South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 26 November 2024
Large Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital

Present:	Marie Burnham (MBu)	Trust Chair
	Natalie McMillan (NM)	Deputy Chair, Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	David Webster (DW)	Non-Executive Director
	Gary Ellis (GE)	Non-Executive Director
	Margaret Kitching (MK)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Dawn Lawson (DL)	Director of Strategy, Inclusion 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:	Sean Rayner (SR)	Director of Provider Development
In attendance:	Julie Hall (JHa)	Deputy Director of Corporate Governance
	Jon Head (JHe)	Chief People Officer
	Chris Lennox (CL)	Interim Chief Operating Officer
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Admin Manager (author)
Observers	Shadow Board members	
	John Laville – Public Governor	

TB/24/111 Welcome, introductions and apologies (agenda item 1)

Nat McMillan as deputy Chair, welcomed everyone to the meeting and explained that Marie Burnham (MB), Chair, was delayed and would be joining the meeting very shortly.

Apologies were noted, and the meeting was deemed to be quorate and could proceed.

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

NM 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.

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

TB/24/112 Declarations of interest (agenda item 2)

There were no declarations of interest.

It was RESOLVED to NOTE the updated declarations of interest.

TB/24/113 Questions from the public (agenda item 3)

No questions were received from the public.

TB/24/114 Minutes from previous Trust Board meeting held 29 October 2024 (agenda item 4)

Darryl Thompson (DT) highlighted on page eight, in the second paragraph it states that incidents of violence and aggression are patient to patient, and this should state patient to staff.

Action – Andy Lister

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 29 October 2024 as a true and accurate record.

TB/24/115 Matters arising from previous Trust Board meeting held 29 October 2024 and Board action log (agenda item 5)

Jon Head (JHe) raised TB/24/87a – "NM asked for assurance around appraisals relating to what information is held locally and what is reflected in the Trust data and asked for assurance to be presented to People and Remuneration Committee in November". JHe advised that this has been addressed in a paper presented to the people and remuneration committee and confirmed that holding local data in relation to appraisals is now very rare. To close.

NM raised TB/24/87c – "NM noted MF's comments around internal audit and suggested the process around clinical audit could be more explicit in term of assurance for Board". NM confirmed with Margaret Kitching (MK) that a plan is being developed for clinical audits to be reported through quality and safety committee more frequently.

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

TB/24/116 Service User/Staff Member/Carer story (agenda item 6)

Chris Lennox (CL) introduced Hannah Robertson (HR), an Advanced Clinical Practitioner (ACP) in the Barnsley Neighbourhood Rehabilitation Team. CL reported Hannah was here to tell the Board about the role and how it is contributing to the wider Trust service provision.

HR explained her journey to becoming a physiotherapist ACP had initially been very challenging and outlined both the positive and the negative aspects of her journey and emphasised that the process had ultimately been very rewarding.

HR highlighted that physiotherapists make great ACPs as the nature of their role includes a holistic, multi-system approach with enhanced clinical assessment skills, now enhanced with prescribing and deprescribing skills.

HR explained that she has now developed four purely clinical specialist roles at band 7 which is a very positive addition to the Trust.

NM emphasised how great it is to see physiotherapists in this position and to see the impact, outcomes and the differences being made.

Subha Thiyagesh (ST) thanked HR for sharing her story so openly and honestly. ST suggested linking together to look at any gaps in training, prescribing and governance. ST noted the electronic prescribing medicine administration (EPMA) system, which is being rolled out in Barnsley community, and how this can be connected into the training for ACPs.

Action – Subha Thiyagesh

ST noted the scope of what ACPs could do within the Trust, not just within the physical health domain in Barnsley.

NM summarised that there is some learning regarding the importance of roles like this within the Trust and the positive impact that they have. As already mentioned, there is some work needed to ensure that the processes and training are more organised with dedicated study time.

Darryl Thompson (DT) highlighted that following HR's experience with this training programme, there has been a review of it, resulting in a different level of preparation and support.

Margaret Kitching (MK) reiterated the need for medical support and mentoring throughout the training process.

Mark Brooks (MBr) commented that there are frailty programmes within our collaborative work with Barnsley Hospital and primary care and queried if the Trust is using Hannah and her expertise effectively, or indeed other staff with similar expertise, to the best of our ability to assist such programmes.

Chris Lennox (CL) noted MBr's comments and confirmed that the Trust is embedded in Kirklees frailty pathways and in the process of developing strategies in Calderdale.

DL reiterated that there is a link with the Alliance work that it is in progress which includes Barnsley Hospital and suggested the model could be applied more consistently and in a more neighbourhood connected way.

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

Marie Burnham (MBu) joined the meeting and assumed the role of Chair.

TB/24/117 Chair's remarks (agenda item 7)

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

- Complex Clinical Incidents report
- Integrated Care System updates
- Investment appraisal
- Cheswold Park update
- Teaching Trust update

It was RESOLVED to NOTE the Chair's remarks.

TB/24/118 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.

- There have been several opportunities to engage with the national leadership team at NHS England over the last couple of weeks to learn more about and input to the development of a future operating model and long-term plan.
- The 10-year plan for health is due for publication in late Spring. There is a link to a survey within the report, which Board members are encouraged to complete, and this has also been promoted with all colleagues via normal communication routes. Dawn Lawson (DL) is the Trust representative in system-wide engagement meetings on this topic.
- The February strategy board meeting will include the Darzi report and the 10-year plan development and what they could mean for the Trust. The Trust strategy has already been aligned with the Darzi report.

- Amanda Pritchard has held webinars to share key national messages, including clarity on funding for the NHS. Focus needs to be maintained on improvement and productivity, as well as relentless focus on quality and safety, joint working with other sectors, and to make the most of technology and innovative opportunities.
- The national finance picture is challenging. There are now 14 integrated care systems (ICS) in the investigation and intervention process (I&I), including South Yorkshire ICS, who are working with expertise from both Deloitte and NHSE. Price Waterhouse Coopers are engaged with West Yorkshire ICS, although they are not in the I&I process.
- The chancellor of the exchequer announced the budget on 30 October, with more detail in the plan regarding NHS funding. The detail of the implications for the NHS will become clearer when the 2025/26 planning guidance is published.
- The Mental Health Bill was introduced in Parliament to reform the Mental Health Act. Developments and its introduction will be overseen in the Trust by the Mental Health Act committee (MHA).
- The integration of Cheswold Park Hospital into the Trust is now into its eighth week, with progress being made and as expected some challenges. We have a commitment to working openly and honestly.
- The care quality commission (CQC) has published its annual state of care report which has identified some concerns around mental health, which have been previously raised in national reports.
- The older people's transformation programme has now been approved through all the different channels. MBr thanked everyone involved in the professionally run consultation process.
- NHS England have queried if there is too much statutory and mandatory training in individual organisations and Jon Head (JHe) will lead on a number of actions with oversight through the People and Remuneration Committee (PRC).
- The Trust is performing well with mandatory training, which is largely green across the organisation.
- Appraisals are being maintained at a high position, and there is good work ongoing with the bed management team to keep the out of area bed placement numbers low despite significant demand challenges.
- The child and adolescent mental health services (CAMHS) eating disorder team has won a national award from the royal society of psychiatrists and Kathrine Horbury has won a people's choice award voted for by people in Wakefield.

Erfana Mahmood (EM) referenced the changes to the Mental Health Act noting MHA has been kept well informed and suggested it would be useful for the Board to understand the fundamental effects on Trust services.

Action – Subha Thiyagesh

MBr added that there will be a phased introduction of the Mental Health Bill with sufficient time to effectively work with other organisations to ensure this is covered properly.

DL mentioned there are regional engagement events in relation to the Darzi report and reported there is a consistent and refreshing message about the commitment to the approach. There is an opportunity to ensure the Trust is feeding into this regarding mental health, children's and community services, but with clarity needed on the mental health investment standard.

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

TB/24/119 Performance (agenda item 9)

TB/24/119a Integrated Performance Report Month 7 2024/25 (agenda item 9.1)

Adrian Snarr (AS) asked for the paper to be taken as read and advised that Cheswold Park performance data is included in the report, and the data for Cheswold is standalone at this point.

Quality

DT highlighted the following points:

- The Trust continues to perform well against the majority of metrics.
- Improvement work focused on care closer to home continues to ensure inpatient mental health services are provided as close to home as possible. The plan for 2024.25 is based on five people out of area, and the Trust is averaging three or four.
- There is a consistently higher number of people who are clinically ready for discharge, with all efforts being made to navigate people through the system as soon as possible.
- Paediatric audiology continues to experience staffing challenges within the team. 60% of service users received a diagnostic appointment within six weeks and there is a focus on meeting the expected national target which is 99%.
- There is a continuing focus on care planning and clinical risk assessment looking into local processes where there are gaps.
- There are demands on waiting lists for CAMHS and there is an escalation process if a child's needs escalate during the waiting time. Waits for neurodevelopment services are a challenge in terms of capacity in comparison to demand.
- There has been improvement work on waiting lists in Barnsley community and learning disability services.
- Regarding patient safety indicators for the month, 95% of incidents resulted in low or no harm, which is an indicator of a robust reporting culture.
- The number of restraint incidents is within expected range and all incidents of restraint are reviewed. There have been 13 incidents of prone restraint this month, with each being reviewed to ensure all opportunities for de-escalation have been utilised, before prone restraint has been applied.
- Inpatient falls have decreased to 3.81 per 1000 bed days which equates to around 50 falls per month and is below a national average of 6.3 per 1000 bed days.

MK queried if the out of area bed target takes into account the fact that the Trust is not commissioned to deliver gender specific psychiatric intensive care unit (PICU) services and asked if this is something the Trust is looking to provide.

CL responded there is currently no intention to change the commissioning approach, and this continues to be a reason across the region as to why some service users are placed out of area.

MK queried if the Trust include complaints related to legal issues within reporting, for example when the legal process delays a complaint being fully investigated.

MBr advised that as part of the IPR development, there will be two targets for complaints, an internal trajectory of improvement and a trajectory against the national target.

Action: Darryl Thompson

DT confirmed the complaints team will start reporting on how many days have passed since the complaint was received and the first response sent. If any complaints go beyond six months there will be a drill down as to why and what caused the delay.

David Webster (DW) pointed out the reference to mechanical restraint at Cheswold Park which he had not seen reported before. DW queried the context of mechanical restraint.

DT explained that mechanical restraint relates to the use of handcuffs which can be part of the expectations of the ministry of justice if a service user is escorted off site, for example to

go to A&E or to the dentist. DT confirmed that the use of mechanical restraints is captured locally within care groups and can be included in the report in the future.

MBu advised that the quality and safety committee should pick up the use of handcuffs and MBr explained that a director has to approve the use of handcuffs, and this process may need to be extended to Cheswold Park as part of the integration process.

Action: Darryl Thompson

MBr noted that prone restraint numbers need focus, there has been a notable reduction over the last 18 months, but this has now plateaued. MBr queried if there is enough understanding of where and why these incidents of restraint are happening and what actions are in place to reduce numbers further?

DT confirmed that the ambition is for zero incidents of prone restraint and specific training has been rolled out and there is a full review of restrictive practice in all its forms being undertaken by the deputy director of nursing which includes the definition of “prone”.

Action – Darryl Thompson

EM highlighted that the number of service users clinically ready for discharge is increasing and noted it is a regional issue. EM asked if there is anything the ICB can do to help with this.

CL reported that there is a great deal of work taking place in relation to accurate recording. Solutions are being rigorously optimised in systems with a lot of learning and approaches such as seven day working and access to clinical input, being looked at so that when there are delays, service users are able to be discharged at the earliest opportunity. Onward pathways for people with complex needs remain challenging and some commissioning arrangements are not as timely as they need to be with systems being tested continuously.

CL confirmed that there are strong systems internally, including MADE (multi agency discharge event) meetings in each place, with associate director oversight of each clinically ready for discharge patient identified. There is also a weekly meeting where the community co-ordinators, managers and inpatient staff meet to keep focus and see what can be done to support blockages. There is concern, particularly for older people, and The Poplars has become a ward where people are waiting for extended long periods of time when other providers are not able to take them.

EM queried if there is something can be done via escalation in the system?

MBr acknowledged this and advised that if there are delays discharging in an acute setting, it can result in a system command process being initiated which doesn’t tend to happen in mental health, and therefore queried if it has the right level of regional and national profile?

CL added that there are routes into local authorities, including escalation points, which are working well, as well as direct conversations about cases. One of the challenges is that pathways are not necessarily as straight forward as they are in acute services.

MK queried what the escalation process is in terms of who is accountable for the discharge destination. MK noted there is escalation regionally and nationally and queried what mental health services are doing in terms of escalation as the Trust is not accountable for the destination after discharge.

DL reported that the secretary of state is very clear that the 10-year plan is for health and not social care and given the squeeze on social care, does the Trust need to prepare for this Challenge to continue?

CL added that local partners are trying to be responsive with good working relationships in each place.

NM noted that some of the items being raised during this time are included in the Quality and Safety Committee "triple A" report and suggested it may be useful to present committee "triple A" reports ahead of the IPR in future agendas to enable more informed conversations.

Action: Andy Lister

MF noted that Cheswold Park is reporting at over 90% in terms of recording disability information, which is something SWYPFT is struggling with, is there any learning that can be taken from this?

DL reported there is a technical element to systems which is an issue and a culture relating to how comfortable staff are to have conversations with service users and record information in the right way. As Cheswold had a smaller system and approach, this may be why they are reporting higher.

Strategic Objectives/Priorities

- DL reported that there is ongoing work with the new strategy, working with colleagues regarding what this means for the IPR and the organisational risk register.
- The team are continuing to move forward with living our values priorities, reducing inequalities and making the most of resources as a way to implement the new strategy from April next year.
- Deployment work is continuing methodically, particularly regarding measurements, linking with the annual planning process to ensure that there is a link between operational and strategic planning.
- The next phase will be refreshing the equality, inclusion, communication and membership strategy refresh with a focus around health inequalities.

EM queried if there has been a look back to see how well the Trust has performed against the strategic priorities and objectives from the previous strategy.

DL confirmed that this will be done in February/March 2025.

Action: Dawn Lawson

People

- Jon Head (JHe) reported that there is a positive picture with some stability on key workforce indicators. There has been an increase in establishment this month which is due to funded growth in Barnsley. The next reporting period will better show whether the recent measures that have been put in place are coming to fruition and creating a trend in a positive direction.
- JHe explained that staff turnover has reduced to 7.6% which compares favourably to neighbouring organisations.
- Sickness/absence is increasing in some areas but there is an understanding of the areas concerned and the reasons behind it, with teams in place to support managers. This includes business partners, employee relations, occupational health, counselling and support on return to work.
- Appraisals continue to present a high position.
- JHe advised that mandatory and statutory training is positive with noted improvement in reducing restrictive practice interventions (RRPI) training which is now at 83.8%.
- There is a national review taking place on mandatory training, as there is a sense it has been overly focused on compliance, rather than added value.

Gary Ellis (GE) queried if the recruitment process now looks at internal candidates first and JHe confirmed this to be the case.

NM noted RRPI training as a consistent issue and highlighted that Fieldhead is the only Trust venue where the training is held, which may be difficult for staff to travel to. NM queried if there is the possibility to hold the training elsewhere, especially given the focus on this training. JHe agreed to explore options for alternative venues.

Action – Jon Head

NM raised the staff survey which is currently at 52% response rate and asked if there is still optimism that 60% will be reached.

JHe responded that optimism is still there to reach 60% as there is still an active push for staff to complete the survey.

MBr reiterated that low staff turnover, whilst positive in terms of retaining staff and showing that the Trust is good place to work, does have a financial impact. MBr raised the use of agency staff, which reduced greatly but is now creeping up again. This has been recognised by the executive team who will look at next steps to reduce further.

Action: EMT

Operations

- CL reported there have been challenges with the disability and sexual orientation recording for children and young people in particular, with some rapid improvement work being carried out.
- Referrals for children and young people's services have increased for the routine pathways and requests for continuation of attention deficit and hyperactivity disorder (ADHD) medication having been prescribed elsewhere, particularly in Barnsley where there is an increasing number of patients on waiting lists. A trajectory of 2% improvement each month has been set with a business case for commissioners to be finalised in December.
- CL explained that access to tier 4 beds for children and young people remains a challenge, however no children have been admitted to adult beds in this reporting period.
- CL confirmed there is minimum temporary staffing use, which is primarily bank rather than agency but there is stringent governance over the use of temporary staffing.
- CL confirmed there has been some workforce growth in terms of whole-time equivalents.
- CL reported that performance in inpatient areas in terms of risk assessments is impacted by low numbers and stands at 89.7% (target 95%) where people have a risk assessment within 24 hours of admission with understanding of cases that don't meet the target.
- Performance in the community is impacted by the mechanisms for collecting data and the admin sequence of events with some improvement work being carried out. New care plans from January should see performance more accurately reflected in terms of positivity.
- CL advised that there has been some correlation between high levels of sickness and the levels of appraisals and performance issues which is being gripped and led at associate director level.
- There has been a slight dip in people accessing the individual placement service which supports people into employment which could be linked to waiting lists and capacity which is being worked through.
- ASD and ADHD pathways have not been impacted by the changes in neighbouring services in Leeds which remains under close review.
- There is a high number of people awaiting ADHD assessment with continued work with local commissioners looking into solutions.
- There is a difference in Calderdale where the ADHD model does not have the same triage process or the same examination of referral material at the point of referral.

- CL reported that the Learning Disabilities care group is working towards reaching the required level of appraisal compliance with positive developments. It is now at 81.2%. Supervision in the Horizon Unit is at 100%.
- There has been a slight decline in performance against the 18-week wait target for learning disability referrals that have a completed assessment, care package and commenced service delivery. However, the underlying improvement in performance remains.
- CL explained that the learning disability inpatient service is coping with challenging levels of sustained acuity with four out of five service users with complex needs ready to move on.
- In forensic services there are two services users who require seclusion and high levels of staffing awaiting a bed in high secure. The route out of this is protracted.
- Sickness absence and appraisals remain a focus of attention across forensic services with clear indications of where the challenges are.
- CL reported that there are some estates challenges at the Priory day centre which is closed until further notice with the Priory campus being a temporary solution until the end of March. Longer-term alternatives are being explored, but this is starting to impact on what services can be offered, along with patient's expectations not being met.
- CL advised that an area of improvement for the Barnsley physical health and wellbeing group is work regarding pressure ulcers, with a particular initiative within the patient safety team looking at how to improve practice and documentation. There has been good collaboration from staff in front line services and the nursing, quality and professions directorate.

MK raised the target of seven days for a risk assessment and safe plan in the community and queried if this is too long with a risk of harm within those seven days.

CL responded the key components of a care plan are put in place with safeguarding, and a complete plan and assessment within the seven days. Plans are often episode related which means there will be a plan and assessment in place which needs updating rather than a new one starting from scratch.

GE queried how ADHD care packages will be evaluated and by who and how many of those people will go on to a full assessment.

CL explained that ADHD referrals are screened in Kirklees, Wakefield and Barnsley to ensure the referral is appropriate and provides an opportunity to steer people into a better pathway. A face-to-face assessment has been added as an extra step and this will commence in January, with an evaluation package alongside in partnership between the ADHD service and the commissioners. The Mental Health Alliance in Wakefield will play a key part in the partnership. It was agreed that oversight of this will be picked up in Finance, Investment and Performance Committee.

Action: Chris Lennox

NM highlighted the use of the word "acuity" and how board members can take assurance that acuity is increasing, where is the evidence?

CL responded that a lot of work goes into objectively measuring what acuity means. Work is taking place at ICB level in West and South Yorkshire with involvement in various initiatives. The Trust looks at requirements for seclusion, the number of incidents, the nature of the incidents, the number of people requiring different levels of observation and triangulate this against occupancy levels and the number of people flowing in and out which brings acuity with it.

Finance

AS reiterated that there is a level of complexity to this month's finance report due to the pay award which has been backdated to April and Cheswold Park being part of reporting for the first time.

- AS explained that the pay award has not been part of the forecast as the planning assumption was that it would be fully funded. Now this has been paid, it hasn't been fully funded with a £2.2m in-year pressure and a £3.2m recurrent full-year pressure, which will be factored into future year plans. Some benchmarking has been carried out to establish if the challenge is sector specific or NHS wide, with more mental health organisations flagging a pressure.

MBu clarified that the percentage for mental health staffing is greater as an overall cost than it is in the acute sector.

AS added that acute hospitals have a bigger infrastructure to run and have high expenditure on drugs.

- AS advised that Cheswold Park has been included in reporting which brings a level of complexity with it.
- There is some support from NHSE for Cheswold relating to income., The business case was predicated on a starting point of 70 patients, which in reality is now 65 patients. This will either mean there is an income shortfall on Cheswold or a pressure on the South Yorkshire Provider Collaborative who will need to fund the empty beds. This pressure will remain until the hospital is open to admissions and this is being worked through in the Trust and provider collaborative.
- AS explained that from an accounting point of view there needs to be clear demarcation between running Cheswold as a cost centre within the organisation and being the lead on the South Yorkshire Provider Collaborative. The report therefore shows a slight upside on the Cheswold line with caveats.
- AS added that the final accounts have not yet been received from Riverside Health which is a risk.
- AS highlighted that last month there was a whole-time equivalent variance of 119 and this month it is 44. The establishment has been increased in terms of budget, predominantly in Barnsley Physical Health where there is support from the commissioner to expand the virtual ward team with 33 extra members of staff, yet to be appointed.
- There has been a change in bank usage in mental health inpatients with a decrease of 29 whole time equivalents, which is positive. However there hasn't been improvement in bank usage in older people's services.
- AS explained that the measures put in place on workforce controls, including substantive recruitment and scrutiny on bank usage through e-rostering, are starting to have an impact.
- Agency usage has remained flat with the greatest cost incurred being on medics and the highest use is registered and unregistered nurses.
- The measure to use internal recruitment only will help plateau staff numbers and there will be a focus on what further sustainable efficiencies can be delivered this year to stay within plan.
- AS highlighted that entering winter there are NHS wide pressures, partner pressures and the potential for increases in sickness.

MK queried if the extra staffing for the virtual wards in Barnsley is permanent or part of winter monies.

AS explained that because of the challenge in South Yorkshire and specifically Barnsley place challenges, they are looking at a sustainable intermediate care strategy between the place, SWYPFT and the hospital, and therefore this will be recruited into recurrently.

- AS explained that the majority of NHS organisations have year-end capital pressures. The Trust is now behind plan as it took longer than anticipated to get the older people's strategy signed off given the timing of the general election and this is the highest value capital scheme in the plan. Some of next year's schemes will be reprioritised into this year, including some Cheswold schemes. Next year there will be the older people's strategy and sufficient funding for any reactive or emergent backlog issues.
- AS added that there are ongoing conversations with partners as they all work across all systems to manage capital with similar challenges.

MF asked if the front sheet for the IPR could be aligned to reflect the running order of the main report.

Action: Adrian Snarr

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

TB/24/119b Care Group Performance Report (agenda item 9.2)

CL advised that this month's report covers ADHD, ASD and Learning Disabilities and asked for the paper to be taken as read, highlighting the following:

- The Learning Disabilities care group continues to work towards the required threshold for appraisals with good support from people business partners. At the time of the report the figure was 78.8% and an active recovery plan has increased numbers to 81%.
- ADHD and ASD, which is an entirely separate service, is currently at 91.2% due to staff turnover in the team.
- There is positive performance on maintaining low levels of sickness in both services at 4.4% and 4%.
- Clinical supervision is an area of focused improvement with additional support from people business partners. There is a strong embedded culture in the ADHD and ASD teams with over 90% supervision.
- Reducing Restrictive Physical Interventions training has improved, and the Horizon Centre is now at 86.1% against a threshold of 80%.
- There is ongoing work into managing and minimising temporary staffing with continued scrutiny on agency usage. Locum medical costs account for over 64% of agency use.
- In response to a question from the shadow board, noting the waiting lists for ADHD are disproportionately high in Calderdale, this is linked to the any qualified provider system where the absence of taking referrals through an appropriate level of clinical scrutiny at specialist provider level means that more people build up and there is no other pathway available at that point. This has been flagged with the local integrated care board (ICB).
- There is positive performance for learning disability referrals to be screened within two weeks and the metric for commencing treatment within 18 weeks is still positive and we are working towards 90% for all areas by December.
- Clinically ready for discharge continues to be an issue for the Horizon Centre, as well as other assessment and treatment units nationally, and is acknowledged by the ICB as part of partnership arrangements. The service users who are waiting for discharge have very complex needs which are not easily met by other providers.
- In the learning disability service, feedback is collected in increasingly creative and innovative ways, working with service users and stakeholders to look at how this can be made more accessible for service users and carers upon discharge.

EM asked if there is an understanding of the commissioning position in Calderdale and if there is any solution to the problem, and are the Trust clear on what can and can't be done?

CL advised there is a clear position on commissioning in each place, with the position in Calderdale being an anomaly, with the remedies not available to SWYPFT to address their growing waiting lists.

MBu asked why Calderdale use an any qualified provider (AQP) approach.

CL advised they have only just implemented this approach which was introduced following feedback from the local population, and they are happy with it as it means that a service user can choose to be referred to any qualified provider. The scale of challenge for Calderdale residents remains high and discussions are ongoing.

ST added that there have been conversations around this issue for a period of time and, following the invited review of the service, and subsequent action plan there has been escalation resulting in a meeting next week with the chief operating officer of Calderdale ICB and ST will update Board following the meeting.

Action – Subha Thiyagesh

MBu asked that SWYPFT write to Calderdale to further escalate the issues around their AQP approach.

MBr advised that he will consider the best approach to resolving this issue, noting there is a Calderdale Cares Partnership Board which is covering this service pathway.

Action: Chris Lennox

It was RESOLVED to RECEIVE and NOTE the report.

TB/24/119c Care Quality Commission (CQC) actions plan (agenda item 9.3)

Darryl Thompson (DT) advised to take the report as read and highlighted the following:

- The report has been reviewed in Quality and Safety Committee.
- There is progress in both care groups regarding sign off, which includes declaration of completion of actions and how long performance has been embedded for, in order to provide assurance. There will be an alert to identify any decline in performance.
- DT reported Trust Board had asked for an example of an action to demonstrate how it has been progressed within the care group and the sign off process. The example used relates to mandatory training. A significant amount of work has gone into this, and the progress data shows the improvement over time and how embedded the action is.

Andy Lister (AL) relayed questions that were raised through shadow board (SB):

SB - How do we develop a culture of staff taking ownership of keeping up to date with their mandatory training rather than it being directed from above?

DT responded that this is a key part of appraisals and supervision and can be an indicator of morale. If staff are happier, they are more likely to engage in their own development. More information is being provided at team level to ensure team managers can focus on improvement where it is needed.

MBr suggested that there is a role for JHe in this as the culture on training needs to be driven by the People Directorate.

JHe reported the barriers to embracing learning need identifying, including operational pressure due to high turnover and high vacancies. Ease of access to learning also needs to be reviewed looking into and could be improved.

Action: Jon Head

GE mentioned the recent influx into the workforce of staff who are new to the NHS and not necessarily as skilled and are struggling to make time for training, and more established members of staff not having the time to assist this.

MBr reiterated that the Trust performs well in terms of mandatory training and would like to further understand the specifics are regarding the question from Shadow Board.

AL explained that the question related to RRPI, and life support training performance referenced in the report.

SB - Can Trust Board be provided with assurance that actions will reach the required blue rating in the timescale required? (Blue rating - action complete and assurance of improvement)

DT stated where there is a declaration of being able to achieve completion in a given timescale it is given with confidence this will be achieved, and actions are reviewed by care group colleagues regularly.

MBr highlighted that an area of focus is prone restraint, as this is an outlier at the moment.

MBr added that based on feedback how the Trust reports against CQC actions could be improved and queried if Cheswold data should be incorporated into this report or reported separately whilst ensuring visibility of both.

DL reported that trajectories outlining what, when, and where concerns are present, will be helpful to ensure there is time to get implementation in place.

DT advised this will be included in the next report.

Action: Darryl Thompson

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

TB/24/120 Risk and Assurance (agenda item 10)

TB/24/120a Patient Safety Oversight Quarterly Report (agenda item 10.1)

DT advised that this report was previously known as the Incident Management Quarterly report and has been renamed in line with changes regarding the patient safety incident review framework. DT highlighted the following:

- The Trust continues to have robust systems in place to oversee and learn from patient safety events and learning is shared across systems.
- There has been a focus on the trend in data in relation to incidents and this is included at Appendix A.
- To note there have been no “never events” within the reporting period.
- There continues to be a normal variation in the number of reported incidents, with an indication of an upward change within the last six months which the patient safety support team are monitoring. This does align with an increase in green rated incidents, resulting in no harm, which is an indication of positive reporting.
- Medication errors have been discussed in the Quality and Safety Committee as there is an anomaly in regard to how the administration of medication at the time someone is being restrained is being reported. Further clarity was requested through committee as to how to these incidents should be recorded, as the administration of medication at the time of restraint does not mean that something has gone wrong, it is not an error and will now be classified as part of a restrain incident.
- A small number of wards have seen an increase in incidents of absence without leave (AWOL), and these are overseen by the patient safety oversight group and the clinical environmental safety group.
- Shadow board has asked how assurance is provided on the management of AWOLs. DT confirmed this is a focus of the patient safety support team with a rapid learning process in place for any incidents where a service user has absconded from site.

- There is a newly developed patient safety improvement group to help understand the broader themes and learning from incidents which will feed into future reports.

EM asked how PSIRF (patient safety incident response framework) affects the report and if there are any concerns?

DT confirmed that care groups are feeding back positively regarding their experience of the PSIRF process, and positive feedback is also being received by the Trust family liaison officer.

MBr raised the issue of AWOL incidents and asked if there were any increased risks or impact on staff following the introduction of the right care right person approach and what the police involvement may have been previously to what it is now?

DT reported wherever there is an incident of AWOL it will be discussed at a multi-agency right care right person group and any learning shared.

CL added there are thresholds for Police response dependent on the demonstration of the level of risk that a patients may be facing. It is more likely to be incidents in the community where the Police are asked for help.

NM reported that this has been discussed at length in the Quality and Safety Committee and advised there is a report in development to be shared in January to provide assurance.

ST advised that the executive trio and the patient safety oversight group monitor these incidents and carry out case studies to highlight areas of good practice, learning and challenges.

It was RESOLVED to RECEIVE the Quarter 2 Patient Safety Oversight Report.

TB/24/120b Ligature Annual Report (agenda item 10.2)

DT advised this is a routine report which has been reviewed by the Quality and Safety Committee.

- The report outlines ligature risks and the response to required actions across all mental health inpatient wards and 136 suites.
- DT confirmed that all actions were completed as required within the reporting year.
- DT reported that the same ligature assessments have been undertaken in both physical health services and in the community. This work is overseen by the clinical environmental safety group and is a co-production between nursing, quality and professions and health and safety colleagues.
- DT highlighted a question from shadow board querying whether there is a difference between Trust owned and Trust leased premises. DT advised that all inpatient services are reviewed using the same approach.
- Community ligature assessments can be different where the Trust provide services in someone else's building, where the Trust would have no direct control to make adjustments.
- There are ongoing conversations and DT confirmed that no incidents have occurred in buildings where SWYPFT provide services but do not own the building.
- DT confirmed that SWYPFT review all community buildings the Trust owns.

EM queried what problems are the Trust trying to resolve and what responsibility is being placed on executives in terms of capacity?

MBr responded that the CQC raised the issue of ligatures in community buildings and the risk is considered to be low.

MBr asked that data from Cheswold Park will be included in this report in the future.

Action: Darryl Thompson

It was RESOLVED to RECEIVE the report.

TB/24/120c Medical Education Annual Report (agenda item 10.3)

ST introduced the item and advised for the paper to be taken as read, highlighting the following:

- The purpose of the report is to provide an annual update on activity, achievements, and challenges.
- The report also provides assurance that the Trust is exceeding the requirements of medical schools the Trust works with, as well as NHS England.
- Positive feedback was received from the last NHSE senior visit in June 2023; therefore, a further visit has not been required.
- The Trust has been commended and described as “phenomenal” by NHSE in terms of the excellent survey data that has been received.
- The Trust is performing well across all domains including learning, environment, culture, education, governance and leadership.
- There is continued focus on the wellbeing of resident doctors and students and a medical workforce race equality standard has been implemented as part of the appraisal and revalidation process.
- In terms of challenges there has been a significant period of industrial action, which the Trust worked well collaboratively to get through.
- There is now a solution in place to negate the challenges with filling the rota coordinator role in line with the guardian of safe working.

It was RESOLVED to RECEIVE and APPROVE the annual board update and NOTE the ongoing challenges.

TB/24/120d Cheswold Park Integration (agenda item 10.4)

MBr welcomed Emma Robinson (ER) and Izzy Worswick (IW) to the Board for this item.

MBr introduced the item and reported it has been around 8 weeks since the acquisition of Cheswold Park Hospital. There has been a huge amount of work undertaken and MBr reported achievements so far are a credit to everyone involved.

MBr explained challenges remain which need to be carefully navigated, including re-opening to admissions. The transition has been largely positive with staff working well together at this stage.

MBu reiterated thanks from the Board to Izzy Worswick, Emma Robinson and the team who have worked hard to get the transaction over the line and progressing work on integration.

MF asked what the feedback has been from the service users within Cheswold Park.

ER responded there was an initial view of a separation between SWYPFT staff and Cheswold staff from service users, but they now recognise that there is no divide.

ER reported she has run service user engagement councils which have been well attended by service users with lots of questions.

ER added there has been good representation from Trust executive colleagues supporting walk arounds. There has been triangulation of service user questions into communications to staff and service users, demonstrating that concerns and anxieties are being listened to.

It was RESOLVED to NOTE the updated report.

TB/24/120e Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 10.5)

Quality and Safety Committee – 12 November 2024

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

- Committee were disappointed that the sexual safety annual report was delayed. There was reassurance that there will be an update before January.
- There is work underway to understand the Trust approach to safer staffing and the planned establishment review. DT and JHe have been working with NHSE to bring a team in to carry out the review, however some training is required before the review can be carried out in a way that will be evidence based, with internal groundwork underway.
- Cheswold Park now has a dedicated Quality Improvement Group providing oversight.

People and Remuneration Committee – 12 November 2024

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

- NM mentioned the sexual safety report showing triangulation between committees. NM requested an update regarding the process and delays to be discussed in private board.
- There was an inspiring presentation from the volunteer service which highlighted multiple opportunities for the Trust as an anchor institution.
- The performance metrics for PRC are impressive, notwithstanding some of the broader challenges relating to the strategic workforce plan.
- Focused work on the time to hire has seen a significant 45% reduction.

MBr queried if there is duplication between committees and if the sexual safety report is being discussed at both quality and safety committee and people and remuneration committee?

NM responded that each committee reviews reports from a different perspective and the risk is covered across both committees.

Members' Council – 15 November 2024

AL gave a brief overview from the meeting including:

- Nat McMillan was formally appointed as deputy chair and senior independent director.
- The incident management and freedom to speak up annual reports were received.
- Dawn Lawson led the focus on the item regarding the equality, involvement, communication and membership strategy.
- The joint meeting between members' council and trust board discussed plans for the future.

MBu added that members' council was very well attended and was a productive meeting.

Finance, Investment and Performance Committee – 18 November 2024

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

- West Yorkshire ICB is under a lot of pressure.
- The committee doesn't have full assurance on control of pay costs at the moment, which continues to be an area of focus.
- In terms of capital, the older people's services programme will commence next year with the new phasing being declared externally.
- The forensic care group performance was reviewed, and the care group is performing well and in a good position.
- DW asked for the Board to consider areas for deep dives around performance.

In terms of suggesting deep dives for committee, MBr suggested there would need to be a process to direct FIP to look at specific performance issues with consideration around how each committee carries out deep dives.

Action: Andy Lister/Adrian Snarr

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

TB/24/121 Integrated Care Systems and Partnerships (agenda item 11)

TB/24/121a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 11.1)

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

- At the recent Integrated Care Board meeting there was a very powerful story from the deaf community, highlighting the need to work hard and engage on how services are provided to people with any form of disability.
- Specialist commissioning will be transferred from NHS England to integrated care boards from 1 April 2025 and the commissioning committee will need to consider how this impacts SWYPFT as a lead provider and commissioner for adult secure services.
- The Trust was thanked for its intervention with Cheswold Park.
- At the mental health, learning disability autism provider collaborative, agenda items included the mental health act reforms, the Darzi report, the established clinical care professionals' assembly and the report on eating disorders and medical emergencies.

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

- Barnsley Committee and Place Board has not met since the last Board meeting.
- The delivery group continues to meet and work well, with a summary provided in the paper.
- The alliance meetings continue with good outcomes and programmes of work including the frailty clinic mentioned earlier.
- There are currently two programmes of work with the alliance and the acute trust regarding how wraparound services are provided in neighbourhoods.
- There has been a review of how the work of the alliance fits with the Darzi review, and this is well positioned in Barnsley.
- The health and wellbeing board now has a draft strategy which partners are reviewing, and the new director of public health has injected some energy and focus, particularly on health inequalities and the recognition of deprivation.

It was RESOLVED to NOTE the SYB ICS update.

TB/24/121b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 11.2)

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

- The partnership board discussed the financial challenges and preparedness for specialist commissioning transferring.
- Within the mental health, learning disability and autism collaborative there was a focus on diversity with a complex rehab workshop being arranged.
- Mike Farrar has been facilitating some work on the operating and leadership model in Wakefield which will be shared with the Board in due course.
- Mid Yorkshire hospital is experiencing significant financial challenges.
- There was a discussion regarding how funding will be sourced for a potential health hub in Castleford.
- In Kirklees there was focus on the living well scheme which the Trust will need to become more involved in.

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/24/121c Provider Collaboratives and Alliances (agenda item 11.3)

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

- West Yorkshire is experiencing some financial stress as an adult secure collaborative with a number of patients waiting for beds within high secure.
- There is a slight upturn in the use of out of area beds as all capacity is not accessible in West Yorkshire due to a cohort of challenging patients who require access to seclusion and there is a patient flow issue.
- In South Yorkshire, whilst there is a positive financial picture, Cheswold Park capacity needs to be considered.
- South Yorkshire continue to negotiate with partners regarding when community forensics services can be implemented across the region, which is currently only offered in Sheffield.
- The perinatal provider collaborative went live in West Yorkshire on 1 October 2024, which is led by Leeds & York Partnership, with a series of events in place to ensure all various partners understand how the perinatal hub will operate and what is to be expected in terms of the Trust and also the System.

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

TB/24/122 Governance (agenda item 12)

TB/24/122a Trust Seal (agenda item 12.1)

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

It was RESOLVED to NOTE the update to the Trust Seal since the last report in October 2024.

TB/24/123 Trust Board work programme 2024/25 (agenda item 13)

It was RESOLVED to NOTE the work programme.

TB/24/124 Any other business (agenda item 14)

None.

TB/24/125 Date of next meeting (agenda item 15)

The next Trust Board meeting in public will be held on Tuesday 28 January 2025 at Fieldhead Hospital.

Signature: 

Date: 28.01.25