South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 28 January 2025
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
	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:	Dawn Lawson	Director of Strategy, Inclusion and Change
	Julie Hall (JHa)	Deputy Director of Corporate Governance
In attendance:	Jon Head (JHe)	Chief People Officer
	Sean Rayner (SR)	Director of Provider Development
	Adele Fox (AF)	Chief Operating Officer
	Sue Barton (SB)	Deputy Director of Strategy, Inclusion and Change
	Izzy Worswick	Assistant Director of Corporate Governance
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Manager (author)
Observers	Shadow Board members	
	John Laville – Public Governor	

TB/25/01 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu), Chair, 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.

MBu informed attendees that the meeting was being recorded for administration purposes, to support minute taking, and once the minutes had been completed the recording would not be retained. Attendees of the meeting were advised that 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 for the Board to respond to questions and comments, received in writing.

MBu welcomed Adele Fox to her first Trust Board meeting as Chief Operating Officer.

TB/25/02 Declarations of interest (agenda item 2)

There were no declarations of interest.

It was RESOLVED to NOTE the updated declarations of interest.

TB/25/03 Questions from the public (agenda item 3)

No questions were received from the public.

TB/25/04 Minutes from previous Trust Board meeting held 26 November 2024 (agenda item 4)

DT highlighted on page 14 of the minutes there is reference to ligature reporting. The last bullet point states "DT confirmed that SWYPFT review all community buildings" and DT clarified that should read "SWYPFT review all community buildings they own".

Action: Andy Lister

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

TB/25/05 Matters arising from previous Trust Board meeting held 26 November 2024 and Board action log (agenda item 5)

TB/24/118 – "Erfana Mahmood (EM) referenced the changes to the Mental Health Act noting the Mental Health Act Committee has been kept well informed, but it would be useful for the Board to understand the fundamental effects on Trust services". MBu asked Erfana Mahmood (EM) if anything would be presented to Board outlining the changes.

EM reported the team are working through the changes and there will be a session presented to Board in due course.

Mark Brooks (MBr) noted the changes are still going through Parliament and this will take some time, with the expectation that implementation will take up to eight years.
MBr suggested this should be part of a future Board strategy session to outline the key changes and what to expect from the revised legislation.

Action – Andy Lister

TB/24/119a (6) – "NM 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. NM 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."

Nat McMillan (NM) advised that People and Remuneration Committee (PRC) and Quality and Safety Committee (QSC) have seen the incremental improvement, but there is a need for continued focus, including the impact of staff travelling to training venues.

TB/24/119a (1) – "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 this is part of the IPR development, there will be two targets for complaints, an internal trajectory of improvement and a trajectory against national targets." Trust Board noted a monitoring process has been put in place in relation to complaints and a regular paper is received by the Quality and Safety Committee. It was agreed to close this action.

TB/24/120e – "In terms of suggesting deep dives for committees, 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."

AS advised that there has been a discussion at Finance, Investment and Performance Committee (FIP) noting that deep dives haven't been carried out over the last few months to allow for a focus on care groups. It was agreed to leave the action open whilst the FIP work plan is reviewed and updated to include deep dives.

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

TB/25/06 Service User/Staff Member/Carer story (agenda item 6)

Adele Fox (AF) introduced Becky Martin (BM), a dietician from the Learning Disability Health Team in Calderdale, based at Hebden Bridge. Becky works with people with learning disabilities to help them with eating disorders, eating habits and weight control.

BM explained that in Calderdale, the strategic health facilitator identified a gap in service provision for adults with learning disabilities, as there was no offer of a group weight management service. There is a voucher scheme on offer from GPs to attend a slimming group, but these groups are often not accessible for adults with a learning disability and therefore there is a trend of untreated obesity.

BM reported that following a meeting with a local leader looking into premature deaths of people with learning disabilities, it was identified that one theme was obesity and lack of access to support for weight management. In collaboration with Calderdale Council, who provided a “Better Living” service, it was decided to work jointly and provide a “Healthy Living Group”.

The Group is a six-week course to allow health changes to be put in place. Carers are invited to attend bespoke sessions, as they often support service users in terms of meal planning and shopping.

BM explained that one of the advantages of running the group with the Council is being able to work with Council staff to run the group alongside SWYPFT nursing assistants and advanced health practitioners with support of a multi-disciplinary team (MDT). The group is accessible for people in wheelchairs and those on antipsychotic medications, with the aim to make the group accessible to everyone. Currently the service is working towards including service users with type 2 diabetes as the advice and treatment regarding weight and diabetes is similar.

BM reported that the groups are well attended with good outcomes, with some significant weight losses which have been maintained, as well as people feeling generally healthier.

BM reported SWYPFT are hoping that the Council will be able to run a weight maintenance group to support service users who have had success through the Healthy Living Group, to support them over the longer term.

Subha Thiyagesh (ST) thanked BM for her story and emphasised how important these services are considering the prevalence of diabetes and co-morbidities contributing to early mortality for service users with learning disabilities. ST queried how feedback is received from those that have used the service.

BM advised that an evaluation takes place at the beginning and end of each course and an effectiveness survey is also circulated.

BM added that the aim is to make the group accessible for everyone which will include using interpreters if needed. The initial assessment form identifies any extra needs, to allow for these to be planned into sessions. Information held on SystmOne is also used to check for other issues needing to be considered such as allergies and challenging behaviours etc. BM highlighted the importance of meeting individual needs even though the service is run as a group.

Sean Rayner (SR) highlighted recent media coverage suggests there is evidence that diet is an important issue and asked if there is a flow of people into the service as a result of annual health checks.

BM reported as the service becomes more established, it is being advertised wider, including to GPs, for referrals following annual health checks.

BM added that another advantage of working with the Council is the provision of exercise with each group, including 10 minutes of seated exercise. This not only supports weight loss but joint mobility too.

Mark Brooks (MBr) reported he has visited the team in Calderdale and highlighted this a great example of a team working to address health inequalities and helping people achieve a healthier lifestyle. The team has also worked closely with Calderdale and Huddersfield hospitals to identify challenges for people with a learning disability who are negatively impacted by skin cancer.

MBr noted the broad geography of the Trust and how great teams, such as this one, are working hard every day to actively engage with people and improve their lives, which is especially important in more remote areas.

MBr reported he recently attended an event hosted by the Kirklees Insight Team who advocate for improvements to physical health, and this is another great example of brilliant work taking place across the Trust to promote positive physical health and asked the Board to recognise the work the Trust do additional to core mental health provision.

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

TB/25/07 Chair's remarks (agenda item 7)

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

- Corporate and Organisational Risk Register
- Commissioning Committee minutes
- Integrated Care System updates
- Complex incidents report
- Finance update for 2024/25

MBu acknowledged that the Trust is very busy at the moment and thanked all staff for their continued hard work over the Christmas holiday period.

It was RESOLVED to NOTE the Chair's remarks.

TB/25/08 Chief Executive's report (agenda item 8)

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

- The prevalence of flu has been much higher this year than previous years which has caused significant pressure for acute colleagues as well as SWYPFT.
- The Trust took the decision to reintroduce the use of face masks on inpatient wards, following a rise in the prevalence of flu and the relatively low uptake of the vaccine. The pressure is easing, and the use of masks will now be reviewed.
- A limited period of snow made travel difficult, especially in Barnsley with many staff walking to work to ensure they could still provide a service.
- MBr highlighted the ongoing work by Barnsley physical health services to help prevent admissions into hospital from the community and assist early discharge to help with bed flow.

- Planning guidance is expected imminently making the timescales for completion and submission to the ICB very tight, with an anticipated submission deadline of the end of March. Planning will be tough given the financial challenge, despite the additional funding secured by the NHS.
- There have been some leadership changes with partners including Carol McKenna, Place Director for Kirklees, who retires at the end of March and Jo Webster, Place Director for Wakefield who has recently resigned. Wendy Lowder, Executive Place Director for Barnsley retires at the end of February and will be replaced by Katie Calvin-Thomas who joins from the Manchester system, taking on the joint role between the Local Authority and the South Yorkshire ICB.
- Bob Kirton, Managing Director at Barnsley Hospital has, in effect, swapped jobs with Michael Wright at Rotherham Hospital.
- In positive news, Cheswold Park Hospital has reopened to admissions for the first time since June 2023 which is a milestone to be recognised. There is great work taking place to integrate Cheswold within SWYPFT.
- The new digital strategy is aligned to the government's stated aims of moving towards digital interventions and the use of digital. The Trust has a robust IT infrastructure and a focus on accessibility and innovation, which is part of the new strategy.
- There has been a consultation with regards to regulation of NHS managers and most people have had the opportunity to respond to this.
- MBr extended the welcome to Adele Fox who has a wealth of experience to share with the Trust.
- MBr recognised the achievements of colleagues. Laura Habib has done great work in promoting the use of wellbeing champions across the organisation, and she has been invited to speak at another Trust to share her experience.
- "Volunteers day" in December was successful in celebrating and promoting volunteers.
- Overall, it is a challenging time with very tough finances, but staff continue to work hard for the service users.

MBu highlighted The Brief, which is included in the Board papers, and highlights what staff are achieving, despite the challenging circumstances.

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

TB/25/09 Risk and Assurance (agenda item 9)

TB/25/09a Assurance and approved minutes from Trust Board Committees (agenda item 9.1)

Commissioning Committee (CC)

Gary Ellis (GE) asked for the AAA report to be taken as read and highlighted the following:

- The Patient Safety Incident Response Framework (PSIRF) is creating some challenges for the provider collaboratives in terms of reporting. The provider collaboratives are well sighted on this, with work ongoing to improve.
- There is a need to mitigate the financial risks in relation to Cheswold Park and increase patient numbers.
- Changes to the Mental Health Act need to be captured within the Commissioning Committee and any changes noted.
- There has been a joint review of the findings from the Edenfield report which shows good collaborative working across South and West Yorkshire.
- The West Yorkshire process of Multi-Agency Public Protection Arrangements (MAPPA) has been seen as best practice in terms of how cases are tracked, and the levels of clinical engagement. Adele Fox (AF) added that this shows multiple agencies working effectively together to ensure there is awareness of service users who are offenders and in the public arena.
- The Committee is questioning whether the lead provider budget is adequate going forward.
- There is good progress with getting contracts signed.

- The establishment of a South Yorkshire forensic community team will help with supporting more timely discharges in the area.

Mental Health Act Committee (MHAC)

Erfana Mahmood (EM) asked for the paper to be taken as read and highlighted the following:

- The changes to the Mental Health Act have a long lead time.
- There has been an audit on community treatment orders (CTOs) which has raised some disparities in terms of numbers. There will be a further deep dive to understand benchmarking against national reports.
- There have been some delays with CQC actions including an outstanding action regarding a ligature risk in a courtyard which has been escalated.
- Performance and reporting from Cheswold Park was discussed in the meeting for the first time with no concerns raised. There is a lot for the Mental Health Act team to do in terms of record keeping.
- There are focused projects taking place on Horizon and Newhaven, one of which concerns black and asian men being detained under the Mental Health Act. For the Horizon project, NHS Providers have asked the team to present at a national webinar about advanced and independent choice around records.

Nat McMillan (NM) raised the Patient Carer Race Equality Framework (PCREF) and queried if the project regarding the detention of black and asian men is aligned with the framework. Subha Thiyagesh (ST) confirmed that this work is aligned and included within the Equality, Diversity and Inclusion Strategy.

MBr noted that EM has reported a ligature risk in a courtyard has been escalated, however in the integrated performance report (IPR) it states that 100% of all urgent ligatures have been addressed. Darryl Thompson (DT) agreed to take this to the clinical reference group to confirm the position.

Action – Darryl Thompson

Equality Inclusion and Involvement Committee (EIIC)

MBu advised for the report to taken as read and highlighted the following:

- The Equality, Inclusion and Involvement Strategy is starting to form part of the wider strategy of engagement.
- Momentum around the social responsibility and sustainability agenda, including work ongoing throughout the organisation, needs to be maintained.
- The content of the Committee is being looked at as there is some overlap with other committees.

Audit Committee (AC)

Mike Ford asked for the paper to taken as read and highlighted the following:

- In line with the standard procedures of the committee, when 360 Assurance (internal auditors) issue a report with limited assurance it is discussed at length in committee.
- A limited assurance report has been received regarding the Trust's arrangements for financial sustainability and value for money. A number of key recommendations were made, including reviewing the Trust establishment and some cultural change to ensure everyone in the organisation can contribute to identifying opportunities for value for money and savings. The recommendations will be overseen by both Audit Committee and Finance, Investment and Performance Committee.
- There were updates from the lead directors responsible for two other previously reported limited assurance audits, with Jon Head (JH) and DT giving updates to close off recommendations in those reports.
- Audit Committee are taking responsibility for the oversight of the freedom to speak up process in line with the Healthcare Financial Management Association's (HFMA) guidance on best practice. MF asked Board members to confirm they were supportive of

this proposal. Board unanimously agreed with the proposal to move reporting for freedom to speak up from the People and Remuneration Committee to Audit Committee.

- The decision has been taken to lower some approval limits for managers below senior management to allow greater oversight of requests through the procurement system. Adrian Snarr (AS) confirmed this will be communicated to staff once approved by Board later in this meeting.
- Deloitte, the external auditors, advised there are ongoing conversations regarding how the acquisition of Cheswold Park will be accounted for and how this will impact on the numbers at the end of the financial year.
- There has been a paper about the capacity of executive directors and an update was received addressing the challenges around capacity with ongoing updates.
- The committee continues to meet with internal and external auditors without management being present with a positive and open relationship.

AS added that the Value for Money Oversight Group has been re-established. This is chaired by AS and is meeting fortnightly, and executive directors meeting weekly. All key lines of inquiry are identified with standard documentation to record what is being done, when, by whom and who the senior responsible officer is.

Quality and Safety Committee (QSC)

Margaret Kitching (MK) gave the following updates from the report:

- There are concerns in relation to an alert about absence without leave and what is being reported on Datix in terms of rationale and outcomes. Some service areas have very high numbers in comparison to others with better understanding needed.
- The importance of clinical record keeping has been raised (also in other committees), as a golden thread running through a number of risks. Record keeping was highlighted in CQC inspection reports and there will be some focused work going into this and how to perform effective audits.
- There was a great presentation from the “Dr Who” group which is a support group for individuals who identify as neurodivergent, which highlighted the positive work taking place.
- An update was received regarding the new Quality Assurance System (QAS) which should be up and running by the end of March.
- Medical devices servicing compliance has been an area of focus with assurance received about the work programme.
- There have been conversations regarding service users bringing dangerous weapons into the Trust. An understanding around the remit of searches is being discussed to provide assurance.
- The safer staffing report was well received and demonstrated the huge amount of work going on.
- The establishment review is a key area of focus in committee.
- The sexual safety annual report was well received after delays.

People and Remuneration Committee (PRC)

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

- Appraisal compliance is at 87% despite system access challenges and a trajectory has been requested over the next few months. There is an expectation for this number to fall as a solution to the challenges around Workpal are resolved.
- JH added that there had been a number of outages with Workpal over the last couple of months which highlighted the instability of the system, before the system went down completely. There is now an interim solution available on the intranet through ESR to record completed appraisals which also allows for real time reporting.
- The Committee will be reviewing the appraisal metrics from April.

- There was an update regarding recruitment and a reduction in 45% of time to hire. It was noted the leadership in this area has made a real difference.
- A comprehensive report around sexual safety was received with a lot of insightful and thoughtful work having taken place.
- There will be an update regarding the interim people plan with early indications that some of the deliverables are off track due to capacity. These will be delivered but there may be a delay, and the impact will be outlined in Committee.

Finance, Investment and Performance Committee (FIP)

David Webster (DW) asked for the paper to be taken as read and highlighted the following:

- Cheswold Park is behind plan financially, which is a challenge, along with the wider Trust financial challenge with expectations to get back in line with plan.
- Only 30% of the annual capital plan has been spent to date with some assurance that full capital spend will be achieved.
- Agency use has plateaued, and work is ongoing to bring use down further.
- The waiting list report was well received and highlighted that the demand for ADHD and ASD has stabilised, but remains well above commissioned levels and without action, waiting lists will continue to increase.
- The CAMHS waiting list has increased in all areas except Wakefield.

MBr mentioned capital spend for the year with the most significant programme of work being the Older People's Service transformation. The consultation process was delayed as a result of the timing of the general election and had a knock-on effect on capital spend. The team are doing all they can to bring other programmes forward to achieve the budget.

It was RESOLVED to RECEIVE assurance and minutes from Trust Board Committees.

TB/25/09b Board Assurance Framework (agenda item 9.2)

AS explained that presented was the quarter 3 report for 2024/25 and highlighted the following:

- The Q3 and Q4 reports will remain in line with previous strategic objectives. Work is underway to align reporting to the new strategy with the first report due in July 2025.
- An internal audit for the Board Assurance Framework (BAF) was returned with significant assurance.
- Financial challenges have been drawn out in the BAF review. 2025/26 planning guidance is still to be received in order to inform the BAF further in relation to the financial risk.
- The Trust is gaining a better operational understanding of Cheswold Park challenges. These are separate to strategic challenges, but there is a changing focus across the South Yorkshire Integrated Care Board, dominated by finance discussions.

AL confirmed that he, Dawn Lawson and Sue Barton are currently working on the re-alignment of the BAF to the new strategic objectives. AL added once this work is complete, a similar process will need to take place in relation to the organisational risk register.

MF noted an action from the BAF internal audit was to consider alignment of risks to Directors and committees. MBr confirmed the BAF is always reviewed at Board as most of the risks are strategic, and as such benefit from full Board discussion and are typically difficult to align to a particular committee.

It was RESOLVED to NOTE the internal audit rating of significant assurance for the Trusts Board Assurance Framework, APPROVE the proposed updates to the Board Assurance Framework and APPROVE the proposed timeline for the new Board Assurance Framework.

TB/25/09c Corporate / Organisations Risk Register (agenda item 9.3)

AS introduced the item and highlighted the following:

- Risk 1078 – "*Risk that young people will suffer serious harm as a result of waiting for treatment or neurodevelopmental assessment.*". There are still long wait times in some service areas, but the risk has reduced as it relates to serious harm which is lower than initially recorded.
- Risk 1957 "*Risk that the Trust's financial viability will be further impacted by the 2024/25 pay award cost, in addition to previous partially unfunded pay awards, being greater than the funding received, leading to the requirement for additional value for money programmes and additional efficiencies.".* The financial risks are increasing, but planning needs to be completed before the risk can be fully reviewed. This will remain an area of focus and will be reviewed in line with the future plans of the Board.
- Risk 1820 "*There is a risk that the cumulative impact of staff shortages, high turnover of staff, high use of temporary staffing, low supervision rates, opportunity to release staff for training and high acuity, could have a detrimental impact on the culture of a team which could then lead to patient harm.".* AS explained this risk was set at a time when there were a high number vacancies and difficulties to recruiting into them. In the past two years recruitment has been successful, and headcount has increased. Workforce needs to stabilise for 2024/25 with no reason to doubt this will continue to be the case for 2025/26. Some teams are still running with a significant number of vacancies and will continue to do so which will be addressed in the establishment review.

NM clarified that risk 1820 was discussed in the People and Remuneration Committee rather than Quality and Safety Committee as stated in the paper.

MK raised risk 1820 relating to staff shortages which she believes requires further discussion. EM agreed as the last report reflected an increased risk and this report proposes a reduction. Trust Board agreed the Executive Management Team should discuss this risk. It was agreed to retain a score of 9 at this time

Action - EMT

NM raised how the conversation around Risk 1820 would be shared and MBr confirmed that the discussion will go through the relevant committees again.

MF highlighted that the score for Risk 1217 *"Risk that the Trust has insufficient capacity for change to meet its own and system-wide objectives, potentially resulting in the Trust or system not meeting service users' needs"* has increased and been signed off at Audit Committee.

MBr noted risk 1650 - *Inpatient areas with gardens that have access to single storey buildings present an increased risk of absconding and/or falling resulting in physical injury.* MBr reported a number of Mental Health Act reports refer to a lack of accessibility to courtyards and gardens. The Trust has several single storey buildings. The Executive Trio are reviewing the controls and policies to ensure these are still appropriate and this will be reported into EMT.

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

In addition, Trust Board RESOLVED to APPROVE the decrease in risk score for risks 1078, 1729 and 1151, NOTE the change in wording for risk 1957, APPROVE the change in wording for 1888, APPROVE the new risk score of 9 for risk 2012 and APPROVE the increase in risk score for risk 1217.

TB/25/09d Reducing Restrictive Practices Review (agenda item 9.4)

DT introduced the item which is an overall review of restrictive practice and highlighted the following:

- The report has been developed to support a clear understanding of restrictive practice and to describe the oversight and assurance work to reduce it.
- There are recommendations in the report which have informed the forward facing workplan.
- The report defines restrictive practice as “all deliberate interventions that will restrict a patient’s movements” and includes physical, medication and blanket restrictions.
- Reducing restrictive and physical interventions (RRPI) has now changed to reducing restrictive practice (RRP).
- Prone restraint training is being reviewed and an effective way of reducing prone restraint is to no longer train people to use it.
- Further work will be carried out regarding benchmarking when information is available.
- Work is being carried out to promote and embed least restrictive practices across the Trust in all its forms from a culture point of view.

ST added that some quality and improvement work will commence across six wards this year. These wards have the highest rates of seclusion. Historically there have been high rates of violence and aggression related to seclusion on Nostell Ward. The quality and improvement work that has taken place has had a significant impact on this ward, which has been sustained.

ST explained monitoring of tranquilisation is being overseen by the Drugs and Therapeutics Committee. Alternative solutions to intramuscular injection sites are being considered and appropriate training is being rolled out. Escorted leave is being discussed in Mental Health Act Committee as when leave is not supported, there is potential for incidents of violence and aggression. There has been an improvement in Section 17 Leave with 98% of authorised leave being taken.

MK supported the ongoing work and noted the blanket restriction issue in seclusion when the individual needs of service users need to be taken into account, including physical health.

EM highlighted the improvement around escorted leave and gave credit to the team, operational areas and Kate Quail, (former non-executive director), who led on this work.

EM raised a question regarding a reliance on prescribed medication and how it is monitored. There is a campaign called STOP in Barnsley to review “over-medication” and queried if this worth looking at across the Trust.

ST responded that medications are reviewed through QSC and across the medical directorate. There is specific quality improvement work that all wards can sign up to. Multi-disciplinary team (MDT) checklists include a medication review with pharmacists, and doctors and teams review medication on admission.

EM requested to see an update report around the STOP campaign and the review of medications.

Action – Subha Thiyagesh

MBr highlighted the report shows a lot of work taking place, however the use of prone has plateaued for the last few months. The report clearly articulates where there is an issue and questioned whether the actions taken are going to address reducing prone to zero.
MBr noted AF has joined the Trust from Nottinghamshire Healthcare NHS Foundation Trust and can look at the use of prone with a fresh pair of eyes to challenge what the Trust could do differently.

Action: Darryl Thompson/Adele Fox

AF added that conversations have been focused on moving from teaching prone to how to move away from prone as quickly as possible. Some of the challenges are around seclusion

rooms, low ceilings and mattresses on the floor which can make an exit from prone challenging.

MBu reiterated that prone should not be happening and if it is, it should be a rare event.

Andy Lister (AL) reported that this paper was presented to Shadow Board, and the following question was raised:

"Do we look at prone restraint data through a protective characteristic lens and is there that cross review?"

DT responded that each incident of prone is reviewed by protected characteristic and geographical location. The potential impact of protected characteristics is reviewed at the time with the team. DT confirmed this will be reflected more in the next report.

EM mentioned that special chairs are in use to help with prone restraint and advised that EyUp charity are able to assist with purchasing items like this if needed.

MF queried if the Trust is an outlier in terms of the use of prone.

DT reported this is not known at the moment but reporting criteria may vary and benchmarking data and is being obtained.

MK reported that Cheswold Park are reporting zero incidents of prone restraint and praised the Trust for its open and transparent reporting. MK added that the environment service users are in may be contributing to prone restraint incidents.

ST added incidents of prone restraint are regularly discussed by the executive trio. Special chairs are available, and training is being rolled out. ST reiterated that every incident of prone restraint is discussed in the clinical oversight group for the purpose of learning.

It was RESOLVED to RECEIVE the Reducing Restrictive Practices Review Report.

TB/25/09f Safer Staffing Report (agenda item 9.5)

DT introduced the item and highlighted the following:

- Safer staffing is overseen by EMT and is reported through the integrated performance report and in bi-annual reports to Board.
- The focus of this report is on inpatient services. Cheswold Park is not included within this reporting period.
- The Trust is demonstrating an improving position in line with progress in recruitment and retention.
- Inpatient services have deployed an average of 30% more staffing above current baseline establishment with some high additional staffing in places linked to heightened acuity, in particular service users requiring close observations. This flags the need to review establishments which is underway, supported by NHS England.
- Ward safer staffing levels continue to be maintained and are supported by flexible staff workforce.
- Patient outcome data including incidents of self-harm, violence and aggression and medication omissions are monitored to help triangulate intelligence around ward situations.
- There have been 17 incidents over the past six months where registered nursing fell below the 80% threshold which was a decrease of 31 compared to the previous six months.

ST added that the establishment review has been discussed in QSC, looking at what is required as a minimum and what the clinical need is. One of the indicators is care hours per patient which will be helpful to guide recruitment for substantive workforce.

ST noted, in terms of the national threshold of 80% of registered nursing, Board need to note that although the Royal College sets the standard of 80%, there is a balance between what is best for service users and carers, and the skill mix between registered and unregistered staff.

ST highlighted the significant improvement in reducing restrictive practices and the cancellation of Section 17 Leave.

DW raised the establishment review and the value for money project and how quickly the review will be carried out in order to align with budget.

DT reported there is an interim position of the establishment review being used at the moment. Early learnings will be available at the end of February with full results by the end of March.

AS confirmed the interim report is being used for budget setting as part of planning which will be tight. The biggest challenge may be that inpatient pressures mean establishments will need to be held at a lower level in other areas until the review is complete.

AF added that the interim report refers to only mental health and not forensics or neurological rehabilitation, which also need a review.

MK asked if the establishment review included just nursing and care staff or other roles such as allied health professionals. She stated that in her opinion everything needs to be looked at as part of the full review.

DT confirmed that the current view is currently on registered and non-registered staff, particularly non-registered staff. Speech and language therapists, medical and occupational therapists, which will be part of the next phase of the establishment review.

MBr asked for assurance regarding how safe care is ensured in cases where levels of registered nurses is below 80%.

DT advised this is tightly managed within care groups and would not happen without leadership being aware and having a plan. Options are for staff to work shorter shifts and lead nurses or matrons being stepped down from other roles to provide additional support from neighbouring wards.

MBu advised acuity is not clearly defined in the report and can be perceived differently dependent on experience.

DT advised that the safe care system is being rolled out across wards, which captures acuity as the number of people who require close observations, an escort or the number of people who are in seclusion.

MBu asked to have a conversation with DT outside of the Board meeting in relation to this report.

Action: Darryl Thompson

EM queried if the definition and understanding of acuity is a national issue with the King's Fund carrying out some research and asked if there was any progress on this?

MBr advised acuity is regularly discussed on national chief executive calls with everyone facing the same challenge, with nobody definitively defining and measuring acuity.

MBr suggested this could be an agenda item for a strategy meeting, with someone from operations attending to explain what acuity means to them on their ward.

Action – Adele Fox

It was RESOLVED to RECEIVE the Safer Staffing Report.

TB/25/09g Equality and Diversity Annual Report (agenda item 9.6)

Sue Barton introduced the item and highlighted the following:

- The report demonstrates that the Trust meets public sector equality duties.
- The report covers the look back to 2023/24 and is the basis for the analysis for the new and developing strategy which will be presented to Board in March/April.
- The next report will show more around impact and the "so what".
- There is good progress regarding systems and processes, visibility of data but more needs to be shown about the impact this is having.
- The Trustwide Equality Impact Assessment has been helpful in understanding the impact across all Trust services.
- There has been work into an anti-racist statement and the Patient Care Race Equality Framework.
- There is a lot of ongoing work connecting into communities through inclusion work around connecting people which has been helpful in the review of the equality, diversity and inclusion strategy and the Trust strategy.
- It was acknowledged the Trust's involvement of children and young people was limited and has been a focus of some targeted work.
- There has been some work with carers regarding the triangle of care.
- There are now 80 green light champions for people with a learning disability.

MBr highlighted the anti-racism framework and explained that how this is used in the strategy refresh is key. MBr noted there is a lot of great work taking place with positive achievements but asked if the Trust is making a real difference to people, including service users and staff. The actions being taken need to make a real difference to people's experience.

EM suggested it would be helpful to focus on three or four impactful priorities as there is a lot of data with a lot of effort put into collecting it and it would also help give EIIC a real focus and purpose.

Action: Dawn Lawson

It was RESOLVED to APPROVE the final draft report prior to publication.

TB/25/09h Cheswold Park Update (agenda item 9.7)

Sean Rayner (SR) introduced the item and highlighted the following points:

- Cheswold Park are now on the Trust intranet and email system.
- Datix has been implemented, and the estates reporting system is aligned. This is a tremendous achievement to get these systems aligned in a short space of time.
- The roadmap in the paper shows the key milestones and the progress being made.
- There is further work ongoing regarding the corporate establishment review which has commenced.
- There is a continued focus on new patient admissions with the first patient since transfer being admitted on 7 January.

MBr reiterated the many achievements regarding the integration of Cheswold Park which remains a significant challenge.

AS added that integration of Cheswold Park to the NHS when it was previously independently owned adds a further level of complexity with a lot of staff not previously experienced with NHS ways of working and policies and procedures.

For assurance, SR added that the programme group continues to closely monitor the roadmap and meets weekly, reporting into the executive management team meeting.

It was RESOLVED to NOTE the update report.

TB/25/10 Business Matters (agenda item 10)

TB/25/10a Operational and Financial Planning for 2025/26 (agenda item 10.1)

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

- The report covers the framework for the Trust's annual plan and despite not yet receiving the planning guidance, proactive work is taking place so that a timely response can be made.
- There has been a significant amount of work being carried out, including workshops with care groups to drive consistency and alignment with the refreshed strategy.

AS added that the timeline was designed with the expectation that the planning guidance would have been received at the end of 2024, and therefore some of the timescales may shift with a condensed time frame to review, consult and present for sign off, including the Board, and this may present a challenge.

MBr noted there may be a requirement to submit a draft to the next Finance, Investment and Performance Committee meeting and suggested that MBr, MBu, AS, DW have delegated authority to approve a draft submission.

SB advised a lot of work has taken place with care groups and their plans which have looked at priorities. This may need a further iteration once the planning guidance is received but the content should be largely unchanged.

It was RESOLVED to NOTE the update on the development of, and timescales for, the Trust operational plan for 2025/26 and Trust Board AGREED to delegate authority to the Chief Executive, Chair, Director of Finance, Estates and Resources and the Chair of FIP to APPROVE a draft planning submission to the integrated care board.

TB/25/11 Performance Reports (agenda item 11)

TB/25/11a Integrated Performance Report (IPR) Month 9 2024/25 (agenda item 11.1)

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

- The Trust is still expected to hit plan at breakeven, which will be tight, but there is confidence this can be achieved. Grip will need to be maintained, particularly around workforce.
- There is a slight increase in RIDDOR incidents this month, partly due to the inclusion of Cheswold Park where there have been two incidents, and there are four incidents relating to one patient on Horizon. Nearly all incidents relate to events of violence from patients to staff. A couple relate to trips and falls due to adverse weather. All incidents were reported to the Health and Safety Executive (HSE) within the appropriate timelines with no negative feedback.
- There have been a couple of cases of e-coli and c-difficile.

AF commented that the IPR is a large document with a couple of hotspot areas including neurological rehabilitation, where there are higher sickness levels, falls, and lower supervision,

but these are being closely managed. There is higher staffing on Horizon with high incidents, particularly due to one service user, and there are good levels of supervision.

MBu agreed that the IPR is large and there is a need for the data to be analysed and interpreted to bring the key issues to Board as it can be difficult to triangulate the information.

MK asked if the cases of c-difficile and e-coli are in a specific area.

DT confirmed they are in physical health wards in Barnsley with the e-coli linked to a suspected urinary tract infection. No contributary factors or learning has been identified.
The c-difficile was a relapse of an infection which had been present in an acute Trust. The only area of learning was the need to take blood tests, with the acknowledgement that it was extremely difficult to take blood from the individual in question.

MK added it is important to note that neither of these cases were due to a lapse in care within SWYPFT.

MBr noted the pressures in the system at the moment and highlighted that out of area bed placements have been maintained at between four and five patients throughout December and January.

MBr recognised the metric regrading people with a learning disability commencing treatment within 18 weeks was red or amber for a prolonged length of time and, following an effective quality improvement approach, for the last four months this metric has been green. Clinically ready for discharge numbers have decreased to 3.7% which can mask issues with individual wards and services, where numbers can be higher with significant issues in specific services.

MBr noted staff turnover numbers and reflected that in his memory turnover has never been so low, demonstrating the Trust is succeeding with staff retention and wellbeing. It could also signal there are less opportunities elsewhere due to the financial landscape.

GE queried the progress around access to tier 4 beds and residential care for children across the system.

DT responded this remains a challenge which is recognised at place. The complex presentation of some of the young people in services are significant and the Trust continues to liaise with the provider collaboratives to ensure that all options are explored.

MK advised QSC is trying to establish what happens to young people who are admitted onto adult wards, although there have not been any in the last reporting period.

DT added that there is a significant impact of children moving across borders who require a bed within a few hours of arriving in the SWYPFT footprint, having not had any contact with services before.

SR added that the Trust do have input into the multi-agency partnerships who pick up emotional wellbeing services in advance of NHS care and there are good relationships in each district to present this kind of data to try and move the agenda forward and be more proactive with early intervention.

EM asked if any data has been captured in relation to children on adult wards, as part of the digital scoping exercises to capture children's experience of their mental health journey?

DT confirmed that there are some digital solutions being used and will be part of the capture of young people's experiences which will be reported through QSC.

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

TB/25/11b Care Group Dashboards (agenda item 11.2)

AF explained that this report relates to Barnsley Physical Health and Wellbeing Services and asked for the paper to be taken as read and highlighted the following:

- There is excellent partnership working across Barnsley which takes a lot of ongoing focus to maintain.
- Sickness across the care group has decreased and there has been a deep dive to understand what the absences relate to, with the highest causes being elective surgery and seasonal illnesses.
- There has been a focus on the neurological rehabilitation ward which has experienced significant performance issues with issues relating to staffing, sickness absence, supervision and falls, with a greater grip on these now. Two nurses have been recruited which will help alleviate pressures and there is a grip on supervision.
- Musculoskeletal services have continued to meet their targets despite having to relocate some services.
- Urgent care has performed very well over the last few months considering winter pressures, including continuing to meet the target of a response within 2 hours.
- The care group have good oversight of pressure ulcers and have identified that some of the patients they care for within their own home rely on the domiciliary partners to carry out the 2 hours return of those patients. They recognise that this is an issue for them and have started some partnership working to ensure the impact of this is understood.
- Falls within neurological rehabilitation and stroke rehabilitation have increased, leading to some work with the falls team to support service users as well as training staff.

MBr commented the Barnsley Physical Health and Wellbeing Care group is very well managed.

ST added this care group remains an area of focus within Barnsley and there is a care quality group working with care home staff and place quality staff which links in with the Patient Safety Oversight Group and Complex Clinical Matters Group. ST added that digital solutions to falls are being explored with the Trust involved in a research project looking at how the risk of falls can be predicted and the optimisation of medicines.

It was RESOLVED to RECEIVE and NOTE the report.

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

TB/25/12a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

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

- A young lady with autism presented her story to the Integrated Care Board. She had experienced 10 years of feeling she was not being listened to and when a key worker was introduced it was life changing. She felt listened to, supported in the best environment and was helped into employment. What started as a very challenging situation became an inspiring case of how someone can progress with the right care and support.
- One government aim is to address economic inactivity and £10m in funding has been provided to South Yorkshire to help people back into and remain in employment.
- There is a focus on the 10-year plan and how this will impact the Joint Forward Plan that South Yorkshire needs to submit by the end of March.
- The place review into Barnsley provided a focus on the introduction of family hubs, a young persons' careers event and the creation and agreement of an all-age autism and strategy delivery plan.
- The finance report shows a £47m deficit at the end of December which was £35m adverse to plan demonstrating challenges in the system.

- Time was spent discussing the emergency preparedness submission. Most organisations have submitted an improved position although no Trust is yet fully compliant.
- Within the Mental Health, Learning Disability and Autism Collaborative there was a focus on health inequalities benchmarking and compared what SWYPFT is doing with Sheffield Health & Social Care (SHSC) and Rotherham, Doncaster, and South Humber (RDaSH)noting each Trust is taking similar approaches with some difference on specifics.
- Eating disorders were discussed at length in terms of medical emergencies for eating disorders (MEED).
- A key update from Barnsley is looking at 2025/26 priorities, some joint working with the hospice and Health on the High Street.

It was RESOLVED to NOTE the SYB ICS update.

TB/25/12b 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 suggested the report be taken as read and highlighted the following:

- The West Yorkshire Integrated Care Board discussed the Wakefield leadership review.
- There has been an escalation to ICB executives regarding delays to discharge of people with learning disabilities which is impacting on other services.
- There has been a deep dive into all age waiting times for neurodiversity with a focus on developing a different model.
- There is a workstream within West Yorkshire to develop a grip on the strategic commissioning approach for neurodiversity services.
- There has been a governance review of the mental health and learning disability partnership which will be reported back when complete.

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/25/12c Provider Collaboratives and Alliances (agenda item 12.3)

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

- There are some emerging financial pressures across all collaboratives with the exception of forensic CAMHS.
- In the West Yorkshire collaborative there has been a lot of work carried out on bed modeling which is now being pulled together into a strategy.
- There is some great work being undertaken looking at how trusts can better utilise their estate and bed base. This goes back to organisational level to be part of estates strategy and prioritised on behalf of the collaborative. The project could take some time to deliver.
- There is a new seclusion suite opening in Leeds in the Newsham Centre. . This is due to feedback that there is limited access to seclusion which can limit admissions through clinicians feeling they are taking a risk if they seclusion is not available as and when needed. This will help to manage out of area bed use.
- Closure of the national women's enhanced medium secure services (WEMSS) has led to two patients coming back into West Yorkshire, one into South Yorkshire and one patient not being admitted who was due to go into the service. This means there are four patients with complex needs and expensive packages of care, which is a concern for the collaborative to ensure the individuals are in the correct services.
- In South Yorkshire there is a focus with the commissioning hub around Cheswold Park and bringing it back into normal commissioning arrangements in line with all the partners in the South Yorkshire Collaborative.
- Relationships are being built with partners to ensure there is an equally cohesive system as there is in West Yorkshire.

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

TB/25/13 Strategies and Policies (agenda item 13)

TB/25/13a Digital Strategy (agenda item 13.1)

AS explained that the digital strategy is presented to Board for formal sign off. There have been extensive discussions over the year regarding the overarching Trust strategy and the digital strategy has been developed in line with this.

- AS highlighted that the strategy starts from a really good position with good systems, good integration across systems and a solid platform upon which to build with a need to pitch ambition at the right level.
- The strategy has been separated into seven key domains which are highlighted in the report:
    - Equitable accessibility for all – predominantly to enable digital communications with patients and expanding patient knows best as a digital platform.
    - Improving digital literacy for all - digital communications can only be used if the recipient is able to access and understand the communications.
    - Digitally Capable Workforce - Improve the skills, competencies, and confidence, nurturing a digitally capable workforce in keeping with Trust values. Training is offered for a digitally capable workforce but there are differential services which embrace digital in different ways.
    - To be digitally informed – there is good data but how is this extracted, fed back and used effectively will be a focus.
    - Digital ambience - Providing a safe, supportive, and collaborative environment that openly encourages a culture of digital opportunity exploration at all levels. How opportunities are captured with a level of ambition but safely.
    - Digital innovation – does the Trust want to be a leader or a follower, with the solution being somewhere in the middle. The Trust has a broad workforce, and all ideas need to be captured effectively and turned into plans.
    - Digitally safe – the Trust has cyber essentials plus status and this needs to be uncompromised as part of this strategy.

ST confirmed that Paul Foster attends research and development sessions regarding developing artificial intelligence framework, with all suggestions around how to improve services for staff being looked into.

DW confirmed that the strategy has been reviewed in detail including by the digital oversight group which is chaired by Dawn Lawson.

MBr summarised that the digital strategy supports one of the government aims of moving from analogue into digital. MBr added that the team has a very strong track record of delivering against previous digital strategies, however the financial climate could inhibit doing everything in the plan over the next three years which the Board needs to bear in mind.

MBr added that the Trust is still carrying out many tasks manually, including minute and note taking, which there must be a better solution to. It is also recognised that there may be a gap where there may not be the capacity and knowledge of digital innovation.

It was RESOLVED to APPROVE the revised Digital Strategy for 2024-30, setting out the strategic intent for the Trust for the next five years.

TB/25/13b Estates Strategy update (agenda item 13.2)

AS confirmed that the Trust is 18 months into the strategy since it was approved and highlighted two key updates:

- The North Kirklees Hub and Folly Hall are being brought into a single scheme which is progressing well.
- The older people's service transformation is ready to go with all the groundwork being put into place towards the end of this financial year with the building work due to commence early next financial year.

AS advised, there has been a review of the Barnsley estate in the strategy which doesn't include Health on the High Street and the building that Barnsley Council have purchased. The Trust is keen to be a partner with Health on the High Street and has been clear that there is limited opportunity in 2025/26 because of the older people's transformation scheme. The Trust will continue to work on what can be achieved in 2026/27.

AS reported that work continues towards net zero carbon with some financial constraints regarding what can be done and at what pace.

AS commented that this is a 10-year strategy which continues to evolve with new developments being added. The most significant being the Fieldhead site and a grant being approved for a research and development facility on site and ambitions for the mental health museum to expand. There are some constraints around utilities with a site master plan needed as the rate limit has been met for electricity and a significant sum would need to be spent to upgrade facilities to site. There may be some updates needed to the Kendray site as well.

AL advised that a question was raised at shadow board:

"Would there be any consequence for the Trust should it not achieve being a net zero organisation?"

AS answered that there are no regulatory consequences of not achieving net zero with the rate limiting factor being financial, with significant ambition but likely to be expensive.

ST highlighted the grant for an R&D facility was a national bid from the National Institute of Health and Research for £1.2m which will provide recognition across West Yorkshire of the work the Trust carry out in terms of R&D, potentially bringing in commercial research studies.

It was RESOLVED to NOTE the update.

TB/25/14 Governance (agenda item 14)

TB/25/14a Constitution, Scheme of Delegation and Standing Financial Instructions (agenda item 14.1)

AS advised that there is an annual review of the Trust Constitution. An internal review has been carried out and all references to "Monitor" have been replaced with NHS England where appropriate and an update in line with the code of governance for NHS provider trusts relating to non-executive director and governor terms.

AL explained there is a change proposed for governor terms, who could previously serve a maximum of three, three-year terms. The proposal is an option to extend the final term by one year in exceptional circumstances which will need to be approved by the Members' Council.

AL explained that the difference to non-executive directors is that NEDs can serve two three-year terms with any extension into a third term only allowed with approval from the ICB and NHS England.

AS reported that the standing financial instructions (SFIs) have also been reviewed in light of the financial pressures and approval limits have been adjusted to ensure additional scrutiny

is in place for expenditure. Internal work was carried out with budget holders and peer organisations SFIs were reviewed to ensure the Trust is in line with recommendations that some limits are reduced to escalate sign off to more senior members of staff.

AS explained the changes regarding approval levels with some limits being decreased from £10,000 to £5,000. All orders over £5,000 are being looked at with procurement for extra scrutiny and every non pay item is checked by the procurement team.

It was RESOLVED to APPROVE the updated Constitution, Standing Financial Instructions and Scheme of Delegation to be presented to Members' Council on 14 February 2025.

TB/25/14b Commissioning Committee Terms of Reference (agenda item 14.2)

AL explained that the Trust commissioned Hill Dickinson to carry out a review of the Commissioning Committee terms of reference which was undertaken and presented to the Commissioning Committee with some requests for amendments.

The amendments have been worked through and were re-presented to Committee in December and are presented to Board for approval.

AL highlighted that should there be any systemic changes in relation to delegation of authority to integrated care boards from NHSE, there will be the opportunity to review the terms of reference further between now and presentation in April which will be undertaken if there are any changes.

It was RESOLVED to APPROVE the Commissioning Committee Terms of Reference.

TB/25/15 Trust Board work programme 2024/25 (agenda item 15)

It was RESOLVED to NOTE the work programme.

TB/25/16 Date of next meeting (agenda item 16)

The next meeting will be held on 25 March at Kendray Hospital.

TB/25/17 Any other business (agenda item 17)

None.

Signature: 

Date: 25.03.25