

Minutes of Trust Board meeting held on 26 March 2024
Boardroom, Conference Centre, Kendray Hospital

Present:	Marie Burnham (MBu) Mandy Rayner (MR) Mike Ford (MF) Erfana Mahmood (EM) Natalie McMillan (NM) Kate Quail (KQ) Mark Brooks (MBr) Carol Harris (CH) Adrian Snarr (AS)	Chair Deputy Chair/ Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Director of Finance, Estates and Resources Chief Medical Officer Chief Nurse and Director of Quality and Professions
Apologies:	David Webster (DW)	Non-Executive Director
In attendance:	Dawn Lawson (DL) Lindsay Jensen (LJ) Andy Lister (AL) Sean Rayner (SR) Julie Williams (JW)	Director of Strategy and Change Interim Chief People Officer Company Secretary (author) Director of Provider Development Deputy Director of Corporate Governance
Apologies:	Rachel Lee (RL)	Associate Non-Executive Director
Observers:	Paula Gardner	Insight Candidate

TB/24/15 Welcome, introduction and apologies (agenda item 1)

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

MBu outlined the Board meeting protocols and etiquette and reported this meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

MBu informed attendees that the meeting is being recorded for administration purposes, to support minute taking, and once the minutes have been approved the recording will be deleted. Attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

MBu reminded the members of the public there will be an opportunity for questions and comments, received in writing prior to the meeting, at item 3.

TB/24/16 Declarations of interest (agenda item 2)

Name	Declaration
Chair	
BURNHAM, Marie	Lay member of the Central Lancashire Integrated Care Partnership Chair of NICE Committee for weight management Chair of Pennine Multi Academy Trust of Schools
Non-Executive Directors	
RAYNER, Mandy Non-Executive Director Deputy Chair/Senior Independent Director	Spouse - works for a global not for profit organisation (HIMSS) selling consultancy services to healthcare bodies. Working within the advisory sector as a private consultant for a number of technology organisations who provide technology to the NHS. Any work that may link to the Trust will be declared at the time any future interest arises. Director/Owner of "Opinicus" providing IT consultancy to organisation/suppliers in healthcare.
FORD, Mike Non-Executive Director	Chair of the Joint Audit Committee for the West Yorkshire Combined Authority and West Yorkshire Police
WEBSTER, David Non-Executive Director	Chief Financial Officer at Red Embedded Consulting Limited (trading as Consultant Red) Director and joint-owner - Tango Residential Ltd Non-executive trustee director - The Mast Academy Trust
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director for Riverside Group. Non-Executive Director for Omega / Plexus part of Mears Group. Sister – Employed by Mind in Bradford.
MCMILLAN, Natalie Non-Executive Director	Director/owner of McMillan and Associates Ltd. Associate - NHS Providers Associate - Audit One who conduct audit work across NHS organisations
QUAIL, Kate Non-Executive Director	Director of The Lunniagh Partnership Ltd, Health and Care Consultancy
Associate Non-Executive Directors	
Dr Rachel Lee Associate Non-Executive Director	Director and owner of North Star Psychology Ltd. Consults and provides therapy for Aspire4you commissioned by NHS England. Associate with Healthy You Ltd funded by individual NHS trusts or NHS England.

Name	Declaration
Chief Executive	
BROOKS, Mark Chief Executive	Trustee for Emmaus (Hull & East Riding) Homelessness Charity Partner member of South Yorkshire Integrated Care Board
Executive Directors	
HARRIS, Carol Chief Operating Officer	Spouse works for an engineering consultancy company specialising in healthcare which has involved work with local NHS Trusts including Mid Yorkshire Hospitals NHS Trust Family members work on Trust bank
JENSEN, Lindsay Interim Chief People Officer	Spouse owns small portable appliance testing company who may occasionally undertake NHS work. Vice president of Health People Management Association (HPMA) Yorkshire and Humber which is a registered charity and has alignments with the NHS
RAYNER, Sean Director of Provider Development	No interests declared.
SNARR, Adrian Director of Finance, Estates and Resources	No interests declared.
THIYAGESH, Dr Subha Chief Medical Officer	Spouse is a Hospital Consultant & Clinical Director at CHFT. Member of the NHS Clinical entrepreneurship strategic board. Honorary Visiting Professor at Huddersfield University.
THOMPSON, Darryl Chief Nurse and Director of Quality and Professions	Member of the Council of the National Mental Health and Learning Disability Nurse Directors Forum.
LAWSON, Dawn Director of Strategy and Change	No interests declared.

It was **RESOLVED** to **NOTE** the declarations of interest for the Board.

TB/24/17 Questions from the public (agenda item 3)

No questions were received from the public.

TB/24/18 Minutes from previous Trust Board meeting held 30 January 2024 (agenda item 4)

Mandy Rayner (MR) asked for a slight adjustment on page 6 of the minutes in relation to Band 5 “a lot of work has already taken place”. Andy Lister agreed to amend the minutes to this effect.

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

TB/24/19 Matters arising from previous Trust Board meeting held 30 January 2024 and board action log (agenda item 5)

Mike Ford (MF) made the observation about the length of the minutes, in particular service user/staff story where the minutes are almost a transcript rather than a summary.

MBr agreed and added that the staff/carer stories are an important part of board.

Action: Andy Lister

MBu asked for the following action updates to be noted:

TB/24/10a - RIDDOR (reporting of injuries, diseased and dangerous occurrences regulations) incidents - MBu queried if Board members are satisfied with the documented progress against the action.

MBr reported incidents where a member of staff has been harmed or assaulted are raised at executive management team (EMT) meetings through the complex incident report. MBr added there is suitable support available for staff who have been assaulted, and in addition the Trust should seek assurance from affected staff to ensure they feel they have received the appropriate support.

Action: Darryl Thompson/Carol Harris

TB/23/117 - patient and carers' race equality framework. Nat McMillan (NM) advised that this is to come back to Board through the AAA report from the equality, inclusion and involvement committee (EIIIC). NM asked that this is explicitly referenced in the AAA report as it is an important question to be addressed.

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

TB/24/20 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Donna Markey (DM), the manager for the Podiatry service and highlighted recent improvements in the service including happier staff and a more cohesive team. CH pointed out the levels of skills and expertise within the service, including surgical procedures.

DM gave an overview of a patient's journey through our podiatry service including assessment, diagnosis and treatment. Podiatry is a medical specialty that diagnoses and treats diseases, disorders, deformities and pathologies of the feet and lower limbs. The service has specialists in biomechanics, wound care, nail surgery and high-risk foot care.

DM noted that biomechanics services have been run by John Burston for around 40 years and upon his retirement the dedicated podiatry suite at Kendray will be named after him. DM reported SWYPFT is one of the only trusts in the country that has a biomechanics laboratory based on site, with a great reputation.

DM reported there are challenges filling vacancies as university graduates can earn more money in private practice with perceived less pressure.

DM introduced Trust Board to the "Real Wear" device which is a head worn smart device with a camera that allows staff to observe exactly what the clinician can see during an appointment. The device also has a heat detector which can detect infection. This device is being trialled in the community service and if successful will be rolled out for nurses to be able to share their expertise.

Mandy Rayner (MR) acknowledged the resource issue across the NHS and queried if the Trust have placements in podiatry for students and if the Trust runs apprenticeships.

DM reported that there are currently four final year students within the department who have applied for permanent roles with the Trust. DM confirmed that there is one apprentice with the department at the moment with another due to start at the end of March 2024.

Erfana Mahmood (EM) asked if overseas recruitment could help with staffing issues within the department.

DM advised that podiatry is quite a rare specialty overseas but there are some overseas applicants for the lower banded vacancies.

DM explained that NHS England are involved with promoting the profession as it is now seen as a profession at risk. The number of podiatrists need to increase by 83% by 2034. Students who follow the apprenticeship route are better prepared for working in the NHS.

Sean Rayner (SR) acknowledged the use of technology and the support this can provide and suggested this should be included in the Trust digital strategy.

ST confirmed that this is the case.

MBu thanked DM for today's story.

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

TB/24/21 Chair's remarks (agenda item 7)

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

- Complex Incidents report
- Assurance from Trust Board Committees
- Integrated Partnership Board updates
- Financial operation planning
- Strategic Board reflections

MBu noted the Trust will be recruiting two new non-executive directors (NED's) this year as Kate Quail (KQ) and MR's tenures are coming to an end.

It was RESOLVED to NOTE the Chair's remarks.

TB/24/22 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 Trust's staff survey results have been published and have showed improvement in all nine key themes.
- SWYPFT are the highest scoring trust in Yorkshire and Humber in terms of staff recommending the Trust as a place to work. Leaders within the Trust should be recognised for this.
- Work is required in relation to incidents of racial discrimination, which is being seen nationally. The Trust needs to learn from what went well last year and respond to the areas that need improvement which will be overseen by the people and remuneration committee (PRC).
 - An updated definition of parity of esteem has been provided by the Department of Health and Social Care. It looks to ensure there are equal services for people with

mental illness who require medication or physical health services and equality in terms of access and therapeutic interventions. There is a question about how SWYPFT with partners, promote parity of esteem across all parts of the NHS.

- Final planning guidance has not yet been received.
- A board level competency framework has been issued by NHS England for awareness and needs incorporating into 2023/24 appraisals.
- There has been more industrial action which has been well managed. This takes huge effort and there are always consequences, some clinics will have been cancelled and staff redeployed to provide cover.
- NHS Providers has published the results of its annual state of the provider sector survey. The results of this survey are very helpful for understanding the context in which we are operating.
- There has been a 20% reduction in applications for nursing degrees this year which will impact on the NHS's long term workforce plan.
- The Excellence Awards will be held in May with over 270 nominations to recognise the excellence our staff provide.
- The Trust's submission to showcase improvement work at NHS Providers' annual Quality & Improvement Conference in May has been progressed, which is a real testament to the quality of our submission and our approach to improvement.

MBu highlighted the out of area bed improvement which illustrates how well SWYPFT are performing despite the challenges of high demand.

MR acknowledged the older people's services consultation and the 500+ responses. MR raised the technology fund and advised that funding is being allocated to trusts that are digitally immature, so may be difficult for us to access. MR queried if SWYPFT bid for extra funding for digital improvements.

Adrian Snarr (AS) advised that the Trust are running the new digital strategy in line with the overarching Trust strategy and the clinical strategy, and the Trust does bid for funding opportunities as well as using internal resources.

NM suggested a change in approach to the staff survey to enable the Board to see the key points earlier than we do.

Action: Lindsay Jensen

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

TB/24/23 Performance (agenda item 9)

TB/24/23a Integrated performance report Month 11 2023/24 (agenda item 9.1)

Adrian Snarr (AS) reported that there is one new measure and one revised measure. Oliver McGowan training now being included in the mandatory training list and the metrics for individual placement support (IPS) have been revised.

National Indicators

AS gave an overview of the national indicators:

- Paediatric audiology waits are a challenge for the Trust with improvement and further work needed. Causation impact is being explored in relation to the increased volume of people coming through the service.
- Out of area placements is showing as red in the IPR as the national indicator is 0. The Trust currently has six and low levels do require a lot of management effort. The financial plan for next year has assumed five out of area placements.
- AS highlighted the virtual ward metric has returned to green.

Strategic Objectives

Dawn Lawson (DL) gave an overview of the strategic objectives advising that there are challenges around the recording of some of the protected characteristics data. There are improvements with sexual orientation recording, and further improvement is needed on the recording of disabilities. Training support is being delivered to matrons and nurses across the Trust.

In terms of the up-to-date Equality Impact Assessment metric compliance is now 96%.

Quality

Darryl Thompson highlighted the following points:

- Care planning is on track with over 80% of patients receiving a copy of their care plan and this has been maintained since April 2023.
- There has been a slight reduction in people in the community having a risk assessment within seven days.
- A headline from the quarterly incident report is that 100% of prone restraints have been for three minutes or less. How prone metrics are captured has now changed to be in line with national metrics.
- There have been 20 information governance (IG) breaches in month. This is the highest number of the year. These incidents are mainly information shared in error with no identified themes or concerns with the impact of these breaches.
- There have been two pressure ulcers where lapses in care have been identified with no assumption that the lapse in care had a causal effect on the ulcers. These will be reviewed for any learning to be identified.
- The percentage of complaints responded to within six months remains under the target of 100% with an overall trend in improvement. All complaints that have breached the target have had new response dates agreed.
- All complaints have been acknowledged within the required three days.
- There has been one outbreak of Covid-19 and one outbreak of diarrhea and vomiting.
- There have been two deaths within 28 days of a Covid-19 diagnosis which is in line with national reporting. Both deaths have been reviewed and were not related to the patient's exposure to Covid-19 while in Trust care.

NM suggested complaints are reviewed in quality and safety committee (QSC) to scrutinise improvements and look at what more can be done.

Action: Darryl Thompson

MBr reported the quality of complaint responses is greatly improved and suggested looking at trends on a quarterly basis for a better view as opposed to reacting to one month in isolation.

DT added that the number of complaints being closed now exceeds the number of new complaints.

NM also suggested taking pressure ulcers into QSC for further scrutiny as the complexities and challenges are leading to an increase in pressure ulcers and also look at how achievable a target of zero is.

Action: Darryl Thompson

EM queried what "lapse in care" means.

DT reported that each pressure ulcer incident has a root cause analysis investigation. Where a lapse in care has been identified, this does not mean the pressure ulcer is a direct result of a lapse in care. The lapse in care would be a point of learning, even if it was unrelated to the subsequent pressure ulcer.

EM asked if any of the reported IG breaches were reportable to the ICO and MBr confirmed there were none.

MBr assured the Board there is a Trust focus on IG breaches and they have had the option to reduce the annual training target from 95%, which the Trust have declined to do.

Kate Quail (KQ) queried trends around complaints and asked if trends and themes are presented to Board.

DT confirmed that more detail goes through QSC and advised this detail comes through Board as part of the AAA report. The patient experience annual report also comes to Board which looks at trends and themes.

KQ asked for assurance around the incident report as reporting has increased.

DT confirmed that 96% of incidents are low or no harm and staff are encouraged to report incidents for learning.

Mike Ford (MF) raised the physical restraints table in the IPR and had identified there appeared to be an error in the numbers.

DT reported the number of restraint positions does not have to equate to the number of restraints, as multiple positions can be held, during one restraint.

MF raised the number of incomplete referrals to treatment pathways.

CH explained that these are the 8 musculoskeletal referrals (MSK) and relate to people who have completed treatment and been discharged through the MSK pathways, which will start to present a decrease in numbers.

MBr asked the Board to note that the Trust does not accept the number of days a young person is on an adult ward as “the norm” and this must remain an area of focus. These are the “least worst” scenarios, not a good scenario.

DT added that staff safeguard young people on adult wards with a huge amount of effort going into finding an appropriate space.

People

Lindsay Jensen (LJ) gave an overview of workforce metrics and performance:

- There have been 654.5 starters since the beginning of the year showing that recruitment practices have been working. This represents growth in substantive staffing of 6.95%.
- 86 international nurses have started working for the Trust this year. There have been challenges supporting them working in our services, culture and country, which is being monitored closely. Recruitment for international nurses has now been paused to focus on supporting the nurses we already have. All international nurses now have placements.
- Sickness has reduced to 5% which is the lowest it has been since 2023 and the target is being considered to see if it still appropriate. Hotspots are monitored closely with support offered in relevant areas.
- There has been improvement with appraisals, with more work to do to reach the next target of 90%.
 - Mandatory training is improving with some hotspots identified and focused on, aiming for further improvement.
 - There is a focus on cardiopulmonary resuscitation (CPR) training, ensuring every space on courses is filled.

- SWYPFT continue to benchmark well against like trusts, with the highest stability and lowest turnover within our group.

MBu recognised the challenges within the People Directorate and the hard work going into maintaining work streams.

Mandy Rayner (MR) acknowledged the progress with appraisals and changing the narrative to a 90% target may push staff to improve further.

Care Groups

CH introduced the item and highlighted the following points:

- There is growing pressure in Barnsley community services and children's speech and language therapy which may lead to some waits. The teams are working hard to mitigate some of the expected staffing absences. This care group had significant issues with clinical supervision but has seen recent improvement.
- There are still issues with CAMHS neurodevelopmental services in Kirklees with no agreement yet regarding additional capacity for assessments which was previously in place.
- Access to tier four placements has been escalated to Leeds and York Partnership NHS Foundation Trust as they lead this collaborative.
- ADHD services have had the invited review service report from the Royal College of Psychiatrists with work taking place on the action plan. All of the services metrics are positive with the exception of waiting lists which is testament to the team.
- Learning Disabilities (LD) waits are an area of focus, with a second waiting list report now coming through the Finance, Investment and Performance Committee (FIP) and QSC, as well as EMT.
- Community mental health services - clinically ready for discharge has reduced significantly, however the pressure remains.
- Management training in forensics remains a focus with rostering being used to ensure that there are appropriately training staff in each area, which is particularly relevant in relation to CPR and reducing restrictive physical intervention (RRPI).
- Priestley ward in forensics is a hotspot high sickness and 40% of the staff group on restricted duties. Actions are in place.

NM queried how this data is used within the organisation and how the positives can be used for learning.

CH confirmed the data is used as a starting point and is regularly discussed in the Operational Management Group (OMG), focusing on learning from positive events.

Finance

Adrian Snarr (AS) gave an update on finance including:

- The revenue position is reporting a small surplus, there is confidence the Trust will deliver a £500k surplus for the full year.
- The Trust's run rate is a little more challenging although the Trust is ahead of where we said we would be on all finance key indicators; recurrent pay spend is increasing due to successful recruitment.
- Agency spend is now expected to finish the year favourable to target with significant improvements, predominantly in nursing and unregistered staff. The focus remains on patient safety.
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- The cash position remains strong.
- Capital indicators are green again with confidence that the target will be met for this year.

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

TB/24/23b Care Group Performance Report (agenda item 9.2)

CH gave the highlights from the care group dashboard for the Adult ADHD, ASD and Learning Disabilities services including:

- In terms of appraisals, the LD team are mapping their local database across to the Trust system with around 190 people with appraisals due and expect to meet the target by the end of March.
- ADHD and ASD teams are smaller and continue to meet the appraisal target.
- Sickness is well managed across the services and even though sickness may be low in terms of percentage, when its profession specific, it can have an impact on the wait time of an individual receiving care.
- The Horizon unit is a high reporter of incidents of violence and aggression and their training for RRPI training is currently at 81% with some challenges regarding training capacity, which are being addressed. Rostering is used to maintain a safe environment.
- This care group experiences significant waits compared to other care groups.
- Waiting lists are reported to FIP and the impact of waits is reported through QSC.
- In relation to ADHD, people are prioritised based on clinical need.
- Referral rates are approximately seven times higher than commissioned capacity in Barnsley and Kirklees and 11 times higher than commissioned capacity in Wakefield.
- ST clarified that SWYPFT wait lists are managed in line with NHS England guidance.
- CH explained that Kirklees and Wakefield commissioners have invested in a pilot project which is being worked through, which can signpost service users to other services as appropriate.
- CH added that high referrals and not enough capacity are national issues.
- In relation to autism, Barnsley, Kirklees, and Calderdale referrals are 2.5 times greater than in 2020.
- Learning Disability wait times meet targets for referrals being screened within two weeks, but there are challenges with meeting the 18-week target to meet face to face and commence treatment. This is predominantly due to profession specific vacancies and capacity issues which are reported through QSC.
- Improvement work is underway to revise pathways and create alternative solutions. There are long waits for speech and language therapy with the head of the allied health professionals (AHP) developing training in identifying swallowing difficulties and plans to manage these, which will free up speech and language capacity.
- Unreported waits have been identified and are now being reported.
- On Horizon there are service users who are clinically ready for discharge that are being delayed due to suitable placement for them not being available in the community. A person who is clinically ready for discharge may still have a high demand for need. Discussions are underway in each of our places to identify solutions.
- Further work is required in both services to understand equality data. There is good correlation between population data and service user data in Horizon, but the impact of Leeds and Bradford needs to be factored in as we work across West Yorkshire.
- ADHD and ASD have identified a marked under representation in referrals from people in Asian communities.
- There is ongoing positive work going into recognising health inequalities that people with a learning disability experience, and there is focus on supporting annual health checks and screening.

MBr highlighted the demand for ADHD and ASD is high and we need to ensure it remains a priority regionally and nationally.

CH added that there is no change in diagnostic rate, meaning there are more people with ADHD who will continue to live a chaotic lifestyle, which will have an impact on their mental health.

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

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

TB/22/24a Serious Incidents Quarterly report (agenda item 10.1)

DT introduced the item and highlighted the following points:

- There have been almost 3,500 incidents reported in the quarter which remains within expected variation levels.
- The report includes all serious incidents, our learning from incidents, learning from healthcare deaths, and learning from healthcare deaths of people with a learning disability under the LeDeR structure.
- There has been one serious incident reported in Q3 relating to the suicide of a service user on Ashdale.
- There were no homicides or never events in the quarter.
- DT flagged an incident within forensic services where a ward orderly colleague was assaulted by an inpatient. This was investigated and a series of actions have been put in place.

NM reported QSC had asked the question about whether the reduction in serious incidents is a direct result of the learning that takes place. The Committee is assured about the culture and it's always good to see that we have a high level of reporting and that they are low or no harm.

MF noted that the report includes a comment stating that comparisons between care group data should be viewed with caution. MF noted it does look like a couple of the grids have three times the level of the average of the total and queried if this is significant.

DT clarified that it is significant with regard to the type of interventions and the volume of activity within those services which will be driving the different numbers of reporting figures.

It was RESOLVED to RECEIVE and NOTE the quarterly report on incident management.

TB/24/24b Strategic Overview of Business and Associated Risk (agenda item 10.2)

DL introduced the item and highlighted the following points:

- The report is the culmination of discussions at EMT which is a useful framework for supporting the strategy refresh process.

MF commented he was struck by the number of opportunities when looking at the strengths, weaknesses, opportunities and threats (SWOT) analysis which are significant. The Audit Committee is considering management capacity to take advantage of all those opportunities.

MBu agreed there are a lot of opportunities which will need to be viewed with caution as well.

MBu acknowledged that the strategy refresh is very positive and bringing everything together.

It was RESOLVED to RECEIVE the report.

TB/24/24c Review of Risk Appetite Statement (agenda item 10.3)

AS introduced the item and highlighted the following points:

- This is the annual risk appetite review which the executive directors conducted at the beginning of March, following which it was reviewed by non-executive colleagues.
- Changes are mainly presentational.
- Changes are largely restricted to the clinical and quality safety risks and other areas remain as they are.
- There have been debates regarding the environment we operate in and if that should change the risk appetite.

MBu queried how the executive management team challenge each other in relation to risk appetite.

MBr responded with an example. Last week EMT had a decision tree for a potential tender opportunity. The decision tree goes through each of these risk sections and makes an assessment. The decision tree is reviewed every one or two years through FIP. Board members agreed they feel assured about decisions made in EMT using this process.

AL added it is proposed to utilise 360 Assurance, the Trust's internal auditors, every second year to assist with a review of the risk appetite statement, to ensure it is current and that the Trust is benchmarking well against other organisations.

AS reported the Trust has a low-risk appetite and it remains low as a result of these changes.

It was RESOLVED to APPROVE the updates to the Trust's Risk Appetite Statement.

TB/24/24d IPC Board Assurance Framework (agenda item 10.4)

DT introduced the item and highlighted the following points:

- This report is the six-monthly infection, prevention and control board assurance framework which is a self-assessment against national standards.
- The report highlights where the Trust declares compliance, and partial compliance, on criteria six and eight. This relates to fit testing and is where staff are involved in aerosol generating procedures which is more relevant to acute hospitals. This has previously been subcontracted out and we are looking to do this in house.
- There is a particular point about early identification and reporting of an infectious agent and the relevant IT structure to enable this. Planning is in place to address this.

DT explained this report provides assurance of the Trust's self-check against its oversight of infection, prevention, and control practices, and that the Trust is in line with national expectations. It has been to both QSC and EMT prior to submission to Board.

It was RESOLVED to RECEIVE the update.

TB/24/24e CQC Inspection action plan update (agenda item 10.5)

DT introduced the item and highlighted the following points:

- The paper has been to EMT and QSC prior to Board.
- The report shows progress against actions including 'must do' and 'should do' actions.
- Forensic services are approaching their "should do" actions as though they are "must do".
- Each care group is presenting their evidence to support performance to the Quality, Improvement and Assurance Team (QIAT) before declaring the actions complete.
- The QIAT team will continue monitoring and oversight to give confidence that actions have been embedded.

MBr noted that the majority of actions are green and have been discussed at the executive management team. The teams are making good progress, however some of the initial actions are easier to resolve than others, and there may be a risk in future months to be aware of.

MBr emphasised the importance of ensuring that the actions are embedded into the organisation and can be tested. It is helpful that QSC have regular oversight of this, and Board members need good visibility of progress.

MBu reiterated that an organisation should welcome a CQC inspection as it should be an integral part of what we do. MBu stated assurance is gained from this report as it is triangulated and mapped to the other work taking place in forensics.

DT agreed that actions are embedded as part of a broader improvement program within care groups.

MR queried at what point we will see that actions have been embedded.

MBu suggested the report should be presented to Board on a quarterly basis.

Action: Andy Lister

MBu asked DT and CH to pass on thanks from the Board for all the teams' hard work addressing the CQC action plan.

It was RESOLVED to RECEIVE the Care Quality Commission Inspection Reports - Action plan update for Must and Should Do Actions

TB/24/24f Planning update (agenda item 10.6)

AS introduced the item and highlighted the following points:

- The initial financial and operating plan has been submitted to the integrated care board (ICB) on time.
- Nationally and regionally at an ICB level there is still a lot to do as both of our ICBs are projecting a sizeable deficit.
- The national financial position does not look strong and both our ICBs have some way to go to reach a balance position, as does the Trust.
- There is clear evidence that the NHS has grown its workforce significantly and this will need to be explained, along with the benefits we gain from that workforce in terms of productivity.
- Workforce growth has been discussed at EMT looking into 2024/25 and ambitions have been significantly reduced, in part due to over achievement in 2023/24.
- There will be a focus on out of area bed days and agency use, both of which the Trust are performing well on and form part of the efficiency program.
- The final plan will be brought to public board for final sign off in April 2024.

It was RESOLVED to RECEIVE the update.

TB/24/24f Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.7)

Collaborative Committee 6 February 2024

MF advised that the minutes will be presented to the private Board and highlighted the following points:

- An assessment against the original objectives in the business case in South Yorkshire has taken place and MF reported that the South Yorkshire Adult Secure Provider Collaborative is delivering against this business case, which is positive.

- There was a paper on provider collaboratives and our assessment against the NHS maturity framework. One area for improvement is contracting and the committee has passed this back to the team to make sure all contracts are in place.

NM queried if the Collaborative Committee carried out an effective survey and AL confirmed that this committee had undertaken an effectiveness review in line with all other committees.

Members' Council 23 February 2024

Mbu asked to take the paper as read, noting it had been a positive meeting with good engagement and inclusive with the governors, making them feel like part of the Trust.

Mental Health Act Committee 5 March 2024

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

- There is a range of assurance from hard data of training which is positive, and audits and reviews including into Section 17 leave and consent to treatment.
- External feedback is sought from multi agency partners and the CQC, as well as hospital managers.
- Work is ongoing with the health inequalities project, particularly in BAME communities.
- There has been a patient experience pilot within forensics which has now been taken up by other trusts.

DL noted the work carried out in forensics and this should now be shared across all wards.

KQ agreed this was the plan and DL agreed to pick up the patient experience pilot and look to roll this out to other wards.

Action: Dawn Lawson

Quality & Safety Committee 12 February/12 March 2024

Nat McMillan (NM) reported the following:

- The independent review of Greater Manchester Mental Health Foundation Trust is now available and will be discussed at committee in April before coming to Board.
- There is an ongoing concern regarding racism that was raised in forensics in October 2023. A review is taking place with an independent expert and will continue to be monitored by the committee until we are assured that concerns have been addressed and the outcomes embedded into the Trust.
- In terms of reducing restrictive physical intervention (RRPI), there have been lots of discussions and committee noted the sustained improvement trends. These will continue to be monitored through the committee.

MBr highlighted the reduction in funding for the Calderdale recovery college which will have an impact on the service provided. This is indicative of the local authority financial environment at the moment.

People and Remuneration Committee 12 March 2024

MR highlighted the following:

- International nurses that have not yet been placed were discussed with some still going through their ready for work processes. LJ assured Board that this is now complete.
- There was an in-depth discussion regarding workforce planning. It was agreed that resource will be re-prioritised to focus on workforce planning, specifically around planning for next year, and being more innovative about how we use our workforce.
- E-rostering was raised, specifically for junior doctors and the difficulty they can have with the system.
- A positive report was received regarding student placements and lots of time and effort is being invested in students within the Trust.

- The committee has gone through its annual self-assessment and agreed to ensure that PRC see staff survey results at the appropriate times, and this will be built into the work program.

Equality, Inclusion and Involvement Committee 13 March 2024

MBu asked to take the update as read.

Finance, Investment & Performance Committee 18 March 2024

NM highlighted (in DW's absence) the following points:

- The committee recognises it needs greater focus on performance, and progress is being made with this.
- The IPR was discussed, and it was noted it may be worth a future Board discussion to establish if the Board have similar views on the content of the IPR.
- An offer was made for the Board to have a session on patient level information and costing system (PLICS)
- Agency and out of area bed use were both noted in terms of improved performance, and the hard work from the teams who have worked on both of these areas.

MBu noted she was pleased to hear that FIP is enhancing its focus on performance. MBu states she would like to know more about PLICS and would welcome a presentation for Board members.

Action: Adrian Snarr

MBu noted the new committee effectiveness questionnaires that had been utilised this year as part of the Board committee effectiveness reviews.

MBu noted the questionnaires had been updated and improved for this year's process and asked for any feedback on this year's process to be fed back to Andy Lister (AL), company secretary.

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

TB/24/25 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/25a South Yorkshire updated including South Yorkshire Integrated Care System (SYBICS) (agenda item 11.1)

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

- Current focus is on the financial operating plan for next year.
- The 2nd meeting of the equality diversity and inclusion group, which DL is a member of, have taken place and the chief executive of the integrated care board, is sponsoring the "call my name right" initiative across South Yorkshire. This is something the Trust might want to consider as well.
- There was an update on industrial action.
- The joint forward plan was published in December 2023 and there is a light touch refresh taking place.
- The mental health learning disability and autism collaborative have been focused on the eating disorders model across South Yorkshire, recognising the collaborative has a role to play in the mental health investment standard, and being assured that money is being spent in the right areas.
- An update was received from the inpatient quality transformation group. The project management office has recruited two members of staff to support programmes of work across they mental health learning disability and autism collaborative.

DL provided an update in respect of Barnsley place and highlighted the following points:

- The place committee was held on the 29 February 2024, and it was identified that A&E waits and ambulance response times are some of the best in South Yorkshire.
- There was a presentation on the day in the life of a paramedic.
- There is a place plan, in terms of efficiencies, and the committee discussed how that looks and feels and particularly how delivery will be achieved to ensure impact is made in the right places.
- Research was on the agenda, with the director of public health in Barnsley, highlighting what research across Barnsley looks like.
- The delivery group that sits underneath the place committee, is attended by Sue Barton, on DL's behalf. We took the Trust strategy refresh discussion to this group and had some interesting feedback about how it feels to work with SWYPFT. This will be built into the Trust strategy refresh.

It was RESOLVED to NOTE the SYB ICS update.

TB/24/25ai South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative revised terms of reference (agenda item 11.1.1)

MBr noted these are updated terms of reference, which clarify the role between the mental health learning disability and autism provider collaborative and the specialist provider collaboratives, such as the adult secure provider collaborative and CAMHS Tier 4 provider collaborative.

MBr added the updates to the terms of reference specifically ensure there is a reporting relationship between the mental health learning disability and autism provider collaborative board and activities in specialist services.

MF reported he will speak to AS and SR to make sure he is clear on governance routes.

It was RESOLVED to APPROVE the terms of reference.

TB/24/25b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism (MHLDA) Collaborative and place-based partnership update (agenda item 11.2)

SR asked for the paper to be taken as read, highlighting the following points:

- A number of the partnership updates make reference to reactions to the Trust strategy refresh. Various groups have been consulted on the Trust strategy refresh in the last few weeks, and feedback in the main has been very positive.
- The public meetings of the place integrated care board committees are typically moving to a quarterly schedule in 2024-25. This should give committees more time to deal with issues between meetings.

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/24/25bi West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committee in Common terms of reference.

It was RESOLVED to APPROVE the terms of reference.

TB/24/25c Provider Collaboratives and Alliances (agenda item 11.3)

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

- NHS England are running a quality maturity framework. The West Yorkshire adult secure provider collaborative have carried out an assessment and received positive feedback from NHS England. There is still work to be done on contracting.
- South Yorkshire is on a slightly different timeline, and they have not yet received their feedback from NHS England, but the Board will be updated in due course.
- In the West Yorkshire adult secure provider collaborative, they continue to focus on enhancements in pathways, in particular the women's pathway and community pathway. The women's pathway is getting recognition from NHS England, and we are therefore feeding into some of the national work, which is very positive.
- The forensic CAMHS provider collaborative is now live, and the West Yorkshire hub lead on a collaborative level.
- The perinatal pathway, which is not led by the Trust, has been delayed until later in the year. At this time, it is anticipated it will go live in July 2024.
- The West Yorkshire provider collaborative continues to be in a financial surplus, but this masks some challenges that are starting to materialise. We've seen good progress since the collaborative was created in reducing out of area admissions and this is starting to rise slightly in West Yorkshire. Some work is to take place in May 2024 with bed modelling. We have beds available in West Yorkshire, but they are not always in the right pathways for the service users who need them.
- South Yorkshire provider collaborative is currently showing a break-even position.

It was RESOLVED to RECEIVE and NOTE the Specialised NHS-Led Provider Collaboratives Update and RECEIVE and NOTE the Terms of Reference of the South Yorkshire and Bassetlaw Provider Collaborative Partnership Board.

TB/24/26 Governance (agenda item 12)

TB/24/26a Trust Seal (agenda item 12.1)

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

TB/24/26b Internal Governance Framework (agenda item 12.2)

AS introduced the item:

- The internal governance framework is a relatively busy structure, it is reviewed every year and shows any new sub-groups that feed into committees and makes sure that reporting lines are clear.
- Many of the enhancements are presentational, changes have been made to ensure the diagram is as clear as possible.

MBu reported she found the schematic particularly helpful and noted the improvement to ensure governance flows and assurance is fully documented in the framework.

MBr explained he has asked for Julie Williams and Andy Lister to work with executive directors to establish if there is any duplication present within the diagram and to look at alignment. He added that over the coming year financial challenges will increase, and we need to ensure that we are using our resources as efficiently as possible. As presented to the Board today, it is a very thorough document.

Action: Julie Williams/Andy Lister

It was RESOLVED to APPROVE the internal governance framework.

TB/24/27 Strategies and Policies (agenda item 13)

TB/24/27a Estates Strategy Update (agenda item 13.1)

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

- This is the first update to board since the approval of the strategy last year.

- The North Kirklees hub has been carried forward from the previous strategy. The Trust has hubs in other locations such as Wakefield and it can be seen from the narrative there are other external factors which impact our position. The landlord of the building has served notice on it, and we have had to adjust the timelines accordingly. Parking and space utilisation have been issues with hubs that have been created in other areas, and on further investigation it has been identified we are not using our estate to the best outcome.
- Consideration is being given to the renewed lease at Folly Hall in Huddersfield, and we are ensuring that due diligence is taking place.
- Examples are present in the report in relation to the net zero scheme. Although these are not big-ticket schemes, collectively, they start to make a difference.
- This is a 10-year strategy that needs to be dynamic, and we don't know what further opportunities may come to light.
- We are one year into the strategy and already in Barnsley we are looking at a full system wide strategic option. We are working out how this fits with our strategy. We believe there are opportunities. The Trust occupies quite a lot of diverse estate in the Barnsley area in terms of standard, geographical location, and cost.
- The older people's transformation is a pre-commitment on our capital plan for both this year and next year. We have a plan in place which can only be finalised when we reach the end of the public consultation. We need to be ready to make a start so we can spread the cost over two years.

MR queried if we are looking to house services such as the recovery college in areas where the state is not fully utilised to keep costs down.

AS reported the Trust has a number of small leases, these may relate to a room in a building. These are all considered when a lease renewal comes up.

AS noted, part of the challenge is the Trust's geographical spread, and this can create issues for both staff and patients.

MF queried if the strategy will be impacted upon by the recent emergency planning preparedness and resilience (EPPR) assessment.

AS reported, this is a possibility. One of the issues that has presented itself in the EPPR assessment, is a full decant of a hospital site to a like facility. This in essence suggests building another hospital and keeping it empty in case of emergency.

It was RESOLVED to NOTE the update on the existing strategy and progress towards key milestones and NOTE the development of the new estates strategy and some of the emerging themes.

TB/24/28 Trust Board work programme 2022/23 (agenda item 14)

NM noted the safer staffing report needs to be changed to come to Board in June and January. The IPC BAF also needs to be come to Board twice a year.

Action: Andy Lister

It was RESOLVED to NOTE the work programme.

TB/24/29 Date of next meeting (agenda item 15)

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

TB/24/30 Any other business (agenda item 16)

STh provided the Board with the following updates for the older people's transformation:

- The consultation closes on 29 March 2024.
- We have received over 1,000 responses to our consultation survey, and we have heard from a diverse range of people across our population and have some extremely valuable insight into our proposals.
- We have had some fantastic, in depth, conversations with staff and members of the public who came to find out more at our consultation events.
- In the coming months we will be looking at what people told us throughout the consultation process to help inform our decision.
- We are working through a timeline for when we hope to make a decision and will keep the Board updated on our progress.
- There have been 972 digital survey responses by Monday 25 March and more paper surveys to input, meaning that we've received above 1,000 responses in total.
- 3,636 website homepage views (between 12 January 2024 and 21 March 2024).
- 721 video / animation views.
- 52,000 people have been reached across the Trust social media accounts with many more across partners social media platforms.
- Further engagement activity has been completed, including public stands in 5 general hospitals and 5 town markets, digital meetings, a Sikh temple visit, and further meetings with interested public groups.
- Analysis shows good response rates across different places and strong representation from those with protected characteristics and groups that have been hard to reach.
- The male response rate has been lower than female and late activity will target males (such as Andy's Man Club).
- Voluntary, community and social enterprises (VCSE) and advocacy work now nearing completion and collected paper surveys are being inputted.
- The feedback from the public consultation and analysis of the results will come to the quality and safety committee, the executive management team, and Trust Board
- the options will then need to be presented to the integrated care board and it will need to be presented again to the system joint oversight and scrutiny committee and other groups final prior to a final decision being reached.
- Some working groups have been established, one of which will look at equality and sustainability, another will look at finance, and another group will look at the outcome of the public consultation.
- The initial analysis needs to be fed back by the end of April and we should have the report back by the end of May.
- this will need to be reported back to various groups within the Trust including the Members' Council
- the options review group and the programme board will delegate a list of appropriate options.

AL asked the Board to note the support provided to the public consultation by the Trust Members' Council. A number of governors have been in attendance at the public events. ST also asked for the support of Non-Executive Directors to be noted as well.

Signature: Date: