South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 25 March 2025
Boardroom, Kendray Hospital, Barnsley

Present:	Marie Burnham (MBu)	Trust Chair
	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	David Webster (DW) (via Teams)	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
	Sean Rayner (SR)	Director of Provider Development
Apologies:	Erfana Mahmood (EM)	Non-Executive Director
In attendance:	Izzy Worswick (IW)	Deputy Director of Corporate Governance
	Jon Head (JHe)	Chief People Officer
	Adele Fox (AF)	Chief Operating Officer
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Manager
	Tracey Hopes (TH)	Senior Neurological Occupational Therapist
	Louise Sherrif (LS)	Senior Neurological Physiotherapist
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
Observers	Naomi Button (NB)	Leadership and management Development Lead
	Mel Wood (MW)	Head of performance and Business Intelligence

TB/25/18 Welcome, introductions and apologies (agenda item 1)

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

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

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

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

TB/25/19 Declarations of interest (agenda item 2)

Andy Lister (AL) highlighted the paper outlining the declarations of interest for all Board members for the forthcoming financial year.

It was RESOLVED to NOTE the updated declarations of interest.

TB/25/20 Questions from the public (agenda item 3)

No questions were received from the public.

TB/25/21 Minutes from previous Trust Board meeting held 28 January 2025 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 January 2025 as a true and accurate record.

TB/25/22 Matters arising from previous Trust Board meeting held 28 January 2025 and Board action log (agenda item 5)

Mike Ford (MF) queried whether the People Directorate actions required new dates or could be closed. Jon Head (JH) advised that in terms of action TB/24/119c(1) "*MBr suggested that there is a role for JHe in addressing the barriers to learning and training 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 and could be improved."* the barriers to training are not expected to close as it is an ongoing piece of work which will be addressed as part of the work around the Trust strategy. It was agreed to assign a new due date for action TB/24/119c(1) around addressing barriers to learning. AL agreed to update the action log accordingly.

In relation to action TB/24/119a(6) *"NMc noted RRPI training as a consistent issue and highlighted that Fieldhead is the only venue where the training is held, which may be difficult for staff to travel to. NMc queried if there is the possibility to hold the training elsewhere, especially given the focus on the training. JHe agreed to explore options for alternative venues."* JH confirmed that Reducing Restrictive Practice Interventions (RRPI) training would continue to be monitored and that a review had taken place regarding delivering training across different venues. He advised the team would continue to consider more flexible ways to deliver the training across Trust sites in order to increase access to training. It was agreed to close the action.

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

TB/25/23 Service User/Staff Member/Carer story (agenda item 6)

Adele Fox (AF) introduced Tracey Hopes (TH), Senior Neurological Occupational Therapist and Louise Sherrif (LS), Senior Neurological Physiotherapist from the Neuro Rehabilitation Unit in Kendray Hospital, Barnsley.

TH introduced herself as an Occupational Therapist and LS a Physiotherapist who both work on the Neuro Rehab Unit (NRU) at Kendray Hospital in Barnsley. The unit is a 12 bedded unit that treat service users from the age of 18 with a variety of conditions including Multiple Sclerosis (MS), Guillain-Barre syndrome, neurological disorders and brain disorders. TS advised that there is no specific neuro pathway in Barnsley and the service falls under the long-term conditions pathway where patients stay for as long as is necessary for their condition. The service also undertakes community work including speech and language and psychology, and support provided by nursing and medical staff. The service work jointly with therapy services. Daily therapy sessions take place as well as regular goal setting reviews with patients with the team setting and reviewing goals if the patient is unable to do this

themselves. The service also monitor patient capacity, incorporating the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) and work in the best interests of the patient with additional support from social workers. The service is a United Kingdom Rehabilitation Outcomes Collaborative (UK ROC) level 2 service and outcome measures are completed weekly along with discharge planning, review of individual funding, and review of social services and alternative placements for patients who require more long-term care. It was noted that placements are the biggest barrier to moving patients on due to a lack of appropriate placements. There are 8 commissioned beds in Barnsley as well as scope for using 4 beds on a spot purchase basis. Previously out of area beds were closed during the pandemic and work is taking place to re-open these.

LS provided a patient story related to a younger patient who was previously fit and well and in work. The patient began to experience ear pain, dizziness and loss of balance in early 2023 and following numerous GP and Ear, Nose and Throat (ENT) appointments, an appointment was made with an optician who identified a swelling on the optic nerve. The patient was transferred to an acute hospital for surgery on a large tumour at the base of the 4th ventricle. Surgery caused additional damage to the brain which resulted in a very difficult recovery with a long critical care stay, including a tracheostomy, catheter and Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. The NRU service worked with the acute hospital to agree an appropriate time to transfer the patient to NRU at the Kendray Hospital in Barnsley. This involved a lot of careful planning ahead of the move, as this could have led to additional trauma. The patient was transferred but had to be admitted to a different acute trust with pneumonia following an assessment by the NRU nursing staff. The NRU team worked closely with the acute hospital to re-orientate the patient working on communication, balance, speech, tracheostomy weening and basic tasks such as washing and using the bathroom. Work then commenced to reintegrate the patient back into the community which included working with their family, taking time off the unit and back in the home environment in preparation of being discharged home. The patient was back on fluids and food at the time of discharge and was fully communicative and able to undertake all their basic personal needs. There were some ongoing challenges with their cranial nerves which did not recover well following the surgery and resulted in them being registered as partially sighted. The patient has worked with assisted technology which allows them to use their mobile phone and iPad again and the psychology team carried out adjustment work with them around what life would look like going forward. The patient was discharged home in the autumn of 2024 with support from Intermediate Care Services as well as a referral to the Community Brain Injury Team. He was also referred to the Neuro-Physio Team to work on their balance and as of December 2024, they were back at home and doing well. It was also noted that in some cases these are significant life changing events and the family as well as the patient often struggle to come to terms with the changes. In addition, it was noted that complex discharges take a considerable amount of time to take place.

Prof. Subha Thiyagesh (ST) thanked TH and LS for sharing the story and raised a question around the age group of patients. TH advised that the majority of patients who enter the service are over the age of 60. However, there has been a rise in the number patients aged between 30 to 40 years. In terms of linkages with mental health services, TH stated that there are a number of issues with mental health links. The service deal with the organic part of the injury first before addressing any mental health issues, which can be complex if the patient had any mental health issues before the brain injury occurred. Community support is also available from the Community Brain Injury Team. It was reported that it was easier for patients to access mental health support in the community as access to mental health support as an inpatient on NRU could be difficult. However, where patients have had previous mental health support, caseworkers are able to visit them on the ward. Post-pandemic there was an increase in functional neurological patients and the team are working on building the links between services, but this remains a challenge. MBu stated that it was disappointing to hear there were difficulties with links to mental health support, and that it is an area that should be explored further in order to improve the linkages between NRU and mental health services.

Margaret Kitching (MK) advised that it was positive to hear the service work with all adults, not just older adults and asked whether there was a 7-day rehab service in place. TH confirmed that the service is a 7-day service, and the service has moved from a patient group that are more physically dependent patients and require more physical support and moving and handling. The 7-day therapy service is provided by Occupational Therapists and Physiotherapists however if therapists are available at weekends, that leaves fewer therapists working during the week. She reported that following a review, additional staff were provided however there continue to be gaps in skills and the service need to ensure that the staff available are able each day to manage the needs of the patient group.

Mark Brooks (MBr) thanked TH and LS for their hard work, commitment and passion. He raised a question regarding the links to other hospitals and whether there is anything further that could be done to improve this. TH stated that following the retirement of a Clinical Nurse Specialist in the team, who was not replaced, the Multi-Disciplinary Team (MDT) have taken over the role of managing referrals and this has proved to be demanding. There have been some negotiations with local hospitals and the link with the Therapy Team at Barnsley Hospital is positive. However, the link with Sheffield requires more work. The service receive a lot of support from the "Right Care, Right Person" team. However, it was noted that the service as a whole is disjointed in Barnsley and there continue to be gaps. A lot of work is taking place with the Neighbourhood Rehabilitation Team and LS felt that the main issue was access to services in a timely manner. The team also do not want to restrict the amount of time patients are admitted as some people need a significant amount of time to recover.

TH and LS left the meeting

Nat McMillan (NMc) noted that it had been a very good discussion and raised a question around how well the Board close the loop on staff stories. MBr confirmed that staff stories and any relevant actions are discussed in the Executive Management Team (EMT) meeting. MBu noted the issue around the links between the NRU service and mental health services and the need to make this a seamless provision. MK added that the Acute Service would sometimes transfer patients who were not clinically stable and a review of the flow between Acute Services and the Neuro-Rehab Service is essential. MBr noted that staff vacancy rates are also high within the service.

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

TB/25/24 Chair's remarks (agenda item 7)

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

- Complex clinical matters report
- Assurance from Trust Board Committees that are commercial in confidence
- Annual Report and Annual Governance Statement process
- Integrated Care System and Partnership private updates
- Finance and operational plan
- Stakeholder map
- Cheswold Park Hospital update
- Board development

It was RESOLVED to NOTE the Chair's remarks.

TB/25/25 Chief Executive's report (agenda item 8)

Chief Executive's report

MBr requested the report be taken as read and highlighted the following updates:

- There have been various national announcements and activities in the 8 weeks following the last Board meeting in January 2025.
- Amanda Pritchard, Chief Executive of NHS England (NHSE), has announced her decision to step down from her role at the end of March 2025 and Sir Jim Mackey, currently the Chief Executive of Newcastle Hospitals, will take over as Interim Head of NHSE. Richard Meddings, Chair of NHSE is also stepping down and will be replaced by Dame Penny Dash, current Chair of North West London Integrated Care Board (ICB). Following these announcements, there have been further changes to the leadership team with Julian Kelly, NHSE Chief Finance Officer, Dame Emily Lawson, NHSE Chief Operating Officer, and Steve Russell, Chief Delivery Officer and National Director for Vaccination and Screening also standing down from their respective roles.
- At a national meeting for Chairs and Chief Executives on 13 March 2025, it was announced that NHSE would be abolished and absorbed into the Department of Health and Social Care (DHSC). Conversations regarding resetting the financial regime have taken place with an initial plan for the NHS suggesting a £6.7billion deficit. As part of the reset, there is an expectation that the abolishment of NHSE will lead to 50% savings over next 2 years. ICB roles will also be clarified with a requirement to reduce their costs by a further 50% following the 30% reduction last year. MBr acknowledged that a lot of colleagues working within these organisations would be affected by these changes.
- The national meeting also reiterated that organisations need to "live within their means". Organisations will also need to address productivity, be clear on what that means and demonstrate that work is taking place to improve it. There will be a bigger challenge next year where all organisations will be required to reduce the growth in non-clinical and corporate roles since the pandemic by 50%. More detailed information about this is expected imminently.
- The planning guidance for this year was noted to be brief with fewer metrics and includes plans to reduce the number of people with learning disabilities and autism on inpatient wards by a further 10%. The Trust will continue to ensure people are cared for in the right environment.
- The planning guidance includes a 2% efficiency factor with a similar percentage of underfunding for the pay increase. Overall, this will result in at least a 4% net reduction in real term income for next year, which is substantial.
- There has been a Place leadership review in West Yorkshire with actions agreed including a piece of work regarding how Calderdale, Kirklees and Wakefield will be led and organised going forward. MBr noted that the review took place before the announcement of the 50% reduction. The Trust has been involved in the development of the District Plan for Wakefield with other public sector partners.
- The Trust's staff survey results have been released publicly and compared well against other organisations.
- Winter has been challenging across the whole of the NHS with at one stage 5,500 beds across the country in the acute sector occupied by people with flu. This also had an impact on the Trust with pressure on inpatient wards, fluctuating out of area bed usage and use of non-designated bed areas. There was also an increase in the number of people who are clinically ready for discharge, up to 7.8% for mental health wards. On the learning disability inpatient unit this was previously up to 100% due to the lack of specialist placements.
- MBr shared that Lindsay Jensen, Deputy Chief People Officer, would be retiring from her role at the end of March 2025. Lindsay joined the Trust during the pandemic and previously acted up twice to the role of Chief People Officer. MBr wished Lindsay well on behalf of Trust Board and thanked her for her contribution to the Trust over the last 4 years.
- Work is ongoing around the promotion of awareness weeks.
- The next annual Trust Excellence Awards ceremony will take place on 1 May 2025. 320 nominations have been received, which is the highest number of nominations ever received.

- Dawn Lawson (DL) will be attending the NHS Confederation event to present the success of the strategy refresh.

In summary, MBr advised that it is important to remember all the positive work that takes place within the Trust, and that people continue to require support which must remain the main focus. In terms of the current financial situation, NMc asked how the Board can support executives to negate the negativity, avoid panic and anxiety and provide positive messages to enable staff to continue to deliver the care that people need. MBr stated that one role of the Trust Board is to convey hope, and any messages must be measured and balanced. Although the planning guidance has been brief this year, there is a focus on developing neighbourhood care and the Trust continues to perform well and is in a prime position to support the development of care pathways for the future. MBu reiterated that there is hope and the message needs to be shared wider that the NHS does have a future and staff need to feel safe in order to continue to deliver care.

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

TB/25/26 Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9)

Commissioning Committee 4 February 2025

Gary Ellis (GE) confirmed that finance discussions have taken place throughout the year and will be built into the plan for next year as there are overspends in both South and West Yorkshire.

The number of people clinically ready for discharge remains an issue and this is an area of focus through in West Yorkshire. In South Yorkshire, the establishment of a Community Forensic Team will help to support the position. However additional funding is required. This will be a challenge going into 2025/26 and both South and West Yorkshire have started work to consider how they work within their financial envelope for the next year. MBu thanked GE for a positive triple A report which has provided assurance to the Board.

Quality and Safety Committee 11 February 2025 and 11 March 2025

MK provided an update from the Quality and Safety Committee on 11 February 2025 and provided a summary of the alerts.

11 February 2025

- The Quality and Safety Committee recommended that the Infection Prevention Control (IPC) Board Assurance Review be presented to Trust Board, noting the partial compliance on FFP3 (Filtering Face Piece) mask fit testing. MK advised that the FFP3 fit testing prevented the Trust being fully compliant on the Risk Assurance Framework. FFP3 fit testing continues to be monitored with updates back to Committee regarding the expected date of compliance. MK stated that the Trust is assessed alongside Acute Trusts and there is an expectation that there are a large number of staff who will be required to undertake the lengthy training. Solutions are being sought to address this.
- Quality and Safety Committee continues to maintain focus on the importance of clinical record keeping, and the identification of this is an area for learning in incident investigations, including when paper rather than digital records are held. It was noted that record keeping is picked up repeatedly via Care Quality Commission (CQC) inspections. Unsupervised garden access was noted to be another area of focus for the CQC, and MK noted the positive work that has taken place in order to meet the requirements. It was agreed that this is a persistent issue and an area of continued focus.
- Clinical record keeping and incident investigations using paper rather than digital records is another key area of focus.

11 March 2025

- The Quality and Safety Committee discussed the potential need for a quality and safety risk to be developed around the Care Closer to Home programme, and the Trust's actions to reduce out of area placements, with regards to patients being accommodated in leave beds or non-designated bedrooms. This has been picked up as a risk and will continue to be monitored through the Quality and Safety Committee and the Executive Management Team (EMT).
- The Committee also discussed the request from the ICB to attend the Committee meetings as an observer. The Committee agreed that this should be a Board decision and would be discussed in the private board meeting.

MBr advised that fresh air and garden access is a repeated CQC theme, and the Executive Trio are reviewing this in order to be able to respond with a clear statement to the CQC. In relation to record keeping, MBr stated that staff are asked to record a significant amount of information, and the Trust is considering ways in which technology could be used to reduce the pressure on staff. ST is leading on this work which will be picked up by the Digital Strategy Group. However, it was noted that this will take some time to complete.

Members' Council 14 February 2025
There was nothing further to note.

Mental Health Act Committee 5 March 2025
MBr commented that he attended the meeting held on 5 March 2025 and felt it was an excellent, comprehensive and thorough meeting and this has been fed back to ST. The main focus of the meeting was on the Mental Health Act Bill which is currently going through parliament and is expected to have an 8 to 10 year implementation time frame and will require significant investment. Trust Board will continue to be updated on key points in due course.

Equality, Inclusion and Involvement Committee 12 March 2025
Dawn Lawson (DL) confirmed that the revised Trust Strategy was recommended for Trust Board approval by the Committee.

Finance, Investment and Performance Committee 17 March 2025
David Webster (DW) confirmed that the Committee was made aware of the underlying deficit of £28.1million before any savings. After a significant amount of work, the Trust remains on track to reach a break-even position.

The Committee Annual Report was also reviewed and although there has been an increased focus on performance, the Committee acknowledged that it is not at the final position.

NMc asked whether the Committee were clear on oversight and monitoring of the cost improvement programmes and are regularly assured around non-recurrent savings and moving to recurrent savings. GE stated that this is the largest amount of savings the Trust has ever had to make, and it will be a challenge. However, he advised the paper did provide some reassurance that work is underway. Adrian Snarr (AS) added that a weekly value for money oversight meeting takes place with all the Executive Directors that will track the milestones and financial profiling into the Finance, Investment and Performance Committee. The Committee acknowledged that this will be challenging, and a set of plans will be agreed in order to reach the breakeven position.

People and Remuneration Committee 18 March 2025
MBu confirmed that a discussion took place around the national nursing job profile banding for bands 4 to 6 which is a potential financial risk. MBu noted that the work around the banding for bands 2 to 3 is almost complete.

The Guardian of Safe Working continues to highlight the challenges regarding residential doctor rostering and this was brought to the Board's attention. From an e-Rostering perspective, it was noted that this has been picked up.

MBu confirmed that in terms of e-Appraisals, staff must ensure they are using ESR (Electronic Staff Record) instead of WorkPal. Adele Fox (AF) confirmed that issues had been identified around only line managers having access to input data onto ESR however this had since been resolved, and it was now possible for other staff to document appraisals. A plan is in place to address appraisals in hot spot areas. Jon Head (JH) confirmed that the appraisal spreadsheet is updated daily, and the information drilled down to a low level in order to provide the data of completed appraisals for specific areas. MBu added that the target for appraisals was previously set at 95% however it has been recommended by EMT to reset the target to 90% from 1 April 2025.

It was RESOLVED to NOTE the assurance and minutes from Trust Board Committees and Member's council.

TB/25/27 Performance (agenda item 10)

TB/25/27a Integrated Performance Report Month 11 2024/25 (agenda item 10.1)

Adrian Snarr (AS) introduced the item and stated that following discussions at the previous Trust Board strategy session, EMT and other forums regarding enhancements to the Integrated Performance Report (IPR), it had been agreed that enhancements would not be included in the IPR until the start of the new financial year. AS added that although there is a tendency to focus on indicators where there are challenges, it should be acknowledged that there are a significant number of green indicators which are consistently met.

Quality

Darryl Thompson (DT) highlighted the following points on the IPR:

- The new model Mental Health Care Plans were rolled out on 1 January 2025 for both inpatient and community services, to ensure they are person focused and co-produced.
- There has been improvement in the number of inpatients with a risk assessment/staying safe plan in place within 24 hours of admission. The position has increased from 87.3% in January 2025 to 92.3% in February 2025. The performance for community services is variable. However, for Board assurance, DT confirmed that where there are instances in the community where a care plan has been identified as not being completed, these are followed up individually.
- 96% of patient safety incidents in 2025 resulted in no or low harm.
- There has been a reduction in the number of restraint incidents overall. However, there was an increase in month for 1 ward, related to 3 patients. DT confirmed that the continuation of prone restraints is focused on seclusion, exit and alternative injection sites. Following a successful pilot, updated training will be rolled out from 1 April 2025 and all staff undertaking their refresher or initial Reducing Restrictive Practice Intervention (RRPI) training will be trained in alternative exit strategies and alternative injection sites. Therefore, it is expected that over the coming months there will be a rapid increase in the number of staff trained in these alternative methods. The Trust continues to report strong progress against the national metrics.
- MBu raised a question regarding the use of prone restraint, and why this continues to be used. DT advised that prone restraint is only used when there is no other alternative available to staff in that moment and medication (injections) given under restraint must be administered in the gluteal muscle. There are occasions when a patient may put themself into the prone position. Prone might be used to enable staff to exit a seclusion room quickly should a patient become extremely violent. The alternative strategies will be rolled out from 1 April 2025 to ensure staff are confident that they have an alternative approach. The training was piloted on 2 wards over several months to ensure the safety of service users, understand the percentage of staff trained in the new techniques within the ward

area and ensure the techniques can be applied safely. MBu stated that prone restraint has been on the Board agenda for 3 years and asked what has been done during this period to reduce the number of prone restraints. AF confirmed that training has been requested for the Psychiatric Intensive Care Unit (PICU) and DT added that the RRPI team are working in partnership with inpatient services to ensure there are enough staff on duty to enable the release of staff to undertake the training. MBu stated if necessary, managers/matrons should also be used to cover the wards to allow staff to undertake the training as soon as possible. DT confirmed that a focused presentation around RRPI will be presented to the Quality and Safety Committee.

- ST added that there is frustration around the lack of progress and prone restraint remains a focus for the Executive Trio and further information from the Drug and Therapeutic Committee is being sought. However, from a staff perspective, the use of prone restraint is the very last resort, and incidents are not taken lightly with every incident reviewed by the RRPI team and discussed at the Patient Safety Oversight Group. MBu stated that in terms of modern clinical practice, prone restraint should not be happening. MK agreed that prone restraint should be considered a "never event". However, there are often environmental factors on inpatient areas which are being reviewed due to the number physical assaults on staff which has resulted in an increase in the use of prone restraint. Gluteal injections are also very dangerous if the individual is moving or kicking. There is evidence that prone restraint is no longer taking place in some areas within the Trust, however further work is required. MBr stated that since the CQC inspection, the number of reported prone restraints reduced by 50% in the first 12 months following the inspection. However, this has not notably reduced any further and the increase in February 2025 was very disappointing. MK, DT and ST to have a further discussion outside the meeting.

Action – Darryl Thompson, Subha Thiyagesh and Margaret Kitching

Strategic Objectives/Priorities

- Improving health
- DL confirmed that the proportion of staff in senior leadership roles who are from ethnic minority backgrounds had been broken down and there has been some improvement in representation. However, she stated further work was required which links to strategic aim 5 of the Equality, Diversity and Inclusion strategy with the aim to connect actions and focus on metrics in order to move them forward. In terms of service user diversity data collection, these metrics remain green and are positive. However further work is required to ensure services are accessible to everyone and this will be picked up through the Equality, Diversity and Inclusion Strategy.

People

JH provided a summary of key points to note:

- The number of completed appraisals is currently higher than stated in the report at 81.8%. A detailed drill down is underway in order to identify hot spots areas.
- Temporary staffing meetings continue to take place within Care Groups to review the use of temporary staffing and to review sickness absence.
- There has been a reduction in sickness absence in February 2025. However, increasing levels of sickness due to anxiety have been noted as well as a reduction in absence due to flu/colds.
- Information Governance (IG) training remains amber at 93.1% with targeted work taking place to support an increase in compliance.
- Turnover has stabilised at a good level.
- Temporary staffing remains the main area of concern due to the current financial challenges. MBu noted that jobs are more limited within the health system, and therefore people are not leaving the organisation, which presents a different challenge for the organisation.

- Gary Ellis (GE) noted that there has been a noticeable increase in the number of vacancies for Learning Disability and Attention Deficit Hyperactivity Disorder (ADHD) services with an increase in sickness absence for the same areas. Adele Fox (AF) noted that there is also an increase in demand for those services and vacancies are taken through the weekly Vacancy Review Panel meetings. This remains a continued challenge and Care Groups continue to monitor people on the waiting list through the "Waiting Well" plan where any deterioration in condition is picked up and the person is seen quickly. MBr added that the Learning Disability Assessment and Treatment Unit is an area with the highest number of incidents of violence and aggression against staff, which in turn leads to an increase in sickness absence. Although there are rigid interventions in place around recruitment, the Trust must be mindful that there are some services which may be disproportionately impacted than others and more intelligence is required regarding managing vacancies.

Operations

- AF stated that the Children and Adolescent Mental Health Services (CAMHS) continue to have long waiting lists with plans in place to ensure people are seen through the "Waiting Well" plan. ADHD services are in a similar position and a lot of work has taken place with Place commissioners as well as the implementation of a different triage approach in some areas which it is hoped will resolve some of the challenges.
- Acute mental health inpatient services continue to manage high levels of acuity as well as an increased level of harm to self and harm to others which has resulted in an increase in the level of observations required. Further work has taken place around efficiencies, and what additional support is required. AF added that a review of documentation is underway.
- There is a continued demand for people to be admitted into hospital as well as a high number of service users clinically ready for discharge. Work is underway to escalate those ready for discharge and support people to move on.
- Demand for the Single Point of Access (SPA) has increased, which has resulted in 1 area moving into business continuity plans.
- Overall, mental health services are reported to be very busy and AF confirmed that there are areas of work that could be discontinued which will help release Health Care Support Worker time and increase the time for care.
- GE noted the issues around ESR system access, exclusion of data and user access not being fully functional and asked how these issues were being addressed to help frontline staff. AF confirmed that each time an issue is identified, the team work hard to rectify the issue as soon as possible. AF agreed to look at this in more detail to understand the issues faced by staff.
- The number of race related incidents has had a significant impact on colleagues and a deep dive has taken place with more focused work on supporting colleagues, as well as looking at ways to prevent future incidents.
- MF noted that there were some areas with very low appraisal rates and asked what was being done to help them to increase the number of completed appraisals. AF stated that these are known issues that are under review with solutions already in place. JH confirmed that the Electronic Staff Record (ESR) system is not particularly user-friendly and the uploading of data as soon as possible is being pushed as a solution to some of the issues. Support is available for staff when entering data to ensure that it is uploaded as soon as possible. AF added that hot spot areas have been identified, and the Care Group Directors are focusing on these to ensure appraisals take place as soon as possible.

Finance

Adrian Snarr (AS) confirmed that the in-month position is positive with a surplus of £1.1million. This includes a number of non-recurrent actions taken in order to reach the break-even position.

The Trust has seen marginal improvements regarding the stabilisation of the workforce however the position remains around 2% above the zero-growth plan. A further effort is required going into the new financial year.

Cheswold Park Hospital has also made a small, positive contribution to the financial position as it is marginally ahead of the business case planned profile. However, there continue to be cost pressures related to the medical workforce as well as a number of unexpected non recurrent estates costs including remedial water work across the site.

The West Yorkshire and South Yorkshire Provider Collaboratives will end the financial year with a deficit. A block contract with the South Yorkshire Provider Collaborative has been agreed for Cheswold Park Hospital therefore South Yorkshire are commissioning more beds than there are patients as the Trust works towards the initial threshold of 70 patients at the hospital. It is projected that as patient numbers increase into next year, this will be resolved.

More work is required to maximise bed usage in West Yorkshire with increased pressure from enhanced packages of care and out of area bed usage. The main area of increased focus is on clinically ready for discharge. Due to delays with some more complex patients, this was escalated to the ICB to ensure appropriate placements were put in place as soon as possible. AS reported that the extra costs will end in April 2025 which is positive, and the Trust is confident in hitting the plan.

Agency and bank usage is reviewed twice weekly and remains stable with a step change due to begin on 1 April 2025.

Capital remains rated red due to disproportionate spend in the last month, however AS reported that this was an area of close focus, and the Trust is confident in hitting the expenditure target. There has been some slippage related to the Older People's Transformation Programme where a significant amount of capital was assumed and the Trust had to find alternate schemes from future years. AS advised that management of capital has been difficult, but it was important to note that available capital will be utilised this year as there will be no opportunity going forward to manoeuvre capital programmes between years. MBr reminded the Board that deferring of capital was outside of the Trust's control due to the timing of the General Election and the Trust having to defer the consultation process for the Older People's Transformation Programme. The team have responded well in light of the challenges faced and the Trust will continue to aim to reach the target as close as possible.

GE raised a query as to whether Cheswold Park Hospital is part of the "Better Payment Practice Code". AS confirmed that Cheswold Park Hospital is included, and everything taken through the ledger system is tracked. The Trust has always been above the Better Payment Practice Code.

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

TB/25/27b Care Group Performance Dashboard (agenda item 10.2)

Adele Fox (AF) presented the Care Group Performance Dashboard for Community Mental Health Services. The report was taken as read.

- Sickness absence rates vary between long-term and short-term sickness, driven by norovirus, flu and elective surgery. Staff continue to be supported whilst off work.
- Mandatory training compliance has improved overall. However, there are some hot spot areas which are consistent with the current level of vacancies and sickness.

- There has been a reduction in completion rates for Information Governance (IG) training which is attributed to an annual fluctuation. However, there is no apparent correlation between the number of IG breaches and areas with low compliance.
- It was noted at the recent Operational Management Group meeting that a national review is taking place regarding RRPI training for people who work in the community.
- Turnover fluctuates between areas across the Trust, and Barnsley was noted as an area with a higher turnover. Work is underway with leavers to understand why staff are leaving the organisation in order to improve staff experience.
- There has been no agency usage within community teams.
- The Barnsley Care Group forecast a £1.1million underspend due to the number of vacancies and due to additional funding received in February 2025.
- There have been some breaches in crisis and routine access targets. However, these were followed up quickly and were noted to be due to recording errors with no harm to service users.
- Early Intervention in Psychosis (EIP) 2-week access exceeded the 60% target in all areas. There were 2 'Did Not Attends' (DNAs) due to 1 person over the Christmas period choosing to go away for the weekend and the other DNA was due to a recording error.
- Family and Friends Test feedback remains positive and demonstrates good outcomes.

MBr noted that the level of detail within the report provided additional insight into particular areas and allows services to probe into this further. He advised the Trust also reported a positive response in terms of Accident and Emergency (A&E) crisis teams and people who present at A&E with a mental health illness. Over 90% of people were seen within 1 hour which is positive. However, should the target not be met, he explained this could present a challenge for the Acute Trust. Nationally there is an increased focus on how acute trusts and mental health trusts can work collaboratively to improve 12-hour breaches. AF added that the Trust has applied to join the NHS Confederation national programme focusing on improvement for this very issue. The Trust's bid is joint with our West Yorkshire acute trust partners.

MBu noted that the Calderdale and Kirklees Friends and Family Tests were lower than other areas and requested that this be reviewed in order to increase the levels in line with Barnsley and Wakefield.

Action – Adele Fox

It was RESOLVED to RECEIVE and NOTE the report.

TB/25/28 Risk and Assurance (agenda item 11)

TB/25/28a Patient Safety Oversight Quarterly Report (agenda item 11.1)

The Patient Safety Oversight Quarterly Report was taken as read and DT provided a summary of the key points:

- The Trust continues to have robust systems in place to oversee and learn from patient safety incidents.
- Incident data for quarter 3 was presented as Statistical Process Control (SPC) charts and it was noted that there were no "never events" within the reporting period.
- Overall, the Trust continues to see normal variation in the number of incidents reported. There was an increase in reported incidents from February 2024 to August 2024 and this continues to be monitored.
- Analysis of data within quarter 3 shows all areas remain within normal expectations with no significant changes.

- Following the ~~The report included an appendix from the~~ Learning from Healthcare Deaths report, ~~and~~ DT confirmed that there was a robust system in place to oversee all deaths that occur within the organisation. Overall, the Trust continues to see 'normal' variation in the reported number of deaths of people known to the Trust. Over Quarter 3 there was an increase in the number of deaths reported. However, there were no areas of special cause variation that required further exploration. This will continue to be monitored by the Patient Safety Support Team.
- MK advised that the Quality and Safety Committee had issued a request to be made aware of any inpatient deaths as they occur. DT confirmed that this will become part of routine incident reporting into the Committee.

It was RESOLVED to RECEIVE the Patient Safety Oversight Quarterly Report.

TB/25/28b Strategic Overview of Business and Associated Risk (agenda item 11.2)

Dawn Lawson (DL) advised that the Strategic Overview of Business and Associated Risk paper was previously reviewed at the last Strategic Trust Board meeting. She advised further amendments and additions had been clearly tracked and stated that the key point of note was around the connection and alignment between the strategic position and risk and how these are pulled together. Annual PESTLE (Political, Economic, Socio-cultural, Technological, Legal and Environmental) and SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis takes place to allow sufficient challenge in order to ensure the strategy remains current. DL confirmed that there is strong alignment across all pieces of work and recommended that the paper be received.

It was RESOLVED to RECEIVE the Strategic Overview of Business and Associated Risk.

TB/25/28c Priority Programmes update for 2025/26 (agenda item 11.3)

As part of the Trust Strategy Refresh, DL confirmed that a review of priorities had taken place which identified 3 leadership priorities for quality:

1. Living our values
2. Reducing inequalities
3. Making the most of our resources

DL advised that the paper outlined the work taking place to realign the Strategy, Inclusion and Change resource to ensure the Trust delivers the strategic priorities. If a decision has an unintended consequence, the data will be highlighted in order for the approach to be changed. She advised that the paper provided an overview of how resources are being used and how these are refocused in line with Trust values whilst not increasing inequalities.

It was RESOLVED to RECEIVE the Priority Programmes Update for 2025/26.

TB/25/28d Financial and Operational Planning (agenda item 11.4)

Sean Rayner (SR) advised that the paper provided a summary of the internal process undertaken in preparation of the Trust's Operational and Financial Plan for 2025/26. The paper also referenced the planning guidelines, the content of the Trust plan and the planning process. The plan was presented to the Finance, Investment and Performance Committee on 17 March 2025. SR advised it would be reviewed in more detail as part of the private Trust Board agenda. MBu thanked SR for the update and stated that it provided the Board with a lot of assurance.

It was RESOLVED to RECEIVE the Financial and Operational Planning update.

TB/25/28e Review of risk appetite statement (agenda item 11.5)

DL confirmed that the annual review of the Risk Appetite Statement had taken place and thanked colleagues for their support. It was noted that some evidence and benchmarks had been published some time ago. However further guidance is expected once the 10 year planning changes are received.

Izzy Worswick (IW) confirmed that the risk appetite statement has been presented at the Executive Management Team Meeting. MK and MF had provided comments on the proposed changes. IW noted that there had been no significant changes to the risk target levels from the previous review. However, she advised that there had been some changes to the risk descriptions following feedback received. The Risk Appetite was therefore presented to Trust Board for approval.

MBu advised that Shadow Board had considered the Risk Appetite Statement and asked the Board to consider the overall risk appetite of the Trust in this context.

It was RESOLVED to APPROVE the Review of Risk Appetite Statement.

TB/25/28f Re-alignment of BAF to the Trust Strategy (agenda item 11.6)

DL presented the Re-alignment of the Board Assurance Framework (BAF) in light of the revised Trust Strategy. She advised that the paper outlined the process taken by EMT to review the risks. Following a review by EMT, a number of risks were revised with a proposal to remove others. Additional risks were added which reflect the Trust's strategic ambition, the Trust's role as a commissioner and provider as well as reflecting the sustainability agenda. It was noted that a new sustainability risk was discussed and included. MBr added that there are more risks than before and typically more than other Trusts and asked the Board to consider whether this was appropriate. Wellbeing was also considered and felt to be appropriate however it was now included within a broader risk rather than being a standalone BAF risk. Issues around a possible reduction in the level of partnership working and work to integrate services due to the financial climate were also acknowledged. Trust Board agreed to set up a Trust Board session regarding risk as part of the strategic Trust Board later in the year.

Action - Andy Lister

It was RESOLVED to APPROVE the Re-alignment of BAF to the Trust Strategy.

TB/25/28g IPC Board Assurance Framework (agenda item 11.7)

DT provided a summary of the Infection Prevention Control (IPC) Board Assurance Framework which was taken as read. DT advised that this was a routine, 6 monthly Infection Prevention Control self-assessment against BAF expectations.

The Trust is compliant against 9 out of 10 criteria and partially compliant in 1 area. The partially compliant area relates to the FFP3 mask wearing, as discussed earlier under agenda item 9, and the IPC team have robust systems in place to oversee compliance.

Cheswold Park Hospital was not included in this submission as the acquisition of Cheswold Park Hospital was outside the reporting period. Going forward it will be included in the 6 monthly report. A separate IPC audit has been completed at Cheswold Park Hospital.

It was RESOLVED to RECEIVE the IPC Board Assurance Framework.

TB/25/28h Cheswold Park Hospital Update (agenda item 11.8)

SR provided an update on Cheswold Park Hospital and the intensive work and positive progress that has taken place since the acquisition in October 2024.

There is continued focus on inpatient admissions which are progressing. Additional milestones also include the implementation of SystmOne which will go live from 1 April 2025, and the continued consultation on the corporate establishment review.

MBu acknowledged the huge amount of work that had taken place, including the support provided by Julie Hall, Deputy Director of Cheswold Park Hospital Integration.

GE raised a question around the financial safeguards for Cheswold Park Hospital. AS confirmed that all the safeguards were confirmed in writing from NHS England and delivery of these would be monitored against the business case in order to ensure the Trust is in a sustainable position once the supported funding ends. He advised South Yorkshire ICB had already transacted the commitment of capital for the next financial year,

MK also noted the hard work undertaken by SR stating that his leadership had been tremendous. She advised that the acquisition of Cheswold Park Hospital had been a high risk from a quality and safety perspective however there were excellent staff and leaders within the Trust supporting the quality improvement work. She advised this would enable the stepping down of the quality improvement groups as soon as they are no longer required. MK and SR delivered a joint presentation on the work that has taken place at the quality improvement group and it was agreed to bring an update to the next Trust Board meeting to provide positive assurance to the Board.

Action – Sean Rayner

It was RESOLVED to RECEIVE the Cheswold Park Hospital Update.

TB/25/28i Nottinghamshire Healthcare Independent Review (agenda item 11.9)

DT presented the Nottinghamshire Healthcare Independent Review following the tragic events at Nottinghamshire Healthcare NHS Foundation Trust, and the Trust's response to the 2 national recommendations following the review. He advised that the paper also provided a summary of the Trust's position against the recommendations and next steps. MBr added that 3 people tragically lost their lives and a city was put into lockdown a result of this incident.

AF advised that the SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) action plan was well balanced. She advised that there were also plans in place to work together with Rotherham, Doncaster and South Humber (RDaSH) to undertake a peer review. AF advised that the Chief Nurse of Nottinghamshire Healthcare, Diane Hull, was scheduled to join the EMT Time Out meeting in April 2025 to speak to colleagues around the intricacies of the report and the challenges and national context around decision making in this patient's care.

MF asked how many service users are known to the Trust that choose to refuse treatment and could be high risk. DT explained that where people have a major mental health diagnosis, e.g. schizophrenia, have an identified risk of violence and do not engage with services, how we approach this population has been reviewed locally in response to the recent national request. Part of the submission included assurance that the Trust does not discharge people with this set of needs solely on the basis that they refuse to engage with services. The Trust policy, protocol and expectations are that there is a multidisciplinary review to risk assess whether everything possible has been done to engage an individual. This could include engagement with partner organisations and agencies to manage the potential risk and consider whether there is anything more than can be done. AF stated that in this particular case in Nottinghamshire, the patient disengaged and was therefore discharged. It was acknowledged by that provider that there were more opportunities to engage the patient before he was discharged, and that more work should have been done to engage him with services. MF asked how many people in this Trust met these criteria in our submission. DT advised that the Trust was asked to include the Trust processes as part of

the submission, not the number of patients with this set of needs who disengage from services.

NMc stated that although the report provides a lot of reassurance, the case is not unique and queried whether there are any risks or gaps that need to be addressed. MBu stated that the Trust should always ensure that the right assurance systems are in place to manage the most vulnerable people, confirm what those assurance systems are and that they are consistently applied. AF confirmed that the work will continue as this is an evolving risk. The Trust will continue to work with the ICB and community mental health services and learn from the work undertaken with RDaSH and consider whether there is anything further that can be done. ST agreed that this type of incident could happen anywhere and stated that the Executive Trio have reviewed all the areas of improvement and learning and developed a number of actions.

It was RESOLVED to RECEIVE the Nottinghamshire Healthcare Independent Review.

TB/25/28j Care Quality Commission (CQC) inspection action plan updates (agenda item 11.10)

DT advised that the CQC inspection action plan provided an update on progress against actions for the Mental Health Care Group, Inpatient Services, Psychiatric Intensive Care Unit (PICU) and Forensic Services.

16 Acute and PICU "must do" actions:

- 10 actions are complete
- 2 actions are complete and await further evidence from the Care Group to enable them to be signed off as embedded
- 1 action is on track for completion
- 2 actions are related to care planning
- 1 action relates to reducing prone restraint

DT added at the last CQC quarterly update meeting, the CQC acknowledged the progress regarding prone restraint and no further concerns were raised.

12 Acute and PICU "should do" actions:

- All 12 actions are now complete.

7 Forensic services "must do" actions:

- 4 actions are now complete
- 2 actions are complete and await further evidence from the Care Group to enable them to be signed off as embedded
- 1 action is off track, related to Trust-wide work on reducing prone restraint

7 Forensic services "should do" actions

- 4 actions are now complete
- 1 action is complete and awaits further evidence to enable sign off as embedded
- 2 actions are off track related to the use of blanket restrictions and outside spaces and confirmation of activities across wards

In relation to the outside space action, AF advised that work is ongoing to resolve this action which is related to the availability of staff to support service users having access to outside spaces. Providing access to outside spaces, observing the service user while they are outside, documenting the risk assessment and adding it onto the system each time a service user goes outside. The Trust needs to be clear about what actions are possible and what are outside the Trust's control. Trust Board agreed to pick up a more detailed discussion as part of the Private Trust Board session later that day.

MK raised a concern about the timeframe for completion of the CQC actions as the inspection took place some time ago. She acknowledged that the CQC are onboard with the work underway as well as the positive review being carried out on outside spaces. AF advised that a review of data was taking place using the NHS "Making Data Count" to move the actions into business as usual and then close the actions. DT agreed to develop a trajectory for closure of the CQC actions to present to EMT, Quality and Safety Committee and Trust Board.

Action – Darryl Thompson

It was RESOLVED to RECEIVE the CQC inspection action plan updates.

TB/25/28k NHS Staff Survey results (agenda item 11.11)

JH confirmed that following the positive response to the NHS Staff Survey in 2023, the Trust had maintained the positive position and benchmarked well both regionally and nationally. The response to the survey in 2024 rose by 6% to 57% which is 3% higher than the national average for similar providers. He advised the report highlighted the positive progress made and the high-level results will be used to validate progress on existing plans including People Promise, WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) action plans. It was noted that has been a reduction in LGBT+ theme scores which was highlighted as a concern. JH advised that the results would be used to validate the Workforce Strategy approach which has been reviewed by the People and Remuneration Committee.

JH advised that, following engagement with clinical groups, detailed data will be used to develop local action plans by the end of May 2025. A different type of analysis of data was produced this year, looking at team level and individual questions which will allow teams to compare themselves against other teams within the same care group. A communications plan is also being developed, and the delivery of local action plans is expected to begin in June 2025. Promotion of the NHS Staff Survey 2025 will begin in September 2025.

Overall, it was acknowledged that the Trust was in a positive position in terms of the Staff Survey results.

MK asked whether pulse surveys are used as, by the time the report is published, the data is out of date. JH advised that pulse surveys are no longer used as it was found that staff felt overwhelmed by the number of surveys they were asked to complete which led to an overall reduction in staff responses.

MBu raised a concern regarding issues within the Human Resources (HR)/People Directorate where the indicators from staff were noted to be red. MBu requested that further work is required as soon as possible in order to understand and address the issues raised by staff.

MBr noted the experience of people with protected characteristics which had either not changed or deteriorated. He advised more work was required to target these areas and consider ways to improve people's experience at work.

NMc stated that further work around organisational development should be considered and queried what areas would be prioritised as areas of importance and increased focus. JH confirmed that a lot of work is already taking place with the People Promise Plan as well as developing the design of the strategy. However, this work must not detract from the delivery of key pieces of work that have already begun. JH agreed to have a discussion with NMc and the People and Remuneration Committee to consider an action plan and target the areas for improvement.

Action – Jon Head

MF raised a question regarding the 43% of staff that have not responded and whether the data could be broken down further. JH confirmed that the data provides the level of responses within care groups, and this can be broken down to team level. However, at team level, the presence of data is reliant on there being 11 responses. Anything below 11 responses will not produce data. DL advised there was some learning from the Trust Strategy refresh around engagement. Estates and facilities and inpatient wards are often areas with low response rates. These areas were targeted at part of the strategy refresh and health and wellbeing work. General feedback received has also highlighted that a lot of people do not believe the survey is genuinely anonymous and this could also be a reason for low response rates.

In summary, MBu stated that the positive staff survey response rate should be celebrated and acknowledged that this is due to positive local management.

It was RESOLVED to RECEIVE the NHS Staff Survey 2024.

TB/25/29 Integrated Care Systems and Partnerships (agenda item 12)

TB/25/29a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

MBr requested the South Yorkshire update be taken as read and provided a summary of the discussion which took place at the South Yorkshire ICB meeting:

- Finance was a key area of the discussion.
- Specialist commissioning will be delegated from NHS England to the ICB from 1st April.
- The Place report focused on the Barnsley mental health crisis and children and young people.
- The Board Assurance Framework was updated.
- The service user story was related to a service user from RDaSH and his lived experience and decision making which has identified some areas to consider.
- In terms of the Mental Health, Learning Disability and Autism (MHLDA) Collaborative, the process around medical emergencies for people with an eating disorder was presented along with the shared arrangements for joint commissioning.
- There was a deep dive into ADHD and autism.

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

- Following the retirement of Wendy Lowder, Place Director (Barnsley), Katy Calvin-Thomas has been appointed as Executive Director for Place, and Director of Adult Social Care. DL confirmed that a meeting with Katy has been arranged for 28 March 2025 and MBr is also making arrangements for Katy to visit services within the Trust
- Priorities have been set around Place to understand what how the national changes impact Barnsley
- The Barnsley Health and Wellbeing Strategy has been finalised and DL noted that SWYPFT have been involved in the development of this.
- Barnsley Healthcare Alliance continues to develop, and following the Darzi report there is an opportunity for additional leadership capacity to move the work forward

It was RESOLVED to RECEIVE the South Yorkshire update including South Yorkshire Integrated Care System (SYICS)

TB/25/29b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 12.2)

SR provided a summary of the WYHCP update and highlighted the following:

- The focus was on planning guidance and plans for next year.

- Wakefield Health and Wellbeing Board reported that the Resident First Group donated 44,000 food parcels to adults and 20,000 food parcels to children in the Wakefield area in 1 year
- The Citizens Advice Bureau calculated that the "Help at the Hub" venues brought in an additional £1.3million of extra payments, benefits and debt write-offs for local residents. SR added that these venues are held in person and residents have reported that without these "in person" contacts they would not have received the additional payments.
- A recommendation was presented to the Wakefield Mental Health Alliance, following a 3-month engagement process, to commence the shadow year for delegation of ICB functions. A process of personal engagement with partners is underway.

It was RESOLVED to RECEIVE the West Yorkshire Health and Care Partnership (WYHCP) update and RECEIVE the minutes of the relevant partnership board minutes.

TB/25/29c Provider Collaboratives and Alliances (agenda item 12.3)

AS advised that the paper provided additional context around other West Yorkshire collaboratives and provided a summary:

- Tier 4 Child and Adolescent Mental Health Services (CAMHS) and adult eating disorder services continue to experience financial pressures and the West Yorkshire Provider Collaborative will continue to operate with a risk share across NHS Trusts.
- There are a number of patients out of area across West Yorkshire, and AS confirmed that bed configurations are continually reviewed but are constrained by capital.
- A new seclusion suite has been opened in the Newsam Centre in Leeds which is expected to help ease pressure. However, there continue to be challenges around accepting new patients due to lack of seclusion suites.

MBr added that the number of out of area bed placements across West Yorkshire reduced by 6 last month and that this was an area of opportunity for next year to increase occupancy in Newton Lodge and bring people back into area. AF confirmed that this work was already taking place.

It was RESOLVED to RECEIVE the Provider Collaboratives and Alliances.

TB/25/30 Governance (agenda item 13)

TB/25/30a Trust Seal (agenda item 13.1)

Since the last report was presented to Trust Board in November 2024, AL reported that the Trust Seal has been used on 1 occasion for the renewal of the 5-year lease for New Street Health Centre in Barnsley, for Rotherham NHS Foundation Trust to deliver dental services. AS confirmed that the Trust own the building and Rotherham NHS Foundation Trust occupy the building to deliver a service.

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

TB/25/30b Internal Governance Framework (agenda item 13.2)

DL advised that the next stage in the Internal Governance Framework process is to consider the data feeds, intelligence and analysis of the Integrated Performance Report (IPR) in order to provide assurance on the structure. An ongoing review of data feeds will also take place in order to develop a schedule that identifies where insight has been obtained.

IW confirmed that the changes highlighted in the report mostly relate to changes of meeting names. The report had been reviewed at operational management level as well as EMT to ensure that the structure is current. The framework will be benchmarked against other trusts in year to consider how to present it in a more user-friendly format. AL added that was

difficult to present the framework legibly in the annual report and a discussion would take place to discuss how to streamline it further.

Trust Board agreed that the format was easy to follow and provided a good level of assurance.

It was RESOLVED to APPROVE the Internal Governance Framework.

TB/25/31 Strategies and Policies

TB/25/31a EDI Strategy (agenda item 14.1)

DL advised that the Equality, Diversity and Inclusion (EDI) strategy was presented at Trust Board for final approval. DL noted that the strategy was important for many reasons including for people with protected characteristics, as noted in the staff survey discussion. The strategy provides assurance that the views of people are being heard and outlines the work that will take place for each aspect of equality, diversity and inclusion strategy. Clear objectives are set out and the use of improvement methods throughout the year will help to ensure the Trust is getting it right. DL added that it is also important to set out a clear intent around EDI, particularly with the current financial position and the potential impact on health inequalities.

NMc stated that the EDI and Clinical Strategies were both positive, well written, engaging and easy to read and understand. AL also noted the positive feedback received from Members' Council and the engagement with governors.

It was RESOLVED to APPROVE the Equality, Diversity and Inclusion Strategy.

TB/25/31b Clinical Strategy (agenda item 14.2)

Katie Puplett (KP) Chief Allied Health Professional joined the meeting to present the Clinical Strategy to Trust Board. KP provided a summary of the strategy and advised that specific focus groups were established with different professions along with a Clinical Strategy Steering Group who met fortnightly over a period of 12 months with positive engagement from colleagues.

The purpose of the strategy is to support the Trust values and ambition to be outstanding. 8 clinical principles were developed in keeping with the Trust Strategy. 6 clinical priorities were also developed which are more specific and have actions linked to them. The principles will run until 2030 and will be reviewed annually as well as regular update meetings with the clinical steering group to review implementation. The next meeting is scheduled for April 2025 to review the plan and actions, and an update will be presented at the Quality and Safety Committee.

The Clinical Strategy aligns with other Trust strategies particularly the Quality and Safety Strategy, Sustainability and Digital Strategies and colleagues involved with those strategies are also key members of the stakeholder groups.

MK noted that the strategy was positively received at the Quality and Safety Committee and the committee were keen to ensure that quality improvement be included. ST added that the strategy was driven by clinicians and co-produced with service users. Following feedback received from the Quality and Safety Committee, an increased focus was agreed around reduced length of stay and a reduction in out of area beds.

Trust Board thanked KP for the excellent work that has taken place in the development of the strategy and acknowledged the positive links with other strategies and how these will be developed going forward. MBu stated that the overarching Trust-wide strategy would be the main driver, supported by the clinical strategy, and the EDI and workforce strategies will help to underpin the delivery of the overarching strategy as part of the deployment plan. DL

added that the priorities around value for money, values, health inequalities and use of resources run through all the strategies, and these will help to support discussions and decision making going forward.

It was RESOLVED to APPROVE the Clinical Strategy.

TB/25/32 Trust Board work programme for 2025/26 (agenda item 15)

AL confirmed there have been minor changes to the Trust Board work programme. He advised that the finance update had been added to the Trust Board agenda going forward and assurance from committees would be an added as a separate agenda item following the Chief Executive's update.

MK stated that it would be helpful to review the Quality and Safety Committee work programme. AL confirmed that the Quality and Safety Committee workplan is reviewed to ensure reports are presented to committee and Trust Board on time and as per the workplan. MBr added that workplans are also reviewed as part of the annual committee effectiveness review process. IW stated that a review of governance across the year is planned with a view to developing a calendar which will provide information to committees and Non-Executive Directors on dates and items scheduled for review at Trust Board and committees.

It was RESOLVED to NOTE the work programme.

TB/25/33 Any other business (agenda item 16)

No further business.

TB/25/34 Date of next meeting (agenda item 17)

The next Trust Board meeting in public will be held on Tuesday 29 April 2025 at Fieldhead Hospital.

Signature: 

Date: 29 April 2025