

**Minutes of the private Trust Board meeting held on 30 January 2024**  
**Small Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital**

<b>Present:</b>	Marie Burnham (MBu) Mandy Rayner (MR) Mike Ford (MF) Erfana Mahmood (EM) (via MS teams) Natalie McMillan (NM) David Webster (DW) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS)	Chair (in attendance via MS Teams) Deputy Chair/ Senior Independent Director (Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Director of Finance, Estates and Resources Chief Medical Officer Chief Nurse and Director of Quality and Professions
	Prof.Subha Thiyagesh (ST) Darryl Thompson (DT)	Chief Medical Officer Chief Nurse and Director of Quality and Professions
<b>Apologies:</b>	Kate Quail (KQ)	Non-Executive Director
<b>In attendance:</b>	Sue Barton (SB) Lindsay Jensen (LJ) Rachel Lee (RL) Andy Lister (AL) Estelle Myers (EMy) (Item 9.6 only) Sean Rayner (SR) Julie Williams (JW)	Deputy Director of Strategy and Change Interim Chief People Officer Associate Non-Executive Director Company Secretary (author) Freedom to Speak Up Guardian Director of Provider Development Deputy Director of Corporate Governance
<b>Apologies:</b>	Dawn Lawson (DL) Greg Moores (GM)	Director of Strategy and Change Chief People Officer
<b>Observers:</b>	Paula Gardner 3 x members of the public	Insight Candidate

**TB/24/01 Welcome, introduction and apologies (agenda item 1)**

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

MBu outlined the 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 informed attendees that the meeting was being recorded for administration purposes, to support minute taking, and once the minutes had been completed the recording would not be retained. Attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

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

## **TB/24/02 Declarations of interest (agenda item 2)**

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

<b>Name</b>	<b>Declaration</b>
<b>Non- Executive Directors</b>	
David Webster - Non-Executive Director	Chief Financial Officer at Red Embedded Consulting Ltd (trading as Consult Red)

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

## **TB/24/03 Questions from the public (agenda item 3)**

No questions were received from the public.

## **TB/24/04 Minutes from previous Trust Board meeting held 28 November 2023 (agenda item 4)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 28 November 2023 as a true and accurate record.

## **TB/24/05 Matters arising from previous Trust Board meeting held 28 November 2023 and Board action log (agenda item 5)**

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

## **TB/24/06 Service User/Staff Member/Carer story (agenda item 6)**

Carol Harris (CH) introduced Nicola Lang (NL) and Carolyn Storm (CS) from the general community team in Barnsley.

NL reported she works for the Barnsley care group as a service development manager and has been supporting the virtual ward mobilisation in Barnsley. This is a partnership arrangement between the Trust and Barnsley Hospital NHS Foundation Trust. NL reported she also works with CS who is a community matron in the clinical teams supporting the virtual ward.

CS informed the Board she is one of nine community matrons that works in the Barnsley area. Each community matron has an area of Barnsley to cover with a GP attached. Today's story relates to a service user in CS's area and involves one of the GPs that she works closely with in her day-to-day work.

NL reported virtual wards provide consultant led acute level care to a patient in their preferred place of residence, through remote monitoring (telephone and eventually digital monitoring equipment) and face to face support from community clinicians. National guidance was released in 2022 for the roll out of virtual wards across the country.

The virtual ward team is made up of consultants and nurses, employed by Barnsley hospital, and matrons, community nurses, and specialist respiratory nurses who are employed by SWYPFT.

SWYPFT also provide urgent community response / crisis support to virtual ward patients and other wrap around care through its neighbourhood teams e.g. neighbourhood nursing and rehabilitation.

All referrals and patient calls are processed as part of the single point of access service. NL reported the main aims are to improve patient experience, reduce length of stay in an acute setting, promote earlier supported discharge and/or prevent hospital admission.

NL reported this is important all year round, and particularly during the winter period. This is vital to supporting patients and the health and social care system in terms of patient flow.

Since October 2022 the team have supported 1,180 patients on the virtual ward pathway.

The team continues to learn and develop; working to refine pathways and processes utilising patient and staff feedback along with reviewing outcomes including information on re-admission rates to hospital for example.

NL reported the team is mobilising digital remote monitoring as part of the enhancement of the virtual ward offer to patients. This is a South Yorkshire Integrated Care Board led process. Advanced care planning forms part of the virtual ward pathway and, where needed, the teams will support patients and their families to make informed choices about the care they want.

CS stated Julie's story is about her Aunt Joan and her family's' experience of virtual ward, and it outlines how Joan has been supported to stay at home, with the support she needs. (The family have consented to their story being shared).

CS reported Joan had a recent hospital admission for biliary sepsis (a serious infection of the biliary tract). At the time, a ReSPECT form was completed with Joan, to deliver her wish to avoid future hospital admissions.

The ReSPECT process can be for anyone but has increasing relevance for people who have complex health needs. The ReSPECT process is increasingly being adopted within health and care communities and has recently been rolled out across Barnsley.

Two weeks after her hospital admission, Joan attended accident and emergency (A&E) with new "stroke like" symptoms that were different to the previous time she was admitted for biliary sepsis.

Once a stroke was ruled out in A&E, Joan and her family were offered the option to be supported at home on a virtual ward pathway, which they accepted. Joan was discharged from A&E with oral antibiotics and a plan of care on virtual ward, supported by the Consultant Geriatrician who saw Joan in the department.

Joan was assessed as having high risk of hospital admission, with a clinical frailty score (Rockwood) of 7, meaning that her symptoms / needs are unstable or of high complexity.

At home, Joan has good family support and a package of care in place, including 4 visits per day, from a domiciliary care agency.

Monitoring calls via the virtual ward nurses commenced the day after her A&E attendance and the neighbourhood nursing team were asked to support with blood sampling in line with her plan of care.

Joan's case, presentation and plan was discussed at the Virtual Ward Multi-disciplinary team (MDT) meeting. The team hold MDTs three times a week to discuss new patients, complex patients and agree discharge plans. CS reported Joan was monitored over the next two weeks, with slow but steady improvement.

Unfortunately, Joan took a turn for the worse; and was sick and generally unwell and Julie escalated this to the Virtual Ward team.

The urgent community response team visited Joan within 30 minutes to assess her and take observations.

Following discussion with the Consultant Geriatrician and the wider team, it was recommended that no further intervention would take place at that stage; noting Joan's ReSPECT form and wishes. It was agreed to continue to monitor Joan closely and CS arranged to discuss conservative treatment and future care plans. This was discussed with Julie, who was happy with this plan of care.

CS reviewed Joan at home, with Julie, and her care agency manager. They discussed Joan's increasing frailty and care needs and arranged for social services to increase her package of care.

CS spoke with Joan's GP to arrange an antibiotic to be used for reoccurrence of biliary sepsis, cyclizine for nausea and pre-emptive medication for any pain. They discussed and completed an end-of-life care plan (EPACCS) to support Joan's ReSPECT form to ensure all teams involved in Joan's care are aware of her future care plans and ongoing management of biliary sepsis at home.

CS recommended discharge from virtual ward monitoring and continued to oversee Joan's care and to ensure all plans were in place over the coming weeks. Joan was discharged from CS's care once all best supportive care plans were in place. Julie was made aware of how to escalate any further concerns via RightCare and Single Point of Access (SPA).

NL reported since the end of October, Joan has had two further visits from the community matron team which were treated at home.

NL informed the Board the family were provided with information in hospital about the virtual ward. In their feedback they stated they felt reassured that they had contact details if they were concerned or worried. They found the phone calls from the virtual ward nurses helpful and knew that they were on hand if they had any concerns.

Julie was pleased the team involved her and she stated she felt listened to and involved at all points. She reported the face-to-face visits from all staff were excellent and the family were impressed that the virtual ward nurses escalated concerns and organised a visit quickly when Joan became unwell.

The family now have a clear plan in place now to support Joan at home and avoid repeated hospital admissions. They know how to get in touch if Joan needs any further help and they reported they could not think of anything that could be improved.

CH thanked NL and CS for their story and bringing the virtual ward to life.

MBu thanked NL and CS for the explanation of some the detail in the story. A discussion followed about RESPECT forms and some of the issues involved.

Natalie McMillan (NM) noted how safe the pathway felt from the story provided by the family, knowing they had somewhere to go if they needed help. NM queried if a potential barrier to the success of the virtual ward could be the level of support service users have at home.

NL reported as part of the pathway, the team link in closely with Barnsley Council to look at any requirements for social care to support them discharge from hospital.

CS confirmed these situations do arise, and they are well supported by RightCare Barnsley. There are some situations that can't always be managed but in the main the patients receive the care they need.

MBr noted the story illustrates some of the great teamwork taking place across Barnsley and how we work together effectively as a system. Clearly this service supports Barnsley Hospital in terms of preventing admission or re-admission and also enables discharge. Today we have heard of one case, and MBr recognised there would be many others, and asked if the pathway has the capacity and skills in its workforce to deal with the demand?

NL reported part of the virtual ward initial modelling saw two additional roles created for matrons. This cohort of patients present a certain level of acuity and require a certain level of support. As the pathway and the model develops, we will revisit the skills and capacity required to ensure they are still appropriate for service user needs.

STh asked what proportion of service users were unable to remain on the virtual pathway due to their level of presentation, and what the impact is on the team and Barnsley hospital.

NL reported there is a national dataset that needs to be provided fortnightly, and in addition there is a dashboard that can be used for monitoring performance and outcomes. Included in this is a process to look at re-admission rates for patients on the virtual ward, to identify learning, and re-admission rates seven post discharge from the pathway.

The team benchmark well nationally against other virtual wards. This evaluation continues to develop as virtual wards are still in their infancy. One perception is that while the pathway may not always prevent readmission it does help with patient flow.

Mandy Rayner (MR) noted that digital innovations can be used in addition to digital monitoring such as virtual assessments and is there any scope for a digital package to be implemented to support the pathway?

NL reported a company called “Doccla” have been awarded the digital contract and the package includes vital sign monitoring, a question set to be completed, and alerts that will trigger a phone/video consultation if issues arise.

MBu thanked NL and CS for today’s board story.

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

#### **TB/24/07 Chair’s remarks (agenda item 7)**

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

- Corporate and organisational risk register
- Collaborative committee minutes
- Integrated Care System updates
- Complex incidents report
- Annual planning process

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

#### **TB/24/08 Chief Executive’s report (agenda item 8)**

##### Chief Executive’s report

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

- Since the last Board meeting there have been two further periods of industrial action, which have both been well managed.
- MBr had been on a national call recently where it was reported to have been the most challenging winter for mental health services. The Board have just heard a story giving a good example of how the Trust is relieving this pressure from acute colleagues.

- A planning update is on the Board agenda today. Planning guidance is still to be received but we recognise that the national financial position will be very challenging.
- The latest LeDeR (learning disabilities mortality review) report has been published. This will come to Board once it has been reviewed in detail by the quality and safety committee (QSC).

**Action: Darryl Thompson**

- The Trust strategy refresh is in progress and was discussed at the strategic Board in December. The Trust will now be seeking feedback from partners, staff and service users.
- The Trust's two recent Care Quality Commission (CQC) inpatient ward reports will be presented as part of today's Board agenda.
- The Trust's System Oversight framework classification is 2. All NHS trusts default to 2 unless there is a significant reason why this should not be the case.
- Individual placement support services have achieved strong results in terms of fidelity with the model, and we believe that scores in Calderdale are the best in the country.
- The Horizon Centre, an assessment unit at Fieldhead Hospital for people with a learning disability, has received some positive feedback following a recent independent care and treatment.
- There have been around 270 nominations for the Excellence awards, which MBr believes is the highest number ever received.

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

**TB/24/09 Risk and Assurance (agenda item 9)**

**TB/23/09a Board Assurance Framework (agenda item 9.1)**

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

- A revised approach to Board Assurance Framework (BAF) scoring has been scrutinised by the Audit Committee
- The Audit Committee have recommended we proceed with the new scoring methodology and implement it in Q1 24-25.
- Risk 1.4 – Services are not accessible to, nor effective, for all communities, especially those who are most disadvantaged, leading to inequality in health outcomes or life expectancy. The extended management team (EMT) identified that the Trust is better at recording inequalities data but needs to improve the utilisation and analysis of this data.
- Risk 2.4 – Failure to take measures to identify and address discrimination across the Trust may result in poor patient care and poor staff experience. EMT recommend this remains at Amber for this quarter and noted the executive trio have engaged in conversations with international nurses about their experience in the Trust.
- 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. AS reported national planning guidance has not yet been received for next year. System financial pressure is building but until the guidance is received EMT are recommending the risk remains yellow.
- Risk 4.1 – Inability to recruit, retain, skill up appropriately qualified, trained and engaged workforce leading to poor service user and staff experience and the inability to sustain safer staffing levels. EMT are recommending this risk reduces to yellow. As advised recruitment and retention rates are better now than they were this time last year, but some challenges remain in identified areas.

MBr noted that compared to April 2022, the Trust now has 308 more substantive staff. MBr reported international recruits are qualified staff but the increase in staffing is not uniform across all places and services, and experience levels of new staff may be lower than those leaving. We should recognise the progress made and move the risk to yellow.

MR reported recruitment has been discussed at length at the recent people and remuneration committee (PRC) and noted a lot of work has taken place regarding band 5 recruitment, and

although there are still gaps MR was assured by the information presented to the committee which supported that turnover has reduced and growth has increased.

MF agreed with a yellow grading for risk 4.1.

MR queried in relation to Risk 1.4 if the Trust has the analytical capability and capacity to carry out the work required?

AS reported the Trust has the capability, but they are a scarce resource, and therefore capacity is limited.

MBr reported he has given Sue Barton (SB) some work to consider what data the Trust has, needs, and how it is used.

SB reported the mapping of data has started, including capability and where resources are. Some automation will help, and we need to establish what we have, where it is, and how it is used. This work will go into EMT in early March.

EM reported that the yellow rating for workforce feels like the Trust is on a pinnacle and this needs to be monitored. EM suggested there is too much data and there is a need to make sense of what we have, before we start looking at analytics.

SB reported part of the work is looking at the 'SWIFT' dashboard which is a data warehouse for the Trust and identifying which data is being used and which isn't.

MF reported there is a paper coming to audit committee in April to look at benchmarking on Board Assurance Frameworks which will include a PwC report on health sector risks.

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

#### TB/24/09b Corporate/Organisational Risk Register (agenda item 9.2)

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

- Two new risks have been added this quarter:
  - Risk that teams and individual members of staff do not feel confident that the Trust has a culture in which 'Speaking Up', is encouraged, that individuals are not supportively heard, do not suffer personal detriment and that they do not receive feedback on action(s) taken which demonstrate listening and learning.
  - Risk that individuals do not feel safe from sexual harm. This includes being made to feel uncomfortable, frightened, or intimidated in a sexual way by any other person whilst being cared for, working for, or visiting the Trust.
- The speaking up risk score is 8, which is an amber grading, as is the sexual safety risk.
- JW reported the risk appetite for both new risks is 1-6 and they fall outside risk appetite which would be expected with new risks.
- Risk 1530 - Risk that demand, through acuity or numbers continues to rise placing further pressure on access to services and waiting lists. The broad nature of this risk has been discussed at EMT, and cross references have now been added to other risks in the ORR, as the nature of this risk is deemed to be appropriate at this time.
- This number of risks with a score of 15 or over remains the same.
- Risk 1568 - Risk that a seclusion room will not be available due to damage that occurred placing staff and service users at an increased risk of harm – there is a live capital scheme to enhance the seclusion suites. This risk needs to remain live until the work is concluded and once the work is completed, the risk score will be reduced and brought back to Board for consideration.
- Risk 1729 - Staff wellbeing may deteriorate which could exacerbate staffing challenges leading to a delivery of potentially reduced quality, unsafe and / or reduced services,

increased out of area placements and / or breaches in regulations – EMT are recommending the risk score reduces in line with the conversation just held in relation to the BAF.

MR noted risk 1080 - Risk that the Trust's IT infrastructure and information systems could be compromised by cyber-crime leading to a) theft of personal data, b) key system downtime and/or c) Inability to provide safe and high-quality care. MR identified in the actions for this risk it reports cyber security phase 2 enhancements to support the move towards advanced monitoring capabilities was presented as a business case to Executive Management Team and this has been agreed to be put on hold until 2024/25.

AS reported, this is cost benefit decision. Paul Foster has done a lot of work on enhancements that can be made to manage cyber security, but this comes at a cost, and so has to be part of the Trust's prioritisation process.

The Trust carried out this process in 2023/24 and prioritised investment of our resources on front-line patient care. The cyber work will be considered again as part of the prioritisation matrix for 2024/25.

MR noted that information technology is always evolving and so this will need careful consideration. MR also identified the Trust has done a lot of work in this area and consideration of the level of mitigation needs to be included in any change in risk score.

Nat McMillan (NM) noted the executive summary was well written for this report and demonstrates evidence of the dynamic risk management process in the Trust with the level of scrutiny through committees and Board.

MF noted the Trust governance process of Board committees reviewing their allocated risks in detail.

MF confirmed risk 1080 is discussed in detail at audit committee as is risk 1217 - Risk that the Trust has insufficient capacity for change to meet its own and system-wide objectives, potentially resulting in the Trust or system not meeting service users' needs in line with the committees other allocated risks.

MF noted that audit committee may need an update on the management capacity position on the Trust to fully assess this risk.

MBr stated this will form part of the planning process for 2024/25 as management capacity for priority programmes and change is included.

MF asked for a paper on this risk to come to audit committee to update the position on risk 1217.

**Action: Adrian Snarr/Dawn Lawson**

**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:**

- **APPROVE the new risk for speaking up.**
- **APPROVE the new risk for sexual safety.**
- **AGREE to the reduction in risk score for risk IDs; 1729, 1624, 852, 1319.**

**TB/24/09c Annual Planning (agenda item 9.3)**

Sean Rayner (SR) and AS introduced the item and highlighted the following points:



- SR reported that whilst planning national guidance has not been received the Trust needs to develop a plan and the attached papers show how we have been doing this.
- SR reported on page 4 of the report it can be seen how the plan feeds into the integrated care board (ICB) plans, at both district level, and South and West Yorkshire level. On page 5 of the report is the timetable the Trust is working to.
- In addition to the planning templates that are required to be completed, there is also a narrative section required and care groups have been working hard on this narrative.
- Any assumptions we have made prior to national guidance being released will need to be checked once it is available.

MBu noted this a good report. There is not finalised national guidance, but the Trust is doing the work so that it is ready for when it becomes available.

David Webster reported the finance, investment and performance committee (FIP) has been looking at the annual plan and asked the Board to note that he felt the delays to the issuing of the guidance adds pressure to the team.

MF queried if the report needs to go back to FIP and then back to Board.

AS reported, this depends on the planning schedule, there may be a need for an extraordinary meeting or delegated authority.

MBr reported this is a perennial challenge, we will most likely need to have some form of extraordinary committee where necessary. We need to engage with the financially qualified members of the Board and FIP committee members. We might also need Chair and Chief Executives delegated authority, and this will all depend on when the guidance is received.

EF noted the LeDer report from MBr's update and queried if there is any system lead on learning disability?

SR reported the West Yorkshire MHLDA partnership board have a lead project manager on LeDeR. Prof.Subha Thiyagesh is the Trust executive lead on learning disabilities. The region and the Trust are very proactive in their response to the LeDeR data as well as improving lives for people with a learning disability.

DT reported the LeDeR report has been discussed in place quality committees and has a high profile regionally.

**It was RESOLVED to NOTE the update on the development of, and timescales for, the Trust operating plan for 2024/25.**

#### TB/24/09e Safer Staffing report (agenda item 9.4)

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

- This is a bi-annual report.
- The report was reviewed by the quality and safety committee (QSC) on 9 January following further work being requested and completed.
- The purpose of the report is to provide assurance to Trust Board regarding the Trust's oversight in response to safer staffing requirements, with a particular focus on three key expectations – the right staff, with the right skills, at the right place and time.
- A fundamental review of this report is to take place to make sure it is providing Board with the assurance required in preparation for its next publication in April.

**Action: Darryl Thompson**

- There is a national shortage of registered nurses, but the Trust continues to improve its fill rate for registered staff, which demonstrates we have more registered nurses on shift.
- At times there is a need to respond to acuity and staffing pressures and so the skill mix may be adjusted to address the need for higher numbers, i.e. where registered staff aren't available from the bank, health care assistants will be utilised.
- Actions are in place to monitor and mitigate risks, and escalation processes are well embedded seven days a week to monitor staffing levels.
- There is reference in the report to our community teams and there is work planned to understand those needs.

MF noted the integrated performance report there used to have a section on unfilled shifts which was quite helpful. MF believes this is no longer in the IPR, and is not included in this report either?

NM stated this will be discussed through the quality and safety committee as part of the review of this report. NM feels there is a lot of data in the report, and it needs to provide key headlines and explanations to provide the right level of assurance and the committee will look at unfilled shifts and whether these should be in the safer staffing report or the IPR as part of this work. The committee also receives an update from the executive trio which needs to be articulated into this report.

**Action: Darryl Thompson**

MR reported PRC has received some positive updates about agency spend and recruitment but this needs to triangulate with safer staffing.

Lindsay Jensen (LJ) further noted PRC had looked at the experience of staff and what unfilled shifts mean for them. The Trust is on an improvement journey and is introducing "Safecare" in inpatient wards and we need to see what the impact of this will be, which can then feed into these reports.

EM agreed with NM that there is a lot of information in this report and some clarity in the report on whether the Trust is safely staffed would be helpful.

**Action: Darryl Thompson**

DT confirmed he is confident the wards are safely staffed, but skill mix can be a challenge.

A discussion followed that identified that the Trust has the lowest turnover rate and highest stability index when compared with similar trusts in the Yorkshire and Humber region.

Dr. Rachel Lee (RL) queried the impact on stress levels of staff and what interventions are available to help? RL asked about Schwartz rounds and if they are well attended?

LJ reported they are well attended and positive for those that attend. The Trust is also looking at local wellbeing champions who will bolster this position further. An audit is to take place in the next quarter which will measure the Trust's position in this area.

MBr suggested that PRC could have an agenda item to look at safer staffing and the impact on staff, stress levels and what interventions are available, and could also include the outcome of the forthcoming audit.

**Action: Lindsay Jensen**

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

**TB/24/09e CQC Inspection reports (agenda item 9.5)**

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

- This is the public report of the Trust's care quality commission (CQC) inspections in May 2023 in working age adult and psychiatric intensive care units (PICU) and forensic and secure services.
- It is important to note that the ratings issues by the CQC have not changed the overall rating of good.
- The rating for the forensic services reduced from "good" to "requires improvement" and the rating for each of the domains of safe, responsive, and well led is "requires improvement" and for caring the rating is "good".
- For working age adult and PICU, the overall rating remains "requiring improvement, with each domain rated as requires improvement.
- Positive comments were received about the culture on the wards, learning from safeguarding incidents, and people feeling safe to speak up.
- Care planning including family involvement, reducing restrictive physical interventions and the reduction of prone restraint, substantive staffing levels, and appraisal rates were identified as immediate areas of learning.
- There was a challenge in relation to staff training for learning disabilities and autism and DT noted that the current Oliver McGowan e-learning training has been completed by 2,421 staff (54%).

MBr stated it is important that Board have oversight and assurance in relation to the CQC actions. QSC will need to look at these in detail, and progress against the action plans need to come back to Board.

**Action: Darryl Thompson**

MBu reiterated the reports includes lots of positives including the positive culture on the wards and feeling free to speak up.

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

**TB/24/09f Freedom to speak up (FTSU) annual report six monthly update (agenda item 9.6)**

Estelle Myers (EMy) introduced herself to the Board and highlighted the following:

- The Trust retains a clear commitment to support colleagues who wish to speak up, to listen to and learn from what we hear, and to follow up and make changes in response to what we hear.
- There is a clear structure in place to ensure oversight of all contacts with our freedom to speak up guardians, with identified non-executive and executive leads for speaking up.
- National data shows that the Trust continues to perform in line with peer trusts for the national quarterly pulse survey data and has maintained its position within Quartile 2 for FTSU reported cases.
- In Q3 of 2023/24 there was a small decrease in the total number of concerns raised.
- The number of anonymous concerns has stayed the same in Q2 and Q3 as did the number of concerns relating to inappropriate attitudes and behaviours.
- There has also been an increase in Q3 in the number of concerns relating to bullying and harassment compared with Q2.
- Since April 2023, five cases have been taken through the FTSU process and the following themes have been identified: staff behaviours and attitudes, team issues and access to training.
- October 2023 was "speak up month". This saw teams wearing green on Wednesdays to support speaking up and promotional items shared with community teams. Discussions about potential barriers and solutions to speaking up took place in team meetings.
- As of November 2023, mandatory training with regards to speaking up was 94.75%, against a target of 85%.

- For the remaining quarters of 2023/24, work will continue on a thematic review with the quality directorate, to triangulate issues from complaints, incidents, quality monitoring visits (QMV) and patient feedback. The output of which will be used to develop targeted work with teams.
- The report provides assurance to Board that the organisation has the appropriate policy, systems, and processes in place for the oversight and management of freedom to speak up across the Trust.

Julie Williams (JW) thanked EM for conducting visits across the Trust and supporting teams. In respect of the thematic review, a meeting was held yesterday with the quality team and the information and intelligence is looking to be fed into the new quality oversight monitoring and support system (QOMS).

This will pull together data across the Trust prior to QMVs and will be used to manage actions from QMVs, which should help gather intelligence on teams who may require support.

NM welcomed the progress being made with this report and queried how the information obtained will feed into the Trust's organisational development strategy?

JW reported this work will be taking place with LJ and the people directorate through six weekly meetings being held with the lead non-executive director, Mike Ford.

MF queried on page 17 of the report there are comparisons with national values and peer averages and the Trust looks to be an outlier with some of these.

EMy reported the Trust has maintained its position in the last few years in quartile 2, compared to quartile 1 when FTSU was first introduced.

MF suggested this could be discussed in more detail in one of their six weekly catch-up meetings.

RL reported she liked the report and noted that medics appeared not to be speaking up and queried if any barriers had been identified?

EMy reported there are a number of routes through which people can raise concerns including FTSU. It may be that concerns are picked up and dealt with before getting to the FTSU process.

ST stated the exact same conversation had been held by the executive trio and EMy. ST reported there are a number of routes through which medics can raise issues. Any complaints or incidents raised by medics are reviewed in detail. In a recent deanery meeting between the Trust and NHS England the Trust was praised for its response to concerns raised by doctors.

A discussion followed noting the FTSU data should be triangulated with the outcome of the forthcoming staff survey report and pulse surveys.

**Action: Darryl Thompson**

JW added that the FTSU self-assessment tool and action plan was brought to board in November 2023 and this action plan is now embedded in the FTSU steering group and across care groups.

**It was RESOLVED to RECEIVE and NOTE this report on Freedom to Speak Up in the Trust.**

TB/24/09g Equality and Diversity Annual Report (agenda item 9.7)

Sue Barton (SB) introduced the item and highlighted the following points:

- The report is for the year 2022/23 and represents the views of service users, families, carers, and staff.
- Publishing this report forms part of the legal requirement under the Specific Duty in the Public Sector Equality Duty (PSED), part of the Equality Act 2010.
- Report includes detail on developing systems and processes and forward plans and how the Trust will take things to the next level.
- Equality, Diversity and Inclusion needs to become how the Trust operates on a day-to-day basis and will form part of the Trust strategy refresh and the subsequent refresh of the 'Equality, Involvement, Communication and Membership Strategy'

MBu noted equality, diversity and inclusion needs to be part of the organisational development plan.

A conversation followed noting how the Trust is doing well on actions, but clarity is required in terms of impact.

MBr noted there is work to be done around bullying and harassment and the Trust is working on the development of a programme of inclusive leadership to prepare Trust staff for the changing nature of the workforce.

NM noted it is important to focus on two or three key items in order to make change. As well as the experience of staff we also need to think about service users and their families, which would feed into much broader inequalities work.

RL noted that neurodiversity didn't feature in this report and is that something we are thinking about.

SB noted it is not one of the protected characteristics and so it wouldn't feature in this report, but neurodiversity is a key focus for the Trust.

MBr noted this is a valid point and consideration should be given as to how the Trust reports on neurodiversity.

**Action: Dawn Lawson**

LJ reported that neurodiversity is included in the Trust's inclusive recruitment plan. The Trust is working with an organisation called Touchstone about how to positively recruit neurodiverse staff.

**It was RESOLVED to APPROVE the final draft report prior to publication.**

**TB/24/09h Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.8)**

**Collaborative Committee 5 December 2023**

**MF reported on the following:**

- The objectives of the original business case for the West Yorkshire Adult Secure Provider Collaborative were reviewed against the collaboratives progress and it was identified that the level of progress made could not have been achieved without collaboration.
- Both West and South Yorkshire adult secure collaboratives are in surplus, but the financial position can be quite sensitive and so the committee takes time to consider the collaboratives' financial position.
- A report was received from the West Yorkshire adult secure surveillance subgroup – they currently have Newton Lodge on focused surveillance. This is a slighter higher level

of surveillance. It was felt this was something being heard through the committee for the first time.

AS reported, there are mechanisms across both provider collaboratives regarding levels of assurance that they seek. It is not necessarily a direct correlation to CQC reports but these do have a bearing on that focus level. The fact that our forensic ward CQC reports were published and provided to the provider collaborative along with the action plans, the decision was to place Newton Lodge under focused surveillance while the action plans are embedded and completed.

CH reported this is going to Quality and Safety Committee (QSC) through the executive trio update paper.

#### Equality Inclusion and Involvement Committee (EIIIC) 13 December 2023

MBu asked to take the report as read.

#### Audit Committee (AC) 9 January 2023

MF reported on the following:

- There is a need to review which committee has oversight of ligatures.
- AS reported that the Audit Committee had discussed the movement of estates and facilities items from QSC and wanted to check nothing was being missed.

MBr asked for confirmation that there is nothing outstanding in terms of actions and oversight to provide the Board with assurance that the Trust's ligature action plan is being responded to, in a timely manner.

NM confirmed the ligature action plan is coming to QSC, but Audit Committee has oversight of the ligature audit and therefore it actually sits with both committees.

#### Quality & Safety Committee (QSC) 9 January 2024

Nat McMillan (NM) reported the following:

- Children with a learning disability have not been able to access Barnsley CAMHS. The board are advised (as were committee) that this has been escalated to Barnsley and discussions are taking place.
- The infection prevention and control (IPC) team presented to the committee and the committee was impressed with the work the team carry out.
- The committee is asking Board to support role modelling about bare below the elbow and hand hygiene.
- Reducing restrictive practice and interventions (RRPI) continues to be a committee focus.
- There was an open discussion about the invited review about autism spectrum disorder from the royal college of psychiatry. The report showed candour and transparency and NM noted it takes courage to take part in an invited review.

ST reported the final report has been received, and the royal college has noted the service has taken an open and positive approach to learning. There are twelve identified areas of improvement and four recommendations. A report is being compiled including the context of the invited review and the fact it is quite a niche service. We will share the royal college report and action plan. The quality team are supporting this, and this will go to QSC and will then come to Board.

**Action: Prof.Subha Thiyagesh**

#### People and Remuneration Committee 16 January 2024

Mandy Rayner (MR) reported the following:

- Good committee meeting, good topics and the committee gained more assurance from the item presented.

- Appraisals have seen improved performance.
- A detailed organisational development plan was received, and regular updates will be received over the coming months.

#### Finance, Investment and Performance Committee 23 October 2023

DW highlighted the following:

- Planning guidance has not been issued, as already mentioned.
- Capital spend, there is £6m still to be spent in this financial year and the committee has asked for further assurance regarding this.
- Mental Health Investment Standard – we are behind on investments relating to children and young people.

A discussion took place about the committee workplan and how focused agenda items rotate for finance and performance between meetings.

MR noted agency spend and the amount of effort that gone into improving this and we are almost on target.

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

#### **TB/24/10 Performance (agenda item 10)**

##### TB/24/10a Integrated Performance Report (IPR) Month 9 2023/24 (agenda item 10.1)

AS introduced the item and highlighted the following:

- The IPR this month has a heatmap called “headlines” which is a visual aid at the beginning of the IPR to show where the challenges are, and any improvement or decline.
- Paediatric audiology remains a challenge, this is a small and discreet service in Barnsley. CH and her team are working on an internal action plan this is also being monitored by commissioners.
- The agency use indicator has improved significantly; the trend line is showing gradual improvement, the Trust has achieved target for the past three months.
- People indicators, including appraisals, are improving but there is long way to go. The operational management group (OMG) are looking at supervision rates to see if there is any correlation to identify hotspot teams.
- Out of area (OOA) placements are being maintained, we are currently between 2-4 patients placed OOA and these are all psychiatric intensive care unit (PICU) patients.
- We are seeing increased rates of service users clinically ready for discharge where there is no identified onward placement, which puts pressure on inpatient services.
- There have been four reports of incidents, diseases, and dangerous occurrences regulations (RIDDOR) incidents as a result of violence and aggression against staff by service users, and these have all been reported to the health and safety executive as required.

MBu stated the IPR is getting better, the heat map is an improvement and additional SPC charts would assist further.

MBr highlighted that the heat map in isolation appears to present a lot of red and amber metrics, which is not a balanced reflection of how the Trust is performing. The full depth of the IPR shows many green metrics, and the Board should be cognisant of this.

MBr stated RIDDOR incidents are treated very seriously by the Trust. These are four members of staff who have been assaulted at work and have not been able to return the following day. MBr asked to ensure staff are being appropriately supported and that incidents are being properly reviewed to prevent further occurrences.

MF noted a national metric about virtual ward occupancy and queried how the occupancy of a virtual ward is measured.

CH reported the number represents when people are stepped onto the virtual ward pathway. The virtual ward is provided in partnership with Barnsley Hospital NHS Foundation Trust. CH stated there is some work to be done to ensure patient numbers are being recorded fully.

MBr asked the Board to note that a recent national report identified the use of a virtual ward can be double the cost of having someone in a hospital setting. The virtual ward is of significant benefit to service users and also supports discharge from acute hospitals but does not benefit the Trust financially.

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

**TB/24/10b Care Group Dashboards report (agenda item 10.2)**

Carol Harris (CH) introduced the item noting the following:

- This month's report is focused on the forensic care group.
- Overall, there has been a decline in appraisals, but a recovery and monitoring plan is in place, and we are seeing improvement. Local records show better performance, so data is being reconciled.
- Clinical supervision in this care group is very positive and is over the target of 85%
- The key issue for the service is sickness. Forensics services are predominantly ward based which reduces the ability to work from home.
- Long term sickness is currently 42% of total sickness in the care group and with support from the business partner in the people directorate we are supporting staff appropriately, with an action plan in place.
- Work continues to manage mandatory training, and in relation to RRPI training, the forensics service is broadly compliant.
- The forensic learning disability (LD) service is an outlier in terms of restraint and prone restraint. Work is taking place around culture within the service and the utilisation of different techniques. The RRPI team is supporting this work.
- Forensic LD have maintained compliance with cardiopulmonary resuscitation (CPR) training, compared to other parts of the service. CPR trained staff are managed so that they are available on every shift.
- Turnover – staff that start their career in forensics wards often then look to move on. We do expect to see a higher turnover as a result.
- In relation to finance the bed base had been working over establishment. This has been reviewed and presented to the provider collaborative and is now funded.
- The community service underspend is mainly due to vacancies across teams.
- Occupancy – all referrals for beds in medium and low secure are gatekept centrally by the West Yorkshire commissioning hub services. We are therefore working with commissioners and the provider collaborative on pathways.
- The friends and family test has been incorporated into a wider patient experience survey. This has increased responses which has in turn improved compliance.
- Activity – 25hrs of activity is recorded at 100% but feedback is that activities need to be more varied. This is being reviewed and a new activities programme is being developed with service users for the end of March.
- CH made the board aware that low occupancy doesn't necessarily correlate to low incidents, these are mainly as a result of acuity. Incidents are within expected levels in forensic services. Given the acuity most incidents are violence and aggression and security related incidents.



- To ensure safe staffing levels, staff are reallocated to areas with the greatest clinical need where it has not proven possible to cover that shift with temporary staffing or when there is absence that has occurred close to commencement of the shift. Despite low occupancy levels the safer staffing data reflects high levels of acuity and complexity
- Admissions to secure services of people from Black, Asian and Mixed ethnicity backgrounds are overrepresented in relation to local population representation. Equality Impact Assessments (EIAs) have been completed and action plans developed. The focus of action plans for 2023 was on cultural awareness and celebration events, carers, and improvement of access to services to meet the needs of all populations.
- There is a marked variation between population and admissions in relation to the index of multiple deprivation. More detailed analysis is required to better understand this data.

NM noted the huge improvement in appraisals in a short space of time and could any learning to be taken into PRC to look at.

**Action: Carol Harris**

NM further noted sickness and wellbeing in broad terms, and asked for more understanding about sickness levels, with MR's agreement, to come to PRC. There is a requirement for assurance about the management of sickness.

MR noted there is an audit taking place on sickness in the next quarter and the scope of this may need to be reviewed. MR suggested PRC should see the outcome of the audit before the committee does a deep dive.

CH asked the Board to note that staff sickness is managed with the occupational health unit (OHU) and sometimes, dependent on the staff members condition or illness, staff may be advised not to work on certain wards due to acuity levels and this can affect staffing levels on particular wards at particular times.

RL noted the high supervision rates in forensics and asked is there learning for other wards.

CH reported that learning will be shared through the operational senior leadership team. One structured arrangements have been put in place which has ensured improvement.

MBu noted that service users have 25hrs of activities a week and asked if there is a national benchmark?

MBr responded that when we triangulate the CQC report narrative with what patients are saying, comments are about the wrong type of activities along with the variety of food choices. These are longer term service users that need more variation.

**It was RESOLVED to RECEIVE the Care Group Dashboards Report and the comments made.**

### **TB/24/11 Integrated Care Systems and Partnerships (agenda item 11)**

#### **TB/24/11a South Yorkshire updated including South Yorkshire Integrated Care System (SYBICS) (agenda item 11.1)**

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

- The integrated care board meeting had three main agenda items – finance, winter planning and industrial action, and the process for conclusion of the new operating model.

- A health and social care recruitment event has been held in Barnsley which was very successful.
- Barnsley place is developing an autism strategy.
- The emergency preparedness rating given by NHSE was raised at the integrated care board as all providers have had the same issue and concerns.
- The mental health learning disability and autism (MHLDA) provider collaborative has been discussing parity of esteem, and how we can work with acute and primary care colleagues to make sure the needs of those with mental illness are met.
- There has also been some clarity provided about the arrangements for the provider collaborative board and the specialist commissioning arrangements such as adult secure.

Barnsley place:

- There was the first provider collaborative meeting between primary care, Barnsley hospital and SWYPFT and Dawn Lawson has been integral in making sure this comes together.

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

TB/24/11b 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:

- Similar priorities areas are taking place in West Yorkshire as MBr has described in South Yorkshire.
- Governance arrangements in Kirklees and Wakefield are being reviewed in relation to the integrated care board (ICB) committee meeting frequency.
- The mental health alliances in Kirklees and Wakefield have been taken through the older people's mental health transformation arrangements.
- In Calderdale the neighbourhood teams are a current point of focus.
- In Wakefield health and wellbeing board the Trust has been mentioned and commended regarding smoking cessation services in relation to tobacco control and support towards asylum seekers.

**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/24/11c Provider Collaboratives and Alliances (agenda item 11.3)

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

- Through the West Yorkshire provider collaborative, we have been able to invest in inpatient services in all three of the NHS inpatient providers.
- Attention is being given to the community and women's pathway.
- There is now a need for further financial headroom which is intended to be achieved through OOA repatriation.
- There is bed capacity in West Yorkshire of approximately 40-50 beds, but not necessarily where we need it and so a review is going to take place across providers.
- In South Yorkshire the Cheswold Park CQC report has been published.
- South Yorkshire have ambitions for an enhanced community pathway, there is a pilot running in Sheffield which is being expanded across the county. Finances are being checked to ensure the funds are there to make this happen.

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/24/12 Trust Board work programme 2023/24 (agenda item 12)**

DW noted the learning from healthcare deaths policy was due this month. AL reported this had been deferred to June and the workplan would be updated accordingly.

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

#### **TB/24/13 Any other business (agenda item 13)**

ST reported the public consultation for older people's service (OPS) transformation started at the beginning of January. There have been two weeks of face-to-face meetings including Dewsbury, Hemsworth and Wakefield. There have been over 362 completed surveys over the last two weeks, 800 website views, and 467 video animation views.

This information will be shared with the joint oversight and scrutiny committee (JOSC) next week. ST reported the Trust's governors had given tremendous support to consultation.

There have been over 300 attendees across the public meetings and 15,000 letters sent, and 13,00 people reached through social media. ST has taken part in two radio interviews.

The next stage will be regular updates into EMT and the OPS transformation programme board. There is a mid-point review in two weeks' time. We need to provide a report to NHSE to assure them we have complied fully with the public consultation.

RL reported she noted Barnsley speech and language therapy team (SALT) are doing some work with virtual technology and asked if they could be considered for an invite for a Board story.

**Action: Andy Lister**

DT reported they have been to QSC, and it is a good story.

SB reported this work had taken place with Eyup funding.

#### **TB/24/14 Date of next meeting (agenda item 14)**

The next Trust Board meeting in public will be held on 26 March 2024.

Signature:

Date: