South West Yorkshire Partnership NHS Foundation Trust

Minutes of the private Trust Board meeting held on 30 April 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) (via MS teams)	Non-Executive Director
		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)	
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
Apologies:	Nil	
In attendance:	Carmain Gibson-Holmes (CGH) (item 6 only)	Director of Services for Children, Young People and Families
	Lindsay Jensen (LJ)	Interim Chief People Officer
	Dawn Lawson (DL)	Director of Strategy and Change
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Administration Manager (author)
	Sean Rayner (SR)	Director of Provider Development
	Julie Williams (JW)	Deputy Director of Corporate Governance
Apologies:	Rachel Lee (RL)	Associate Non-Executive Director
Observers:	Paula Gardner	Insight Candidate

TB/24/31 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/24/32 Declarations of interest (agenda item 2)

It was RESOLVED to NOTE there were no further updates to the declarations of interest.

TB/24/33 Questions from the public (agenda item 3)

No questions were received from the public.

TB/24/34 Minutes from previous Trust Board meeting held 26 March 2024 (agenda item 4)

Mandy Rayner (MR) highlighted on page six of the minutes where it states, "MR noted" should read "MR acknowledged". Andy Lister (AL) agreed to update the minutes.

Action: Andy Lister

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 26 March 2024 as a true and accurate record.

TB/24/35 Matters arising from previous Trust Board meeting held 26 March 2024 and Board action log (agenda item 5)

MR raised action TB/24/22 regarding the staff survey and noted that work is already being conducted through the People and Remuneration Committee (PRC) and this has been added to the workplan. It was agreed that next year the outcome of the staff survey will be shared earlier with PRC and the Board. To close.

MBu highlighted that a lot of actions are due in June and given current pressures, action leads should consider whether a whether a June review deadline is realistic.

MBu queried with Dawn Lawson (DL) whether action TB/23/117 is complete and DL confirmed it is being dealt with through the Equality, Inclusion and Involvement Committee. To close.

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

TB/24/36 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Carmain Gibson-Holmes (CGH), Director of services for children, young people, and families, to talk about the services provided at The Croft in Wakefield.

CGH reported The Croft, is a two bedded unit which presents as a family home and is a jointly funded service between health and social care. It came to being when it was recognised there was a gap in the system for children/young people in care, who often have complex presentations and can be sent a long way from home with poor outcomes and the further difficulty of repatriating children into a later placement near home. There is a nationally recognised gap in provision as reported by Ofsted.

The service opened on 1 March 2023 and the first of its kind (to the best of our knowledge)). The Croft is a small residential offer with a maximum stay of one year with the aim of rehabilitating young people and getting them back into a normal environment within the community.

Care is delivered in a trauma informed therapeutic environment, and there is a joint model of training and development for staff teams, with co-location, co-supervision in close working provision.

CGH gave an example of a young person who was initially in foster care for six years which broke down due to challenging behaviours and led to multiple moves around different foster placements. The risks around this young person were significant and there were ongoing concerns for the harm that was being caused by the multiple placements they were in and the impact on their long-term life.

A transition plan was implemented to move this young person into The Croft to receive the care they needed. The PACE model is used, which covers playfulness, acceptance, curiosity and empathy, with a therapeutic parenting model from the Local Authority and a shared formulation and care planning package to keep the person safe and progress positively.

This young person showed a significant decrease in anxiety and depression and a 90% reduction in incidents was recorded within the first three months. They are no longer taking medication and are accessing CAMHS twice a week. The impact this has on a young person cannot be underestimated. All restrictions from the deprivation of liberty were removed and they are able to access their community.

The Croft operates through a partnership working and a collaborative approach having identified that no single service can meet the needs of a young person in isolation.

There is appetite to take on a second home in the future and there are conversations within other areas of how the model can be rolled out further and look to understand the impact via a research program.

Mark Brooks (MBr) noted the importance of partnership working exemplified in this story.

Nat McMillan (NMc) queried if there are any restrictions in terms of resources, estates, people etc, as this is exactly the kind of offer the health and care should be providing, and there must be demand than the provision currently available.

CGH reported the unit is two bedded to avoid the risk that comes with mixing young people and means the unit is able to personalise service user needs. CGH added that estate is difficult to find but now there have been positive outcomes, the value in investing to save has been recognised. The rewards and financial benefits, including saving on costs of placements, could be significant.

MBu queried what happens to the young person when they leave The Croft after a year.

CGH explained that this particular young person has transitioned into 17+ provisions with the team from The Croft continuing to support their journey for continuity. Some young people will move on to independence and the hope is that the younger service users who are in need of these services could be reintegrated into a family situation through a foster carer.

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

TB/24/37 Chair's remarks (agenda item 7)

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

- Private risk register
- Collaborative committee minutes
- Investment appraisal six monthly report
- Operational financial planning update
- South Yorkshire adult secure provider update

MBu noted the staff Excellence awards which are being held this week, which is a great demonstration of the hard work of staff.

MBu has been involved with “Health at High Street” in Barnsley and has recently welcomed an international party of visitors to the Mental Health Museum, working in conjunction with Huddersfield University.

It was RESOLVED to NOTE the Chair’s remarks.

TB/24/38 Chief Executive’s report (agenda item 8)

Chief Executive’s report

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

- Planning guidance for the current year has been published since the last Board meeting with an intense focus being placed on finance across both the West and South Yorkshire systems.
- Some good guidance for Trust Boards has been identified in terms of reducing inequalities which enables a strategic focus and there is a self-assessment tool which will go through the Equality, Inclusion and Involvement Committee and is very clear regarding board members having objectives covering addressing inequalities and regular training.
- West Yorkshire integrated care board (ICB) have an annual fellowship programme for people from an ethnic background, helping them develop their career with the NHS. This involves secondments into organisations and the Trust are participating in this programme with Miriam Ahmed joining the Trust shortly to work with the integrated change team.
- There have been a number of news reports regarding sexual safety including what was reported in the national NHS staff survey which identified a number of staff have been harassed or subject to some form of incident over the last 12 months. The Trust operates a zero-tolerance approach and have signed the Sexual Safety Charter for 2024/25.
- Today is a risk focused Board meeting where the Board Assurance Framework and Organisational Risk Register will be reviewed. Scores haven’t been changed yet and there is an increased future challenge related to finance.
- There will be an update regarding the CQC report for Cheswold Park, an adult secure provider in South Yorkshire in the Board meeting held in private. They currently care for 72 people, and we are working with partners to support an improvement in quality and sustainability.
- It is year end, and the corporate governance and finance teams are working hard on our year-end governance requirements and the development of our annual report.
- The Board committee effectiveness reviews are coming to Board from Audit Committee, as well as the draft annual governance statement.
- Carmain Gibson-Holmes has received strong recognition in the Nursing Times in relation to her tea to improve quality initiative which has received a very positive write-up.
- A helpful report has been published nationally which demonstrated what the cost of mental ill health across the country is, roughly £300billion. The Trust can consider how these impact on our own strategy and how we influence across the system to highlight the importance of the services that we provide.

NM acknowledged the positive feedback and recognition, and queried how the Board can get the balance right in light of the increased focus on finance to ensure it doesn’t become all consuming.

MBr reported there is much increased focus and activity internally, but there will be intense scrutiny on individual organisations as well as systems. The Trust are in a slightly better position than most, however, this year will be very challenging. We need to be clear on what we can do as an organisation financially and commit to the plan so that we are able to focus on improving services, improving access, and addressing inequalities.

MR noted the Trust needs to recognise its small surplus position in 2023/24, and its good track record in relation to finance.

Mike Ford (MF) added that as well as being stretched on finance there will be challenges with capacity with so many proposals on the agenda.

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

TB/24/39 Risk and Assurance (agenda item 9)

TB/24/39a Board Assurance Framework (agenda item 9.1)

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

- This is the last update for 2023/24 and we are moving to a new grading system for the Board Assurance Framework (BAF) next year.
- The Executive Management Team have conducted a full review of the BAF, and strategic risks will be held for the first quarter of 2024/25 until the outputs from the strategic refresh are understood. Therefore, as the new scoring system is introduced the BAF will be relatively static in the first quarter of 2024/25.
- Risk 2.3 "*increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care"* is to remain Amber. Some of the challenges are concentrated to a relatively small number of services but the challenges for these services are significant. Attention deficit and hyperactivity disorder (ADHD) and paediatric audiology are the most notable.
- Risk 2.4 *"Failure to take measures to identify and address discrimination across the Trust may result in poor patient care and poor staff experience"* is to remain Amber with the acknowledgement there is a considerable amount of the work taking place in this area.
- Risk 3.1 "*Increased system financial pressure combined with increased costs and a failure to deliver value, efficiency and productivity improvements result in an inability to provide services effectively"* is to remain Yellow given the Trust's track record to date and the proposed plan going forward. It is recognised this risk could increase in the coming months.
- Risk 3.2 "*Capability and capacity gaps and / or capacity / resource not prioritised leading to failure to meet strategic objectives"* is to remain Yellow and will be discussed under the South Yorkshire Collaborative agenda item in the private session, later today.

MF noted a paper presented at Audit Committee, where the BAF was compared to a PWC report about the top 10 risks facing health organisations, as well as the internal audit network's review of the BAF process and the committee received positive feedback that the Trust BAF is in line with national risks and adheres to best practice.

It was RESOLVED to APPROVE the proposed updates to the Board Assurance Framework and AGREE to the EMT proposal that strategic risks will remain unchanged for quarter 1 2024/25 and be reviewed following the Trust strategy refresh for quarter 2 2024/25.

TB/24/39b Corporate/Organisational Risk Register (agenda item 9.2)

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

- An emerging risk has been identified regarding the use of lone working devices. There are a sufficient number of lone working devices deployed across services, but audits and monitoring of use indicates that they aren't being effectively used by all colleagues or teams. Work is being conducted to understand the issues and will be brought back to Board with an action plan to improve usage of the devices.
- Risk 1580 "*Risk that demand, through acuity or numbers continues to rise placing further pressure on access to services and waiting lists*" – demand is still significant, with identified hot spots where demand outstrips our ability for supply, but with the measures in place, the risk score is maintained.

- Risk 275 "*Risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners.* ***This includes the risk of service decommissioning where there is a reduction in Local Authority and ICB budgets****"* – has revised wording in bold.
- Risk 1757 "*Failure to fully maintain and monitor medical devices to the Trust agreed standards and in line with relevant legislation may lead to patient harm"* – work is ongoing to monitor and maintain medical devices. There is confidence that all the medical devices in use have been identified. In the community setting there is a responsibility on staff to bring their devices to site to be maintained. Work is being undertaken to understand any potential barriers, with a particular focus on Barnsley community.
- Risk 1319 "*Risk that there will be no bed available in the Trust for someone requiring admission to hospital for Psychiatric Intensive Care Unit (PICU) or mental health adult inpatient treatment and ~~therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised~~ therefore they will need to be admitted to an out of area bed* ***or remain in an unsuitable environment (such as an acute hospital) until a bed is available. The distance from home or from the appropriate team*** *will mean that their quality of care will be compromised"* – the wording has been amended as shown in strikethrough and bold.
- Risk 1840 "*The current appraisal and supervision process including issues with the Work Pal system may impact on staff retention, wellbeing and development, clinical practice and regulatory oversight"* – a lot of effort has gone into improving appraisal take up across the organisation, and there is an improving picture which is reflected in the risk with a proposal to reduce the risk from a likely to a possible.

NM confirmed that the Quality and Safety Committee approved the merging of risks 1614 "*National clinical staff shortages resulting in vacancies which could lead to the delivery of potentially reduced quality, unsafe and / or reduced services, increased out of area placements and / or breaches in regulations*" and 905 "*Risk of a negative impact on quality of care due to low staffing levels and insufficient access to temporary staffing".* Quality and Safety Committee also approved the new wording for risk 1319 as stated.

Erfana Mahmood (EM) queried if the technical issues regarding appraisals has been rectified and is the risk appropriately captured, to include staff who haven't had an appraisal for a while.

Lindsay Jensen (LJ) responded that Workpal is still being used whilst a procurement process is followed to source a system which will interface with ESR.

Carol Harris (CH) added that there is a much better reporting system which feeds through from ESR and captures staff who are in the incorrect reporting line, which has previously caused issues on Workpal.

LJ confirmed that people directorate business partners are working locally to support managers in terms of understanding what appraisals are and what a good appraisal looks like.

NM advised that teams are feeding back frustration regarding recording appraisals on Workpal and queried if the message about re-procuring a system is being cascaded to staff.
MBr confirmed that this has been communicated in regular updates through The Brief.

It was RESOLVED to NOTE the risk register and Trust Board confirmed they are ASSURED that current risk levels are appropriate, considering the Trust risk appetite, and given the current operating environment.

In addition, it was RESOLVED to:

- **APPROVE the new risk description for risk ID 275.**
- **APPROVE to merge workforce risk ID 1614 with risk ID 905.**
- **APPROVE the new risk description for risk ID 1319.**

- **APPROVE the reduction in risk score for risk ID 1840.**

TB/24/39c Draft Annual Governance Statement (agenda item 9.3)

AS introduced the item and highlighted the following points:

- This is an initial draft of the annual governance statement for review by the Board and comment.
- This is largely a prescribed format which will be presented to Board in June for approval.
- Audit committee reviewed the draft at the beginning of April.

It was RESOLVED to NOTE the progress on the annual governance statement and NOTE the comments made.

TB/24/39d Quality Account update (agenda item 9.4)

Darryl Thompson (DT) introduced the item and highlighted the following points:

- DT updated on progress for the Quality Account which is a required submission each year with a particular focus on patient safety, clinical effectiveness, and patient experience.
- A draft will go to the Quality and Safety Committee on 14 May, following which there is a required 28-day external consultation with stakeholders across all areas.
- An extraordinary Quality and Safety Committee will be held on 18 June to make a recommendation for the Quality Account to be approved by the Chair and Chief Executive.
- Today's request to the Board is to approve delegated authority from Trust Board to the Chair and Chief Executive to approve the Quality Account prior to its submission and publication on the Trust website by 30 June.

MBu stated she is reassured that the report will be looked at in detail on 18 June and is happy with the progress.

Andy Lister (AL) confirmed that the final Quality Account will be presented to Trust Board on 2 July.

It was RESOLVED APPROVE the request for delegated authority to the Chief Executive and Chair to approve the final version of the Quality Account in line with the timeline of completion described in the report.

TB/24/39e Independent review of Greater Manchester Mental Health NHS Foundation Trust (Edenfield) (agenda item 9.5)

Darryl Thompson (DT) introduced the item and highlighted the following points:

- This is a summary paper for Board following detailed discussion at the Quality & Safety Committee on 9 April and at the Executive Management Team.
- The 11 recommendations made are included as an appendix to the summary that's been provided for Board members.
- Points of note from the report are service user and carer experience, a perceived culture that staff were not encouraged to speak up, and an expectation that reports for Board and Committee were expected to be "palatable."
- On review in the Quality and Safety Committee one of the reflections was about the care group quality and safety report (the Trio report), where concerns are escalated to committee to ensure that there is awareness of areas of concern.
- There is feedback in the report that the Board in question focused more on matters of expansion, reputation and meeting operational targets, than quality.
- With regards to next steps, the 11 recommendations will be reviewed against the Trust's existing mental health inpatient improvement plan. The findings will be triangulated with the feedback from the strategy refresh which is an opportunity to gain frontline and public view of Trust services. This will be coordinated with other national reports previously presented to Board, for example the East Kent maternity review report.

- The National Culture of Care Programme has been commenced and the Trust has signed up. Progress will be reported through Clinical Governance Group, Executive Management Team, Quality and Safety Committee and Improving Mental Health Oversight Group.

Subha Thiyagesh (ST) added that Jonathan Warren from the Mental Health Medical Directors' Network, who was on the panel, and visited Edenfield, spoke about their Board. ST highlighted the importance of having the clinical voice at all levels. Three examples of quality concerns that were picked up were a slow pace of change, lack of transparency in terms of responding, and lack of scrutiny of information. It was also reported that there was a lack of clarity in relation to the Freedom to Speak Up Guardian.

MF queried if this would be discussed at Collaborative Committee?

AS confirmed that West Yorkshire Collaborative have reviewed the actions and progress will be fed back through the Collaborative Committee and evidenced.

MBr commented that the Board need to think about culture as well as initiatives, for example with speaking up, a lot of work goes into raising awareness and this needs to continue continuously to create the right culture, not just when responding to something. Staff and service users need to feel listened to.

MBu added that the Trust needs to concentrate on organisational development (OD), staff development, staff appraisals and Trust values.

LJ assured Board that this is about everybody feeling supported and heard, and is part of the wider OD strategy, staff engagement, listening, culture and Trust values.

CH added that director visibility needs to be maintained so that staff regularly see Board members and have a connection, as well as feeling able to speak openly with them.

Dawn Lawson (DL) advised there is a report that pulls together information that is submitted to Healthwatch, who are a community voice.

DT flagged the new quality oversight, monitoring and support system which brings together soft and hard intelligence about what is happening in teams is also a vehicle to consciously escalate the visibility of Board members and other senior leaders out into clinical teams.

MBu observed that as Chair of the Trust, she feels reassured that the Trust is focused on what is going on internally, for staff and for service users.

Kate Quail (KQ) agreed that going forward, there needs to be clear evidence on each of the recommendations of the report, and demonstration of there being systems that deliver and measure key aspects of culture, with particular emphasis on compassionate, high quality, care etc and requested that evidence is presented back to Board.

NM confirmed that it has been agreed in Quality and Safety Committee to monitor the next steps and progress and will be included in the AAA report.

Action: Darryl Thompson

NM reflected on ST's comments and the Board challenging itself about the different lines of assurance and noted that over-reliance on the third line of assurance is exactly what happened at Mid Staffordshire, and there is a pattern. The fundamental lessons to be learned are to listen to the voices of the patients and the families.

MR pointed out there is evidence over the past couple of years that the Trust has listened to people, including the strategy refresh and the consultations that have taken place, which have been another avenue to identify issues.

It was RESOLVED to RECEIVE the report.

TB/24/39f Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) Report update (agenda item 9.6)

Darryl Thompson (DT) introduced the item and highlighted the following points:

- The national LeDeR programme aims to improve care for people with a learning disability and autistic people, reduce health inequalities and prevent people with a learning disability and autistic people from early deaths.
- For context the median age for deaths of people with a learning disability was 62.9 in 2022. The national average life expectancy in the UK is 78.6 for males and 82.6 for females, highlighting a significant gap.
- This report reviewed the deaths of people with a learning disability from all seven regions of England. The data summarised in the paper, that whilst there were some small improvements on previous years, it still shows 42% of all the reported deaths of people with a learning disability were deemed to be avoidable.
- Learning from other LeDeR reviews is incorporated into the Oliver McGowan training which has been a focus for the Trust, with regards to the e-learning rollout. There are now clear plans in place for the second part of the level one training, which is attendance at a facilitated webinar.
- This report was discussed at the Quality and Safety Committee with a particular conversation aregarding this being the first year that autistic people have been incorporated into the report. One of the points reflected on, was that nationally there is a higher risk of suicide for autistic people, and this is being looked at internally to ensure this is captured through suicide prevention work.
- The Trust is fully engaged with the LeDeR process, both with regards to oversight of deaths of people with a learning disability and autistic people,and also of the reporting of deaths into the LeDeR process.
- All deaths are overseen, and any learnings captured within the Patient Safety Oversight Group and the Mortality Review Group.

MBr emphasised that the Trust provides services to people with a learning disability and improving their lives is a fundamental part of the Trust's work. The report is positive in that it shows improvement nationally and demonstrates how the Trust can influence at place. All four of the Trust's places have more than met the minimum target for completing physical health checks this year. Contributing to wider determinants like employment and housing are supportive and can make a real difference.

DL questioned how this transposes into local work to see some of the impacts and what that means.

DL highlighted the statistic that 74% of people with a learning disability who died in 2022 had a do not resuscitate plan in place, yet 42% of those deaths were avoidable which feels uncomfortable, and is this something that can be directly tackled?

DT confirmed that Trust staff do challenge do not resuscitate plans and teams have a very clear voice in that and will speak up if they feel any plan is inappropriate.

DT flagged that from a Trust perspective the LeDeR process is not just for people who are in our learning disability services, it is also for people who also have a learning disability diagnosis who might be receiving care in any of the Trust's services.

DT highlighted that a Trust team had won an excellence award for the flexibility and adjustments they had put in place to enable Covid-19 vaccination for people with a learning disability which had drastically improved the numbers of vaccines received.

MBr highlighted another good example is Calderdale and Huddersfield hospitals who have ensured anybody with a learning disability is a priority on their waiting lists.

It was RESOLVED to RECEIVE the report.

TB/24/39g Invited review of autism spectrum disorder service from the Royal College of Psychiatry outcome and action plan (agenda item 9.7)

Prof.Subha Thiyagesh (STh) introduced the item and highlighted the following points:

- Regular updates have been presented to Board in terms of progress since commissioning the Royal College of Psychiatrists for an invited review in July 2021.
- The request for a review was made following concerns being raised and, given that it is a niche service, it was felt appropriate for an external national agency to review the service.
- There were low diagnostic rates, acceptance thresholds were low, perceived difficulties in communication and engagement with system colleagues and a lack of recognition of potential mental health problems.
- The Executive Trio had a conversation with the director of service and managers and took a structured approach with the Royal College which included viewing clinical records.
- The Royal College put together a national specialist panel and the terms of reference were agreed. A hybrid approach was implemented to interview a diverse range of stakeholders, including the autism advocacy group, services and staff. There was a review of service documentation and external submissions from other groups. The information was triangulated before being shared with the Trio.
- The report showed 12 areas of consideration for improvement which spans across communication with patients, to referrals requiring a different emphasis.
- The Trio wanted a very clear, dynamic action plan and the service has been extremely open in receipt of this feedback and having the Royal College carry out interviews.
- The report outlines a cohesive team working together, wanting to deliver the best possible care they can.
- ST acknowledged that this review was a challenge for staff as it was ongoing for 12 months whilst they were delivering services as usual.
- The Trio let staff know that concerns were being taken seriously and system partners were kept up to date throughout.
- The action plan includes recommendations from the invited review and also from NHS England standards, and there is still work to be done.
- Low diagnostic standards are a challenge nationally, and changes won't be made immediately. There are ongoing conversations in the system as part of the neurodiversity summit, about focusing on what service user needs are.
- The care group reviews the recommendations monthly, and any escalations are fed through the Operational Management Group and then to the Executive Trio.

EM observed that the recommendations are deep rooted and suggested it would be helpful to have a timescale and ownership of each recommendation.

ST confirmed there are clear timelines of when recommendations can be achieved.

MBr noted it is a mature approach to invite an external body in for a review and suggested it would be appropriate for the follow up to go through Quality and Safety Committee. NM agreed it would be expected to go through Quality and Safety Committee and for the updates to include measurements.

Action: Subha Thiyagesh

CH added that the Trio have met with the stakeholder groups, who raised concerns, including staff, service users and commissioners to talk them through the actions that are being undertaken.

It was RESOLVED to RECEIVE the invited services review report and NOTE the actions in response to the report as detailed in the accompanying paper.

TB/24/39h Older People's Service transformation update (agenda item 9.8)

Prof.Subha Thiyagesh (STh) introduced the item and highlighted the following points:

- Around 1,500 items of feedback and responses have been received and are currently being analysed.
- Task and finish groups are being established to focus on travel and transport. Based on the feedback this is an area to see how support can be provided following the proposed changes.
- Communication has been well received ranging from engagement with communities in person, to extensive social media exposure.
- The next steps are looking into finance and the workforce model which will be finalised once further analysis is complete.
- Reviews of equality and quality impact are taking place this week to look at how this transformation may affect particular groups within the community.
- Feedback is required to be relayed to the Joint Integrated Change Board Committee and then to seek approval from the West Yorkshire ICS and NHS England.

MBu extended thanks to ST and all colleagues who have been involved in this project.

It was RESOLVED to RECEIVE this update and NOTE progress to date and that the programme team will be seeking feedback and approval to proceed in future meetings this year.

TB/24/39i Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.9)

Collaborative Committee 2 April 2024

MF reported on the following:

- The committee is maturing in terms of the way it approaches the review of quality and performance, with a deep dive discussion regarding occupancy, unused beds and service users being managed in a least restrictive environment and sending challenge back to the collaborative for further detail.
- A lot of equality data is presented to committee and there is a need to move to the analysis of this data and use it to improve services.
- Structure and membership of committee, and the frequency of meetings has been discussed, in light of potential work shadowing the Wakefield place-based collaborative. The Trust is seeking legal advice from Hill Dickinson to establish whether the committee is set up in the appropriate way.

MBr noted there is a lot of work to take place in the collaborative going forward and some of the issues to be addressed are significant, particularly unused beds, and the distinction between being a provider and a commissioner of services will be key area of focus for the Trust.

Audit Committee (AC) 9 April 2024

MF reported on the following:

- All Trust Board committee annual reports were received, and MF passed on thanks to the corporate governance team, committee Chairs and lead executives, for all the work that has gone into this and the improvements with the effectiveness surveys.

- The internal audit team are on track, at present, to provide significant assurance for the head of internal audit opinion which has been consistently received over the last few years.
- MF summarised a discussion that had taken place in relation to the internal audit plan and whether the terms of reference for individual audits should be reviewed by individual committee chairs. The committee concluded this shouldn't happen, but that lead directors should inform committee chairs of forthcoming audits in committee scope and explain how the internal audit resource will be utilised.

Action: EMT

Kate Quail added that during the committee meeting MF had asked the auditors present if the Trust process in relation to assurance from Trust Board committees was typical of that presented in other trusts and the auditors had confirmed the assurance presented in the meeting was the highest level they were aware of.

Quality & Safety Committee (QSC) 9 April 2024
Nat McMillan (NM) reported that each point from the triple A report has been covered already in the meeting today.
NM asked Board members if they are aware of the new Quality, Oversight and Monitoring and Support systems (QOMS).
NM advised that the plan on a page has been published and this highlights changes to non-executive director (NED) visits and Quality Monitoring Visits.
MR confirmed that this will be picked up in the next NED meeting later today.
It was confirmed that the plan on a page has been circulated to all NEDs.

Julie Hall added that a Q&A session will be held for governors, so they understand the new arrangements.

Finance, Investment and Performance Committee 22 April 2024
David Webster (DW) highlighted the following:
- The six top KPIs for finance have been achieved and DW acknowledged the hard work that has gone into this.
- Looking forward, finances are tight across the system and there may be more challenge to the Trust. Feedback from committee is to focus on value for money.
- There is now more focus on performance as well as finance in each meeting.

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

TB/24/40 Performance (agenda item 10)

TB/24/40a Integrated Performance Report (IPR) Month 12 2023/24 (agenda item 10.1)
AS introduced the item and highlighted the following:
- FIP now has the annual plan aligned to IPR headings to conduct detailed performance reviews throughout the year.
- This is the month 12 report and there are a few new indicators flagged in the people section relating to the staff survey which are now embedded in the IPR.
- In relation to out of area placements, the Trust continues to perform well. There has been a slight increase in March. As of today, there are four people out of area and the plan for 2024/25 has a budget for five.
- Paediatric audiology remains a challenge and a robust plan with a sensible timeline will be put in place. This is a national area of challenge currently.
- All finance metrics have been delivered and have resulted in a small surplus. This includes agency spend which in March was the lowest of the year at £430k for the month. This includes positive performance in inpatient areas.

- Moving into 2024/25 there will be a focus on temporary and bank staff and overtime.

MBr highlighted that incidents of violence and aggression against staff increased this month and emphasised that staff are facing real challenges, and this may be an area for committee focus.

Action: Darryl Thompson

MBr reported another area of focus is mandatory training for cardiopulmonary resuscitation (CPR) and reducing restrictive practice and interventions (RRPI) which are currently just below target. Information Governance training is around 70 people short of the target.

MBr stressed that children and younger people on inpatient wards must never be normalised and should always be considered as the "least worst" option.

MR noted the downward trend in RRPI training is concerning, despite mitigations that have been put in place.

DT reported there are challenges within the existing team, which are being addressed. The executive management team (EMT) have approved a new structure which is being recruited into. Additional colleagues have been recruited who are bringing great strengths to the team, with further recruitment underway to be able to double the number of courses and also take the training to other sites. One of the concerns is that people who don't do refresher training within a year are then required to do a four-day course rather than a two-day course which has an impact on clinical services.

CH added that RRPI training also covers de-escalation and managing incidents before they occur. This could have an impact on the number of violent incidents on inpatient wards and in order to keep staff well supported and able to manage these incidents there is a focus on training numbers.

MF raised that the number of complaints that are dealt with within six months is still red and queried if this has been looked at in terms of addressing the delay.

DT reported that this has been an area of focus for EMT and QSC. Work has been undertaken to reduce the complaints backlog and there are now no complaints awaiting allocation. This is an improving figure month on month and recently there have been more complaints closed than received in month.
DT gave assurance that where a complaint response has taken longer than six months, a new time frame will have been agreed with the complainant.

MBu highlighted that the CQC domain headings are not visible in the IPR making it difficult for analysis.

AS reported that during the IPR redesign review, a decision was taken not to include CQC headings, and so this needs to be reconsidered.
Action: Adrian Snarr
EM stated she agreed with MBu that the CQC headings need to be included somewhere for appropriate oversight. EM stated that the IPR has improved in relation to care groups and the individual focus areas have made a huge improvement.

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

TB/24/40b Care Group Dashboards (Barnsley Physical Health) report (agenda item 10.2)
Carol Harris (CH) introduced the item noting the following:

- This month covers Barnsley physical health and wellbeing.
- There are 32 different service lines, all of different sizes, which work within the Alliance in Barnsley making a significant contribution to the working of the overall Barnsley place, particularly working with the acute hospital, helping to support flow, avoid hospital admission, and support people upon discharge.
- In the next report for this care group, we will add some specific measures for individual services for example, musculoskeletal or virtual wards and wellbeing outcomes.
- Good appraisal performance was highlighted at 85.8% and is expected to meet the 90% target at the beginning of May.
- Sickness is being well managed across the care group with some identified hot spots which have action plans in place.
- The impact of small numbers of individual professions is a cause for concern, for example if an audiologist were to be off sick this would have a huge impact on service continuity but would not necessarily impact the overall figure for the care group.
- Mandatory training is managed and monitored well, and the new training report is helping managers to be able to cover any gaps.
- Rostering is used to ensure that there are appropriately trained staff on duty.
- In relation to service turnover, work has gone into understanding the factors that influence staff turnover and actions have been taken in relation to recruitment, increasing flexible working and training opportunities. This has produced stability in the overall turnover rate, although it is still higher than the general Trust figure.
- Patient and staff survey results are positive, and staffing has improved greatly in district nursing which has previously been a challenge.
- Clinical supervision is a concern as there is limited assurance due to poor reporting. There is focused work going into this which has led to some improvements.
- Paediatric audiology remains a concern with plans in place for additional clinics. The longest wait at the moment is 11 weeks with the target being six weeks for a diagnostic appointment.
- The care group is proud to consistently overachieve the national standard for people who need urgent care within two hours. This means that on average, every 24 hours, 68 people are helped to avoid an acute hospital admission.
- There is a good reporting structure in relation to incidents. This is not comparable to other care groups as the likelihood of incidents is different with the biggest reports being pressure ulcers and falls.
- Service users on the neurorehabilitation unit and the stroke rehabilitation unit are at a higher risk of falling so a lot of work has been carried out with the falls coordinator with a focus on prevention.
- In relation to inequality data, work continues in place to better understand the data. There is additional complexity because of the number of different service lines, as there could be significant inequalities in one service line, which are not identified in the aggregated data across the care group.

MBu acknowledged the assurance that the new care group reporting provides and the reassurance that teams are getting to the bottom of the issues.

It was RESOLVED to RECEIVE the Care Group Dashboards Report and NOTE the comments made.

TB/24/41 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/41a South Yorkshire updated including South Yorkshire Integrated Care System (SYBICS) (agenda item 11.1)

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

- There has not been a meeting in public since the last SWYPFT board meeting.

- A development session has taken place which focused on the staff survey within the Integrated Care Board. Results have deteriorated due to the all the changes within the system over the last 12 months.
- Operational delivery is stable and improving in most areas.
- The data and insight strategy were reviewed, and there was a focus on financial planning.

Barnsley place:

- Dawn Lawson (DL) reported that the Barnsley health and care alliance is significant in Barnsley place, with much of the community work being a result of the strong relationships in Barnsley and DL acknowledged the time and effort that has gone into building these partnerships.
- One of the advantages of the alliance is working differently with the system. An example is learning disability annual health checks which has been an area of focus resulting in a 2% increase to 88% of service users with a learning disability receiving a health check this year.
- Connecting care is a 24-hour service and staff are being co-located to keep this running overnight. District nurses, healthcare federation “iheart” out of hours, night sitting and assisted living teams, the Council, and the urgent care response team all work from one place.
- The ongoing work between the alliance and the acute trust is progressing with a focus on frailty to prevent people unnecessarily moving around the system, and a focus on musculoskeletal wait times.

It was RESOLVED to NOTE the SYB ICS update.

TB/24/41b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism (MHLDA) Collaborative and place-based partnership update (agenda item 11.2)

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

- ICB committees will now meet quarterly and so there is a need to ensure that development session discussions that happen in between the quarterly meetings are captured effectively in reports to Trust Board.

Action: Andy Lister/Sean Rayner

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/24/41c 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 Adult Secure Collaborative is progressing with ambitions around pathway redesign. The collaborative has led the way in establishing a national women's pathway network with other provider collaboratives.
- There is a challenge in West Yorkshire with emerging bed capacity. A proposal has been developed to undertake a bed modelling exercise with all providers to identify reconfiguration/improved bed utilisation, and a reduction in out of area placements. Events are scheduled to take place in May and June involving all partners.
- In South Yorkshire there is ambition to have a community pathway across the area which is currently only deployed in Sheffield.

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

TB/24/42 Governance (agenda item 12)

TB/24/42a Audit Committee annual report including committee annual reports and terms of reference. (agenda item 12.1)

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

- The report summarises all the individual committee's reviews against their terms of reference and includes updated terms of reference which have been recommended for approval at each individual committee.
- The only notable changes are to the Audit Committee terms of reference to reflect the new code of governance.
- MF's attendance in observing all the Board committees will need to be reflected in the annual governance statement.

Action: Andy Lister

- Charitable Funds Committee is reviewed through the Corporate Trustee.

MBu confirmed with all committee chairs that the report accurately reflected the process and outcomes that have taken place.

Julie Hall (JH) confirmed this report is replicated into the Annual Report as part of the governance response.

It was RESOLVED to RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through:

- **committees meeting the requirements of their Terms of Reference.**
- **committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and**
- **committees can demonstrate added value to the organisation.**

- **And APPROVE the update to the Terms of Reference and workplans for the:**
  - **Audit Committee.**
  - **Quality and Safety Committee.**
  - **Equality, Inclusion and Involvement Committee.**
  - **Finance, Investment & Performance Committee**
  - **Mental Health Act Committee.**
  - **People and Remuneration Committee.**
  - **Collaborative Committee**

TB/24/42b Going concern statement (agenda item 12.2)

AS reported, this is a key requirement for the year end process and is a set of standards that the Trust needs to assess itself against in terms of being a viable business to continue into the future. An assessment has been made and it is recommended Trust Board members agree with the affirmation based on our financial position and information in the report.

MF added that as part of the process the Trust auditors will give their opinion and are in agreement.

It was RESOLVED to APPROVE the preparation of the 2023 / 24 annual accounts and financial statements on a going concern basis by adopting the following statement:
'After making enquires, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.'

TB/24/43 Strategies and Policies (agenda item 13)

TB/24/43a Policy on policies (agenda item 13.1)

AS introduced the item, explaining that this is a key governance policy to ensure a standardised approach to policies.

AS reported the following changes to the policy which have been reviewed and signed off by the executive team:

- The process for procedures has been updated to mirror to the process for policies.
- A proforma has been added for procedures to be approved through the Operational Management Group (OMG), to align to the policies process.
- The section containing Barnsley Care Group policies has been removed and absorbed into Trustwide policy processes.
- The equality impact assessment (EIA) process has been updated with clarification around EIA sign off for People/Employment policies.

AL explained that the policy was approved one year ago and there has been an internal policy governance audit in year which recommended some updates to the policy on policies. There have been some updates in relation to Barnsley specific policies which are now Trustwide.

AL confirmed the internal audit was returned with significant assurance.

MF commented that he hasn't seen a track changed version and JH confirmed that all the changes are highlighted at the end of the front sheet.

It was agreed for a track changes version will be circulated and in future a track changed version of policies will be included in Board papers.

Action: Andy Lister

It was RESOLVED to APPROVE the updates to the policy on policies.

TB/24/44 Trust Board work programme 2023/24 (agenda item 14)

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/24/45 Any other business (agenda item 15)

MBr acknowledged that it has been even more pressured than usual to get board papers together and distributed and passed on thanks for the efforts which have gone into getting papers out on time.

MF noted that the University of Huddersfield is closing some courses and queried if this would have any impact on the Trust.

DT confirmed that the university is in the process of a cost saving review which shouldn't affect the Trust, but this will be checked.

Action Darryl Thompson

TB/24/46 Date of next meeting (agenda item 14)

The next Trust Board meeting in public will be held on 2 July 2024 (June meeting).

Signature:

Date: