South West Yorkshire Partnership NHS Foundation Trust

# Minutes of the public Trust Board meeting held on 1 October 2024
# Boardroom, Kendray Hospital, Barnsley

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| **Present:** | Marie Burnham (MBu) | Chair |
| | Mike Ford (MF) | Non-Executive Director |
| | Erfana Mahmood (EM) | Non-Executive Director |
| | Natalie McMillan (NM) | Non-Executive Director |
| | David Webster (DW) | Non-Executive Director |
| | Gary Ellis (GE) | Non-Executive Director |
| | Margaret Kitching (MK) | Non-Executive Director |
| | Mark Brooks (MBr) | Chief Executive |
| | Carol Harris (CH) | Chief Operating Officer |
| | Dawn Lawson | Director of Strategy and Change |
| | Prof.Subha Thiyagesh (ST) | Chief Medical Officer |
| | Darryl Thompson (DT) | Chief Nurse and Director of Quality and Professions |
| **Apologies:** | Adrian Snarr (AS) | Director of Finance, Estates and Resources |
| | Julie Hall (JHa) | Deputy Director of Corporate Governance |
| **In attendance:** | Jon Head | Chief People Officer |
| | Sean Rayner (SR) | Director of Provider Development |
| | Rob Adamson (RA) | Deputy Director of Finance |
| | Chris Lennox (CL) | Director of Services, Adults and Older People |
| | Andy Lister (AL) | Company Secretary |
| **Observers:** | Shadow Board Delegates and the Shadow Board co-ordinator | |
| | Members' Council governors | |

## TB/24/79 Welcome, introductions 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.

MBu reported this is Carol Harris's last Board meeting, having been Chief Operating Officer for many years with the Trust. MBu thanked Carol on behalf of the Trust Board and wished her well in her new role.

MBu welcomed Chris Lennox to the Board, who will be Interim Chief Operating Officer from 12 October 2024.

MBu also welcomed two newly appointed non-executive directors, Margaret Kitching and Gary Ellis to their first Board meeting. MBu explained that Nat McMillan has been appointed as the Deputy Chair and Senior Independent Director designate, pending approval at Nominations Committee and then Members' Council.

MBu highlighted that this is Jon Head's first Trust Board meeting as Chief People Officer and welcomed him to the meeting.

MBu reiterated thanks to Mandy Rayner and Kate Quail for their service as non-executive directors.

## TB/24/80 Declarations of interest (agenda item 2)

There were no additional declarations of interest made.

Andy Lister (AL) confirmed that any declarations for Gary Ellis and Margaret Kitching will be reported at the next board meeting.

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

## TB/24/81 Questions from the public (agenda item 3)

No questions were received from the public.

## TB/24/82 Minutes from previous Trust Board meeting held 30 July 2024 (agenda item 4)

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 30 July 2024 as a true and accurate record.**

## TB/24/83 Matters arising from previous Trust Board meeting held 30 July 2024 and Board action log (agenda item 5)

Mike Ford (MF) raised TB/24/67 which has been closed for this meeting and updated that the paper will be presented to Audit Committee in January and therefore the action will need updating. Mark Brooks (MBr) queried if this could be fed through the AAA report which was agreed, and the action will be updated accordingly. It was agreed to close the action with updated narrative.

**Action: Andy Lister**

Nat McMillan raised action TB/24/55a - a presentation to Board regarding the use of prone restraint and to include detail of incidents and analysis - and clarified that the due date has been deferred at Committee to ensure sufficient time can be spent on the work. There has been a focus on prone restraint for a period of time and this will be fed back through Quality and Safety Committee in October. Action date to be updated.

**Action: Andy Lister**

MBr noted TB/24/56b in relation to mock CQC visits and queried if this was on the workplan for the Quality and Safety Committee. DT confirmed that it will be added to the workplan. Action TB/24/56b narrative to be updated.

**Action: Andy Lister**

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

**TB/24/84 Service User/Staff Member/Carer story (agenda item 6)** Carol Harris (CH) introduced Georgina Williams (GW) who is a recovery coach from the Recovery College

in Barnsley.  CH explained that Georgina is involved in a behavioural science project and will explain how it will help the Trust and its service users.

GW explained that for the last 18 months she has been using applied behavioural science in order to increase awareness of the Barnsley Recovery and Wellbeing College.

GW reported behavioural science is the study of human habits, actions and intentions, and brings together psychology, economics and service redesign. It can be a way of influencing people in an ethical way in order to make choices that will be of benefit to themselves and wider society.

GW stated that assumptions are often made that people like to make informed, considered and reasoned decisions, which is not always the case.
Human behaviour is largely driven by context, what other people do and who is communicating the message and traditional approaches such as education don't always work.

GW reported the healthcare system is facing significant challenges and addressing these requires a better understanding of human behaviour. If solutions are designed without understanding the people at the heart of them, their barriers and drivers, sustainable change won't be achieved. To be the best, and rise to some of the most pressing challenges, solutions need to be designed for people, not for services.

GW explained the trend which shows an increase in use of the recovery college including uptake in areas which have been targeted as in need.

GW reported this approach across South Yorkshire is showing positive results in reducing harm, tackling inequalities, and saving people's lives.

Exploratory conversations are ongoing with the Trust's strategy and change team regarding how to embed this approach into #allofusimprove.

GW asked the Board how far this can be taken as a Trust, if the Trust is going to be ready for today and relevant for tomorrow.

GW explained that helping staff to understand why behavioural science is important, how it can have an impact, and why it's being done, can help them to see that it is about demand management and people accessing the right service at the right time, as well as building partnerships, to ultimately help the end user.

ST advised it would be useful for GW to link with the Research & Development (R&D) team who have done some work with creative practitioners and look at the impact they have had on service users.

Erfana Mahmood (EM) queried if the positive outcomes in South Yorkshire are being shared with other recovery colleges so that their footfall is recurrent and consistent.

GW advised that this project is in the trial phase with a focus on what has been tested and with behavioural science. It is not a case of being able to lift and shift from one recovery college to another, however, when there is a final report about learnings, scalability and sustainability, this can be looked at.

EM explained that she chairs the Charitable Funds Committee and encouraged GW to apply for funding to aid the project further.

Gary Ellis (GE) queried how other agencies link in with the recovery colleges outside of SWYPFT, to raise awareness of the opportunities to improve services for patients and

residents.

GW confirmed that she has looked at the voluntary sector and local authority. As part of the trial some postcodes in Barnsley have been specifically targeted, determined by the high spend on antidepressants, as well as deprivation and low enrolment rates at the college.

Mark Brooks (MBr) thanked GW and stated that her commitment and approach epitomises what the Trust values are about.

Marie Burnham (MBu) highlighted that the value of recovery is an area which is not always acknowledged or funded properly within the NHS. MBu noted the huge success of the recovery colleges and thanked GW for attending and all of her hard work.
I**t was RESOLVED to NOTE the Staff Member Story, and the comments made.**

## TB/24/85 Chair's remarks (agenda item 7)

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

- Integrated care systems and partnership working
- Finance update
- Older People's Services Consultation update
- Estates Strategy

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

## TB/24/86 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- The much-anticipated Darzi report was published in September which was commissioned by the new secretary of state for health & care. The report encapsulates the mixed levels of quality experienced in the NHS, high levels of wait times, low productivity, and funding in acute hospitals being disproportionately high compared to other sectors. At the same time, the report recognises the hard work of the workforce and the impact of the pandemic and austerity.
- It is important for the Trust to engage in contributing to the 10-year health strategy that is being developed and expected to be published in Spring. Dawn Lawson (DL) is the Trust's representative in South Yorkshire.
- During the summer there were some appalling riots, civil unrest and racial attacks across the country, and the Trust is providing support for staff and service users.
- As highlighted in the report, contracts have been exchanged with Cheswold Park Hospital for the Trust to take over the running of services from today,1 October. Emma Robinson is observing the Board meeting today and will be the integration lead at Cheswold.
- There has been a report from the CQC following a review into Nottinghamshire Healthcare NHS Foundation Trust, which includes guidance around intensive community treatment and assertive outreach teams. All integrated care systems have been asked to review and discuss this report in their board meetings, and the Trust will provide an initial report at the next Trust Board meeting.
- Finance across systems is becoming very challenging. The government has suggested there will be no further investment without reform. South Yorkshire is currently in an Investigation and Intervention (I&I) process which is where systems are significantly adrift of financial targets and support is provided from NHS England to help review the position and how to improve.
- West Yorkshire are not officially in this process but are taking this approach for financial improvement. Most systems in the country, and most trusts, are facing financial challenge.
- The Penny Dash report into the CQC has been published. There will be further updates as the CQC's response progresses.

- NHS 111 has gone live for people with mental health in crisis.
- This year's flu vaccination programme has commenced with thanks to DT and his team for taking the lead on this.
- The recent Annual Members' Meeting was successful with good attendance and MBr passed on thanks to everyone involved with the organisation.
- Despite all the current challenges the report includes the positive achievements of our Trust and its teams.
- MBr echoed MBu's words of thanks to Carol Harris for her service to the Trust. A replacement chief operating officer has been appointed which will be announced soon.

EM queried the doctor's pay and the pay increases for agenda for change staff and how this be funded and how will this impact on the Trust?

Rob Adamson (RA) responded that the Agenda for Change pay uplift has been included in financial modelling, and the resident doctors have not yet been modelled as the pay scales have not been formally communicated yet.

MBr added that Trust Board will need to decide how to deal with the underfunding of the pay awards. Assuming the funding mechanism remains the same, this will likely present a further cost pressure.

NM asked the Board to lead by example in terms of flu vaccinations and receive a vaccination at a board meeting to send a powerful message to staff.

MBr confirmed that all executive directors have their photo taken whilst having a flu vaccination, which are displayed across the Trust.

NM asked how the Trust will manage getting the balance between financial challenges and patient care and quality right without having a detrimental impact.

MBr advised it is difficult. The financial challenge, nationally and regionally, is to deliver a balanced budget. In recent years SWYPFT has been fortunate not to have a sizeable financial challenge which has enabled a focus on patient safety and quality of care. The scale of the current challenge though cannot be under-estimated.

The executive management team agrees some of the challenge is the shift in focus to include finance as well as safety and quality. Trust communications are balanced to include finance, operational performance and quality. Quality and safety will always be the Trust's priorities.

NM advised that the responsibility lies with the Board to ensure that the Trust is getting the balance right.

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

## TB/24/87 Performance (agenda item 9)

TB/24/87a Integrated Performance Report Month 5 2024/2025 (agenda item 9.1)

MBr introduced the item and highlighted the following:

- Despite the current pressures and some hotspots highlighted in the report, the Trust is typically performing well which is a credit to all staff.
- There were five out of area bed placements in month, which is significantly lower than other trusts in the region.
- There is a focus on the completion of risk assessments in the community which are just below the 80% target, with work ongoing to increase this number.
- The focus on appraisals continues with an increase in compliance to 87%.

- There is an increased focus on Reducing Restrictive and Physical Interventions (RRPI) training with compliance rising to 76%.
- Staff turnover is now at 8%, showing positive retention, but this does have an impact on Trust finances.
- There were more leavers than starters in August for the first time in around 18 months.

**Strategic Objectives**
DL gave the strategic update and highlighted the following:

- The metric regarding the percentage of service users who have their equality data recorded, disability in particular, has been amber for a while. This is primarily a system issue in terms of how data is collected with a trial of a new approach starting in November.

MF reflected that the Trust is performing well but the metrics that have been chosen to report against strategic objectives and priorities make it look like the Trust is not meeting its targets, MF felt the same can be said for the care group metrics.

MBr advised that the Trust typically sets higher targets than can be achieved in the short term and needs to improve at introducing phased targets. Targets relating to strategic objectives are set where there are challenges and not where there is good performance, and this will need some thought for the next iteration following the Trust strategy refresh. There is a plan to redevelop priority programmes and therefore what the strategic goals are.

Margaret Kitching (MK) agreed that externally the data can look like the Trust isn't meeting targets when it is actually performing well. MK noted some trusts will amend targets whereas SWYPFT strives to meet more stringent targets.

**Quality**
Darryl Thompson (DT) advised the Trust continues to perform well with quality indicators and highlighted the following:

- The Quality and Safety Committee received a detailed presentation on the improvement programme for clinical risk assessment and care planning and will start to flow into performance presented in future reports. There have been no prone restraints lasting for more than 3 minutes and the Trust remains on a reducing trajectory for this metric. There is some variance within the trend which our analysis suggests is linked to the acuity of patients on the ward.
- There is a focus on falls, which are continuously monitored, and there is a recognition that the fall rate within the organisation is 4 per 1,000 bed days in comparison to a national average of 6 per 1,000 bed days.
- With regards to waiting lists, the CAMHS team continue to prioritise children and young people whose needs are escalating whilst they are waiting. Neurodevelopment waits remain a concern, and there is some challenge regarding commissioned capacity compared to demand.
- 95% of incidents in August were low or no harm. There is a continuing trend of increase in incidents and, after a drill down, it has been identified this is due to an increase in incidents with low or no potential for harm, which demonstrates a positive reporting culture.
- There are currently 16 people clinically ready for discharge who are waiting, these are notably in the older people's service and learning disability inpatient unit.

MK noted the focus on prone restraint, reporting that when patients require an injection it can be a trigger point for challenging behaviour. MK queried if the Trust had considered recording these as never events as this can lead to staff thinking about incidents differently and produce different conversations.

DT and Chris Lennox agreed to review this suggestion and look at possibilities.

**Action: Darryl Thompson/Chris Lennox**

ST confirmed there has been a lot of work carried out over the last 12 months to reduce prone restraint which has been monitored through Quality and Safety Committee. The executive trio have been visiting wards and discussing the reduction in restraint with staff on the ground, who confirm that prone restraint is the last resort. Every prone restraint is scrutinised by the reducing restrictive practices and interventions (RRPI) team and monitored through the Patient Safety Oversight Group for greater visibility. On a recent visit to Newhaven the staff explained that the safety pods have made a big difference in reducing prone restraint.

MK asked if the delays in discharges are due to pressures in community services and social care, or delays in respect of SWYPFT teams and services.

DT explained that there is a live dashboard which explains the delay for each person which will show if there is a delay due to waiting for a care home placement or supported accommodation etc.

CH added that the Trust is active in MADE (multi agency discharge events) meetings in each place, which means that we are clear on the reasons for delays to discharge. The predominant reason for delays is difficulties in finding suitable placements for people with complex needs. There is a rising trend of delays in discharging people on adult acute wards, in particular, where we are waiting for the Ministry of Justice to give permission to support a person to move.

EM queried why the number of incidents is increasing and if this is related to pressure ulcers.

DT reported the increase is due to a wide range of incidents of no or low potential for harm, and DT agreed to carry out a drill down into green incidents to provide the Board with assurance that the increase relates to improved reporting.

**Action: Darryl Thompson**

MF advised that both provider collaboratives are reporting an increase in delays to discharge showing a regional issue.

**People**

Jon Head (JHe) advised that the overall picture is positive with encouraging signs of improvement and highlighted the following:

- Appraisals are now at 89.1% which is good in comparison to other similar trusts but is not where it needs to be. Most of the care groups and directorates have achieved appraisal rates of between 80-90% which is a good improvement. We have identified one area that has struggled to improve their appraisal rate and are targeting support for improvement. Most of the progress has been made through targeted support and focus has been ad hoc. This approach to targeting support is not business as usual and will form part of the new system requirements which will be procured in 2025/26. As well as focusing on the approval rate, the quality of the appraisals undertaken will be an area of focus going forward.
- The staff survey has been launched and we have a high-profile campaign to encourage staff to complete the survey. We had a comparatively good response rate last year and are seeking to build on the momentum of the #allofusconversation as part of the strategy refresh to improve our response rate further this year.
- There is a positive picture in terms of our staffing establishment, vacancies, staff in post and temporary staffing usage, however the positive picture on recruitment does impact our financial challenges. The Integrated Care Board will be exploring with us how we will

meet our workforce target. We will be required to demonstrate relevant planning and controls.
- The mandatory training position is positive, our new learner management system should further support improvements.

MBu queried if a trauma informed approach would be applied to the workforce plan and JHe confirmed that it will as it is one of the Trust's golden threads.

NM suggested it would be good to have a review at the next People and Remuneration Committee meeting in November to look at good practice to learn from, what has improved, and report back through the triple A to Board.

**Care Groups**

CH introduced the item and highlighted the following points:

- The Operational Management Group was disappointed to see the increase in the percentage of complaints relating specifically to staff attitude. The directors of services are reviewing all related incidents relating to the complaints to any themes or hotspot areas. This will enable them to direct any specific interventions that maybe required.
- DT added for context that the kindness and approach of our staff is the key theme in the compliments we receive and that we receive more compliments than complaints.
- The Children and Families Care Group noted there was a reduction in appraisals for the month. There have been changes in leadership to focus on appraisals to ensure that improvement work takes place. The challenge has been compounded by management vacancies and annual leave which has contributed to the reduction, but there is a refreshed action plan in place which is being overseen by the Care Group Director.
- A further area of concern is the performance against target for paediatric audiology, with our performance at 46%, against a target of 99%. The target ensures that a diagnostic appointment for children is offered within six weeks of referral so that hearing concerns are diagnosed early, this is because of the significant impact poor hearing can have on child's development. Draft feedback has been received from the integrated care board (ICB) visit to the service, which is consistent with the verbal feedback and will be reported through Quality and Safety Committee once the formal report is received.
- Capacity to meet demand for beds in our acute mental health wards remains a challenge. There are high occupancy levels, particularly on Beamshaw, Stanley, Melton and Walton wards. There are plans are in place to mitigate the impact of high occupancy, which includes increasing staffing levels. This does mean that the use of temporary staffing on these wards has increased.
- To ensure quality remains high, there has been a 'deep dive' into wards experiencing high occupancy to explore if there is any link to sickness rates. Data from Beamshaw, Ward 18 and Melton ward suggests high occupancy could be linked to higher sickness levels. Undoubtedly, high occupancy and high numbers of people in distress on a ward has an impact on the environment for service users and staff. This will be kept under close review.
- Elmdale ward stands out in relation to challenges regarding appraisals, sickness, supervision, occupancy and delays. Support is in place from the operations leadership team with an improvement plan in development.
- In relation to the attention deficit and hyperactivity disorder (ADHD)/autistic spectrum disorder (ASD) learning disability service, an improvement plan was put in place in relation to the longer waits. The 18-week wait is regarding receiving an assessment and a package of care being put in place and commenced. It was noted that some people have been waiting considerably longer than 18 weeks and this was not being flagged, therefore the team have been looking into this and reporting through executive management team (EMT) and the position is now improving.
- Four service users on Horizon are experiencing delays to discharge which has been escalated in each place, as well as through the ICB and the provider collaborative.
- In relation to Barnsley physical health, the neurorehabilitation unit has concerns with its staffing establishment and the executive management team have approved a revised

establishment. Once substantive recruitment is complete there will be a focus on income generation for the uncommissioned beds.
- In forensic services performance is strong, although some individual areas have struggled to improve appraisal rates. There has been an appraisal 'power hour' where the journey of an appraisal was reviewed to understand where the issues are. This has led to improvements which will be reflected in the September data.
- Bronte, Priestley and Waterton wards are hotspots for long term sickness, which is being managed.
- Supervision is usually strong in forensics, but this has dipped on Priestley Ward, along with challenges with appraisals. There are plans in place to address this.

MBu highlighted there have been improvements with indicators and the data now shows what is happening and where action plans have been put in place.

NM raised the appraisals and the staff frustration regarding what information is held locally and what is reflected in the data. NM asked for assurance regarding this issue to be presented to the People and Remuneration Committee in November.

**Action: Jon Head**

NM requested a deep dive into complaints to be fed back through the Quality and Safety Committee and CH agreed that it will be included in the trio report.

**Action – Darryl Thompson**

MK advised that bed occupancy has been identified as an issue by the care quality commission (CQC), with some trusts at 124%. If someone is on long term Section 117 leave it is understandable. MK asked if there are lots of people on short term leave, is there an issue with them having a bed to come back to?

CH responded that occasionally when a patient goes on leave, it may be they don't have the same bed to return to. We have experienced some service users being reluctant to go on overnight leave as they are concerned, they won't have a bed to return to. CH acknowledged that this is far from ideal, but it is the case that the bed could be used to avoid someone else being allocated a bed out of area. There is always a judgement call for someone who is in need with all alternatives taken into account before reaching a decision regarding what is right for a person at the time.

CH added that all decisions and rationale are recorded and if someone needs to go out of area to have their needs met this will happen.

CH further added that when people come back to the ward and their bed has been utilised, this is managed with the service user to ensure we meet their needs.

DT highlighted that there are open, regular conversations with the CQC, so they are aware of all the mitigations put in place.

MK queried the high target for appraisals at 95%, and with long term sickness, maternity leave, leavers and starters etc, will this target ever be met?

CH explained that there are exclusions from the data, including long term sick and other groups are being looked at to exclude.

**Finance**

RA highlighted the following points:

- The main key performance indicator relates to the financial position which is reported as £300k deficit in month, £200k of that relates to the role of lead provider for adult secure services.

- The run rate has improved, which is due to action the Trust has taken to reduce spend on overtime and bank staff. Overtime has reduced from £166k two months ago to £13k this month. This is significant progress and a lot of work with care groups has taken place to achieve this.
- Pressure remains with the increase in workforce numbers, largely incurred due to bed occupancy and demand for inpatient services. There have been focused discussions with ward managers regarding modelling and skills mix. We are expecting that this will improve the position over future months, and we will continue to monitor this position.
- Due to pressure on inpatient wards, there is an increase in bank spend in month, which has been an increasing trend. The temporary staffing group scrutinises this spend, and this remains a key focus. Agency use is well managed and does increase based on specific needs but has remained relatively low since the positive reductions from last year.
- Overall, there is much positive work ongoing with more work to be done in order to deliver the in-year position Next month there will be some one-off benefits that will get the Trust closer to break even for the year.
- Capital expenditure remains in line with plan, with more work to be done in relation to the older people's services building work. The Trust remains committed to spending its capital allocation.

MBr reiterated that some of the interventions made have yielded a tangible difference, however it is still a very challenging financial environment.

MF commented on the underlying run rate of the Trust being positive when taking the collaboratives out of the discussion. MF clarified that the collaboratives are part of the underlying position with the financial results of those collaboratives are part of the underlying performance of the Trust.

RA confirmed that the collaboratives are incorporated into the overall financial position, as well as the risks and challenges.

MBr clarified that it is important to make the distinction in the management account reporting, between the commissioning arm of the organisation and the underlying provider performance, which may influence decisions taken to make improvements.

Gary Ellis (GE) mentioned the non-recurrent savings and noted the gap in non-recurrent spend will be greater next year.

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

TB/24/87b Care Group Performance Report (agenda item 9.2)

CH introduced the inpatient service line performance report and highlighted the following:

- There has been sustained improvement in appraisal performance since January 2024.
- Sickness rates are above threshold, and this has led to an increase in the use of temporary staffing.
- There had been a reduction in levels of clinical supervision. Clinical supervision is important given the nature of the environment our colleagues are working in. They are working with increased acuity, which often means our patients have higher levels of distress, violence and aggression. It is therefore important that staff have the opportunity to discuss their practice in clinical supervision, and performance has improved.
- Cardiopulmonary resuscitation (CPR) training remains a focus with a reminder provided about why it is so important. People with mental health conditions are more likely to experience physical health issues, they could be on high doses of medication while receiving acute care and behaviours could be heightened. Performance is above target at 83.8% and effective rostering is being used to ensure people attend the training.

- Ward areas are the highest reporters of restrictive interventions which makes it important that the reducing restrictive physical interventions (RRPI) training is in place and well attended. There was a concern that training numbers on Walton Ward had fallen below target, so additional support was put in place to ensure staff were able to attend training.
- Temporary staffing use is predominantly to cover sickness absence, increased acuity, and increased frailty of patients across our wards. We are also experiencing increased pressure to support our patients in other care settings, for example, high levels of temporary staffing are providing support to our patients who are receiving care in an acute general hospital or where we are using non-designated beds as a stop gap to avoid an out of area placement. There is improvement work ongoing looking at these needs and how best to support service users.
- There is positive reporting and reviewing of incidents. Incidents of violence and aggression were higher in July with 211 incidents of violence and aggression, and 89 incidents of self-harm. All incidents are reviewed through our patient safety processes.
- People from black and ethnic minority groups are marginally overrepresented as inpatients on our wards. This differs to the national position where there is typically higher overrepresentation. We are seeking to understand why and what we can do to respond. This has been picked up through the Mental Health Act Committee where it will be considered against the national picture.

EM confirmed that work is ongoing through the Mental Health Act Committee with deep dives to understand the data and what that means long term in relation to pathways.

EM queried if the understanding of the word acuity and how it is measured was ever looked into as it seems like a never-ending cycle.
Chris Lennox (CL) advised that there is not one single objective measure, but triangulation of different factors is improving. In terms of the incidents, staffing levels and the different challenges that wards face, there is a lot of work going into putting these measures together and looking at trends, including the safer staffing work.

MBu added that the team have been using the CQC headings, taking all the indicators into account and seeing where the impact is affecting the Trust from a CQC perspective.

MBu queried why SPC forecasting isn't used and asked for this to be looked at to give early warnings

**Action – Carol Harris/Chris Lennox**

**Trust Board RESOLVED to RECEIVE and NOTE the report.**

TB/24/87c Care Quality Commission Action Plans (agenda item 9.3)

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

- The report provides an update on progress against the actions from the CQC inspections in May 2023. This is a live document with updated versions being presented at executive management team meetings and the Quality and Safety Committee.
- Several actions have been built into existing improvement work around care groups, using a quality improvement (QI) approach to ensure processes are fully embedded.
- There is a process of evidence sign-off that provides assurance that the actions have been completed in each clinical area. There is further assurance of governance oversight of face-to-face meetings with care groups.

MBr commented that DT's new deputy director, Amy Hartley, was asked at the last Board meeting to look at progress with fresh eyes and her feedback has assisted with this report.

MBu noted sustained improvement needs to be seen as a consequence of this action plan.

DT advised this is discussed in care group meetings so that metrics are embedded as part of governance structures and processes, which is then fed through to the executive management team and committees.

MBu asked for a practical example to be presented to Quality and Safety Committee.

**Action – Darryl Thompson**

MF commented that internal audit will often check on the implementation of actions to ensure that improvements have been embedded. MF suggested that sample checking may be useful in this scenario.

DT confirmed that ongoing sample checking is part of the process.

NM noted MF's comments regarding internal audit and suggested the clinical audit process could be more explicit in term of assurance for Board.

**Action: Darryl Thompson**

**It was RESOLVED to RECEIVE the Care Quality Commission Inspection Reports Action plan update for Must and Should Do actions.**

## TB/24/88 Risk and Assurance (agenda item 10)

TB/24/88a Workforce Equality Standards Annual Report (agenda item 10.1)

JHe introduced the item and explained he will discuss both the workforce race equality standards (WRES), WRES and workforce disability standards (WDES) in this item. JHe highlighted the following:

- The overall picture is positive, with good progress within the workforce racial equality standards, though there are also areas of concern.
- The number of black, asian, and minority ethnic (BAME) colleagues in our workforce has increased by a headcount of 197 to 812 in 2024. The total percentage of BME staff in our workforce is now 15.7%, an increase of 2.3% from 2023.
- More BAME staff are accessing non-mandatory training and continuous professional development (CPD) than white staff year on year.
- We have created diverse recruitment panels and are training those who are interested in recruitment and selection skills.
- However, our WRES 2024 data review has revealed that we need to refocus and prioritise our effort in key areas. Whilst the number of BAME staff in the workforce has increased, applicants who identify as BAME are less likely to be appointed following shortlisting.
- We also know from our staff survey data, that colleagues from a BME background report experiencing more bullying and harassment from their colleagues and manager than white colleagues.
- Whilst at an aggregate level, we have good representation of BAME colleagues across our workforce, the representation in roles band 8a and above is very low, and non-existent in some bands.
- The impact of the summer race riots hasn't worked through yet, and we expect this will reflect negatively.

MBr confirmed that these reports have been presented to the People and Remuneration Committee and the Equality, Inclusion and Involvement Committee. They have therefore had good oversight from different perspectives.

MBr agreed that it is important to have the right focus and action plans along with appropriate engagement in developing and delivering them.

MBr highlighted that he and JHe were particularly concerned that BME colleagues were experiencing significant more bullying and discrimination at work than their white counterparts.

MBr is keen to address representation of minority groups at all levels and note that whilst positively there has been significant growth in staff from a black and ethnic minority backgrounds in band 6 and 7 roles, the numbers in band 8a and above remain low. This suggests the actions we are taking in relation to band 6 and 7 roles are being successful and this learning can help us improve representation in more senior bands.

JHe added there is more work to do in relation to the recruitment process, and that it is important to understand at what point during the process that BME staff are not as successful as their white counterparts. It may be a process issue, but this is to be looked at collaboratively with the staff networks. It is important to understand the lived experience behind the numbers.

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

TB/24/88b Medical Appraisal/Revalidations Annual Report (agenda item 10.2)

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

- Satisfactory medical appraisal and revalidation has been achieved; this ensures that all medical staff are fit to practice. This demonstrates the Trust's commitment to delivering safe and effective services.
- The Trust is the designated body for medical staff for SWYPFT and Barnsley Hospice, where there are seven doctors. As of this year the data has been segregated to reflect the data for the Trust and for Barnsley Hospice independently. The Hospice will be submitting a report to their sovereign organisation, but the statement will be submitted to NHS England as one report.
- The Trust is connected to 169 doctors, 149 of which had an appraisal this year. The figures do not always add up to 100% due to doctors leaving or joining during the financial year. 98% have successfully completed the process and the data shows where there have been late appraisals due to sickness or work pressures.
- In terms of revalidation, 27 revalidation recommendations were required and were all made within the required timeframe.
- In terms of risk, the status of appraisers is an ongoing risk as the role is voluntary, however mitigating factors are in place, including time allocated in job plans for assessors.
- There is a good governance process in place for interviewing and training, with regular review and the workload is reviewed in the Appraiser Forum. There are 33 appraisers, so each appraiser will carry out between 4-7 appraisals per year.
- There have been a number of achievements this year, including a new medical directorate coordinator which has provided an additional layer of scrutiny and stability to the appraisal and revalidation team.
- In terms of clinical governance, every incident is reviewed and reflected on, this is then documented in the appraisal process. The paperwork includes a record of the stringent process undertaken.
- There has been a positive peer review of the Trust's process. The next review is due in 2027, this is not something that all organisations have undertaken.
- The Trust has adequately and appropriately trained case investigators for when a doctor enters a 'maintaining high professional standard' incident.
- A new medical workforce race equality standard has been introduced and clear objectives have been set regarding the challenge and will be part of the broader equalities work across the organisation.
- In terms of satisfaction of the appraisal process, 100% of doctors agree or strongly agree that it was satisfactory process and most had between one to three hours for their appraisal process.
- The report has been reviewed by Mike Ford and presented to Quality and Safety Committee.

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

TB/24/88c Guardian of Safe Working Hours Annual Report (agenda item 10.3)

Dr Richard Marriott (RM) joined the meeting and asked for the paper to be taken as read and highlighted the following:

- Most issues relate to rotas, the hours of working, and exception reports. This is similar to previous years.
- There is confidence that all generic work schedules include rota patterns are compliant with the terms and conditions of the resident (formerly junior) doctors' contracts.
- Resident doctors continue to be encouraged to complete exception reports if there are any concerns, most commonly this happens when there have been issues with staffing.
- As mentioned in People and Remuneration Committee, the biggest concern currently is managing and supporting resident doctors with their work schedules, rotas and the management of those systems. The key challenge has been in relation to capacity, exacerbated by staff sickness and staff leaving over the summer.
- There is a working paper being discussed and the conversations have been more focused and joined up to ensure we are prepared for the December rotation of foundation doctors which are due to be sent out in the next couple of weeks.

MBu asked if there are plans in place to address the issues raised with rotas and work schedules and asked if this is an operational problem or an HR issue.

CL explained that operational resources have been made available to address the issues, alongside the people and medical directorates.

RM reiterated that there are people working in different places meaning the work is not joined up, but he is hopeful that things will be reorganised in time for the next round of inductions.

ST added this work has taken longer than anticipated. There has been some added complexity with key people leaving, but there are plans to recruit to the vacant post. There are issues with the system and capacity which has been frustrating, but this is now being prioritised and resourced appropriately.

NM stated the report is comprehensive and highlights the pertinent points, giving assurance.

**It was RESOLVED to RECEIVE, REVIEW and CONFIRM assurance that the Trust has met its statutory duties.**

TB/24/88d Sustainability Annual Report (agenda item 10.4)

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

- The social responsibility and sustainability strategy was agreed in 2022, and this is the annual report.
- A key strength of this work is that we are focusing on sustainability and social responsibility.
- The paper describes the key areas of focus this year and demonstrates some of main achievements.
- DL reported metrics have been identified to provide a sense of delivery and progress.
- There have been discussions at the executive management meeting regarding the sustainability agenda and its profile as part of the strategy refresh. The younger members of the workforce have a real interest in this agenda. It feels like we are at a tipping point

as we have achieved much of what we can without significant investment. The Green agenda remains a priority, and we will be required to develop a Green Plan and Net Zero Carbon plan early next year.

MBu mentioned the earlier presentation on applied behavioural science and queried if there is some cross over with the sustainability plan and the younger people of today which is not obvious in the plan.

DL confirmed that there is, and that sustainability is a key part of how we live our values. Sustainability is included in our value of 'being ready for today and relevant for tomorrow'. DL gave the example that the Trust has recently acquired four e-bikes which are in high demand. There has been early testing to see if there is an appetite to implement behavioural elements to the work.

GE mentioned the staff enthusiasm, and also noted frustration resonates with previous experiences in other organisations and expressed that the big changes which require investment could challenge the capital plan.

MK agreed that digital agenda can reduce some of the footprint and the Trust are heavily involved in the national homecare strategy that focusses on the green agenda.

DL confirmed that the digital strategy is in development and digital use in clinical care will have an impact on reducing our carbon footprint. DL noted that our carbon footprint will increase with more face-to-face patient/service user interactions and with the addition of Cheswold Park.

**It was RESOLVED to RECEIVE the update and NOTE the progress made.**

TB/24/88e Freedom to Speak Up Annual Report (agenda item 10.5)

Estelle Myers (EMy), the Freedom to Speak Up Guardian for the Trust, joined the meeting to present the report and highlighted the following:

- The report highlights the commitment of the Trust to the freedom to speak up agenda.
- Themes are shared via the freedom to speak up (FTSU) steering group to ensure learning and to provide assurance to the organisation that the appropriate policy, systems, and processes are in place for oversight and management of FTSU across the Trust.
- The Trust has maintained its position in quartile 2 for FTSU numbers of cases in a 12-month rolling average.
- There have been concerns raised from all care groups, this demonstrates that the message regarding freedom to speak up has been spread across the whole of the Trust. EMy did note that the number of concerns raised have been relatively few in number.
- Concerns within medical professionals continue to be low, although there has been an increase since 2022/23.
- The FTSU Guardian attends the junior doctor forum, the chief medical officer meeting, and is linked in with student medical inductions to share further awareness of the role.
- EMy regularly links in with the internationally educated nurses to increase visibility.
- There has been an increase in the percentage of concerns coming from nurses, administrators and clerical staff, and medical staff. However, on review, these concerns were related to individual issues rather than specific professional issues.
- There have been two cases of self-reported detriment in 2023/24 which are under investigation. There has been previous learning from detriment cases and there has been a complex case review.
- The self-assessment action plan demonstrates the Trusts commitment to the ongoing improvement journey and connection with our trauma informed approach.
- FTSU promotion throughout the year has included screen savers, banners newsletters, business cards, the intranet and lots of ongoing promotion on wards and in teams.

MF explained that he is the lead non-executive director for FTSU and has meetings every six weeks with EMy, DT, Lindsay Jensen and Julie Hall. MF praised the amount of work that goes into highlighting the freedom to speak up process across the Trust.

MF mentioned that there have been conversations about extending the current mandatory training to listen up and follow up training, which is mentioned in the self-assessment tool, and queried what the timeframe is.

EMy responded that conversations are ongoing to discuss what more needs to be done. EMy explained that there is pressure in the system in respect of mandatory training and essential to job role training.

MBr commented that it is important to think through what we are asking our staff to complete as part of their mandatory training and the basic freedom to speak up training is mandatory for all. Whilst the individual components of mandatory training are assessed, they are all very worthwhile. However, when looked at in entirety, there is a significant time requirement.

MK asked if the training covered freedom to speak up into external organisations other than with SWYPFT?

EMy reported the mandatory speak up training covers the routes that can be taken, including to external organisations. EMy confirmed that all our policies are in line with national policies.

MK queried if FTSU is aligned with the staff survey as one of the tests. If there are a lot of anonymous bullying and harassment comments, which are not being seen through the FTSU process, then there is more work to be done.

EMy explained there is a lot of work on thematic reviews. She is working with colleagues across the Trust who scrutinise the staff survey results to identify hotspots where support is needed and link in with patient safety teams when required.

DT noted the national context regarding the focus on forensic services and culture and advised that EMy's is a key holder for forensic services. DT noted that this will be a positive in starting relationships with colleagues at Cheswold Park.

EM commented that there is an improved picture from last year as we have clear themes and deep dive activity. EM asked how the data influences change at a culture level and what happens next?

EMy responded that improvement going forward will be to be linked with the trauma informed agenda and embedded this across the Trust. There will be continued visibility on the ground to help raise awareness of the guardians.

EMy confirmed there are two other freedom to speak up guardians, and 13 civility and respect champions.

MBr advised that when visiting services, he always asks teams what they would do if they saw something that wasn't right and reported that the answer is always positive in relation to awareness of FTSU.

NM asked DT and JHe how the themes identified as part of the FTSU work will feed in the broader organisation wide plans for organisational development?

JHe confirmed this feedback will feed into the best place to work strategic objective plans. The work will review systems, processes and learning and development interventions. JHe further

added that the civility agenda, psychological safety and freedom to speak up feedback is all part of the culture that is needed for a safe, effective healthcare provider.

**It was RESOLVED to RECEIVE and APPROVE the Freedom to Speak Up Annual Report.**

TB/24/88f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.6)

Collaborative Committee 6 August 2024
MBu confirmed the minutes will be presented in private due to being commercially in confidence.

MF asked for the report to be taken as read and highlighted the following:

- There is a potential conflict of interest where the Trust are commissioners and potentially providers as well.
- There are a couple of new risks relating to incident reporting from providers within the two main lead collaboratives.
- Some items were deferred due to the focus on Cheswold Park which also resulted in reduced attendance at the meeting.
- The Hill Dickinson report into the terms of reference have been received, which is broadly positive with a comment about if the Wakefield provider collaborative becomes a larger part of the Trust's operation, it should be presented to Board rather than a committee.
- Gary Ellis will be taking over as chair of the committee. MF will still attend the next meeting to aid the handover.

MBr mentioned that at the board development sessions, committee structure and attendees were discussed, and it was confirmed that the Collaborative Committee will be renamed as the Commissioning Committee.

**Action: Andy Lister**

MF commented that further thought is required with regard to the function of the committee.

Mental Health Act Committee 28 August 2024
EM highlighted the following:

- There is an alert regarding using adult beds to support young people and children in services and there is ongoing work looking at how to improve that.
- The Act in practice is being looked at, in particular the psychiatric liaison team, which is under pressure but working well and engagement with people is good.
- There were a number of legal briefings, which demonstrates significant activity within the mental health administration team.
- The Trust is engaged in a number of research projects including one with NHS Confederation which is exploring inequalities for black and Asian men in particular. This is in relation to access to our services, length of stay, and restrictive practice.
- Overall compliance is good with some areas of pressure such as length of detention for Section 3 patients which is now showing amber.
- The CQC have attended the committee and feedback is due imminently.

Members' Council 14 August 2024
MBu advised that the meeting was successful with a good level of attendance and engagement. It is a well-managed and well-run meeting, governors reported that they receive good assurance from the meetings and that they enjoy them too.

People and Remuneration Committee 17 September 2024

NM confirmed that most of the points raised in the AAA report have been covered in this meeting.

Quality and Safety Committee 10 September 2024
NM highlighted some alerts including:

- Wi-Fi issues have been raised in quality monitoring visits, which has a real impact on services users. There is now a specific action for the next committee meeting.
- ST confirmed that this has been raised in the electronic prescribing and medication administration programme board as there are related issues with the Wi-Fi. IT have advised that there is an issue with the available bandwidth being able to accommodate games consoles and streaming services, which also impacts on patient experience.
- The quality of food is continuously raised, particularly a discrepancy between the Place report presented to Board previously which was very positive, and the feedback received from a quality monitoring visit which is very different. The difference needs to be understood and will continue to be discussed in committee.
- The meeting heard from the Barnsley Breathe team and the recognition they are receiving from the Royal College of Physicians with regards to good practice. The team have been recognised for two awards which is exceptional.
- Margaret Kitching will be taking over as chair of the committee from the next meeting.

Equality, Inclusion and Involvement Committee 11 September 2024
MBu advised that the anti-racism statement and framework was discussed, and an informed approach was taken in determining the term “anti-racism” approach.

EM suggested that the agenda can be very busy, and the structure of the agenda may need reviewing to make the committee more effective.

EM asked if a mapping exercise would be useful to check what agenda items are covered at each committee.

DL confirmed that she and JHe are looking at the equality diversity and inclusion (EDI) agenda and as part of that can check items are going to the correct committees.

**Action: Dawn Lawson/Jon Head**

Finance, Investment & Performance Committee 16 September 2024
David Webster (DW) advised there was also a meeting on 30 August which focused on finance.

DW confirmed that the Trust is performing well from a core Trust point of view with the specialist provider collaboratives presenting the biggest risk.

DW raised the point of the older people’s services capital spend which is planned for this year, and that there have been some delays due to the pre-election period., The expectation is that the total capital plan spend will still be achieved this year.

WYMHLDA Collaborative Committees in Common 31 July 2024
MBu asked the papers to be taken as read.

## TB/24/89 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/89a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 11.1)
MBr gave a brief update including the following:

- In terms of integrated care board, there was a focus on finance, and the system is included in the investigation and intervention process with NHS England. The system has

significant deficits so far this year and is £17m adverse to plan. Focus is being applied on the actions being taken to address.

- The ICB meeting starts with a story each meeting, which this time centred on the approach from Sheffield place in the north-east of the city where a non-medical approach is being taken to help address health inequalities.
- There were some helpful place reports. The Barnsley place report included a recent perinatal mental health campaign.
- There have been positive results and outcomes on smoking cessation, which SWYPFT provide, a digital transformation workshop was held in Barnsley which was positively received and there was confirmation that the urgent care two-hour target is regularly achieved.
- Other subjects covered within the mental health, learning disability and autism collaborative included out of area beds, the mental health investment standard, system development funding, the annual report from the provider collaborative and there was an update provided from the specialist commissioning services.

DL gave an update in terms of Barnsley Place and highlighted the following:

- The conversations in Barnsley in terms of development sessions are aligning well. Last week there was the Barnsley place committee development session and the week before that, the Barnsley Health and Wellbeing Board development session. This means that strategic planning across place should align, which also aligns with SWYPFT's plans and strategic planning for Barnsley.
- Collaboration with primary care continues to progress well, with collaborative work ongoing between the alliance and Barnsley Hospitals NHS Foundation Trust colleagues on two particular areas of work. Firstly, "waiting well and waiting fair" recognising the pressure on elective waiting lists at the acute trust. Secondly, there is a pilot of a multi-disciplinary frailty clinic in the Goldthorpe community.
- "Health on the high street" is an important initiative in Barnsley that is progressing at pace. This initiative aims to create a health and wellbeing hub on the second floor in the Alhambra shopping centre in the Barnsley. The council have procured the building with ongoing conversations regarding how to best use the space. Barnsley Hositals NHS Foundation Trust will locate some of their outpatient clinics into the hub and will have some clinic operating there by summer 2025. Master planners have been appointed by Barnsley Council to scope out how to develop the concept of the health and wellbeing hub and how best to use the space.
- SWYPFT is a key partner in this initiative. We are in active discussions regarding the relocation of some of our central neighborhood services. We are also discussing how we could use flexible space and offer sessions from our recovery colleges for example.

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

TB/24/89b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 11.2)

SR asked for the report to taken as read and highlighted the following:

- Place committees have been asked to review their financial position and forecast.
- The Calderdale Cares Partnership Board has undertaken a deep dive into community mental health transformation.
- Health and Wellbeing Boards continue to focus on wider priorities as their scope is broader, for example initiatives such as the Wakefield focus on carers' support.
- A number of senior leadership changes are taking place at the moment both in the ICB, Mid Yorkshire Teaching NHS Trust and Wakefield Council. SWYPFT will continue to work with partners positively.

MBu highted that there has been stability in West Yorkshire over recent years, so the changes in Wakefield, Kirklees and the ICB are significant. There are also changes within the South Yorkshire ICB and the NHS England Regional office.

MBr highlighted how this report illustrates the scale of partnership working in West Yorkshire, showing our effective engagement and contributions. MBr noted that this level of engagement does have a significant impact on our executive and management capacity. It is important to recognise SWYPFT's contribution to partnership working across West Yorkshire.

EM queried if the Trust ever decline any partnership working in terms of impact of capacity and the sheer volume of work?

MBr responded that there is a question for the ICBs about their governance processes and whether they need to be more streamlined. MBR emphasised that SWYPFT can only influence on behalf of its service users if present and engaged, the challenge to us being there are so many meetings to attend.

**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/24/89c Provider Collaboratives and Alliances (agenda item 11.3)

RA advised to take the report as read and highlighted the following:

- There is no change in the scope of services included in the report. It highlights the operational and financial pressures across all provider collaboratives related to activity, acuity and how this can be supported in the most effective manner.
- There is a focus on collaboratives and their deficits and the recovery plans in development to support patient flow, services optimisation and bed occupancy.

MBr mentioned that the adult secure provider collaborative is a core part of SWYPFT and carries significant financial risk. In West Yorkshire there is a risk share agreement, so the fact that the CAMHS Tier 4 collaborative has a significant deficit, could adversely impact on SWYPFT results at the end of the year.

GE asked, since the provider collaboratives have been in existence, what has been the result in relation to performance, particularly CAMHS?

MBr responded that initially there was a significant transfer of young people out of area back into West Yorkshire. There have been significant challenges with staffing and high levels of acuity which have impacted on the operation of Red Kite View in Leeds.

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

## TB/24/90 Governance (agenda item 12)

TB/24/90a Trust Board Committee Membership (agenda item 12.1)

AL explained that following the strategic board meeting in August, which was held in private, there was a discussion regarding committee memberships and the matrix has been updated accordingly.

Trust Board are asked to confirm that this is accurate so that each committee terms of reference can be updated.

The proposal to change the name of the Collaborative Committee to the Commissioning Committee which needs Board approval.

**It was RESOLVED to APPROVE the change of name of the Collaborative Committee to the Commissioning Committee and APPROVE the changes in membership/attendance to the following Board Committees:**

- **Audit Committee**
- **Quality and Safety Committee**
- **Mental Health Act Committee**
- **People and Remuneration Committee**
- **Finance, Investment and Performance Committee**
- **Commissioning Committee**

TB/24/90b Trust Seal (agenda item 12.2)

AL confirmed that the Seal has been used on one occasion since the last Board meeting in relation to transfer of deeds for Cheswold Park.

**It was RESOLVED to NOTE the update on the Trust Seal.**

## TB/24/91 Strategies and Policies (agenda item 13)

TB/24/91a Trust Strategy Refresh (agenda item 13.1)

DL expressed delight in bringing the strategy refresh to Board for approval.

DL explained that the process started in December 2023 with the clear vision to live Trust values in how the strategy has been created the focus on values and behaviours, and the #allofus conversation is detailed in paper.

DL reported that she was proud that almost a quarter of colleagues contributed to the strategy refresh, as well as over 1,500 voices from our communities. DL explained that the objectives were developed in response to this feedback.

DL explained that one of the key messages we heard was the focus on the Trust values and so we are building on how well embedded they are by ensuring our actions and priorities are in line with our values. There are targets and outcomes in the strategy and the key point now is alignment throughout the Trust.

The next steps are how to make the strategy across the organisation. The first step is to align with the annual planning process to ensure the strategy is the framework for planning discussions and decisions. For example, the conversation regarding value for money and how we make what will be difficult decisions was presented with clear line of sight of our values, along with key questions to nudge culture change.

In terms of priorities measurement, the next stage is co-creating measures with colleagues across the organisation and, subject to approval today, the official launch will commence out into the organisation.

**It was RESOLVED to RECEIVE and APPROVE the final version of the Strategy Refresh.**

## TB/24/92 Trust Board work programme 2024/25 (agenda item 14)

MBu confirmed that this is reviewed regularly.

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

**TB/24/93 Any other business(agenda item 15)**
None.

**TB/24/94 Date of next meeting (agenda item 16)**
The next Trust Board meeting in public will be held on Tuesday 29 October 2024 (September meeting) at Fieldhead Hospital.

Signature: 

Date: 29.10.24