South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 2 July 2024
Small Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital

Present:	Marie Burnham (MBu)	Chair
	Mandy Rayner (MR)	Deputy Chair/ Senior Independent Director (Chair)
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Natalie McMillan (NM)	Non-Executive Director
	David Webster (DW)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Carol Harris (CH)	Chief Operating Officer
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Prof.Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
Apologies:	Lindsay Jensen (LJ)	Interim Chief People Officer
In attendance:	Dawn Lawson (DL)	Director of Strategy and Change
	Nikki Macfarlane (NMac)	Interim Deputy Chief People Officer
	Sean Rayner (SR)	Director of Provider Development
	Julie Hall (JH)	Deputy Director of Corporate Governance
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Administration Manager (author)

TB/24/47 Welcome, introduction and apologies (agenda item 1)

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

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

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

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

TB/24/48 Declarations of interest (agenda item 2)

The following declarations of interest were made:

Name	Declaration
Chair	

Name	Declaration
BURNHAM, Marie	No longer a lay member of the Central Lancashire Integrated Care Partnership Private business providing professional coaching to senior managers.
Name	**Declaration**
Executive Directors	
HARRIS, Carol Chief Operating Officer	Providing expert opinion for legal firm Ward Hadaway in relation to an NHS Trust in the south of the country.

It was RESOLVED to NOTE the updated declarations of interest.

TB/24/49 Questions from the public (agenda item 3)

No questions were received from the public.

TB/24/50 Minutes from previous Trust Board meeting held 30 April 2024 (agenda item 4)

Darryl Thompson (DT) noted on page seven of the minutes, in the fourth bullet point, it references the "Care Group Quality and Safety Report" and the "Trio report", which are one and the same.

Action: Andy Lister

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

TB/24/51 Matters arising from previous Trust Board meeting held 30 April 2024 and Board action log (agenda item 5)

MBu noted TB/24/34 and queried what "updated prior to upload means".

Andy Lister (AL) explained that any amendments to minutes as identified by Board members are made prior to minutes being uploaded to the Trust website.

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

TB/24/52 Service User/Staff Member/Carer story (agenda item 6)

CH introduced the One Voice Team, which is a collaboration of forensic staff and service users, who also contribute to the Yorkshire and Humber network.

MBu introduced Board members to the Trust staff and service users joining the meeting for this item.

A video was played to Trust Board outlining activities carried out in forensic services over the last year. To improve information sharing and communication, a process has been developed to take key points from service user involvement forums "one Voice" and "New Voices" into medium and low secure management meetings. Service user representatives are encouraged to attend the monthly meetings in person to feedback and discuss issues. Service user feedback is a standing agenda item at the forensic security committee meeting. This allows issues raised in community meetings to have a place for discussion at senior management level.

Technology has been a key topic raised at New Voices and One Voice meetings. In preparation for creating an action plan, the Yorkshire and Humber Network provided support

for services to participate in a technology workshop. Participants were able to share their experiences of technology, and barriers to accessing technology in care groups were explored, with possible solutions identified.

The outcome of the workshops highlighted that it is difficult to keep processes current due to the speed at which technology advances and so an action plan was developed to focus on reviewing procedures in order to stay relevant. It was suggested to create a forum or steering group to ensure that service users, staff and the management team could meet regularly to keep the technology agenda moving forward.

Access to technology continues to be increased and training is becoming more accessible. It is recognised that access to up-to-date technology is vital for the recovery journey of service users. The infrastructure to support Wi-Fi on the wards is not currently comprehensive in the Forensic Care group and the senior management team are keen to progress the technology agenda.

MBu asked the group if they feel involved and able to influence issues.

A service user responded that they do feel involved and listened to and gave the example of the caring gardens, which are a very valuable resource for service users.

Erfana Mahmood (EM) noted that there is a simple way of applying for money through the Charitable Funds Committee and explained to staff how to apply.

Mandy Rayner (MR) asked what technology is available to service users.

Staff confirmed that there are three computers for around 90 people, but with extensive restrictions regarding use.

MBu asked staff if they are supported with obtaining the required technology?

Staff reported that infrastructure is the main issue. As part of rehabilitating service users back into society, they require things such as access to digital applications on mobile phones, and the infrastructure isn't there to enable this at the moment.

MBu reported the Board would take this away and see what could be done in the confines of the restrictions in place in forensic services.

Action: Adrian Snarr

Mike Ford (MF) noted how important continuity is in when moving service users between wards or when they leave services. MF queried how continuity is maintained?

Staff advised that there is an ongoing piece of work with an intervention strategy group looking at pathways and how different wards align with each other, and other services, to make transitions as seamless as possible for service users.
Teams are sharing what they are doing as part of an involvement strategy to ensure changes are being seen and heard with accurate and informed communications to ensure the right message gets across.

Dawn Lawson (DL) commended the fabulous work that has taken place, which should be publicised externally and should be considered in applications for awards.

DL asked the service users if it has been hard work and they responded to say it has been challenging to get their voices heard consistently.

Nat McMillan (NM) asked service users if there are enough different activities offered within services?

Service users reported there are many activities available, but there could always be more.

Mark Brooks (MBr) thanked the staff and service users in attendance and reiterated how important it is for service users and staff to attend Board meetings. It is a great way of bringing things happening in the Trust to life, with this being an excellent example of how lives are being improved by listening to suggestions, comments and complaints.

MBu agreed with MBr, and thanked today's attendees.

Darryl Thompson (DT) added that the One Voice Team had won a recent excellence award but only staff were able to attend the event. In response, the service arranged their own presentation ceremony and event for the service users involved.

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

TB/24/53 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
- West and South Yorkshire System Updates
- Provider Collaboratives and partnership updates
- Annual report and accounts, which cannot be published until laid before parliament)

MBu updated the Board on the recruitment of two new non-executive directors for the Trust. Stakeholder panels and interviews were held last week and offer letters have gone out to two candidates. Appointments will be subject to approval by the Members' Council and successful completion of the "fit and proper person test" for Board members.

It was RESOLVED to NOTE the Chair's remarks.

TB/24/54 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 general election is taking place in a couple of days which means that pre-election guidance needs to be followed by Trust Board today.
- The Trust and wider NHS has just experienced five days of industrial action by junior doctors with the usual cover arrangements in place following detailed planning. This has again been well managed.
- Finance is going to be a bigger challenge in 2024/25. Both South and West Yorkshire integrated care systems have planned for sizeable deficits which have been challenged nationally.
- Work on the Trust strategy refresh continues with review and evaluation following the engagement exercise taking place.
- NHS England have announced the formation of a taskforce, with the aim of improving attention deficit and hyperactivity disorder (ADHD) pathways and patient experience. The Trust will be engaging with this work.
- The Trust continues to support and participate in awareness events, including mental health awareness week, learning disability awareness, world hand hygiene day, volunteers' week, maternal mental health awareness week, dietitians' week, and international nurses' day.
- A key focus of the mental health investment standard in recent years has been perinatal mental health treatment. The Trust has seen the number of women accessing the

perinatal mental health service increase by 15% over the past 12 months which is a positive step, whilst also recognising there is more to be done to widen access, particularly for under-represented groups.
- Nationally there continues to be significant focus on reducing the number of out of area bed placements. Given the trend of increasing national numbers, MBr noted it is pleasing that with the hard work of our teams continues to keep the number of such placements relatively low, with numbers being typically between three and four during the last month.
- Cyclists from Stainborough Rotary Club, Trust staff, volunteers and service users completed a 33-mile ride from Kendray to Fieldhead and back, in support of our EyUp! Charity.
- On 9 May the Trust held a research, discovery and innovation conference. This was attended by nearly 200 colleagues from across our Trust, including partner organisations and volunteers.
- The recruitment process for the Trust's new substantive chief people officer concluded on 21 June with a verbal offer being made and accepted by the preferred candidate.

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

TB/24/55 Risk and Assurance (agenda item 9)

TB/24/55a Integrated Performance Report (IPR) Month 2 2024/25 (agenda item 9.1)

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

- A review of the IPR has been carried out to reflect any changes to national metrics and to check if thresholds remain appropriate.
- The strategic objectives within the IPR have been reviewed at the Executive Management Team meeting.
- Mandatory training is positive with targets being exceeded. The threshold for fire training has been increased. A sensible trajectory for appraisals has been set, to demonstrate if appropriate progress is being made.
- In relation to out of area placements, the national threshold is zero and any performance in excess of this will reflect as red, even though the Trust's progress is evident from the number presented. As such it is recommended the Trust includes the zero days target in the national metrics section and its own plan in the improving care dashboard.

MBu noted the IPR has been reviewed and updated with the new metrics from the NHS and following the strategy refresh consultation. Tolerance levels have been reviewed, and learning from the previous year has been embedded. The executive management team are satisfied with the thresholds and standards set.

AS added that the Trust strategic objectives are normally reviewed at this time of year and will be reviewed again once the Trust strategy refresh is approved.

Strategic Objectives

Dawn Lawson (DL) gave an overview on strategic objectives advising that there has been a focus on equality, diversity and inclusion (EDI) metrics which will be finalised once the strategy refresh is complete. There are a number of tools in place in relation to protected characteristics and how information around health inequalities is collected, and these are also being reviewed.

Quality

Darryl Thompson highlighted the following points:

- The Trust continues to perform well against most of the national metrics.
- The percentage of young people waiting for a paediatric audiology appointment within six weeks has increased and remains below the national target with an improvement action plan in place.

- There is continued improvement in inpatients having a risk assessment, but some deterioration in the community.
- CAMHS continues to prioritise the needs of young people who are waiting for a service and if their needs increase, services respond appropriately to provide support.
- 96% of reported incidents remain no or low harm.
- There has been a reduction in restraints in comparison to April data, but an increase in prone restraints. All restraint incidents are reported through the Patient Safety Oversight Group.

NM noted the report referenced a deep dive into the number of people with a risk assessment/staying safe plan in place within 7 working days of first contact in community services.

DT reported that work is currently underway and will be reported through Clinical Risk Assessment and Care Plan Improvement group, Operational Management Group, Clinical Governance Group with a full update then being reported at Quality and Safety Committee in September.

MBr highlighted young people on adult/inappropriate wards noting there were two young people affected last month. MBr reiterated this is the “least-worse scenario” and colleagues are working hard to find an appropriate bed locally and nationally while additional safeguards are put in place.

DT added as part of the additional safeguards, a wraparound service is provided ensuring that the young person is separated from adults on the ward and their needs are catered for.

MBr highlighted the increased number of violence and aggression incidents on wards relating to race, which will be a focus of a Board committee in the future.

MBr reported some of the Trust’s targets are national, including responding to complaints within six months. Trust performance in this area has consistently improved for a number of months.

DT agreed and added that all complaints have been acknowledged within three working days and no complaints have gone beyond the six-month target without agreement with the complainant.

DT confirmed there is a deep dive reporting into Quality and Safety Committee relating to pressure ulcers and there is an awareness that this is linked to areas of deprivation and cost of living standards.
All pressure ulcers with a learning opportunity are reported in the IPR and there has been one this month. Learning opportunities do not suggest a gap in care, with all ulcers of grade 2 or above being reviewed within the care group and reported through the weekly Patient Safety Oversight Group.

MF queried the deep dive about risk assessments in the community noting there have been improvements in this area previously and queried what had caused the decline.

CH responded that the dataset has been increased to include more people which has affected the percentages. There is confidence with the renewed timescales that the team can look at the data and improve performance.

David Webster (DW) queried if records are retained of scenarios where service users are placed on inappropriate wards. DW gave the example of a forensic service user being placed on an acute ward, as this had been reported to him in a recent service visit.

CH agreed to discuss this with DW outside of the meeting to understand the context of the query.

Action: Carol Harris

KQ asked if how the Trust collect feedback from young people and/or their families when they are placed on an adult ward and this this information can be triangulated.

DT confirmed there is a targeted piece of work within the Quality, Improvement and Assurance Team looking at how we can ensure we hear the voices of the young people and their families. DT will ensure the triangulated information is fed through Quality and Safety Committee. KQ also mentioned the influence the Trust could have across the system, noting the pressures across other inpatient areas.

Action: Darryl Thompson

Subha Thiyagesh (ST) advised that there are exec trio to exec trio conversations with Leeds and York Trust which has resulted in work being conducted to look at how this information is triangulated. Carmain Gibson-Holmes is part of the Provider Collaborative Board, which is also aware of the challenges with young people in our community services.

Workforce

Nikki Macfarlane (NMac) gave an overview of workforce performance:

- There has been a focus on sickness absence which remains at 5% with a proposal to increase the threshold from 4.8% to 5% considering the action plan which has been put in place.
- There is a joint collaborative approach with care group leaders and people business partners who are working well together, targeting hotspots and being proactive with early intervention conversations, which should lead to a reduction in sickness figures as the actions are embedded into the system.
- The Trust is below the sickness threshold at 4.7% and benchmarks well in comparison to other trusts in the region.
- Rolling appraisal compliance rate saw a slight drop in performance to 87.1% in May, as a number of appraisals went out of date at the same time. Actions remain in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.

NM supported the proposal to change the sickness target. NM asked for more assurance on appraisal compliance.

MBr reiterated that appraisals are maintaining at mid-80% which is a good position to be in compared to much of last year. Appraisal rates are discussed at every Executive Management Team meeting (every two weeks) in order to monitor the position closely.

MR confirmed that discussions in relation to appraisals are ongoing at People and Remuneration Committee (PRC) and acknowledged the progress that has been made and added that having the breakdown of information at PRC would be helpful.

CH reported that in forensics there is a local spreadsheet showing compliance of 93%, however the data is now being uploaded onto the system which isn't a quick task.

EM questioned how the successful improvement work carried out in forensics will be maintained.

CH responded this is a challenge and staff sickness is reviewed to establish how staff can be supported to return to work, or work on a different ward or environment, that will help to keep them well.

NMac reiterated that people business partners help in this regard by getting to know staff and being proactive in order to keep people in work and well.

MR highlighted the number of green areas in the IPR this month, particularly with mandatory training and turnover and recognised the progress that has been made.

MBr emphasised that turnover is below 10% for the first time since the pandemic.

Care Groups

CH introduced the item and highlighted the following points:

- In terms of supervision, with the exception of children and families, all areas have improved.
- Cardiopulmonary Resuscitation (CPR) training has improved in most Care Groups.
- There has been an increase in complaints about staff attitude, with one additional complaint. The directors of services have asked for detail of the five complaints to understand if there are any themes.
- Young People and Families issues relating to CAMHS neuro assessments has been further complicated by a shortage of ADHD medication, which is a national problem and also exists in the adult service line.
- A letter had been sent to the CQC escalating the issues with paediatric audiology and this is being monitored through the Quality and Safety Committee and EMT.
- Mental Health inpatient bed occupancy numbers are healthy and covers all beds, including where there are flexible models in place.
- Clinically ready for discharge performance is positive with some good work ongoing through MADE (Multi Agency Discharge Events) but the numbers do mask hotspots in services for older people, particularly in Calderdale, Kirklees and Horizon where figures can be as high as 50%. This has prompted conversations across the system.
- Overall, performance is good across inpatient communities despite the challenges in services.
- Reducing Restrictive and Physical Interventions (RRPI) hotspots include psychiatric intensive care (Walton ward) which is a busy ward with RRPI training compliance at 67.6% which is significantly lower than it should be. There have been some difficult and challenging situations recently making it difficult to release staff to attend training. Nine out of 21 restraints have been prone which highlights the challenges on the wards. Ashdale and Elmdale are below threshold and rely on each other for cross cover, with rostering being used to ensure that appropriately trained staff are on shift.
- There have been improvements in the 18-week target for assessment in learning disability (LD) services with performance at 89.9% with a lot of work ongoing with the people who have gone beyond 18 weeks.
- Barnsley physical health still has issues regarding safer staffing on the neuro-rehabilitation unit which is being closely monitored. Sickness has spiked since last month and is at 5.6% which is unusual for this care group, and this is being looked into.
- There is excellent performance across all forensic domains and the lower occupancy rates relate to the learning disability services, which is in line with transforming care.
- RRPI on Newhaven is a concern with staff booked onto courses, following targeted work on reducing scenarios where restraints, especially prone, are needed.

MBu highlighted the number of prone restraints and queried if there is a specific issue.

CH reported that there is a specific set of circumstances involving seclusion. DT added that one specific service user puts himself into the prone position repeatedly.
CH highlighted that a lot of wards have zero prone incidents.
MBu asked for something to come back to Board regarding prone restraint including detail of incidents and analysis.

Action - Darryl Thompson / Carol Harris

Finance and Contracts
AS introduced the item and highlighted the following:

- It was originally assumed that by month 2 there would be a £200k deficit. There is currently an £800k deficit, some (approximately £300k) of which is due to timing of non-pay expenditure. There are a range of measures in place to make an impact over the next two to three months.
- Recruitment offers that were made in the last financial year are having an impact on our cost base. These will begin to diminish now as there are different workforce metrics and controls in place. Currently the Trust is 44 whole time equivalent paid staff above plan.
- The Trust is well within the national target for agency spend and there is confidence that we will spend less than our annual agency cap will be overachieved, but there is a more work to do on unregistered agency workers.
- There is a focus on bank utilisation with temporary staffing oversight being broadened to include overtime and bank. The Trust is a positive outlier with agency but a negative outlier with bank usage. Plans are in place to reduce overtime with changes to rostering and working practices.
- Legacy enhancements from the Covid period on bank have been removed as they are no longer deemed to be needed, and the impact of these measures should show within the next couple of months.
- Bank utilisation will be looked in three phases, corporate support services, non-ward environments and ward environments which will be part of the review of the rostering system.

AS reported, he is hopeful the financial position will improve over the next couple of months and the Trust needs to be ready to react as the biggest financial pressure is being driven by workforce. A focus will continue on non-pay efficiencies with a number of workstreams planning to deliver on the targets that have been set. From a safer staffing point of view there are significantly more staff available than in recent years.

AS flagged that some of the provider collaboratives are seeing some financial stress, particularly West Yorkshire CAMHS and adult eating disorders. SWYPFT are part of a risk share.

CAMHS is looking like it has some significant challenges and funding received from NHS England specialised commissioning last year may not be available this year. This is being monitored through Collaborative Committee and a system update will be fed through Trust Board.

MBu queried if there is a comprehensive workforce establishment.

MBr confirmed there is a historical establishment which needs reviewing and there is a paper due at PRC to explain the process being followed to develop an updated and robust establishment. MBr advised that approximately 80% of the Trust cost base is people and if any significant changes are to be made to the run rate, the most telling change will be against people costs.
In terms of phasing of non-pay, c£300k of expenditure has been incurred earlier than planned which has been looked at in detail for understanding.

MR queried how Trust communications will be managed in relation to not growing its workforce.
MBr responded that the Trust will not cease to recruit but will maintain a vacancy factor.

AS added that there is an establishment being worked to with inpatients above establishment and community services below. Inpatients cannot easily be brought down and as community establishment increases, this brings financial pressures.

CH reported that there is an ongoing project work with Meridian to understand the work in community teams and what the correct establishment might be. This includes reviewing historic establishments.

DW confirmed that Finance, Investment and Performance Committee are looking at Trust establishment reviews.

AS reported that Capital expenditure is broadly on plan. AS flagged the significant scheme around older people service transformation and noted the capital scheme cannot start until the consultation has concluded. This is being impacted by the pre-election guidance. The Trust's cash position is reducing, largely as a consequence of the trading position, however this is not an area of concern.

MF queried how the Trust is performing against the efficiency programme.

AS reported the Trust is performing reasonably with the curtailing of agency spend and out of area beds, which are both going to plan. Managing the workforce and the vacancy factor are slightly off plan and there is a mixed picture with non-pay schemes.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/24/55b Care Group Performance Report – Community Mental Health (agenda item 9.2)

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

- Care group access is positive with a number of metrics in place including access to A&E, where assessments are carried out, and access into community teams is good.
- Access to early intervention is significantly overachieving against the national targets and successful in improving outcomes.
- Friends and family tests are positive with 95% of people having a positive experience with a focus on increasing responses and the opportunity to provide feedback.
- Care groups are engaged in roll out of the Patient Care and Race Equality Framework and seeking to use this to improve access for people.

SR added that some of the extended roles in primary care which the Trust employ but are not included in this report, for example community pharmacists, can make a huge difference to people's lives.

It was RESOLVED to RECEIVE and NOTE the Care Group Performance Report.

TB/24/56 Risk and Assurance (agenda item 10)

TB/24/56a Incident Management Annual Report 2023/24 (agenda item 10.1)

DT introduced the item and highlighted the following:

- This the combined Q4 and Annual Incident Management Report. The Trust continues to have a robust incident management process maintained through a high level of scrutiny and governance, both within our patient safety support team, and within our care groups There is also a weekly patient safety oversight group where there is executive level attendance.
- There is a continued focus on improving quality and incident reporting and to strengthen data quality processes to ensure confidence in the accuracy.
- There is ongoing work into developing how information is captured regarding protected characteristics for people affected by incidents.

- There has been a 5% increase in reported incidents over the year that equates to approximately 15,000 incidents. This is monitored to see if it is an indicator of concern or an indicator of a good reporting culture. 96% of reported incidents continue to be low harm or no harm, down from 97% in 2023.
- There have been seven serious incidents over the course of the year, but no never events.
- The content and structure of both the quarterly and annual reports will evolve, due to the development of the patient safety incident review framework.
- Incidents of restraint in older people's services mainly relate to the Poplars and Ward 19 with incidents of violence and aggression towards staff with contact made and is attributable to a small number of acutely unwell service users.
- There has been a 10% increase in pressure ulcers, with ongoing work with acute sector colleagues as these are ulcers that are inherited from the community or if a patient is discharged from hospital. This is being monitored to understand if this is a meaningful aspect of clinical concern or a reassuring aspect of increased reporting.
- The report includes learning from healthcare deaths. This year 285 deaths have been reviewed compared to 253 last year and, from a statistical perspective, this is within normal variation. The reviews ranged from accepting death certification to case record reviews, through to investigation, all in line with national quality board levels.

MBr viewed the increase in reporting as positive as a good reporting culture is valuable. The fact that that there are more incidents reported and that there is movement from 97% to 96% being low harm, means the number of moderate to severe harm incidents has increased. MBr queried if this is because of any particular circumstances or due to additional acuity?

DT confirmed that the patient safety support team are looking at this and have drilled down to the number of people that are exposed to moderate to severe harm. The reporting continues to be linked with the traditional aspects, particularly around pressure ulcers, where there is an expected level of incident reporting. There is no pattern being reported that it is relating to extending the Trust's footprint or extending services.

KQ asked at what point we think there are too many incidents. Is there a ceiling or are numbers continually attributed to reporting. An open, transparent reporting culture is evident and important.

KQ queried if the report will look different on application of the patient safety incident response framework, which also looks at the low harm incidents for learning.

DT confirmed that the new focus on low and no harm incidents is key, and the new reporting style will include analysis of incidents, investigating a representative sample and applying that learning more broadly. The patient safety support team are very well connected across the region, and nationally, and are continually sense checking statistics and promote the importance of reporting.

MF queried the compliance with Duty of Candour which states there were six areas where this was not observed and what are the implications?

DT confirmed that Duty of Candour breaches are reported through the integrated performance report and the most common aspect of a breach is where a verbal apology has not been followed up in writing, which is now part of the national policy. The Trust also has too low a threshold for Duty of Candour which has been reviewed and increased.

MF observed that there are 18% of serious incident actions that are past their due date, which is quite a high percentage.

DT agreed it is a high number and is a focus of the care group and the patient safety support team and goes through Operational Management Group and Clinical Governance Group. DT

confirmed that serious incident actions are closely monitored in care groups and there is learning regarding how ambitious the Trust can be with targets that are set and a broader commitment to improvement rather than a quick fix. The Patient Safety Incident Report Framework will provide more focus on these actions.

DT and CH confirmed that there are actions in place to bring the number to zero beyond a due date.

MBu added that the detail of that 18% has not been presented to Board and there should be an action to look at why an action was delayed, if there was a challenging implementation date and then go back through quality committee to provide assurance to Board.

Action – Darryl Thompson

EM queried how the dynamics of how a ward operates are understood and if it is affected by agency or the prevalence of over time etc. as numbers of pressure ulcers have increased incrementally year on year which can be a reflection of people not being attended to.

EM queried if staffing issues affect incidents of low and no harm also.

DT responded that reported pressure ulcers are not cases where ulcers have developed whilst the patient is under the care of SWYPFT. They are pressure ulcers that come onto our caseloads from the community or acute hospitals. There is an increase of prevalence of pressure ulcers within our communities, which is being cause by things such as cost of living crisis, deprivation, and people being sedentary.

CH added that community services have broadened over the years and include a wider population with more people being cared for at home.

It was RESOLVED to RECEIVE the Incident Management Annual Report.

TB/24/56b CQC action plan update (agenda item 10.2)

DT introduced the item noting the following:

- This is a summary of progress against the “must do” and “should do” actions for the two inspections earlier last year in forensic and secure inpatient services and working age adult mental health inpatient services.
- Forensic services have seven “should do” actions alongside the “must do” actions with three complete and four in progress and on track. From the “should do” actions two are complete, three on track and two are being progressed with input from other areas.
- There is strong governance with regards to the grip in forensics with good planning of the governance oversight going forward to ensure that awareness of performance against these actions is maintained.
- Regarding acute and PICU services, 15 out of the 16 actions are on track. One is linked to particular issues regarding to capital and bathroom updates and regarding “should do” actions four are complete and eight are in progress and on track.
- The quality improvement and assurance team and DT meet with the care groups each month to review progress against all actions and to review the evidence and additional time has been set aside for a deep dive into that evidence to ensure confidence in the progress against each action.

MBr recognised the positive work taking place and mentioned he has asked the new deputy chief nurse to review as having “fresh eyes” on our approach and evidence is helpful.

MBu queried if there are any plans for mock CQC visit to highlight if the changes and actions have been embedded.

DT advised that routine reporting takes place against CQC indicators that would be monitored if they came out to site.

MBr stated it there is a need to be able to show what physical evidence we have that actions are embedded as well as the evidence stored on SharePoint.

DT advised matron visits to wards and quality and governance visits take place. It is now part of matron checks to ensure the ligature folder is stored correctly and visible.

MBr suggested EMT should consider having an independent person or team to have an unexpected walk around wards to provide assurance that the CQC action points are embedded as business as usual.

Action – Darryl Thompson

MF highlighted that progress on the CQC actions is good and deserves credit. The timeliness of delivery and closure of actions is very good.

It was RESOLVED to RECEIVE the Care Quality Commission Inspection Reports – Action Plan update for Must and Should do actions.

TB/24/56c Patient Experience Annual Report (agenda item 10.3)

DT introduced the item and highlighted the following points:

- The report has been reviewed in the Quality and Safety Committee and in response to feedback on previous years, there has been a greater focus on patient experience rather than a report on complaints or compliments.
- There have been 10,000 pieces of feedback over the past year, the majority from the friends and family test.
- The main positives were staff care and communication and most negatives were communication, access and waiting times, and staff, which is consistent with previous years.
- There have been 114 formal complaints with improvements in navigating and completing these within a six-month period.
- There has been an overall increase in positive feedback across the Trust through the friends and family test and bespoke patient experience surveys are being launched within care groups.
- Data is being triangulated with the Quality Oversight Management and Support System (QOMSS) to aid vigilance where additional feedback is being received around clinical areas which may need more of a focus.
- Accessible information standards are being embedded to ensure the equality of opportunity to provide feedback.
- The report also includes feedback from communities, Healthwatch and MPs as well as feedback from matrons on wards.
- The report shows the Trust's commitment to learn and improve from feedback received.

MBr commented that patient experience can always be improved, and the reports shows a better picture than last year, demonstrating positive progress. The quality lens is now being applied on patient experience and it's great to see the children's and young people's groups have been set up.

MBu agreed and added that the report is reassuring that patient experience is being captured effectively. MBu queried what is being done in terms of engagement and seeking service users' voices.

DL advised that the aim is to look at how sources are triangulated and listened to, both qualitatively and quantitively. DT confirmed that the involvement team are involved with collating this report.

Action – Darryl Thompson/Dawn Lawson

MBu queried how the experience of the service users who attended Trust Board today is captured as an experience for them.
DT responded this would be an example of engagement and listening with service users.

MBu added it is a fantastic example of co-production of patient experience in the Trust and needs to be included in these reports.

MBu suggested feedback from non-executive directors' visits and quality oversight, monitoring and support system (QOMMS) visits are included in the report as well as benchmarking against other trusts.

Action – Darryl Thompson

EM mentioned ethnic groups and queried if they are approached effectively for feedback, noting that Pakistani and Bangladeshi responses are 1% of information received, and it is known these people present later and are more unwell on arrival into the system.

DL confirmed there is now a dashboard in place which will start to show more detail.
It was RESOLVED to RECEIVE the Patient Experience Annual Report.

TB/24/56d Safer Staffing Report (agenda item 10.4)

DT introduced the report and highlighted the following points:

- The report has undergone improvement work in order to develop it further and focus more on safer staffing rather than purely on the workforce position.
- Robust day to day governance systems are in place to ensure oversight of safer staffing and the management of it.
- Ward safer staffing levels continue to be monitored and fill rates are improving where staff are in post who are aligned to their establishment. There is always a health warning regarding fill rates when exceeded, and a fill rate of 120% could reflect acuity on a ward.
- A successful recruitment process has resulted in a high level of registrants and is akin with the national position of a higher number of registrants with a lower level of clinical experience who need support and development.
- All the CQC actions that relate to safer staffing are close to completion.
- Care hours per patient day is where a proxy measure of quality of the time being spent with people and meaningful interaction during their inpatient stay. SWYPFT is currently lower than the regional average for two thirds of our inpatient wards, which is forecast to improve and is being monitored within care groups and with workforce colleagues.
- There have been no formal complaints about staffing but there have been two informal concerns raised, one relating to general staffing on Clark Ward and the other relating to Sandal ward regarding Section 17 Leave.
- A community e-roster is in development which will give a greater ability to report on establishment in the community.
- Safe Care, the live system with regards to how to best respond and deploy staffing across systems is effective and has increased use within forensics. It has been rolled out across forensic working age adults and inpatient rehabilitation with work ongoing to understand all of the benefits available within Safe Care.
- To note the workforce stability and turnover which is a positive indicator as part of the CQC feedback, recognising there is a different experience of care when there is temporary staffing who are unfamiliar to patients.

MF mentioned the fill rates and the comment that an average fill rate is 129%, further emphasising the need to implement annual staffing establishment reviews to understand capacity. The report has reflected this for a number of years and would suggest an establishment review is required.

EM raised safer staffing in the community and queried how assurance can be provided given that there is such a big cohort?

DT advised that this report does not provide community safer staffing assurance at the moment and there is an ongoing project with an external company called Meridian to help better understand what is required for safer staffing to be delivered in the community.

ST confirmed that Meridian arrives in the Trust on 15 July 2024 and an update will feed through the Quality and Safety Committee with potential timelines.

MBr agreed it is important to share the plan and include an update regarding community safer staffing each time the report is presented to Board. MBr highlighted care hours per patient day and acknowledged there are different levels of staff experience, which is not ideal.

MBu summarised the discussion and asked that Quality and Safety Committee will pick this up in further detail around Meridian, community safer staffing, and the 129% fill rate.

Action – Darryl Thompson

MR queried how the workforce agenda should be triangulated, as different committees will have a slightly different objectives, and ensure there is no duplication. There is a need for a discussion around triangulation.

NM confirmed that the safer staffing report is predominantly reviewed through Quality and Safety Committee twice a year and agreed with MR that information needs to be triangulated between the different committees. There needs to be another link into committees such as People and Remuneration committee.

MR mentioned e-rostering and explained that it has not yet been rolled out fully and there is an ongoing issue with Guardian of Safe Working and would like an update and assurance regarding this.

Action: Lindsay Jensen

It was RESOLVED to RECEIVE the content of the Safer Staffing Report and consider the actions identified for the next reporting period.

TB/24/56e Quality Account (agenda item 10.5)

DT advised to take the paper as read and highlighted the following points:

- A draft was reviewed in the Quality and Safety Committee and was approved to go out to consultation to stakeholders across the system, including overview and scrutiny committees across all four councils, and place-based and acute sector colleagues.
- The consultation was out for the required 28-day period and received largely positive and helpful feedback about the account and also Trust services.
- There was an extraordinary Quality and Safety Committee meeting to recommend the quality account for approval by the Chair and Chief Executive as per delegated authority from Trust Board.
- The account has now been uploaded onto the Trust's external facing website.

NM highlighted the positive feedback from Quality and Safety Committee. The account reads very well and it easy to understand for the general public. In NM's view anyone reading the report will be able to understand it without having any relevant background knowledge. NM

confirmed that personal thanks were sent to staff involved in collating the report as it is a huge piece of work, and the staff deserve recognition.

It was RESOLVED to RECEIVE the update on the publication of the Quality Account 2023/24.

TB/24/56f Data Security and Protection Toolkit (agenda item 10.6)

AS introduced the item and confirmed that Trust Board approved the submission of the toolkit on 27 June 2024, and it is presented to Board for completeness.

MR highlighted that the team need to be congratulated for consistently achieving and exceeding the compliance standards.

MBr added that the Trust were given the option to reduce the target and the Trust opted not to reduce it given the importance of the subject matter to all staff

It was RESOLVED to NOTE the submission of the Data Protection Security Toolkit for 2023/24 within the required deadline.

TB/24/57 Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.7)

People and Remuneration Committee 7 May 2024

MR advised to take the paper as read as all the points in the AAA report have been discussed today.

WYMHSC Committees in Common 9 May 2024

MBu clarified that the chair of the committee is Merran McRae, and the AAA can be taken as read.

Quality and Safety Committee 14 May 2024/11 June 2024

NM highlighted:

- The committee received regular update on care plans and risk assessment improvement which has been raised as part of the IPR section and provided assurance that the requested deep dive into hotspots has been carried out.
- NM mentioned the presentation at the meeting in May which covered children's services and the Huddersfield application for mental health assessment which gave an oversight of the excellent work being carried out within the teams.
- There was a possible learning point regarding a potential missed opportunity of raising the profile of the Trust's involvement in this project nationally.

Mental Health Act Committee 14 May 2024

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

- The government's response to the joint committee on the draft Mental Health Bill with seven recommendations, three specifically around autism and learning disability with the Trust seeking assurance and keeping a watchful eye for emerging risks.
- The Trust need to do more work on the LD and autism recommendations, some of which has started.
- The other briefings are CQC national briefings about the Mental Health Act report and the state of health and social care.
- The Rehab Service Pathway Team spoke about improving access and strengthening their recovery focus.
- There have been two audits, regarding patients' rights and advocacy services, which demonstrate the huge improvements over the last five years.

KQ highlighted that there are a lot of CQC Mental Health Act visits to the Trust. There have been around 70 actions, on top of the other CQC actions, and serious incident actions, highlighting staff are working hard. For assurance that the actions are being embedded there is a rotation of care group staff attending committee to provide assurance.

Members' Council 15 May 2024
MBu advised to take the paper as read.
MR commented that the meeting was really good and inclusive with more discussion between the NEDs and the members.

Collaborative Committee 4 June 2024
MF advised to take the report as read and highlighted that the meeting was successful with good coverage of the agenda items. There is still some work to be done to finalise contracts in the systems and there is a meeting arranged with Hill Dickinson for their feedback on whether the Collaborative Committee is operating as it should.

Finance, Investment and Performance Committee 24 June 2024
DW advised the paper to be taken as read and highlighted:

- The Trust's variance to its financial plan, noting the Trust is an outlier in the ICB given the size of the organisation but this will be closely monitored.

NM highlighted that there was an unexpected additional pressure regarding payment of internationally educated nurses which was a surprise to the Committee and asked if it was a surprise to the Trust and fellow board members. NM suggested this be picked up in People and Remuneration Committee to understand how this had come to be.

Action: Lindsay Jensen

Audit Committee 25 June 2024
DW advised that Deloitte gave a modified audit opinion and 360Assurance provided significant assurance in their head of internal audit report. Deloitte noted how big the Trust's value for money target is this year and recommended maintaining a detailed review at Board level to keep on top of it.
MF added that the Trust is in a strong position in terms of this level of external assurance.

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

TB/24/58 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/58a South Yorkshire updated including South Yorkshire Integrated Care System (SYICS) (agenda item 11.1)
MBr asked to take the paper as read and highlighted the following points:

- Financially, 2023/24 concluded with a £48m deficit which which was adverse to the break-even plan, but £51m better than forecast at half year.
- In terms of place reports and of particular interest to Board there was a review of virtual wards in Barnsley which are well progressed and advanced.
- There was an engagement event held in Barnsley,"Let's talk about Dementia".
- The Integrated Care Board is refreshing its "starting with people" strategy.
- There is a new performance director in the integrated care board (ICB) and reporting is progressing well.
- It is clear that the two-hour emergency community response in Barnsley is achieving the best performance in South Yorkshire
- An anti-racism framework has been adopted by all South Yorkshire organisations and the Trust are also pursuing this.

- In terms of the Mental Health Learning Disability Collaborative there has been a lot of work ongoing regarding the provision of S.136 place of safety and the work suggests that one more facility is needed in South Yorkshire, likely to be required in Sheffield.
- There is a paper in the private session regarding an eating disorder business case across South Yorkshire which Board members have had sight of separately and has been agreed.
- It is recognised that performance and actions need to be more visible and elevated within the wider integrated care system.

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

- Wendy Lowder, the Place director, is due to retire and will step down from February 2025 with a recruitment process underway for her replacement.
- Overall performance in Barnsley is strong and worthy of recognition.
- Financial pressures continue to be a challenge and partners are working on this via a number of workstreams.
- In terms of the Alliance, workstreams continue to progress and there is collaborative working to understand how to implement support mechanisms on a sustainable footing.
- There is ongoing work with the acute trust regarding frailty and waiting times.
- The Director of Public Health in Barnsley attended a development session with the Health and Wellbeing Board with ideas around strategic intent to bring all the different strings of infrastructure together.

MBu reiterated that there is lots of great work happening in Barnsley which is very worthy of recognition.

It was RESOLVED to NOTE the SYB ICS update.

TB/24/58b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

SR asked to take the report as read and highlighted the following points:

- There is an action for AL and SR to present to Board how the ICB committee development sessions are reported through Board now that formal meetings are quarterly.
- Health and Wellbeing Boards have not been meeting in the pre-election period.
- At the West Yorkshire Mental Health, Learning Disability and Autism Partnership Board there was a focus on eating disorders in adults and children to take forward a partnership approach regarding the community offer, noting the financial challenges within the provider collaborative.
- The Mental Health Alliances in Wakefield and Kirklees continue to progress and are making huge differences in the community. Service user feedback is now being collected to influence the work of the Alliances going forward.

MBu advised there is a NED vacancy within West Yorkshire ICB.

MBu reported that NHS England are visiting the Trust shortly to discuss developments within the Alliances.

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/24/58c Provider Collaboratives and Alliances (agenda item 11.3)

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

- The West Yorkshire bed modelling event has taken place with all West Yorkshire providers in attendance and SWYPFT are the only medium secure provider in the region. There was a lot of discussion around patient flow and how medium and low secure interact. It is recognised there isn't a lot of capital available to redesign estates and the need is therefore to make the best of what already exists.
- There was discussion about the disproportionate impact on a small number of patients when they require extensive seclusion access, particularly in Bradford where there is one seclusion suite, and this can start to block beds.
- An action plan will be developed over the next few weeks, and this will help repatriate patients who are currently out of area.

MBu highlighted mental health efficiency and how different it is to the acute system.

AS added the very different lengths of stay within the mental health sector which is measured in months and years with higher staff to patient ratios.

CH mentioned the interaction with high secure with some patients awaiting high secure in medium secure beds which has an impact on medium secure and access. AS added that Rampton is currently closed to admissions which is having an impact.

MBr mentioned that there is an exceptional package of care which is expected to last all year which has meant reduced investment elsewhere which demonstrates the disproportionate impact these packages can have in mental health services and the knock-on effect.

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

TB/24/59 Governance (agenda item 12)

TB/24/59a Compliance with NHS provider licence conditions and code of governance – self-certification (agenda item 12.1)

AS advised the paper is to be taken as read and highlighted the following points:

- The licence to self-certify is no longer a requirement but is still completed for good governance.

JH noted that, as required, the national indicators have been updated in the IPR and the Fit and Proper Persons Test for both Directors and Non-executive Directors, Chair's appraisal, the Data Security Protection Toolkit and the annual accounts have all been submitted to NHS England by the deadline of the 30 June 2024.

MBu highlighted the amount of work that has been put into these submissions and extended thanks to JH and the team.

It was RESOLVED to NOTE the outcome of the self-assessment against the Trust's compliance with the terms of its Licence.

TB/24/59b Trust Seal (agenda item 12.2)

AL reported that, since the last Board meeting, the Trust Seal has been used on two occasions as outlined in the paper.

It was RESOLVED to NOTE the update to the Trust Seal since the last Board meeting in March 2024.

TB/24/60 Trust Board work programme 2024/25 (agenda item 13)

AL confirmed that comments made at the last Board meeting have been incorporated into the workplan.

It was RESOLVED to NOTE the work programme.

TB/24/61 Any other business (agenda item 14)

None.

TB/24/62 Date of next meeting (agenda item 15)

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

Signature: 

Date: 30.07.24