

Board of Directors Meeting in Public
On Thursday 13 July 2023 at 9:00am
Hybrid meeting held on Microsoft Teams and
in person at New Mill, Saltaire

Present in person:	Dr Linda Patterson OBE FRCP Chair of the Trust Bob Champion Chief People Officer Phil Hubbard Director of Nursing, Professions and Care Standards and Deputy Chief Executive Simon Lewis Non-Executive Director and Senior Independent Director Chris Malish Non-Executive Director Sally Napper Associate Non-Executive Director Carole Panteli Non-Executive Director (Deputy Chair of the Board) Therese Patten Chief Executive Tim Rycroft Chief Information Officer Dr David Sims Medical Director Mike Woodhead Director of Finance, Contracting and Estates
Present via Teams:	Kelly Barker Interim Chief Operating Officer (for agenda items 3-24) Iain MacBeath Director of Integration Mark Rawcliffe Non-Executive Director (for agenda items 1-14)
In Attendance:	Anita Brewin Head of Psychological Therapies (for agenda item 9) Chris Dixon Head of Nursing – Mental Health (for agenda item 13) Kirsten McEwan Patient Experience and Communications Officer (for agenda item 3) Helen Robinson Deputy Trust Secretary Fran Stead Trust Secretary Lisa Wright Head of Equality, Diversity and Inclusion (for agenda item 14.1)

There were no members of the public in attendance.

MINUTES

Item	Discussion	Action
30	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair, Dr Linda Patterson OBE FRCP, opened the hybrid meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Alyson McGregor (Non-Executive Director) and it was noted that Mark Rawcliffe (Non-Executive Director) would be leaving at 11.00am.</p> <p>The Board of Directors was quorate.</p>	
31	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of interest were made.</p>	
32	<p>Learning from Your Experience – First Response Service (agenda item 3)</p> <p>The Patient Experience and Communications Officer presented the story on behalf of Theresa, who had experienced the First Response Service as both a carer and a service user.</p> <p>Theresa had described getting stuck in a loop between the First Response Service and the Child and Adolescent Mental Health Service, both of which frustratingly kept signposting to the other.</p> <p>She also highlighted how the First Response Service insisted on speaking to Theresa’s son on whose behalf she was contacting them, which meant that when he was in crisis and unable to communicate she received no support for him as she had not been recognised as a carer. The same happened when she was in crisis herself and unable to communicate effectively.</p> <p>The Board heard how Theresa felt her condition did not fit the criteria to access support, and the support that she did receive, she believed was inadequate. Theresa would be reluctant to use the service again, but following her recovery she had gone on to be an Involvement Partner for the Trust.</p> <p>The following points were then raised by Board members:</p> <ul style="list-style-type: none"> - Extensive work was being undertaken with the service, particularly around integrating the crisis and mental health helplines. - There was some confusion regarding the scope of First Response, with some people seeing it as a front door to mental health services. - Routes of entry to the service were being identified, and guidelines being co-produced regarding accessing support. - The Trust’s Autism awareness training was being reviewed to ensure it met the needs of health and social care. 	

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	<ul style="list-style-type: none"> - It was important that families were helped to understand that symptoms may get worse before they improve with certain medication. - The Trust needed to work on establishing paid roles for Involvement Partners rather than having them contribute on a voluntary basis. - Following changes to the Caldicott principles, the sharing of information with carers was now encouraged rather than refused where it was deemed important to the patient's care. - A closed culture visit was about to take place within First Response and Intensive Home Treatment Services. - Concerns were raised around the introduction of 111 in relation to mental health. <p>The Board thanked Theresa for sharing her story with the Board, and Ms McEwan for supporting her.</p>	
33	Questions Received (agenda item 4) No questions for the Board had been received.	
34	Minutes of the previous public Board meeting held on 11 May 2023 (agenda item 5) The minutes of the public Board of Directors' meeting held on 11 May 2023 were agreed as a true and accurate record.	
35	Matters Arising (agenda item 6) There were no matters arising.	
36	Action Log (agenda item 7) The Board: <ul style="list-style-type: none"> • noted the contents of the action log; • agreed to close the actions listed as complete; • and noted that no further actions were required on any actions listed. 	
37	Chair's Report (agenda item 8) Dr Patterson presented her Chair's Report, which covered a variety of topics. The Chair stressed the importance of engagement with Place partners and the range of meetings with which she and others were involved with. Dr Patterson drew attention to the stepping down of Mrs Panteli from her role as Non-Executive Director in August, and took the opportunity to thank Mrs Panteli for her contribution to the Trust during her tenure, and in particular for the period in which she acted as Interim Chair. A recruitment process had been held for a replacement Non-Executive Director, and the outcome would	

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	<p>be announced following ratification by the Council of Governors on 20 July 2023. The replacement Deputy Chair announcement would also follow the same ratification process.</p> <p>The Board:</p> <ul style="list-style-type: none"> noted the continuing engagement that had taken place with partners, internally at the Trust, and with the Council of Governors. 	
<p>38</p>	<p>Chief Executive’s Report (agenda item 9)</p> <p>The Chief Executive presented the report which provided commentary on strategic, operational and systems issues. Ms Patten highlighted the following points:</p> <ul style="list-style-type: none"> The successful reaccreditation of the Unicef Baby Friendly Initiative within the Health Visiting Service. The appointment of Kelly Barker to the role of substantive Chief Operating Officer following a robust recruitment process. The Right Person Right Care partnership agreement model having been signed between the Department of Health and Social Care and the National Police Chiefs Council. This would be discussed at the Wellbeing Executive meeting in September 2023. Industrial action – in terms of the Doctors five days of action, the Trust had met its readiness assessment obligations and provided the required sitreps. Mechanisms were in place for dynamic risk assessment daily and cover arrangements were in place. It was anticipated that the impact on quality and consistency of care would be minimal. <p>Following a query regarding the financial impact of the industrial action, it was agreed that a report would be brought to the Public Board meeting in September 2023, including information on quality of services, missed appointments and the impact on length of stay.</p> <p>The Head of Psychological Therapies then summarised the work of the Trauma Informed Care Programme Team, highlighting that the approach had been shown to benefit people, reduce time in services and promote recovery and improved quality of life.</p> <p>The Board agreed that it would refer to itself as a Trauma Informed Organisation, and endorsed the approach outlined. It was agreed that a progress update would be brought back to the Board in six months.</p> <p>The Board noted the Chief Executive’s report.</p>	<p>Mike Woodhead/ Bob Champion</p> <p>Anita Brewin</p>
<p>39</p>	<p>Board Assurance Framework (BAF) (agenda item 10)</p>	

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	<p>The Director of Nursing, Professions and Care Standards presented a paper which provided an overview of changes and updates to the 2022/23 strategic objectives (SO) and associated risks currently held on the Board Assurance Framework (BAF).</p> <p>Mrs Hubbard advised that the Board were being asked to support the review of Strategic Objective (SO) 2. It was agreed that an audit trail of the changes to the refreshed SO2 would be shared with members.</p> <p>Mrs Hubbard also explained that the new risk of staff injury added to the Organisational High-Risk Report related to two complex patients at the Najurally Centre, and assured Board members that adequate staffing levels were in place to mitigate this risk.</p> <p>Following a question regarding the Workforce risk level being rated as amber, The Chief People Officer stated that the controls had not been ineffective but that there were some factors outside the Trust's control such as the recruitment pipeline that were having an impact on progress made.</p> <p>The Chief Executive advised that the National Workforce Plan had just been published, and a summary would be taken to the Workforce and Equality Committee prior to being discussed at a future Board meeting.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the progress made against the Strategic Objectives; • noted the mitigations and controls in place to manage the risks associated with the Strategic Objectives described within the BAF; • supported the review of SO2 where indicated for improvement to the 2023/2024 BAF; and • noted the BAF internal audit outcome and response. 	<p>Bob Champion</p>
<p>40</p>	<p>Alert, Advise, Assure and Decision Report: Quality and Safety Committees held on 18 May and 15 June 2023 (agenda item 12 – items taken out of order due to Non-Executive Director availability)</p> <p>On behalf of the Committee, Mrs Hubbard presented the AAAD reports from the meetings held on 18 May and 15 June 2023.</p> <p>Mrs Hubbard advised that there had been no alerts to report from either meeting, but discussions had been ongoing regarding the Involvement Partner transformation, issues with the new Mental Health worker assessments; and issues regarding the First Response Service.</p> <p>The Board noted the updates.</p>	
<p>41</p>	<p>Suicide Prevention Annual Report (agenda item 13)</p>	

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	<p>The Head of Nursing (Mental Health) presented the report which provided an update on the work continuing both regionally and locally to reduce suicide and increase awareness.</p> <p>Mr Dixon reported that West Yorkshire continued to have a higher suicide rate than the England average, according to the latest data release from the Office of National Statistics (ONS). However, it was noted that Bradford had the lowest suicide rate in Yorkshire and the Humber but had seen a rise comparative to the 2020 data.</p> <p>The Trust continued to work alongside partners within the West Yorkshire Health and Care Partnership to embed the national and regional Suicide Prevention Strategies within the Trust. The Trust had adopted a zero-suicide philosophy where each death by suicide was seen as preventable.</p> <p>Organisations at Place and across the region continued to work together to reduce suicide. This included NHS Mental Health Trusts, emergency services, local authorities, prison services, and voluntary/third sector services. The Trust had a suicide prevention group leading on the delivery of the strategies for the Trust.</p> <p>Mr Lewis asked if the Trust had access to more granular data, and Mr Dixon stated that the Trust worked with the Public Health Board to review the data reported by the Local Authority.</p> <p>The Medical Director advised that the Quality and Safety Committee reviewed all suicides where there had been contact with Trust services, via the Learning from Deaths approach.</p> <p>The Chief Executive stated that much progress had been made in suicide prevention over the last year, and asked whether the data told the Trust anything about the diversity of those committing suicide. Trends could be identified from the data, and some targeted approaches had been taken because of this, such as the Barbershop.</p> <p>It was agreed that more data on access rates and utilisation of services would be helpful. Models also needed to be adapted according to the changing needs of the population.</p> <p>A brief discussion took place regarding the move to 111 and the potential impact on service users. Equality Impact Assessments would be undertaken to look at demand and the service user's experience, and could be used to push back at a regional and national level if necessary. A risk would be added at Trust, Place and System level regarding 111. It was anticipated that the move to 111 might be reflected in the annual suicide report for 2024.</p>	

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	<p>The Board acknowledged the work and supported the plan.</p>	
<p>42</p>	<p>Alert, Advise, Assure and Decision Report: Workforce and Equality Committee held on 27 April 2023 (agenda item 14)</p> <p>On behalf of the Committee, Mr Rawcliffe provided a verbal update from the meeting held on 27 April 2023.</p> <p>Mr Rawcliffe drew attention to the low compliance with appraisals but assured the Board that the figures had since shown an increase. The improvement in the workforce metrics was highlighted, showing a positive impact from the actions put in place.</p> <p>The Board noted the update.</p>	
<p>43</p>	<p>Alert, Advise, Assure and Decision (AAAD) Report: Mental Health Legislation Committee held on 25 May 2023 (agenda item 11)</p> <p>On behalf of the Committee, Mr Lewis presented the AAAD report from the meeting held on 25 May 2023. There had been no items to escalate.</p> <p>It was noted that there had been a recent increase in physical interventions and rapid tranquilisation use, mainly related to certain service users within the Najurally Centre and Psychiatric Intensive Care Unit. The Committee would keep a close eye on this and continue to seek assurance regarding the causes and the proportionality of such responses.</p> <p>Mr Lewis shared with the Board a sample of the plastic crockery in use under a blanket restriction on Heather Ward. Mrs Hubbard stated that crockery and cutlery restrictions were reviewed daily in inpatient settings and was expected to be stepped down on Heather Ward in the near future.</p> <p>The Board noted the update.</p>	
<p>44</p>	<p>NHS England Equality, Diversity and Inclusion (EDI) Improvement Plan Briefing (agenda item 14.1)</p> <p>The Chief People Officer and Head of Equality presented the report which provided a briefing of the NHS England Equality, Diversity and Inclusion (EDI) Improvement Plan launched in June, and the Trusts proposed next steps for implementation.</p> <p>Mr Champion explained that the plan supported the Long-Term Workforce Plan by improving the culture of NHS workplaces and the experience of the NHS workforce. The plan aimed to improve EDI, enhance the sense of belonging for NHS staff, ensure staff could safely raise concerns, ask</p>	

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	<p>questions and admit mistakes. This was essential for staff morale and lead to improved quality of patient care and outcomes.</p> <p>Mr Champion outlined the six high impact actions (HIA) to drive the change through making EDI everyone's business.</p> <p>An assessment against the current position against the actions would now take place, alongside an assessment of data availability and existing reporting mechanisms.</p> <p>An annual report on the plan's implementation would be added to the Board forward plan.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • approved the proposal to report progress of the plan's implementation at annual intervals to the Board of Directors and ongoing progress updates to be provided to the Workforce and Equality Committee within the standing compliance agenda item. • Noted the requirements of the Board of Directors as set out in the plan. 	<p>Lisa Wright</p>
<p>44</p>	<p>Integrated Performance Report (agenda item 15)</p> <p>The Chief Operating Officer and Trust Secretary presented the report which highlighted the combined impact of high service demand, increased acuity and complexity and workforce challenges, exacerbated by industrial action and expected seasonal pressures, which continued to impact performance and waiting times.</p> <p>Mrs Stead advised that work had been undertaken in light of the revised Trust strategy, in order to have measures and metrics to ensure that the strategy was deployed, tracked and monitored effectively. Strengthened oversight had been introduced, and work was looking at integrating data and having early conversations when metrics were not being achieved.</p> <p>The following actions were being undertaken:</p> <ul style="list-style-type: none"> - embedding the business partnering model - working with the Care Trust Way to model training programmes for staff - refreshing the Integrated Governance Guide - resetting Committees including workplans and dashboards - supporting tactical and operational meetings. <p>Mrs Barker went on to highlight the common theme through all the data packs which continued to be the combined impact of:</p> <ul style="list-style-type: none"> • high service demands, with increased acuity and complexity; 	

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	<ul style="list-style-type: none"> workforce challenges, with high labour turnover, continued difficulties in attracting and retaining professionally qualified staff and sickness absence, however positive improvements noted in key areas such as vacancy rates and on trajectory performance for reducing Labour Turnover; continued impact of Industrial Action across Quarter one, both within the Trust and neighbouring Trusts. <p>The Board:</p> <ul style="list-style-type: none"> considered the key points and exceptions highlighted and noted the proposed actions; considered any further attention via supporting Board Committee structures. 	
<p>45</p>	<p>Finance Report (agenda item 16)</p> <p>Mr Woodhead provided an overview on the financial performance for May 2023, for both the Trust and the Integrated Care System (ICS).</p> <p>The month two position was in line with plan at a £999,000 deficit and forecast to achieve the break-even plan for the year. Risks were emerging with elevated out of area placements and agency spend, both of which were above planned levels and impacting on the delivery of the Cost Improvement Plan (CIP) programme. Recovery plans were being developed for high risk areas to target reduction in run rate costs. Further risk of slippage on CIP plans and pressures emerging in the Children and Young Peoples Provider Collaborative were being closely monitored.</p> <p>Although Mr Woodhead was concerned about the financial position, he felt that the Trust understood it's position better than in previous years due to performance reporting and monitoring changes. The Board was assured that recovery plans were in place for high-risk areas.</p> <p>In relation to capital funding, a capital risk workshop had been established in July with the ICS to consider alternative approaches to capital distribution, with Lynfield Mount Hospital being the test case. The outcome of the workshop would be considered at the System Oversight Assurance Group and System Finance and Performance Committee.</p> <p>The financial position of the ICS indicated a deficit of £1million (m) against a planned surplus of £4.2m. Given the level of financial risk requiring to be managed within the system, NHS England had required the West Yorkshire System to adopt a range of financial control measures, with immediate effect, focussed on a range of controls including; vacancy management, agency cost controls, medical staffing, non-pay expenditure controls and oversight of investments.</p> <p>The Board:</p>	

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	<ul style="list-style-type: none"> • noted the year to date forecast financial position of the Trust and the ICB; • noted NHS England regulatory intervention for West Yorkshire ICB; and • did not highlight further assurances required. 	
<p>46</p>	<p>Alert, Advise, Assure and Decision Report: Finance, Business and Investment Committee held on 25 May 2023 (agenda item 17)</p> <p>On behalf of the Committee, Mr Rawcliffe presented the AAAD report from the meeting held on 25 May 2023.</p> <p>Mr Rawcliffe highlighted three alerts:</p> <ul style="list-style-type: none"> - The ICS deficit driving regulatory intervention by NHS England with potentially increased administration requirements by staff within the Trust. - The current financial risk within the plan being significant and whilst plans were in place required close ongoing scrutiny. - Out of area length of stay continued to drive overspend and the profile to breakeven was very aggressive for the remainder of the year. Path to green agreed and required close monitoring. <p>The Committee had received assurance on strong recovery plans covered within the meeting relating to areas of significant financial risk.</p> <p>The Board noted the update.</p>	
<p>47</p>	<p>Senior Information Risk Owner (SIRO) Annual Report (agenda item 18)</p> <p>The Chief Information Officer presented the annual report which provided an update relating to the responsibilities of the SIRO and outlined activity and performance related to information governance. The report provided assurances that information risks were being effectively managed, what had been achieved and where improvements were required going forward.</p> <p>It was agreed that the themes and trends for Freedom of Information requests would be included in future annual reports.</p> <p>The Board:</p> <ul style="list-style-type: none"> • considered the information and assurances provided for 2022/2023; and • noted the proposed information governance objectives for 2023/2024. 	
<p>48</p>	<p>Health, Safety and Security Annual Report (agenda item 19)</p> <p>Mr Woodhead presented the annual report, which aimed to provide assurance to the Board on achievements within health, safety and security throughout</p>	

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	<p>2022-23 and a summary of trends and themes relating to health and safety and security management incidents reported in the Trust throughout 2022-23.</p> <p>Key actions and improvements achieved during the year were highlighted.</p> <p>The Board celebrated the team’s 9th consecutive RoSPA Gold Medal and thanked all involved for their ongoing contribution to the success of the team.</p> <p>The Board reviewed and approved the Health, Safety and Security Annual Report for 2022-23.</p>	
49	<p>West Yorkshire Mental Health Services Collaborative Committees in Common – AAA Report 26 April 2023 (agenda item 20)</p> <p>The Board noted the update.</p>	
50	<p>Board of Directors Public Meeting Annual Work Plan (agenda item 21)</p> <p>The Board reviewed the Private Board Work Plan for 2023/24.</p>	
51	<p>Any Other Business (agenda item 22)</p> <p>No other business was raised.</p>	
52	<p>Comments from Public Observers (agenda item 23)</p> <p>No comments were made.</p>	
53	<p>Meeting Evaluation (agenda item 24)</p> <p>The Chair thanked all colleagues for their contributions to the meeting. The Board discussed the meeting and reviewed its effectiveness as part of the Trust’s commitment to good governance and continuous improvement. The meeting was closed at 11.50am.</p>	

Signed:

Dated:
