South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 29 October 2024
Small Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital

Present:	Marie Burnham (MBu) (via Teams)	Trust Chair
	Mike Ford (MF)	Non-Executive Director (chair of meeting)
	Erfana Mahmood (EM)	Non-Executive Director
	David Webster (DW)	Non-Executive Director
	Gary Ellis (GE)	Non-Executive Director
	Margaret Kitching (MK) (via Teams)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Dawn Lawson (DL)	Director of Strategy and Change
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Prof.Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
Apologies:	Natalie McMillan (NM)	Non-Executive Director
In attendance:	Julie Hall (JHa)	Deputy Director of Corporate Governance
	Jon Head (JHe)	Chief People Officer
	Sean Rayner (SR)	Director of Provider Development
	Chris Lennox (CL)	Interim Chief Operating Officer
	Andy Lister (AL)	Company Secretary
Observers	Lianne Richards	360 Assurance (internal auditors)
	Shadow Board members	
	Governors	

TB/24/95 Welcome, introductions and apologies (agenda item 1)

Mike Ford (MF) welcomed everyone to the meeting and explained that he had been asked to chair the meeting by Marie Burnham (MBu) given the fact she was joining the meeting remotely. Apologies were noted, and the meeting was deemed to be quorate and could proceed.

MF 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.

MF 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.

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

TB/24/96 Declarations of interest (agenda item 2)

Mike Ford (MF) advised that the declarations of interests for Margaret Kitching (MK) and Gary Ellis (GE) are included in the paper and are to be taken as read.

It was RESOLVED to NOTE the updated declarations of interest.

TB/24/97 Questions from the public (agenda item 3)

No questions were received from the public.

TB/24/98 Minutes from previous Trust Board meeting held 1 October 2024 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 1 October 2024 as a true and accurate record.

TB/24/99 Matters arising from previous Trust Board meeting held 1 October 2024 and Board action log (agenda item 5)

Action TB/24/71a – MF suggested the wording of the action be amended to reflect that the gaps identified through the triangulation of risks between the organisational risk register (ORR), board assurance framework (BAF) and integrated performance report (IPR) will be considered in the review of the Board Assurance Framework that follows the Trust strategy refresh. This work will be supported by 360 Assurance, the Trust's internal auditors.

Action: Andy Lister

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

TB/24/100 Service User/Staff Member/Carer story (agenda item 6)

Chris Lennox (CL) introduced Sophie Robinson (SRo), Nurse Team Lead from the Kirklees Learning Disability Team and Ian Stevenson (IS), Advanced Nurse Practitioner for the Kirklees Intensive Support Team, which forms part of the Kirklees Learning Disability Community Team.

SRo explained that the team covers the whole of Kirklees and supports adults over the age of 18 with diagnosed learning disabilities, and associated health conditions. The team consists of nurses, physiotherapists, psychiatrists, psychologists, speech and language therapists, occupational therapists, dietetic specialists, nurse associates and healthcare assistants.

IS explained the team offer service users a stepped care approach offering psychology, occupational therapy and speech and language therapy on an intensive basis.

SRo spoke about K, a service user who lived with her parents until around the time of her referral into the service. K had a recently diagnosed learning disability and a physical health condition which required regular follow up. Previous hospital admissions had been traumatic and resulted in K's diagnosis of post-traumatic stress disorder (PTSD).

K experienced negative thoughts which were personified in a nurse called "Sarah". K referred to "Sarah" as "the nastiness" and described her as wearing dark colours and shouting insults at her.

K had recently moved into a supported living facility to spend more time with peers, but this had led to a deterioration in K's mental health.

"Sarah" had moved with K to the supported accommodation, which K found very distressing. Staff at the supported accommodation struggled to support the situation, and with the help of a social worker, K temporarily moved back home with her parents, but "Sarah" followed.

IS reported community nurses identified risks around K's accommodation arrangements. This led to a referral into the learning disability psychiatry team.

K was assessed and her high level of anxiety established. Due to the risks of placement breakdown and recent admissions to hospital, a referral into the intensive support team was seen to be beneficial.

K was placed on the Kirklees dynamic support register, which is an initiative for transforming care and creates a multi-disciplinary plan to mitigate risks, predominantly regarding admission to hospital. The register is shared between health and social care and other relevant partners, who meet weekly to create and monitor plans to mitigate risks and prioritise people by their needs. Alongside this process, responsive visits were offered to K, and her family, to form therapeutic relationships and understand her life and the journey to her current circumstances, all through a trauma informed approach.

IS explained that K's initial anxieties stemmed from discussions regarding her moving to live more independently and thematically this is something that service users with learning disabilities often find particularly difficult. The transition plan was reviewed and clinically led which linked in with psychological therapies.

SRo added that K had autonomy over her "health box" which had been developed with nurses to help with her physical health, in order to avoid further hospital admissions and traumatic experiences.

SRo advised that K now has a VIP passport which is for vulnerable service users or people with learning disabilities which contains information such as preferences and fears, which they take with them should they be admitted to hospital, to inform staff of their needs and previous experiences. K's passport includes information about "Sarah".

IS reported K has now transitioned into independent living. K's quality of life has vastly improved with experiences of "Sarah" dissipating. K now lives independently and is in voluntary work.

IS summarised that lessons learned are always discussed post intervention. The population of people with learning disabilities is predicted to expand and will be higher than the national average in Kirklees by 2027, highlighting that demand will increase.

IS reiterated the importance of identifying clinical need at the point of transition and working more closely with partners, including social care and housing to ensure needs are met sooner rather than later.

Prof. Subha Thiyagesh (ST) thanked SRo and IS for their presentation noting the rise in demand for the service will need to be considered.

IS confirmed that the intensive support team are collating a report to reflect trends in referrals.

ST queried if there is scope for K to obtain paid employment.

SRo advised an agency in Kirklees works with people who have a learning disability and K has a referral with them at the moment, whilst K gains experience in her voluntary position.

Gary Ellis (GE) noted the early identification of issues and the effect this can have on resources and the deployment or resources, and asked how the Board could help?

IS reported that if all people in Kirklees with a learning disability were accessing services, then demand would outstrip capacity.

SRo advised there are 13 nurses in Kirklees which is a small number relative to the population. The team proactively work with day centres and IS added that the best way to identify people and ensure their needs can be met, is through the previously mentioned dynamic support register. Service users can self-refer to the dynamic support register, but the profile needs raising so that people are aware of it.

Chris Lennox (CL) added that the Trust works in partnership with Kirklees Council, and the community and voluntary sector to support the population of Kirklees.

Julie Hall (JHa) reported she is a green light learning disability champion within the Trust, and advised the Trust is considering offering volunteering and employment opportunities for people with a learning disability.

IS confirmed that there are two people employed in Kirklees with a learning disability and people using Trust services are often invited to sit on interview panels where their input is very much valued.

MBr reiterated thanks to SRo and IS for their presentation and all the fantastic work that the team does.

MBr noted the Trust could have a more "joined up" approach to supporting people in gaining employment as it also has the individual placement support teams Calderdale, Kirklees, and Wakefield. MBr added there is also "project search" which is run effectively by a number of organisations.

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

TB/24/101 Chair's remarks (agenda item 7)

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

- Private risks
- Assurance from Trust Board Committees (Commissioning Committee minutes)
- Complex Incidents report.
- Finance update

It was RESOLVED to NOTE the Chair's remarks.

TB/24/102 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- The Trust acquired the adult secure service provider Cheswold Park Hospital on 1 October 2024. MBr expressed thanks to everyone who has worked on the acquisition and welcomed staff from Cheswold to the Trust.
- The financial picture across the NHS nationally and regionally remains very challenging. Both West Yorkshire and South Yorkshire Integrated Care Systems are adverse to plan and working closely with external advisors.
- South Yorkshire ICS is in an "investigation and intervention" process which is led by NHS England ito help improve their position. Currently the size of the NHS deficit nationally after five months is greater than the full year planned deficit.
- The impact of the 2024/25 pay increase for the Trust is not fully clear at this time, but if this isn't fully funded, as in previous years, it will add to the financial pressure in both systems and have an impact on the Trust.
- NHS IMPACT (improving patient care together) is the new, single, shared NHS improvement approach. At a recent NHS IMPACT event attended by Dawn Lawson (DL) in London, Amanda Pritchard, NHSE CEO, was present to sponsor the work taking place on improvement.

- The previously reported Darzi review recognised the role and challenges for mental health services, which include:
  - The level of deficit in mental health
  - Investment in funding being disproportionately higher in acute sectors than other sectors.
  - Lack of capital investment
- There is a strong focus on safety and quality of mental health services. SWYPFT are engaged with the national quality transformation programme for inpatient mental health services.
- Following on from Dr.Penny Dash's report into the operational effectiveness of the Care Quality Commission (CQC), the CQC has also now published the findings of Sir Mike Richards's review.
- Sir Julian Hartley has been announced as the new chief executive of the CQC and is well known locally as formerly being chief executive of Leeds Teaching Hospital NHS Trust and subsequently NHS Providers.
- The Trust flu vaccination campaign has commenced with all eligible staff encouraged to take up the offer of both a flu and a covid vaccination.
- There have been a range of awareness days including world mental health day, infection, prevention & control week, community service day, allied health professionals' day and October has been Speak Up Month. October is also Stoptober and Black History month.
- Locally, Len Richards, chief executive at Mid Yorkshire Teaching NHS Trust, has announced he will be retiring at the end of March 2025.
- Rachel McVeigh, lead nurse in Barnsley Community Services, has been awarded the prestigious title of Queen's Nurse.
- Wakefield CAMHS team have been nominated for two awards and the SWYPFT charity, EyUp! received a sizeable grant which was received by Dawn Lawson and Marie Burnham.

David Webster (DW) queried what morale is like for staff who have transferred into the Trust considering they have been through an acquisition and also the unfavourable CQC ratings.

MBr reported Cheswold staff have been welcomed, and there has been a constant onsite presence by SWYPFT staff, carrying out walkarounds and regular welcome events. There has been a level of apprehension, but largely the acquisition has been welcomed. There will continue to be challenges and some decisions to be made, which may not be popular with everyone, but the Trust will continue to work and engage with all staff affected by the acquisition in a manner that is aligned to our values.

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

TB/24/103 Risk and Assurance (agenda item 9)

TB/24/103a Board Assurance Framework (agenda item 9.1)

Adrian Snarr (AS) asked for the paper to be taken as read and advised that the BAF was reviewed by the executive management team (EMT) in early October, focusing on three key areas:

- The impact of the external environment that the Trust operates in and the challenges therein.
- The current financial context within the Trust and the wider system.
- The capacity within the Trust to deliver its priorities.

AS reported the EMT discussion focused on the following three risk and their scores:

- 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."* AS confirmed that the pay award is not yet included in our forecast, but it has been paid in October and any gaps are still to be fully understood. There are

challenges with the delivery of existing efficiency programmes and ensuring that the Trust's workforce establishment can be managed. EMT propose a change from a likelihood rating of "possible" to "likely" as the financial pressure is increasing and likely to increase further in the immediate and short terms.

- Risk 3.2 *"Capability and capacity gaps and / or capacity / resource not prioritised leading to failure to meet strategic objectives."* Cheswold has been a significant acquisition with a lot of work going into integrating Cheswold into the Trust. There is also increased scrutiny, oversight and information requests coming from both West and South Yorkshire systems. This partly relates to the financial position, and the level of activity that the Trust is expected to participate in across the two ICBs, which is stretching executive capacity even further. EMT propose an increase in the likelihood rating from "likely" to "almost certain".
- Risk 4.1 *"Inability to recruit, retain, skill up appropriately qualified, trained and engaged workforce leading to poor service user and staff experience and the inability to sustain safer staffing levels."* AS advised that the Trust is successfully recruiting and retaining staff, but the feedback is that the recruited workforce is less experienced than it was previously. EMT therefore propose for the score of this risk to remain the same.

MBr reported that demand for capacity and resource is significantly higher than in the Trust plan. There is also a recruitment pause in place for corporate and non-clinical roles which will only add to pressure on capacity and resources.

MBr gave an example of the stretch on resources, noting that on the afternoon of the 28 November, eight executive directors needed to cover a mutual accountability meeting for Wakefield, a Barnsley place meeting, Calderdale cares partnership board, Kirklees health and wellbeing board and the Wakefield health and wellbeing board. Therefore, meeting the Trust objectives of partnership working is sometimes challenging.

MBu agreed that working in a large system, the expectations of executives can sometimes be unrealistic.

MBu asked if the Trust is confident that everything is in place to mitigate the staffing expense issues.

AS responded that the year-to-date position is off track, with one of the biggest variances to plan being workforce. One mitigation is the recruitment pause on non-clinical roles, with ongoing discussions regarding how to step this up in terms of workforce growth.

MBr noted there is an evolving picture and highlighted the positives including that the Trust has low out of area bed placements, which can be very costly. There have been successful interventions in workforce including reducing agency spend and a 90% reduction in overtime.

MBr added increased occupancy on inpatient wards and looking after young people on adult wards requires additional staffing and safeguarding, and with a less experienced workforce. MBr advised that the use of bank staff and effective rostering could make a notable difference to the Trust's financial position.

Margaret Kitching (MK) raised risk 3.2 in relation to capacity and questioned the assurance level.

MBr responded that this risk has been discussed at length in EMT and there are actions in place to look at the review the gaps in assurance. The Trust needs to consider how resources are deployed to the best of its ability and prioritise what work is paused, as the Trust cannot continue to do everything.

MF queried if the interim resource and budget for Cheswold Park Hospital is in place, to alleviate pressure on SWYPFT staff?

AS confirmed interim leadership is in place at Cheswold for the day to day running of the hospital with a lot of support also coming from corporate functions. There is a programme of work to be completed in order to fully align Cheswold Park to the Trust.

MBu reiterated that increasing costs should not jeopardise quality or impact on patient safety at any point.
AS clarified that inpatient wards are running above establishment to maintain quality and safety.

MBr stated safety will always come first, and the Trust needs to demonstrate that all possible steps have been taken to improve efficiency.

MBr reported EMT have carried out a first review of what the Board Assurance Framework will look like as part of the updated Trust Strategy and the plan is to present this to Trust Board in January.

Action: Adrian Snarr

It was RESOLVED to APPROVE the proposed updates to the Board Assurance Framework and NOTE the proposed timescales for implementation of new strategic risks following the launch of the Trust Strategy Refresh.

TB/24/103b Corporate / Organisational Risk Register (agenda item 9.2)

AS asked for the paper to be taken as read and highlighted the following three emerging risks:

- "*There is a variable and fluctuating risk relating to the capacity and sustainability of service delivery within paediatric audiology services due to resource limitation and audiologist availability which could impact on patient safety due to resultant longer than national target wait times.*" AS reported that the Trust has been unable to meet the national wait and access times for the service. This is a small service adversely impacted by staffing issues, and very sadly, the team have also suffered a recent bereavement.
- *"Risk that the Trust's financial viability will be further impacted by the 2024/25 pay award cost, in addition to previous partially unfunded pay awards, being greater than the funding received, leading to the requirement for additional cost improvement programmes and additional efficiencies."* AS advised that this risk specifically relates to the recent pay award. Over a number of years there have been gaps in national funding for the pay award compared to the cost actually incurred. It appears to disproportionately impact mental health trusts, and the community sector given their higher proportion of pay costs. AS reiterated that he expects there will be a significant gap for the third year in a row.
- *"There is a risk that the integration of Cheswold Park Hospital into South West Yorkshire Partnership NHS Foundation Trust is ineffective, impacting on quality of care for patients, negative experience for staff and / or financial pressures to the Trust."* AS advised that this risk covers the broader risks regarding the integration of Cheswold Park into SWYPFT.

MBr noted the pay increase risk and reported that historically, mental health providers typically absorb the under-funded pay awards, and this issue has not had the profile it requires. There is now a pressing need to raise this profile.

MBr highlighted that the Board cannot lose sight of the fact that, as well as the Trust having financial challenges, local authorities are also experiencing significant financial challenges which will likely impact services and timely discharges

MBr reminded Board members that the majority of the risks in the paper have already been through the relevant committees, prior to being presented to Board.

MF queried which committee will have oversight of the new risk regarding the integration of Cheswold Park Hospital and suggested that, as the capacity risk already goes through Audit Committee, it may be sensible for Audit Committee to review this risk as well.

MBr's noted Audit Committee meets quarterly and the integration is fast moving and so EMT would review this position and make a recommendation.

Action: EMT

MF queried if the risk regarding the Trust being the lead provider could be reduced now given that Cheswold is part of SWYPFT.

AS responded that the position of both South Yorkshire and West Yorkshire integrated care systems needs to be considered before the risk score can be changed.

It was RESOLVED to CONFIRM that Trust Board are ASSURED that current risk levels are appropriate, considering the Trust risk appetite, and given the current operating environment.
In addition, Trust Board resolved to:

- **DISCUSS** the emerging risk in relation to the Paediatric Audiology Service
- **APPROVE** the new risk in relation to changes to the Trust's financial viability
- **APPROVE** the new risk in relation to the integration of Cheswold Park Hospital.
- **APPROVE** the merger of Risks 1530 and 1132 and to close Risk 1132
- **APPROVE** the increase in risk score for Risks 1511, 1078, 1114
- **APPROVE** the reduction in risk score for Risks 1568, 1522, 1545
- **APPROVE** the new risk descriptions for Risks 1078, 1568, 1757 and 1887
- **APPROVE** the reduction in risk score for Risk 1758 and transferal to the people directorate risk register
- **APPROVE** the reduction of risk score for Risk 1649 and transferal to the care group risk register

TB/24/103c Patient Safety Oversight Report (formerly quarterly incident management report) (agenda item 9.3)

Darryl Thompson (DT) advised that the change of the title of the report is due to its alignment to the patient safety incident review framework (PSIRF).
DT asked for the paper to be taken as read and highlighted the following:

- The Trust continues to have robust systems in place to oversee and learn from patient safety events, and learning continues to be shared across the system.
- The report includes incident data which is presented in the appendix of the report.
- There have not been any "never events" in the reporting period.
- Overall, the Trust continues to see normal variation in the number of reported incidents. In recent months there is indication of an upward trend which is being closely monitored and reviewed by the patient safety support team.
- There are some areas of special cause variation where reporting is higher than expected and this is being reviewed by specialist advisors.
- The Patient Safety Oversight Group meets weekly to closely monitor incidents and patient safety learning within the organisation with the executive trio in attendance.
- A Patient Safety Improvement Group is in development to look at themes.

David Webster (DW) queried if violence and aggression involving patients mentioned in the report is patient to patient or staff to patient. DT confirmed that this is patient to staff and the report states who the aggressor is.

DW raised medication errors which average around 100 per month and queried how this compares with the national average and asked what the errors are?

DT explained that not all medication incidents are errors. It is noted in the report that there is an anomaly in reporting where administration of medication in an acute situation is being reported as an incident, when it is not. This data is being re-categorised and will show a shift in position once this is complete.

DT confirmed the patient safety support team are well networked with other providers and learning systems and work closely with the pharmacy team. DT did not have any benchmarking data available but would look at how the Trust benchmarks against other organisations and report back to Board.

Action: Darryl Thompson

MBr highlighted that there have been some serious incidents following service users being absent without leave (AWOL) in the past and queried what action is being taken on wards to prevent people going AWOL and maintaining safety.

DT explained that there is a management review to explore learning, including the geography or layout of a unit, and people management including monitoring “tailgating” where a service user can follow someone off the ward.

CL reported environmental solutions are optimised across units to keep people safe. It is a continual challenge as Trust wards are typically not locked units, they are units where people can come and go.

DT gave an example of a temporary measure that was introduced to prevent people going AWOL where it was identified that a certain door was slow to close. This was allowing people to get through, therefore the door was not used for a length of time which reduced the opportunity to abscond.

It was RESOLVED to RECEIVE the Patient Safety Oversight Report for Quarter 1 2024/25.

TB/24/103d Intensive and Assertive Community Mental Health Care Service Review (agenda item 9.4)

DT explained the Care Quality Commission (CQC) have published a review of mental health services in Nottinghamshire Healthcare with recommendations following a widely reported incident involving a man named Valdo Calocane. The review stated that the issues identified will not be unique to Nottinghamshire Healthcare. Working alongside NHS England, there is now a national review to understand how mental health providers are offering services to people with a severe mental illness, for example schizophrenia, who may have complex needs and can be difficult to engage with.

DT reported the Trust has participated in the local system review where NHS England set clear expectations for integrated care boards (ICBs). SWYPFT have submitted a response to both West Yorkshire and South Yorkshire ICBs.

As part of the review, the Trust demonstrated that care is planned and delivered in accordance with the care programme approach and demonstrated that policy and practice is not to discharge people who do not attend (DNA), which was a particular area of focus regarding the care of Valdo Calocane.

DT reported the Trust is working alongside the national development team to identify all of learning and how this can be embedded.

MBr thanked Darryl Thompson, Chris Lennox and Dawn Lawson who put the report together.

MBr noted this report summarises the key issues effectively and efficiently and reiterated the importance of this report in terms of learning and how it demonstrates that SWYPFT is a learning organisation.
The CQC have made some recommendations that the Trust will be engaging with to ensure they are appropriately addressed in SWYPFT.

MBr reported the new substantive chief operating officer is joining the Trust from Nottinghamshire Healthcare and will be able to bring insight into the learning from this report.

It was RESOLVED to RECEIVE the Intensive and Assertive Community Mental Health Care Service Review.

TB/24/103e Emergency Preparedness, Resilience and Response (EPRR) Compliance update (agenda item 9.5)

AS reminded Trust Board of the new framework introduced by NHS England for EPRR compliance, which had a significant impact on all mental health providers in the Yorkshire region.

AS reported the Trust has moved forward significantly but will not attain full compliance. A 50% compliance submission has been made to the ICB for peer assessment. Some neighbouring mental health trusts may be slightly ahead of this figure. For context AS added that all EPRR teams have been very busy supporting industrial action and in addition the SWYPFT EPRR team have been supporting the acquisition of Cheswold Park Hospital. This was initially managed under the principles of incident command with significant pressure on the team.

AS confirmed that the report has been discussed at the audit committee who were supportive with the additional requirement that they would like to see the peer review feedback, which has been added to the committee work plan.

MF advised that he attends a meeting with all the chairs of South Yorkshire and West Yorkshire audit committees respectively, where this is a topic of conversation and advised that SWYPFT are comparable with other organisations within the two ICBs.

MBu queried if Trust Board should actually be approving an action plan to achieve compliance rather than approving non-compliance.

AS confirmed that the level of compliance has to be submitted now, whilst the system is working towards a solution to achieving full compliance.

MBr highlighted that the Trust is fully compliant with 29 points, partially compliant with 16 points and non-compliant with 13. There needs to be a review of those 13 non-compliant points to ascertain how achievable they are and what the resource and cost implications are. The Trust Board can then make an informed decision. This was agreed and will be reviewed initially at the Audit Committee.

Action: Adrian Snarr

EM questioned how much control the Trust has over the non-complaint points.

Julie Hall (JHa) clarified that Trust Board are asked to approve submission of the report and agreed that the 13 non-compliant points are further discussed at Audit Committee.

It was RESOLVED to APPROVE the submission of the core standards compliance position and action plan for 2025.

TB/24/103f Assurance and approved minutes from Trust Board committees and Members' Council (agenda item 9.6)

Audit Committee - 8 October 2024

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

- A possible implication of current capacity issues to be monitored, is the response times from management in providing information to support internal audit and timeliness of responses to their draft reports.
- MF suggested Trust Board should receive an update in relation to the organisation's response to cyber and MF suggested this be added to the Trust Board workplan given it is one of the Trust's highest scoring significant risks.

Action: Adrian Snarr

- The committee held a private meeting with internal and external audit before the full committee meeting which was a positive session.

Quality and Safety Committee - 8 October 2024

MK asked to take the paper as read, confirming most of the points in the AAA report had been covered in Board papers and discussions. MK highlighted:

- There is an inconsistency with the consequence rating for one of the staffing related risks which is being picked up by the People team.
- Cheswold Park Hospital – agreed to utilise the third, intensive layer of the Quality Oversight Monitoring and Support System within Cheswold Park as a pilot of the approach.
- Yvonne Robinson, the Trust Family Liaison Officer gave a great presentation outlining her role and how she supports families who are part of serious incident processes.

Commissioning Committee - 15 October 2024

MF advised the paper to be taken as read and highlighted the following:

- To note, SWYPFT are potentially a provider of community services in South Yorkshire which is a potential conflict of interest in terms of the development of a proposal for the expansion of services.

Finance, Investment and Performance Committee - 21 October 2024

DW asked for the paper to be taken as read and highlighted the following:

- The committee does not have full assurance that the Trust will be able to achieve its full year forecast.
- There is approximately £6m in non-recurrent savings this year which will not be available again next year
- In terms of performance, temporary resource has been brought in to address paediatric audiology wait times.

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

TB/24/104 Performance (agenda item 10)

TB/24/104a Integrated Performance Report (IPR) month 6 2024/25 (agenda item 10.1)

AS introduced the item and highlighted the following:

Improving care

- There is a target relating to the percentage of learning disability referrals that have completed assessment, care package and commenced treatment which has reached a green indicator for the first time in a considerable period. There has been a focus on understanding the problem and developing meaningful improvements which have enabled this position to happen,

Quality

- It has been reported that there have been two clostridium difficile avoidable cases in physical health services within Barnsley.
- Within the main body of the report, there is an increase in sexual safety incident reporting. It is believed this is a result of encouraging people to report incidents.

EM asked about the increase in sexual safety incident reporting and asked if there are more incidents and if there are any themes.

DT reported that each reported incident triggers a review by safeguarding colleagues, to ensure all appropriate action and learning is in place.

MBr gave recognition to the Learning Disability Team who have struggled to achieve the 18-week target over the last couple of years with some very focused quality improvement work taking place to addressg this. The team have taken a very diligent view to understand what the issues are and have been determined to improve and ensure the improvement is embedded.

MBr highlighted staff turnover is at 8.2%, turnover has not been below 10% for a number of years. Whilst this means that the Trust is being recognised as a good place to work which is very positive, it brings a cost impact. It should be noted that SWYPFT staff turnover is lower than most of the trusts in the region.

MBr expressed thanks to Chris Lennox and team in relation to the ongoing work into managing the out of area bed position, which remains a challenge with staff working seven days a week to keep service users closer to home.

MBr highlighted that the number of falls is well below the national average.

MK requested clarification regarding the standards for risk assessments and safety plans in place. MK noted for inpatients the standard is a day, and for community services it is a week. MK asked if this is a national standard or a measure the Trust have put in place, noting there are far more suicides in the community.

DT confirmed they are Trust standards that are under review as part of the risk assessment improvement work. DT reported a service user can have a well-documented and person-centred clinical risk assessment undertaken in the hours before admission, and if this isn't updated within 24 hours, this would be counted as a breach, and so the broader level of risk assessment needs to be recognised.

Gary Ellis (GE) noted sickness levels fluctuate substantially between certain areas of the Trust and asked if there is any intelligence around this.

CL reported there is good data regarding sickness levels and each unit has detailed information showing what is long term and short-term sickness. There is good support from people business partners and awareness of hotspot areas and factors that underline hotspots. The Board can be assured that sickness is being managed thoroughly, with staff being supported and where there are particular problems, there is wraparound support.

MBr added that violence and aggression against staff can have a big impact on sickness levels. As an example on one ward there has been a service user with complex needs and there are currently five members of staff on sick leave because of violence and aggression against them. Forensic services nationally typically have a higher rate of sickness absence.

MBr reported that the Trust regularly benchmarks its sickness levels with other similar trusts and it compares very favourably.

JHe mentioned the positive turnover rate noting it is important to understand why the rate is positive. A key indicator is the staff survey which is currently reporting a 42% completion rate for the Trust, with three weeks to go. It is expected that last year's completion rate of 51% will be met, and hopefully exceeded, to provide strong data to further help understanding and support improvement.

AS referred to the income and expenditure report and advised that the Trust is £2.1m off plan for the year to date. At this stage the intention is that the forecast will be met.
£0.6m of the variance is due to specialist provider collaboratives with mitigations in place to ensure that South Yorkshire remains in balance, but there are real pressures in West Yorkshire.
SWYPFT are the lead provider for adult secure and is part of the partnership for eating disorders and children and adolescent mental health services (CAMHS) in West Yorkshire. Some of the financial pressure is adult secure but a significant part of the pressure relates to CAMHS.

AS explained that in terms of the core Trust position, it is around £1.5m off plan, which is almost entirely driven by workforce growth with 118 whole time equivalents above plan with the plan being no workforce growth in the year.

The analysis and understanding of where workforce is deployed is key to tackling this position. There are a lot of non-inpatient based services who are working significantly under establishment and not being able to recruit staff up to budgeted levels, and there is an unfunded over-establishment within inpatient services.

AS reported that reducing agency spend last year was successful and has remained static this year. Agency spend is mainly on hard to fill roles, particularly medical staff. The number of agency staff fluctuates between 60-70, with strategies to recruit substantively constantly being looked at. There is currently a significant reliance on bank staff. The Trust is collectively made up of around 10% temporary staff and 90% substantive staff.

AS referred to the value for money analysis and the reliance on recurrent spend. There is non-recurrent mitigation with a significant sum against it this year. There is increasing challenge moving into next year and the most significant solution is going to be how the Trust's workforce is deployed.

MK asked if the Trust complete a community safer staffing report routinely, or a safer case load level for the community. This could help to determine where there are the wrong people with the wrong skills and vice versa, which would feed into efficiency.

DT confirmed a six-monthly safer staffing report is presented to Board which is overseen by the quality and safety committee. The reports focus has traditionally been on the inpatient service, with reference to community mental health services, but there hasn't been a structure review. There is a safer staffing group who have oversight of community services as well as inpatient services. DT confirmed that community services will be included moving forward.

GE mentioned revenue and the position after six months and what the confidence level is over the next six months.

AS advised that the forecast will be discussed in detail in the private session. AS reported that following month five figures, there was confidence there were enough mitigation to offse,t but there has been a further increase in headcount into month six. If this continues to increase for the rest of the year, this significantly compromises the ability to come up with mitigations to balance. Additional mitigations and measures will be discussed at EMT to get back to plan, notwithstanding the pay award. If these additional measures are agreed the Trust will be closer to its forecast position, which will be predicated on a flat workforce for the rest of the year.

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

TB/24/104b Care Group Performance Report (agenda item 10.2)

CL introduced the Forensic Care group item noting the report reflects the position from August.

CL reported performance is generally good. The care group is still struggling to fully meet the appraisals compliance target but are in an improving position with a recovery plan in place and support from people business partners. Sickness absence rates are reducing, benefitting from the data provided on short term and long-term absences. Supervision rates remain positive and consistently meet the 85% threshold for the Trust.

CL confirmed there has been good progress to improve levels of mandatory training, particularly for the reduction of restrictive physical interventions (RRPI) training and cardiopulmonary resuscitation training.

CL reported there is strict governance in place regarding the use of temporary staffing in forensic services. This is an ongoing challenge with improvement work in place.

CL advised that referrals for secure beds are managed centrally by the provider collaborative and there are issues in terms of occupancy with learning disability demand being reduced for a considerable period, along with women's referrals.

CL reported that service user feedback is positive, and this feedback results in real and immediate change, which gives a sense of empowerment on the units.

CL highlighted the number of falls, noting this may look like a cluster but this is due to each fall being treated as an incident with intelligence gathered by the Trust's falls co-ordinator. CL clarified that the incidents are not connected and there are no related environmental or practice factors.

CL noted the number of incidents of violence and aggression in forensic services evident in the report. The care programme approach review is a strong feature of assurance regarding people having regular and comprehensive reviews of their care.
There is positive work taking place on the 25-hour meaningful activity target, which is instrumental in the quality of life and recovery for forensic service users. Whilst these targets are consistently met, the service make a lot of innovative efforts to continually challenge the quality of engagement and how opportunities for therapeutic interventions are offered, including how service users are empowered to engage.

CL noted the positive reduction in restraint incidents in the Bretton Centre and Newhaven where quality improvement work around positive behaviour and support planning has been taking place.

There has been an increase in incidents in Newton Lodge which is related to one particular service user with appropriate support being put in place.

There have been two incidents of prone restraint (which is monitored closely) at Newton Lodge and one in the Bretton Centre, with identified hotspots and learning being shared across the Trust and the mental health care group. There have been no prone restraint incidents in Newhaven.

CL reported that, in line with national trends, admissions to secure services for people from BAME backgrounds are higher than white inpatients and there is a lot of work going into

research and the patient and carer race equality framework (PCREF). All Equality Impact Assessments in Newton Lodge are up to date and reflective of the PCREF.

MK commented that this report is really useful, with great insight and is a good way of presenting data and flagging areas of risk.

ST added that the quality improvement work going on in Newhaven and Horizon, along with the wider triangulation of information like sickness rates and supervision rates, is bringing positive results. A significant change in culture is being seen in how colleagues are approaching incidents, such as prone restraint.

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

TB/24/105 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/105a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 11.1)

MBr highlighted the following:

- The most recent meeting was a development session which included discussions covering the Darzi review and winter planning.
- South Yorkshire has adopted the NHS anti-racism framework and there was further consideration of what this practically means.
- There was a heavy focus on the financial position of the South Yorkshire ICB and there is currently a weekly meeting with ICB leaders, Deloitte and representation from NHS England. The aim is to identify what can be done to mitigate this year's challenges and develop firm plans for next year.
- In terms of the mental health, learning disability and autism provider collaborative, there is work taking place with Akeso, looking at productivity opportunities, particularly in community teams with initial feedback expected in early November.

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

- The place committee has not met since the last Board meeting. The next meeting will be a mid-year review with South Yorkshire ICBleaders..
- Barnsley partnership delivery group has met with a focus on health inequalities and deprivation.
- The next meeting of the healthcare alliance will look at the opportunities from the Darzi review and how it aligns with some of the great work done within the allianc,e focusing on neighbourhoods and communities.
- Interviews took place last week for the executive director of Barnsley place with SWYPFT involved in stakeholder panels and a decision has been made, but not yet announced.

It was RESOLVED to NOTE the SYB ICS update.

TB/24/105b 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:

- MBu and SR attended the West Yorkshire health and care partnership board meeting where there was a lengthy discussion about the financial position.

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/24/105c Provider Collaboratives and Alliances (agenda item 11.3)

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

- The executive summary refers to the Trust response to the national view of women's enhanced medium secure services (WEMSS) which is a service commissioned by NHS England and is being closed down. The Trust becomes responsible for transferring these women into mainstream medium secure services, in a shift of commissioning from NHSE to the provider collaborative, with ongoing work to ensure safe transition.
- Over the summer there were a series of events looking at bed modelling with the aim of understanding what the optimum bed capacity and model is across West Yorkshire. There is bed capacity, but not necessarily the right beds in the right place, with an added challenge accessing those beds due to the challenges that patient cohort present and the lack of seclusion facilities in individual units across West Yorkshire.
- Work has commenced with the ICB, so they understand how specialised collaboratives work across mental health services. The mental health community collectively, through leads, are trying to make sure ICBs understand they will be responsible for all specialised commissioning. Leads are aiming to ensure that resources are ringfenced for mental health services.
- There are some financial pressures emerging.
- South Yorkshire and Bassetlaw is also experiencing financial pressures with some mitigations in place to manage. AS clarified that this is a commissioning pressure and not a Cheswold pressure.
- There are discussions regarding mitigations in South Yorkshire with a plan in development to extend community services across the whole of South Yorkshire, which is currently only available in Sheffield.

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

TB/24/106 Governance (agenda item 12)

TB/24/106a Audit Committee Terms of Reference (agenda item 12.1)

AS explained that the audit committee terms of reference have been revised in line with the healthcare financial management association (HFMA) good practice guide and most of the changes are recommendations from the HFMA.

It was RESOLVED to APPROVE all changes to the Audit Committee Terms of Reference.

TB/24/107 Strategies and Policies (agenda item 13)

TB/24/107a Digital Strategy progress report (agenda item 13.1)

AS asked for the paper to be taken as read and highlighted the following:

- The current digital strategy is in its expiry phase and due for renewal.
- Following the completion of the overarching Trust strategy refresh, the digital strategy has been reviewed and is currently going through oversight before being presented to Board for approval.
- There are a number of key achievements in the strategy.
- The government have made clear reference to the use of technology and how they want the NHS app to be a key portal in how technology supports patients.
- Patient knows best was launched around a year ago and has seen a steady increase in people subscribing, and this could be a gateway for information flow.
- There are several different initiatives in progress with some technology deployments of physical items as well as software packages.
- The data warehouse is being improved alongside SystmOne.
- There is a good initiative regarding the use of technology in clinical records and the virtual care wards in Barnsley, with remote monitoring feeding directly into SystmOne.
- Regarding the digital maturity assessment, the Trust has always performed well. There has been a national reset with a much more comprehensive set of questions and the Trust is above average in relation to peers and has a good platform to build on.

DL added that in mid-November the strategy refresh will be triangulated with the digital strategy, clinical strategy, and the refreshed equality, involvement, communication and membership strategy.

MF added that the audit committee receive reports on progress against system development plans which has been positive with a lot being delivered. Some of the work that has been delivered on time has given the capacity to deliver on the integration of Cheswold without causing a delay to other SWYPFT projects.

EM commented that progress has been excellent with impressive work carried out.

EM queried how the Trust is ensuring people aren't left out through digital exclusion and how current financial challenges will affect the digital strategy?

AS confirmed digital exclusion is a theme that has been identified with different competency levels within the workforce. There is a focus on ensuring that the digital strategy works for all and doesn't exclude anyone.

DL added that the equality impact assessment process helps with the understanding of who benefits and who doesn't.

AS advised that one key financial challenge that could affect future delivery of the digital strategy is the availability of capital.

Another challenge is the revenue impact of any investment. There has been an increase in laptop numbers due to the Trust having a hybrid workforce and there is an increase in demand for smart phones, as the Trust has more solutions that utilise a smartphone.

It was RESOLVED to NOTE the achievements made to date in respect of the 2024/25 milestones and the associated comments.

TB/24/108 Trust Board work programme 2024/25 (agenda item 14)

It was RESOLVED to NOTE the work programme.

TB/24/109 Date of next meeting (agenda item 15)

The next Trust Board meeting in public will be held on Tuesday 26 November 2024 at Fieldhead Hospital.

TB/24/110 Any other business(agenda item 16)

None.

Signature: 

Date: 26.11.24