NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of the public Trust Board meeting held on 30 July 2024
Rooms 4&5 Laura Mitchell Centre, Halifax

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

TB/24/63 Welcome, introductions and apologies (agenda item 1)

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

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

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

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

Mark Brooks (MBr) explained that there are three executive directors absent from today's meeting. Subha Thiyagesh (STh), Adrian Snarr (AS) and Darryl Thompson (DT) all send apologies. Manoj Mathen (MM) is deputising for STh and Amy Hartley (AH) is deputising for DT. MBr and Julie Hall (JH) will cover AS's items.

TB/24/64 Declarations of interest (agenda item 2)

There were no additional declarations of interest made.

It was RESOLVED to NOTE the updated declarations of interest.

TB/24/65 Questions from the public (agenda item 3)

No questions were received from the public.

TB/24/66 Minutes from previous Trust Board meeting held 2 July 2024 (agenda item 4)

Amy Hartley (AH) highlighted page 11 of the minutes relating to reported incidents which initially read as though the 5% increase this year in reported incidents had led to an increase of fifteen thousand and the wording has been corrected to say it is a 5% increase of incidents over the year which totals 15,000. Andy Lister (AL) confirmed this has already been updated.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 2 July 2024 as a true and accurate record.

TB/24/67 Matters arising from previous Trust Board meeting held 2 July 2024 and Board action log (agenda item 5)

AL advised there is an action for AL and Sean Rayner (SR) regarding how the Integrated Care Board development sessions will be fed into Trust Board. Board members agreed to the proposal and therefore it was agreed the action can be closed. Mike Ford (MF) observed that there are a lot of actions due for completion in September and queried if it is feasible to fit in all this activity ahead of October Board. AL responded that this will be addressed through agenda setting.

MF raised TB/24/09b which relates to a request for a paper regarding the capacity risk and MF has requested the paper go to Audit Committee ahead of Trust Board and therefore the due date is to be amended to October.

Action – Andy Lister

Mandy Rayner (MR) highlighted the e-rostering action, and it was agreed this can be dealt with through the People and Remuneration Committee.

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

TB/24/68 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Nicola Paxman (NP) and Tony Owen (TO) from Lyndhurst along with Naz, a service user from the rehabilitation service. CH explained that when people have experienced a complex mental health issue or a severe injury, they often need additional support to be able to help them on their recovery journey and then live well in their communities.

NP introduced herself as the Rehab Pathway Service Manager for Calderdale and Kirklees and TO is the Team Manager for the Rehab Service.

TO explained that Calderdale Rehabilitation Services are run in two teams, with a 14-bed community rehabilitation unit for mixed genders which maintains hospital status (meaning people detained under the Mental Health Act can be supported to progress). There is a community-based rehabilitation team that provides rehabilitation in a service user's place of residence. This service can be undertaken seven days a week, three hours a day, which is

quite unique from other community services offered.

The team work predominantly with a wide multi-disciplinary team (MDT) that includes local commissioners, support staff from private placements, support staff from the community, as well as inpatient staff from acute and intensive psychiatric units. Service users are also supported whilst transitioning through forensic services.

Naz explained that she was an inpatient in a private hospital which was out of area. On completing treatment there, she needed to move to the next phase of her recovery which required support from the rehabilitation team.

Naz explained that she wanted to return to Halifax, where she was living before being admitted to hospital, to be closer to her friends and family. Naz's care coordinator referred her to Calderdale rehabilitation services and, following assessment, it was agreed that Calderdale rehabilitation service staff would visit her to explain the service provision in Calderdale. Naz was advised that the service could support her with her goal of re-entering the community in Halifax.

Naz was placed on a waiting list and was able to visit Lyndhurst every two weeks to get to know staff and find suitable community groups. Naz was on the waiting list for eight months due to her need for an accessible bedroom on the ground floor.

Since moving to Lyndhurst, Naz has used the service to help keep her mentally and physically well, whilst becoming re-acquainted with the community. Staff support her on her bad days by spending time talking to her and encouraging her to do things that help her feel better, as well as providing additional medication when needed. Staff also check on her physical health and if there are any concerns they will arrange for a doctor's appointment or support her to attend the service that is needed.

Naz has joined numerous groups in the community participating in different arts and crafts, and staff keep her aware of new groups and support to reduce anxiety.

Staff have supported Naz with the process of securing accommodation and completing the appropriate assessments to ensure that Naz has everything in place to live independently. Naz now has a furnished flat and structured plans to be able to remain physically and mentally well.

When asked what could be improved, Naz reported the time it can take for leave to be approved is frustrating and better access is needed for people with mobility difficulties both inside and outside the unit, the addition of en-suite bathrooms would be helpful. Naz explained that consistency of staff in reviews and ward rounds would help aid recovery. Naz emphasised that staff at Lyndhurst have done all they can for her and are still there for support.

MBu thanked Naz for telling her insightful story into her recovery journey, including her ideas for areas for improvement.

MBr thanked Nicola, Tony and Naz for joining the meeting. MBr pointed out that this story emphasises the importance of being close to home. MBr encouraged Board members to visit Lyndhurst to understand the environment which doesn't meet all needs but has lots of positive elements. Naz's story illustrated that staff listen and how a person-centred approach leads to positive outcomes.

Kate Quail (KQ) queried what support was provided whilst Naz was on the waiting list for eight months. Naz responded that Lyndhurst staff visited her to provide reassurance and keep in touch.

CH explained that the Outreach team is a new development in terms of the rehabilitation service and works with people who may have a longer wait, to link into services and the community team.

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

TB/24/69 Chair's remarks (agenda item 7)

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

- Private risks
- Complex incident update
- Trust strategy refresh
- Energy purchase contract revision

It was RESOLVED to NOTE the Chair's remarks.

TB/24/70 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- Since the last Trust Board, the General Election has taken place. It is expected there will be a budget on 30 October. There has been an updated pay offer made to junior doctors, and there is an agreed pay awards for NHS staff. The new secretary of state for health and care has commissioned an independent review into NHS performance.
- The Trust is now working with seven new MPs who we will engage with over the coming weeks and months.
- There have been several changes in the South Yorkshire Integrated Care System. The director of strategy is moving on and the place lead for Barnsley and director of adult social care, Wendy Lowder, is retiring in February next year.
- in West Yorkshire, Richard Parry, who is the director of adult services is moving into a new role towards the end of the year and the new leader of the local authority in Wakefield will be appointing a dedicated director of adult social care. Carol McKenna, place director for Kirklees, is retiring in February next year.
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- This means three place directors of adult services are going to be changing and two of our place directors. The Trust's engagement with these roles will need to be considered to ensure positive relationships are maintained along with understanding the importance of the services that SWYPFT provide.
- The new government is committed to a programme of early release of some prisoners. The Trust is working to understand what this could mean in terms of demand in some of our community teams.
- The first interim report of the Covid Inquiry has been published.
- The financial position in the NHS is very challenging, with roughly three quarters of integrated care systems submitting a deficit plan for this year.
- In relation to learning disabilities, it is recognised that there have been some challenges in meeting the 18-week target for people to commence treatment. Some strong improvement work has taken place with a structured approach, broken down by place and discipline to enable flexibility of staff at key times to support each other. There are some challenges in recruitment into specific roles which is having an impact on waiting times, however some improvement is starting to be seen as some of the vacancies have now been filled.
- Three leadership engagement events have been held with band 7 and 8a staff to extend engagement with our leadership fraternity, talking about strategy development and inclusive leadership. These events will be run twice a year.

- The pulmonary rehabilitation team in Barnsley have been recognised nationally for their exemplary care.
- The Trust charity EyUp! held its first ever Wellbeing Fair for staff, patients, carers and families at Fieldhead Hospital, Wakefield. The event raised over £1,600 for the charity.
- The Croft, which was the focus of a board story at a previous meeting, has been nominated for a local government award.
- Jon Head starts as Chief People Officer on 1 September and Carol Harris will be leaving the organisation in October after eight years with the Trust.

Mike Ford (MF) mentioned national reports regarding the effectiveness of the Care Quality Commission and asked if there were any indications of what this might mean for the Trust.
MBr responded that the report was only published last week, and it is too early to know what any outcome would be. The Trust will work to understand what the response is and any changes as a consequence.

Mandy Rayner (MR) raised the waiting lists for learning disabilities and queried if there was some media coverage last week about ADHD waiting lists.

MBr reported the coverage is helpful in terms of raising awareness of this challenging national situation. Exposure of mental health, learning disability and autism is equally as important as waits for physical health conditions.
There are significant challenges regarding ADHD wait times which are being raised at Wakefield Place with the ICB this week.
Currently demand for ADHD exceeds capacity by at least seven times, and the demand for assessments has increased by 565% over the last four years.
The teams are working incredibly hard and using technology and process improvements where they can improve wait times. Nationally a task force has been established by NHS England to focus on how this demand can be better met.

MBr confirmed a waiting list report goes to Quality and Safety Committee and the Care Group reports are reported through Board.

CH added that the waiting list report also goes through Finance, Investment and Performance Committee.

Mandy Rayner (MR) referenced the staff survey data and highlighted the positive position regarding how we benchmark which is really good in the current environment.

Nat McMillan (NM) commented on the chief people officer and non-exec directors' recruitment and fed back that universally, all the candidates mentioned the Trust's values and it was really positive to hear people's experience of the Trust and talk about the values, including those who weren't successful. The Trust is clearly getting something right in this area and people applying to work for the Trust are noticing and feeling these values, when they visit and look at joining the Trust.

NM asked what the impact of the junior doctor pay increase and negotiations might be on the Trust. There will be an extraordinary Finance, Investment and Performance Committee meeting in August to talk through the financial challenges and to look at modelling and a trajectory of what the impact may be, given some of the concerns around the financial position.

MBr explained that the settlement needs to be fully understood and acknowledged that in recent years the pay awards have not been fully funded in our Trust.
MBr reminded the Board that, over the last two years, there is a net impact upon the Trust of £5.3 million of unfunded pay increases and if the formula remains the same this year it could have a significant impact on the organisation. MBr advised the details of the award and funding should be confirmed within roughly three months.

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

TB/24/71 Risk and Assurance (agenda item 9)

TB/24/71a Board Assurance Framework (agenda item 9.1)

Julie Hall (JH) asked to take the paper as read and highlighted the following points:

- There is now a new scoring framework in place that is in line with best practice, and this has been approved through Executive Management Team, Audit Committee and Board.
- It has been agreed that the strategic risks remain the same until they are reviewed, following the publication of the strategy refresh. The new scoring matrix has been applied to existing strategic risks.
- The Executive Management Team (EMT) discussion was focused on the rating of strategic risks and the need to consider whether risks have greater or less assurance than initially assigned. Careful consideration was given to likelihood of the risk.
- EMT thoroughly reviewed the risks over two EMT sessions in the quarter and both the external and internal environments were considered.

MBr explained that that the Board need to become more familiar with the new rating system and highlighted that it is positive to be looking at assurance and likelihood rather than just having a consolidated rating. There is some subjectivity with strategic risks, and EMT discussed when "adequate" become "strong" in terms of the assurances. Currently we may have been prudent with some of the ratings for assurance and one action is to ensure that we are comfortable with the gaps identified and that relevant actions that are in place to mitigate these gaps.

MBr highlighted that there are typically few changes each quarter, but the financial situation is becoming more challenging, and we need to see what the funding settlement will be in the autumn. One of the areas that has been discussed is capacity, particularly in light of some of the additional pressures that have been placed upon the Trust given the ongoing work for adult secure in South Yorkshire.

MF agreed it would be a good opportunity to review the Board Assurance Framework fully now the new rating system is established.
MF confirmed that the Audit Committee triangulate risks between the Organisational Risk Register and the Board Assurance Framework and there are currently nine risks on the ORR which are not reflected in the BAF, which will be looked at as part of the review.

Action: Adrian Snarr

Erfana Mahmood (EM) queried if the Board is comfortable that nothing has been missed in the review and if anything has inadvertently fallen through the gaps.

Julie Hall (JH) confirmed that the triangulation report is there to ensure that nothing is missed. The IPR, organisational risk register, and board assurance framework are all reviewed together to ensure nothing fall through any gaps.

JH added that once the strategy refresh is finalised another detailed review will take place.

It was RESOLVED to APPROVE the proposed updated to the Board Assurance Framework.

TB/24/71b Corporate / Organisational Risk Register (agenda item 9.2)

JH introduced the item and highlighted the following:

- There have been three changes to risk descriptions in the quarter:

- 1530 now reads: There is a risk that capacity in services to meet existing waiting lists and current levels of demand and acuity is placing pressure on access to and delivery of services.
- 1568 now reads: Risk that a seclusion room will not be available due to damage that occurred placing staff and service users at an increased risk of harm. This risk is further complicated by the decant facility in Gaskell Ward being in use.
- 1078 now reads: Risk that young people will suffer serious harm as a result of waiting for treatment or neurodevelopmental assessment.

- There is a proposed reduction in score to 1151: Risk of being unable to recruit and retain clinical staff due to national shortages and growth in mental health investment/ commissioning which could impact on the safety and quality of current services and future development. A reduction from 12 to 9. NM confirmed this was discussed and agreed at PRC.
- In terms of Risk 1114: Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided. There has been detailed discussion in Finance, Investment and Performance Committee and EMT and there is a detailed narrative in the organisational risk register reflecting that discussion and that the risk score remains the same with a further review due in September.

MBr added that it is recognised regionally and nationally that the financial environment is deteriorating, and it is likely that our risk score will change in the next month, and we will need to demonstrate clarity on what mitigations are in place.

MBr highlighted the score for the cyber risk and mentioned the recent cyber-attack in the NHS, which illustrates why the Trust can never be complacent in relation to cyber-crime and makes it continually difficult to decrease the score.

JH mentioned that Paul Foster, Associate Director of IM&T was invited to discuss the most recent events at Audit Committee as part of reviewing the risk.

MR agreed with keeping the cyber risk score the same and highlighted that the recent national outage, exposed the use of different suppliers and assurance is needed regarding cyber security third-party suppliers have in place and should they suffer an attack.

MF queried the emerging risk “there could be financial and reputational risk due to up-banding and back-pay of unqualified clinical staff” and asked for some clarity.

MBr explained that nationally there are some challenges regarding the roles being filled by band 2s that could cover band 3 responsibilities with some trusts having already made a settlement and the Trust has similar challenges.

MF queried the wording of risk 1887 “risk that teams and individual members of staff do not feel confident that the Trust has a culture in which ‘Speaking Up’, is encouraged, that individuals are not supportively heard, do not suffer personal detriment and that they do not receive feedback on action(s) taken which demonstrate listening and learning.” -and pointed the wording contains double negatives that may be confusing and asked for this to be looked at.

Action - Julie Hall

Trust Board RESOLVED to APPROVE the new risk description for risk IDs 1530, 1568, 1078 and APPROVE the reduction in risk score for risk ID 1151 as well as CONFIRM assurance that current risk levels are appropriate.

TB/24/71c Infection, Prevention and Control Board Assurance Framework item (agenda item 9.3)

Amy Hartley (AH) asked for the paper to be taken as read and highlighted the following:

- The Trust can evidence being compliant with all but one of the criteria (standard six regarding the fitting of FP3 masks) and since the report was written actions are in place to ensure full compliance is reached, including standard six.
- The Infection Prevention & Control (IPC) Board Assurance Framework will be reviewed and updated at least six monthly by the IPC team. It will go through IPC TAG (Trust Action Group) EMT, and then Board, as well as being constantly reviewed to ensure that the standards are embedded.

NM highlighted that this is an area where the amount of work is not always recognised. NM confirmed that the Quality and Safety Committee acknowledge the really good work and contributions that the IPC team deliver.

Trust Board RESOLVED to RECEIVE the IPC Board Assurance Framework.

TB/24/71d Health and Safety Annual Report (agenda item 9.4)

Nick Phillips (NP) introduced the item and highlighted the following:

- This report provides assurance to Trust Board that the Trust is compliant with key legislative requirements and actively covers general health and safety, fire safety, security, and emergency planning.
- There is a new way of reporting RIDDOR with more robust monitoring arrangements.
- The management and monitoring of lone working devices is being improved for managers to be able to see use rather than receive reports on activity.
- The water mist installation at Newton Lodge marks the end of a long-term installation programme.
- New security staff have been appointed bringing a long-term staffing issue to an end.

MR queried the assurance around the lone worker devices.

NP responded that work is ongoing with staff seeing the benefit of proactively using the devices, which has led to an uptake in usage and there is ongoing work to embed this practice.

MBr reminded all board members that they have legal responsibilities for health and safety, and this is a key report which has also been through Audit Committee and Executive Management Team meetings.

MBr highlighted the importance of the annual health and safety audits which are completed for all teams and the action plans that are subsequently developed as a consequence of those audits. NP confirmed that the Board can take assurance that, in terms of meeting statutory duties, this report provides that assurance and evidence.

EM acknowledged the thoroughness of the report and fed back that it is simple to read, thorough and covers the pertinent information.

It was RESOLVED to APPROVE the content of the report, APPROVE the plans for 2024/25 and NOTE the ongoing updates planned for EPRR compliance.

TB/24/71e Patient Led Assessments of the Care Environments (PLACE) scores (agenda item 9.5)

Nick Phillips introduced the item and highlighted the following:

- PLACE visits are carried out annually and the Trust consistently perform well. The Trust conducts a self-assessment with patient and public involvement looking at the ward environments, as well as governors and Healthwatch input.

- The cleanliness score is 100%, with the Trust being one of only three mental health trusts in the country to achieve 100%.
- In terms of condition, appearance and maintenance the Trust is second out of 42 mental health trusts.

MBu reiterated that the scores are outstanding and acknowledged NP's leadership and the hard work of the staff involved.

DL added that these scores matter and gave the example that service users did notice how clean and well-kept the ward environment is, which gives confidence that service users are being looked after.

Lindsay Jensen (LJ) added that this is about staff as well as service users. If staff have a nice environment to work in, it adds to people experience and should be celebrated.

AH agreed and highlighted the service user's satisfaction with food. Service users can spend a long period of time away from home with no control over what they can eat and therefore the level of satisfaction with food is very impressive. NP added that the Trust is still on an improvement journey in respect of food.

CH mentioned that food scores are consistently good and have been tested in Operational Management Group and is a consistent theme of Mental Health Act visits, particularly in Forensics, with inpatients saying there isn't enough variation in food. NP and his team work consistently with service user groups in Forensics on the menus and food.

Kate Quail (KQ) noted the issues around food, acknowledging that the feedback is positive. KQ advised that it is a theme of CQC and MHA visits that food and choice is a common theme. KQ queried how to triangulate the PLACE scores with the feedback and themes from external visits.

NP acknowledged the need for triangulation as the food on the plate in front of a service user is being rated, rather than the overall meal choices and menus. There is also room for improvement in terms of food, while also thinking about keeping people healthy.

MBu confirmed there is a mixture of fresh and shipped in food and reiterated the outstanding scores and the extra level of assurance that the report provides.

It was RESOLVED to NOTE the content of the report, NOTE that the scores have been approved and checked b NHS England and NOTE that the Trust consistently scores high than the national averages across most metrics.

TB/24/71f Premises Assurance Model Annual Report (agenda item 9.6)

NP explained this annual report is part of an assurance framework which is mandated by NHS England. The report has been reported to Audit Committee and Executive Management Team.

- The report covers estates, maintenance, cleaning, and medical devices and the Trust continues to score very well.
- In terms of estate management, 39 domains are good and seven have improved from good to outstanding.
- There is an issue regarding medical devices. A medical devices safety officer has been appointed to oversee this work and ensure that all medical devices are in contract.
- Due to the medical devices domain being rated as requires improvement brings the rating for the whole Premises Assurance Model to requires improvement with a plan in place to return to a rating of good.

MBr confirmed he takes a lot of assurance from this report which has had independent NHS review with 39 domains rated good and seven moving to outstanding. The challenge around medical devices has been worked on for the last year and therefore this report triangulates well with the risk register.

EM queried if issues with medical devices have been raised before and NP confirmed there has been a particular issue with medical devices raised in a previous CQC report which was dealt with at the time.

MR queried who monitors the situation regarding medical devices as this is an annual report?

MBr confirmed that as this is on the risk register, it is monitored by EMT at least every quarter and there is a separate report that goes into EMT regarding the progress on medical devices and there is a dedicated group providing oversight.

JH added that in terms of oversight, it would be good to confirm for that particular risk that as well as the medical devices group, it is also on the agenda for the Clinical Governance and Care Group Clinical Governance agendas, the Safety Resilience Task and Action Group and the committee is Quality and Safety Committee and then reporting into EMT and Trust Board. Board agreed the report should go through the committee that oversees the risk, which is the Quality and Safety Committee.

Action – Andy Lister

Sean Rayner (SR) emphasised that there have been three reports presented with very good assurance and commended the work of NP and his team. SR added that the estate is really good, and staff are generally proud of the facilities and service users and carers have a good experience. These reports demonstrate a real diligence and attention to detail.

It was RESOLVED to NOTE the content of the report, NOTE the overall score as "requires improvement", NOTE the plan to return medical devices to "good", NOTE the improvement to "outstanding" in some areas across the submission and AGREE for the PAM and associated documents to be submitted to NHS England.

TB/24/71g Assurance and approved minutes from Trust Board Committees and Members' Council (agenda item 9.7)

Audit Committee

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

- MF reiterated NP's point that the revised standards for EPRR compliance are being worked through and we have assessed ourselves as now being up to 29%. Other trusts in the region, particularly mental health, learning disability and autism providers have similar issues with compliance levels. MF highlighted that it feels strange to receive such a low compliance score when in reality incidents are so well managed and dealt with when they arise. MBr reported that nationally NHS England are considering whether to keep the same approach considering the feedback they have received, so the standards may change again.
- Paul Foster, assistant director of IT services & systems development, attended the Audit Committee to give an update on the impact of the global software outage, which affected a couple of SWYPFT systems for a short time, noting SystmOne was not affected.
- The declarations of interests for staff were discussed alongside the process for directors, with a list of 432 staff who are considered to be decision making, with a response from all but three which are being followed up.
- There have been two internal audit reports completed with limited assurance – a) service user observations and seclusion, and a service manager attended to talk through the actions taken following the report and b) access management in forensics and estates and facilities with further updates regarding actions to be fed through Audit Committee

and other appropriate committees. MR added that there have been improvements in forensics which may be as a result of the audits which shows that actions are taken and swiftly.

MBr reminded board members that we take a mature approach to internal audit so that we can identify where and how improvements to controls and processes can be made.

Quality and Safety Committee

NM highlighted the following points:

- NM confirmed that the service user observations and seclusion audit report went to the Quality and Safety Committee.
- At the last Board meeting issues were raised regarding pressure ulcers in terms of performance rating and events that happened. NM assured the Board that these issues were picked up in committee and are regular work plan items as reflected in the in the AAA report.
- Reducing Restrictive Practice and Physical Interventions (RRPI) continues to be discussed at committee. The Executive Trio have given assurance that the overall picture is improving, and the committee will test if data reflects improvement.
- The decreasing trend of risk assessments within seven working days has been picked up in committee.
- There was a lengthy discussion about the patient experience report, which was discussed at Board last month, particularly the experience of young people on adult wards.
- There have been conversations in committee about how to ensure the voices of young people and their families are heard to support understanding of what that experience is like.

People and Remuneration Committee

NM chaired the last meeting in MR's absence and highlighted the following:

- The Committee noted the improvement in sickness absence, despite the limited assurance audit report and the clear improvement that's been seen in forensics.
- The people directorate business partners presented at the meeting to give an update on the impact they have had so far, which has been positive, and the Committee were really impressed with an excellent presentation.
- In the private section of the meeting, the Committee received a report with oversight of actions regarding a review of sexual safety cases. This is already included in the operational risk report and is triangulated in the report.
- The initial draft of the Strategic Workforce Plan was shared in committee. This is in development, with a further draft coming back to committee in September for approval.

Finance, Investment and Performance

David Webster (DW) highlighted the following:

- There has been a deep dive into facilities which interestingly, linked to financial challenges and areas where money could be saved.
- In terms of financial challenges, a worst-case scenario is that there is a deficit, of around £5 million currently, and there will be an extra committee meeting in August with a focus on what the rest of the year and what options are available to further mitigate the current deficit run rate.

Equality, Inclusion and Involvement Committee

MBu asked the paper to be taken as read and highlighted:

- There has been a lot of progress in the forensic area which deserves recognition.
- The sustainability and social responsibility annual report from Tony Wright was presented and outlined some fantastic work which the Trust should be commended on.

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

TB/24/72 Performance (agenda item 10)

TB/24/72a Integrated Performance Report (IPR) month 3 2024/25 (agenda item 10.1)

MBr introduced the item in Adrian Snarr's absence and highlighted the following:

- There aren't any significant changes in Trust performance in the four weeks since the last Board meeting.
- Typically, many metrics remain l green, whilst naturally we will pick out some metrics where performance needs to improve.
- In terms of the improving health objective of achieving appropriate representation of staff from a BAME background at band 7 and above, excluding medics where there is a notable over-representation, the Trust is at close to 8% with a community population of 14%.
- Risk assessments in the community increased by 7% in the month and remains amber despite the improvement.
- One area of concern is the increased number of violence and aggression incidents involving race against staff with 36 incidents recorded in the month. The Executive Management Team are looking into this and will work with staff to develop further support and actions.
- The Trust are performing well with out of area beds, considering the significant demand pressures for beds.
- Clinically ready for discharge is showing as 2.1% which is masking what is happening in certain services, for example in the learning disability assessment treatment unit, all four service users are clinically ready for discharge.
- In terms of use of resources, the deficit is a negative. The deficit was reduced in June. There is a strong out of area position, agency use has reduced but there are higher levels of other temporary staffing costs, i.e. particularly bank staff. The agency scrutiny group has been expanded to cover all temporary staffing costs and resource to identify how this can be managed more effectively and reduce costs.
- Staff turnover is much lower than assumed, which is positive in terms of recruitment and retention, but means we have more substantive staff than planned for, creating a cost pressure.
- At the end of the first quarter there is roughly a £900k deficit. Some of this deficit is a timing issue due to when some IT and training and development spend was incurred. The effectiveness of the actions put in place need to be tested before taking any further actions. There are financial challenges across the whole system.
- In terms of great place to work, staff turnover is the lowest it has been for many years at 9.4% and workforce growth needs to be at 0% and is currently 0.9% on a reducing trajectory. Sickness is at 5% which is amongst the lowest in the region.
- In the last month, 40 more people have had an appraisal than the previous month, however due to successful recruitment last year, more people now require an appraisal. Supervision is up to 82%.
- One key area for focus is reducing restrictive practice training and there are some wards where there is a lack of appropriate cover which can be a vicious circle when releasing staff for training.
- There was a significant increase in falls in June with 63 compared to the usual average of 45 to 50 falls. Work is ongoing to understand the increase, which is most likely ascribable to two particular service users.
- There is a large reduction in prone restraint in month which is a positive sign that some of the actions being taken are resulting in improvement.
- The care group report gives a good oversight of where any issues are.

EM raised the ADHD waiting list which caters for 28 patients when the Trust receives 244 referrals and queried how this is managed.

MBr advised that all we can realistically do is work with commissioners and teams to carry out as many assessments as possible with the resources available. There is increased national focus on this challenging issue with a national taskforce being established.

CH added that one of the actions being taken is a triage screening process with clear clinical indicators to be met regarding the likelihood of ADHD, with two waiting lists to be able to prioritise people with a higher level of need.

SR added that there is a West Yorkshire work programme which has been running for two years to address waiting times which the Trust contribute into. The work programme has shifted into how to support people in the community, irrespective of a diagnosis. The key being that people who need support get that support.

MBu asked if any indicators identify certain teams or wards with issues in terms of appraisals, supervision, falls, sickness, etc?

MBr responded that if one particular area were to be highlighted it would be the five wards where RRPI training is lower than 60%.

CH added that the areas of concern can vary due to for example sickness or incidences of violence. This month there are concerns about the number of incidents at the Poplars and Ward 19, where both are low on RRPI training and there have been a number of incidents of restraint, as well as a lot of violence and aggression on older people and adult wards.

CH reported that Clark Ward is now performing well following previous challenges and the focused improvement work.

MBu added that the focused improvement work is effective, as seen with the recent improvements within forensics and any improvements needs to be sustained.

MR noted there is still concern regarding appraisals compliance and the assurance of achieving 95% in the next month.

LJ explained appraisals are a focus at EMT, looking at the percentages which can vary month on month. There is a trajectory and a focus on ensuring people have the right training to lay the right foundations and it will continue to be monitored through the People and Remuneration Committee.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/24/72b Care Group Performance Report (agenda item 10.2)

CH introduced the report which is a drill down into the children, young people and families care group. This care group provides children and adolescent mental health services (CAMHS) in each place and into Wetherby young offenders' institute and Adelbeck secure children's home. Physical health services for children are provided in Barnsley and in Urban House (the detention centre in Wakefield), providing support to families.

The majority of performance information relates to CAMHS and Barnsley physical health services for children. Performance metrics for services provided at Urban House are being worked through and will be included in the next report.

CH highlighted the following:

- Appraisal performance has generally been better than the overall Trust position and the recent dip in performance relates to staff sickness and team moves.
- There is continued effort to support and maintain staff wellbeing which impacts on sickness which is at 4%. The graph in the paper shows an increase but is still under threshold.
- In relation to RRPI training, in general staff are expected to carry out physical interventions in relation to restraint in this care group but are expected to de-escalate and exit a situation safely and therefore training is important. Staff are booked on courses and improvement should be seen by October.
- Turnover is at 10.9% which is below the threshold. There is a need in this care group for consistency and for children and young people seeing the same people for continuity of their care.
- A lot of work is taking place to minimise the use of agency staff. In CAMHS the challenge is related to long standing medical agency. There has been some success with medical recruitment, and this is continuing across services.
- CAMHS used to fund internal waiting list initiatives, for example with Covid funding, an initiative was commissioned to offset pressure for the future, even where activity wasn't commissioned. This is no longer viable as resources are now being used to provide commissioning activity, which places pressure on waits, particularly in Kirklees, neurodevelopment assessments.
- For children in a crisis, it is important that there is a response within four hours and performance is generally very good. Where the four hours is missed, this is reviewed to identify any learning. A positive success in this regard has been when the service was moved to all age liaison teams in acute hospitals, meaning that children attending A&E can be seen a lot quicker.
- Despite a lot of positive work, waits for core CAMHS remain a concern with the number of children waiting more than six months increasing, but remain below threshold, although they have been increasing since September 2023. This is being monitored. CAMHS are noticing that more children are presenting with more complex conditions and need more than one worker which, as a result, means they are staying on teams' workloads for longer, which impacts on capacity.
- Performance in relation to the eating disorder pathway is impacted by the number of children that are referred which explains the variations in data and performance. In May there were 6 children with an urgent concern, and all were assessed within a week, and 28 out of 30 children with a routine concern were seen within four weeks, which is positive.
- The challenges in paediatric audiology have been discussed at length and report through quality and safety committee. The rise in referrals is impacting on the six weeks to a diagnosis target, and if the child needs a supportive appointment, this can be offered within four weeks, but the metric is for the six weeks to diagnosis and usually the length of wait is around eleven weeks. The Trust is using links with Sheffield Children's Hospital as they are an accredited service and learning from them to continue service improvements.
- CAMHS neuro rehabilitation waits are impacted according to the place and method of commissioning. Calderdale implemented the "any qualified provider" model which saw a decrease in waits but there remains a concern as other providers in the system are seeing their waits increase, leading to children being referred back to SWYPFT, adding to the pressures.
- Barnsley have a single pathway for attention deficit and hyperactivity disorder (ADHD) which performs well with children generally being seen within three months. Barnsley's successful model is looking to be replicated into other areas including advanced clinical practitioners to support medics in relation to prescribing and more capacity being commissioned.
- A shortage in medication is causing some pressures in prescribing and having an impact on wait times.

- Family and friends test data continues to be worked through with some good work ongoing with parents in terms of feedback in the services.
- Incident data for this care group cannot be compared with other care groups as they are markedly different. Where SWYPFT work with Leeds Community Healthcare in Wetherby Young Offenders' Institute there is a separate process to monitor incidents as they are reported through to Leeds Community Healthcare.

DW highlighted that sickness absence has more than doubled since staff have worked on site more and asked if this is something the Trust are directing, or if staff are choosing to work on site?

CH confirmed more face-to-face interactions are required in this care group for more accurate assessments of children and young people.

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

TB/24/73 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/73a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 11.1)

MBr gave a brief update including the following:

- In the South Yorkshire Integrated Care Board, there was an example of how they have effectively engaged with young people and the development of its child health equity framework.
- The financial plan is a £49 million deficit for South Yorkshire. There is an adverse variance year-to-date.
- They have been awarded £3.5 million for the working well programme, which helps long term sick and disabled people back into work.
- In terms of the Integrated Care Board places, they have nearly all moved estate as part of the running cost allowance reduction work, for example staff who worked at Hilder House in Barnsley have moved in with the local authority.
- The Mental Health and Learning Disability Autism Alliance is looking at how to contribute to parity of esteem with all partners and maintaining oversight of the different work programmes including STOMP which aims to reduce the over medication of people with a learning disability.

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

- The Health on the High Street development is pressing ahead with phase one being some outpatient services provided by the acute trust.
- Recruitment has begun for the replacement of Wendy Lowder and is for a similar split role across the local authority and place.
- The pathways to work commission has been launched with Alan Milburn and other dignitaries present in the town hall in Barnsley. The national press was in attendance which will help raise the profile. This will be a national exemplar for getting people back to work, for their health as well as for financial prosperity. Dawn Lawson agreed to share the report with Board members.

Action – Dawn Lawson

It was RESOLVED to NOTE the SYB ICS update.

TB/24/73b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 11.2)

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

- One of the main agenda items at the West Yorkshire Health and Care Partnership Board was the ambition to reduce the gap in life expectancy of people with mental health conditions, learning disabilities, and/or autism, and the rest of the population. Emma Pearce, Consultant at Public Health, supports the program in West Yorkshire and gave a good presentation largely focused on the programme's ambition metrics. SWYPFT feed into several, for example annual health checks for every person with a learning disability or diagnosis.
- One of the key messages is that this is a concerted partnership effort to reduce the gap in life expectancy for those described above and this can't be just down to individual organisations and highlighted the importance of working together consistently and in a focused way.
- In Calderdale an emotional health and wellbeing alliance is being developed which is their version of the mental health alliance in Kirklees and Wakefield. This is being led by the Voluntary Community and Social Enterprise Sector, and Cath Gormally, the Adult Social Service lead, is going to chair. SWYPFT are supporting the development of the alliance with Calderdale being the final place in our footprint to set one up.

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/24/73c Provider Collaboratives and Alliances (agenda item 11.3)

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

- In the West Yorkshire Adult Secure Collaborative there has been significant work undertaken involving all partners regarding bed modelling, looking at future need and with a clear focus on care pathways in West Yorkshire, designed to meet the needs of the population and also to bring down out of area placements.
- There were significant discussions within the West Yorkshire Adult Secure Partnership about the financial position which is being covered through the Finance, Investment and Performance Committee.

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

TB/24/74 Governance (agenda item 12)

TB/24/74a Assessment against NHS Constitution (agenda item 12.1)

JH explained that this is an annual requirement for the Trust to assess itself against the NHS Constitution.

- The paper provides the compliance level evidence against the NHS Constitution themes and is cross-referenced to the Trust's board assurance framework. The risks have been reviewed against the Constitution, with eight BAF risks relating directly to compliance with the Constitution.
- JH confirmed the Trust is positively reporting against those risks on a regular basis to Committees and Trust Board. The Trust is compliant with the NHS Constitution and has carried out the self-assessment and is able to evidence the self-assessment through papers that go through Committees and Board, along with the governance structure that sits beneath, such as the Clinical Governance Group meeting and Care Group meetings.
- The Constitution is under significant national review at the moment, with changes expected in Autumn.
- Once this has been published, a new self-assessment will be carried out with evidence of compliance against a new Constitution.

Action: Julie Hall

- MBu thanked JH and AL and the team for the hard work that goes into this.

EM queried if there have been any significant changes and JH confirmed there have been a number of updates but nothing significant in this review.

It was RESOLVED to APPROVE the paper which demonstrates how the Trust is meeting the requirements of the NHS Constitution.

TB/24/75 Strategies and Policies (agenda item 13)

TB/24/75a Learning from Healthcare Deaths Policy (agenda item 13.1)

AH advised to take the paper as read and highlighted the main changes which are the shift to PSIRF (patient safety incident response framework) and the new framework for investigating incidents, which is all detailed within the policy.

Another key development is the introduction of the family liaison officer role, which is important to include families, carers and loved ones in the investigation process, having their voice heard and providing appropriate support. There are still national disparities in terms of life outcomes and health for people with a serious mental illness, learning disability or autistic people.

MBr explained to the Board that this policy has had a lot of oversight before coming to Board.

It was RESOLVED to APPROVE the Learning from Healthcare Deaths Policy.

TB/24/76 Trust Board work programme 2024/25 (agenda item 14)

MBu asked to add the NHS constitutional changes for October.

Action – Andy Lister

It was RESOLVED to NOTE the work programme.

TB/24/77 Any other business (agenda item 15)

None.

TB/24/78 Date of next meeting (agenda item 16)

The next Trust Board meeting in public will be held on 1 October 2024 (September meeting).

Signature: 

Date: 01.10.24