents and confirmed red incidents after review.

A discussion followed about different date sets in different parts of the report and MBr reported that while the data is important, from an assurance perspective, what we must focus on is the learning that has been taken from these incidents.

DT reported incidents are discussed and reviewed through care group clinical governance meetings, and where learning is identified this is shared into the Trust wide clinical governance group and then fed into QSC.

DT gave an example of a ligature point that hadn't been seen nationally. This was shared throughout the Trust and then shared into national forums for awareness.

NM noted that pressure ulcers had been raised by our governors and we are conducting deep dives at committee in relation to this.

MBu noted the beginning of the report is important from an assurance perspective. MBu asked for future executive summaries to include areas of focus over the quarter and what has changed as a result.

Action: Darryl Thompson

It was RESOLVED to RECEIVE and NOTE the quarterly report.

TB/23/119b Ligature annual report (agenda item 10.2)

DT introduced the item and highlighted the following points in relation to risk assessment:

- The report has been presented to QSC; additional work was requested prior to presentation to Board to provide more assurance.
- This is a fundamental aspect of our safety approach.
- The 2022/23 audit process took place across all our clinical areas to test potential ligature points and 37 separate assessments have been carried out.
- When issues are identified, actions are raised to address these, be it small estates adjustments that are required, or larger schemes such as door replacement.
- The clinical environmental safety group deal with estates changes which feed information into EMT.
- There has been an increase in ligature incidents from last year, but numbers remain significantly lower than 2020/21 when there was a peak.
- The anti-ligature door replacement programme progress is included in the report.
- The Trust ligature audits are in line with national expectations. There have been some delays in sign off process earlier in the year and this was escalated to the clinical environmental safety group.

Mandy Rayner (MR) noted this is a good report and queried if there are any issues that need to be addressed?

DT reported the continuing challenge is new methods of ligature that people continue to create. We are well linked into the national ligature network.

MBr noted one challenge has been as a result of staff turnover and temporary staffing being required. It has been identified through some visits that temporary staff don't always know the ligature points or where the ligature folder is, and this is being dealt with.

NM noted the report has been updated in a timely manner following committee feedback with improved assurance.

RL noticed that 10% of ligature incidents involved transgender patients and this seemed disproportionately high. It was agreed that this would be reviewed through QSC to identify if any further action is required.

Action: Darryl Thompson

It was RESOLVED to RECEIVE the report and confirm it provides the required assurance.

TB/23/119c Medical education annual report (agenda item 10.3)

Prof. Subha Thiyagesh (ST) asked for the paper to be taken as read and highlighted the following points:

- The Medical Education Department aims to ensure that the Trust is fulfilling its contractual obligations to NHS England Workforce, Education and Training Directorate (formerly Health Education England) and the universities in which it holds contracts, to ensure that a high-quality training experience is being provided in line with the relevant frameworks, as set out by the General Medical Council.
- This report forms part of the annual assurance process to demonstrate the department is achieving its obligations and future-proofing its services as well as ensuring that the Executive Management Team have oversight of any challenges that the department is expecting to experience, or areas of particular focus for the next 12 months.
- The Medical Education Department, on behalf of the Trust, provides assurance to NHS England (formerly Health Education England) and to the relevant universities. This is carried out via annual meetings with each.

MR noted that the people and remuneration committee (PRC) receive the guardian of safe working quarterly report, and this has identified some issues regarding the e-rostering system, which hasn't been as effective as it has been in other areas. The report triangulates well with what is being heard at Committee.

It was RESOLVED RECEIVE the third annual Board update and note the ongoing challenges placed upon the Medical Education Department.

TB/23/119d Freedom to speak up (FTSU) self-assessment (agenda item 10.4)

Julie Williams (JW) introduced the item and highlighted the following points:

- Estelle Myers, the Trust lead FTSU guardian has unfortunately been called away on a personal matter and has had to give apologies for today's meeting.
- Following publication of the new national freedom to speak up policy, which the Trust has adopted, all trusts have been sent this self-assessment tool to complete.
- Work started on the document at the end of March 2023, and has been completed over several months, with involvement from the people directorate, freedom to speak up guardians, and various staff from across the organisation.
- It took some time to work through the scoring process, following which an action plan was developed, which is the document presented to Board today.

- The document has been through the freedom to speak up steering group, organisational management group (OMG), EMT and people and remuneration (PRC) prior to being recommended to Board for approval, prior to publication (required before the end January 2024)

KQ noted she was thinking back to the letter from NHSE about the Lucy Letby case and there were five things from that letter, in addition to the policy for Trust Boards to action, and KQ asked for some assurance around these. KQ also noted low numbers of cases which can be perceived as an indicator of concern, and questioned how this is being managed.

JW reported a full update paper was presented to Board in relation to the Lucy Letby case and all matters around FTSU include the actions presented in that letter.

Estelle Myers (EM) is key trained for forensics, and visits team during handovers between days and nights. The Trust has recruited more FTSU guardians since the Lucy Letby case and is looking to recruit more.

JW reported through the mechanisms and communication plans in place, we have good systems to reach as many staff as possible.

JW stated the numbers of cases is accurate, staff tend to raise concerns that can be dealt with elsewhere and are these are often resolved through signposting. Examples of this are concerns that are raised that can be dealt with through line management routes, staff side or the people directorate. The FTSU steering group feel that staff know it is safe to come forward and be listened to.

There will always be areas and staff groups that are harder to reach, and the Trust has to make sure the effort is made to reach those areas.

JW reported a thematic review has been requested, but due to low numbers, themes are hard to identify. Therefore, the scope of this work has been broadened and following a conversation with NM, we are working with the deputy director of nursing, quality and professions and looking at intelligence monitoring, quality monitoring visits(QMV) outputs, outcomes of serious incident investigations, and reports into the people directorate, The care groups are very committed to FTSU and it is a regular item at OMG and fed back through the matrons.

MBr raised two issues. This is a self-assessment, and this report states that we have good processes in place, and we have identified there are points for learning, at the same time we can't lose the focus on what is needed to build on what we have and improve through the action plan.

RL noted the report presents a lot of positive actions taking place and explains how FTSU guardians are looking to break down barriers and to improve diversity of the guardians.

MF raised the notion of staff going elsewhere to report issues.

MR reported staff are utilising other routes, such a line management, rather than "going elsewhere", this terminology can be slightly misleading.

A discussion followed about methods for reporting incidents and identifying issues.

KQ noted the staff survey would be a useful way in which to assess the effectiveness of FTSU. It would also be useful to look at equality data for reporting to see what the breakdown is. There is a suggestion that staff from BAME backgrounds may be less likely to utilise this process.

It was **RESOLVED** to **APPROVE** the FTSU Reflection and Planning Tool for publication.

TB/23/119e Emergency Preparedness, Resilience and Response (EPRR) compliance report (agenda item 10.5)

AS introduced the item and highlighted the following points:

- The assurance process is new and is a trial.
- There had been a significant deterioration in scores across the region because of the many new requirements from the new process.
- We have arranged to meet NHSE and discuss the new process.
- There are some specific challenges in the scoring.
- AS wants to challenge the proportionality of the scoring system.
- The evidence base that has been used, is the same evidence base we have used previously.
- NHSE have raised the bar significantly in terms of requirements.
- We fundamentally disagree with a number of points made by NHSE and we are going to work through this.
- There is a significant gap between where we feel we are as a Trust and where NHSE deem us to be.
- We have to sign this off today as presented, and then work this through with NHSE.
- We have been able to demonstrate effective EPRR functions, for example we have done it this year, through industrial action and in recent years with the pandemic. We also have a significant assurance internal audit.

MBr asked that an accompanying letter should be sent with the submission to document where the gaps are.

Action: Adrian Snarr

AS reported the Trust needs to move towards full compliance and there are some elements we will struggle with. For example, a decant plan to evacuate a full site is currently not possible. We need to get back to partial compliance and there are a number of challenges to this.

AS reported at sign off today we are 26% compliant.

MF reported the audit committee signed this off at 79% prior to submission.

AS reported, we still don't understand the detail of NHSE interpretation of the requirements. This an issue for all providers.

MF requested the Board approve the report on the basis it needs to return to the audit committee to look at the detail.

Action: Adrian Snarr

MR noted this is about emergency planning, do we have now have a risk, and if so, what action is needed to mitigate this risk.

AS noted, a risk should be considered for the ORR. We have an internal audit report that has given significant assurance around our EPRR.

Action: Adrian Snarr

MBr noted the EPRR process has managed the pandemic well, industrial action, and in the last few years a ward fire.

It was RESOLVED to APPROVE the submission of the core standards compliance position, with a covering letter to NHSE and the action plan to go to Audit Committee for detailed oversight.

TB/23/119f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.6)

Mental Health Act Committee 7 November 2023

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

- Right care right person input was interesting and clinical risks will be considered.
- The community treatment order (CTO) annual report. Nationally CTO use is eleven times higher on black people than it is on white people. The Trust completely bucks this trend with only 45% of black people on a CTO from a BAME background and we are going to look at why we differ from the national picture.

Quality & Safety Committee 14 November 2023

Nat McMillan (NM) reported the following:

- New and emerging risks were discussed at PRC as well as QSC and we are looking at the joint ownership of those risks to avoid duplication.
- Quality improvement assessments were discussed.

Members' Council 17 November 2023

MBu asked to take the paper as read noting it had been a positive meeting with good engagement from the governors.

Finance, Investment & Performance Committee 20 November 2023

DW highlighted the following from the November meeting:

- There will be a greater performance focus, in addition to finance as documented in the report.

People and Remuneration Committee 21 November 2023

MR highlighted the following:

- There was a good discussion about the score for the risk for industrial action which demonstrated well the comprehensive way in which risks are managed within the Trust.
-

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

TB/23/120 Integrated Care Systems and Partnerships (agenda item 11)

TB/22/120a 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:

- There was a powerful video shown from a young person with an eating disorder in Barnsley.
- Diversity and inclusion group has been established – Dawn Lawson (DL) is now a member of this group.
- Industrial action and the current financial position were key focuses of the meeting.

Mental Health Learning Disability and Autism (MHLDA) collaborative

There will be an updated national mental health strategy.

- A major conditions strategy is being developed which incorporates mental health and DL will be the Trust's representative.

- We are discussing the relationship between the MHLDA collaborative and the specialist provider collaboratives including adult secure, eating disorders and CAMHS in South Yorkshire and what the role of commissioning is.

Dawn Lawson (DL) reported the Trust is working closely with the alliance to develop a provider collaborative approach including the Barnsley hospital NHS foundation trust.

It was RESOLVED to NOTE the SYB ICS update.

TB/23/120b 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 for the paper to be taken as read, highlighting the following points:

- Wakefield health and wellbeing board had an item of focus on tobacco control, led by the public health team and West Yorkshire trading standards.
- Our smoking cessation service in Wakefield was highly commended, being noted to be high performing and flexible in its working.
- The data presented did highlight the significant progress being made on smoking reduction, however, it also identified significant inequalities in terms of low income and mental health conditions being disproportionately affected by tobacco.
- In terms of inequalities, smoking remains the biggest killer in Wakefield.
- SR is going to take this issue into the mental health alliance in Wakefield to see what more can be done to reduce smoking rates through work with partners.

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/23/120c Provider Collaboratives and Alliances (agenda item 11.3)

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

- The West Yorkshire collaborative for adult secure services is currently focused on the community pathway and female pathway.
- The community pathway work is to ensure consistency across the region, which means wherever you are in the region, your discharge opportunities are equal.
- The women's pathway work is emerging. It is becoming clear we are one of the first collaboratives to start looking in detail at a women's pathway.
- In South Yorkshire good progress has been made in resolving the one long term outstanding contract from 22-23.
- South Yorkshire are also looking at developing their community pathway.

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/23/121 Governance (agenda item 12)

TB/23/121c Trust Seal (agenda item 12.3)

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

TB/23/122 Trust Board work programme 2022/23 (agenda item 13)

MF queried the timeline for the five-year plan. MBu reported this would be scheduled after the strategic meeting in December.

It was RESOLVED to NOTE the work programme.

TB/23/123 Date of next meeting (agenda item 14)

The next Trust Board meeting in public will be held on 30 January 2024

TB/23/124 Any other business (agenda item 15)

Nil.

Signature:  Date: 30 January 2024