South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 1 July 2025
Small Conference Room, Wellbeing and Development Centre, Fieldhead Hospital Wakefield

Present:	Marie Burnham (MBu)	Trust Chair
	Mike Ford (MF)	Non-Executive Director
	Gary Ellis (GE)	Non-Executive Director
	Margaret Kitching (MK)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Martin Neeson (MN)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Dawn Lawson (DL)	Director of Strategy, Inclusion and Change
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Prof. Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
Apologies:	Christine Brereton (CB)	Interim Chief People Officer
	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director
In attendance:	Izzy Worswick (IW)	Deputy Director of Corporate Governance
	Adele Fox (AF)	Chief Operating Officer
	Andy Lister (AL)	Company Secretary
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
Observers	Dr Nikhil Bhuskute (NB)	Gatenby Sanderson insight programme candidate
	John Laville (JLa)	Public Governor – Kirklees (Lead Governor)
	Dorothy Coates (DC)	Appointed Public Governor – Barnsley Council

TB/25/35 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 welcomed Dr Nikhil Bhuskute, from the insight programme run by Gatenby Sanderson, who would be observing the meeting. The insight programme is for aspirant executive and non-executive directors and as part of the programme they are given attachments to local NHS Trusts to gain insight into the workings of a Trust Board.

MBu also welcomed Martin Neeson (MN) to the meeting as a new Non-Executive Director.

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/25/36 Declarations of interest (agenda item 2)

No declarations of interest were noted.

It was RESOLVED to NOTE the declarations of interest.

TB/25/37 Questions from the public (agenda item 3)

No questions were received from the public.

TB/25/38 Minutes from previous Trust Board meeting held 29 April 2025 (agenda item 4)

Mike Ford raised a query regarding progress with the change of wording of risk 812. Andy Lister (AL) confirmed that the revised wording was supported by the Executive Management Team meeting and would be presented to Trust Board on 29 July 2025 for final approval.

The minutes were accepted as an accurate record of the meeting held on 29 April 2025.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 29 April 2025 as a true and accurate record.

TB/25/39 Matters arising from previous Trust Board meeting held 29 April 2025 and Board action log (agenda item 5)

TB/25/22 - In relation to Mike Ford's (MF) query regarding whether there would be opportunities to discuss acuity further, MBr stated that a detailed paper regarding acuity was presented to Trust Board last month and requested that this action be closed as it will be discussed in detail and taken forward by the Quality and Safety Committee. MBr recommended adding acuity to the Trust Board workplan for any future updates.

TB/25/27a - Darryl Thompson (DT) provided an update on progress on the action requesting a further discussion on prone restraint with monitoring via the Quality and Safety Committee and advised that an update on prone restraint will be formally reported into each Quality and Safety Committee meeting.

TB/25/27b - In relation to Committee Chairs undertaking a review of risks with executive colleagues in each Committee meeting, Margaret Kitching (MK) confirmed that the Quality and Safety Committee review risks at each meeting. Gary Ellis (GE) also confirmed that the Commissioning Committee review risks at each meeting with South Yorkshire and West Yorkshire Provider Collaboratives presenting their risk registers to formally note the changes. Trust Board agreed to update the action to add risk updates to each Committee Triple A report (Alert/Action, Advise, Assure) going forward.

TB/25/28j - Mark Brooks (MBr) requested that the action regarding the trajectory for closure of Care Quality Commission (CQC) actions remains open until the Executive Management Team have reviewed the trajectory for completion of actions for recommendation to Board. Trust Board agreed that the action should remain open.

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

TB/25/40 Chair's remarks (agenda item 6)

MBu noted that the private board meeting would include:

- Complex incidents report.
- West and South Yorkshire System updates.
- Provider Collaboratives and partnership updates.
- Annual report and accounts will be received (these cannot be published until laid before parliament).

It was RESOLVED to NOTE the Chair's remarks.

TB/25/41 Chief Executive's report (agenda item 7)

Chief Executive's report

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

- Following the announcement of the requirement to save 50% of Integrated Care Board (ICB) costs, a blueprint model for the future role of the ICBs has been published and ICBs are currently working towards this. As strategic commissioners, ICBs are expected to fulfil four core functions:
  1 Understanding the local context.
  2 Developing a long-term population health strategy.
  3 Delivering the strategy through payer functions and resource allocation.
  4 Evaluating impact.

  It is expected that a large number of roles will be lost over the coming months, which will impact on staff wellbeing and morale. MBr confirmed that the Trust was engaging with both of its Integrated Care Systems and at place with other Provider Trusts to support the development of future structures and ways of working.
- The NHS 10-year plan was expected to be published that week.
- The Government has announced and published the outcome of its three-year spending review. MBr commented that NHS revenue budgets will increase by 3% each year on average over the course of the spending review period and the main focus will be digital and general practitioner (GP) appointments. There will be a 2% efficiency requirement each year for providers. MBr advised that at this stage, the impact on the Trust is not clear.
- The University of Leeds approved the Trust's application to become a Teaching Trust. MBr explained that there are some final points to consider including impact on the Trust name, agreement of partnership, and human resources agreements and appointment of an associate non-executive director from the University.
- There have been a number of national communications relating to the workforce that Christine Brereton, interim Chief People Officer, will lead on. A new framework has been published regarding pay for very senior managers which will be discussed at the People and Remuneration Committee (PRC).
- The national pay review agreed to a 3.6% pay increase which is higher than the 2.8% guidance provided for planning purposes. MBr advised that it is not clear at this stage what funding will flow to fund this additional level of pay award, therefore, this could result in further cost pressures.
- There is a potential return to industrial action following the British Medical Association (BMA) and Royal College of Nursing (RCN) holding ballots following the announcement of the pay award.
- A joint letter from the Secretary of State for Health and Social Care and Chief Executive of NHS England was sent to all providers and Integrated Care Boards stating that Trusts must reduce their spending on agency staffing by at least 30% in this financial year. MBr added that the Trust has worked hard to reduce agency spending, however, some areas remain where further work is required.
- The Trust is required to save £18m in 2025/26 and MBr reported that the current financial position of the Trust is adverse to plan after the first two months with a deficit of £1.4m recorded year-to-date.
- There continues to be ongoing operational pressures in inpatient and community services. The winter planning guidance was issued recently with increased focus on twelve-hour breaches in accident and emergency (A&E) services. There has also been a spike in out-

of-area bed usage to eight service users. However, this has reduced back down to four individuals thanks to the hard work of colleagues. Occupancy levels of adult wards has been above 100% for the previous three months and is being closely managed. The situation has been compounded by the number of service users clinically ready for discharge who have not been able to move on due to the lack of suitable placements. Adele Fox (AF), Chief Operating Officer, continues to work with partners to ensure people receive the right care and support at the right time and in the right place. This is an issue affecting many providers of mental health and learning disability services across the country.

- The Trust has become the first NHS Trust in the north of England, and third nationally, to achieve Carer Confident Ambassador status which is presented to employers who have demonstrated that they have built an inclusive workplace where carers are recognised, respected and supported.
- MBr formally welcomed Christine Brereton as Interim Chief People Officer who is on secondment with the Trust until May 2026 and Martin Neeson as a new Non-Executive Director.

GE raised a question regarding the transfer of functions from ICBs and whether there is any leeway in the 50% corporate services growth reduction target.

MBr confirmed that there is no leeway in terms of savings, and NHS England, Integrated Care Systems and the Trust need to consider potential areas where provider alliances could work together, e.g. digital, emergency planning and neighbourhood care development.

MBr added that neighbourhood care development is an area of focus and conversations with providers in places are taking place. Trust Board agreed that a high-level gap analysis be presented to a strategic Trust Board once the model has been confirmed to consider the impact.

MN asked whether any estate buildings have been affected by the Reinforced Autoclaved Aerated Concrete (RAAC).

MBr confirmed that none of the Trust estate have any RAAC.

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

TB/25/42 Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 8)

Members' Council 7 May 2025

MBu advised there was nothing significant to note from the last meeting held on 7 May 2025, but added that the current Members' Council membership is the largest in the recent history of the Trust and recognised the work of our Governors.

People and Remuneration Committee 13 May 2025

MBr provided an update on key points from the last meeting held on 13 May 2025:

- The judicial decision on gender identification was noted. NHS West Yorkshire issued a statement in relation to the decision and the Trust is reviewing this with a view to issuing a similar statement on the Trust website.
- MBr also noted the national announcement of changes to visas and immigration and the impact of those changes will be overseen by the People and Remuneration Committee.
- Christine Brereton has undertaken a review of all Trust people strategies and action plans and will bring them all together in order to have a clear focus for the organisation.
- Adele Fox (AF) noted her apologies for the meeting held on 18 March 2025 and advised that she is not a member of the People and Remuneration Committee.

Quality and Safety Committee 13 May 2025 and 11 June 2025

MK provided an update from the Quality and Safety Committee meetings held on 13 May 2025 and 11 June 2025 and provided a summary of the alerts.

- The metrics and updates for care planning and clinical risk assessments continue to be scrutinised by the Quality and Safety Committee. MK advised that there are issues related to record keeping and risk assessments in inpatient and community settings. Discussions regarding the completion of care plans and delays in updating risk assessments onto the system are underway. It was noted that risk assessments are undertaken as required and the issue is related to the delays in entering the risk assessment onto the system due to staff having limited system access while working in community settings and this will be a focus for the committee over the coming year.
- A discussion has taken place regarding the number of sexual safety incidents reported on the Trust's only mixed sex working age adult ward. There will be a further review of sexual safety incidents in July.

Mental Health Act Committee 4 June 2025

Erfana Mahmood (EM) provided an update following the Mental Health Act Committee meeting held on 4 June 2025 and advised that the Mental Health Act administration office provide support to clinical areas with activities including supporting clinical staff with compliance requirements for 41,735 reminders over the past year, supporting compliance with Section 17 leave and Community Treatment Orders. Going forward, the Mental Health Act administration office will need to reallocate some capacity in order to address requirements related to the new Mental Health Act Bill. Subha Thiyagesh (ST) confirmed that there are ongoing discussions taking place with Yvonne French (Assistant Director Legal Services) and Chris Lennox (Director of Services, Mental Health) to look at alternative ways to support clinicians with activity requirements that must be completed in order to be compliant with the Code of Practice. Work is also taking place with the SystmOne team to consider ways to automate activities in order to help relieve the pressure on teams. Once the new Mental Health Act Bill comes into effect, the workload for the Mental Health Act administration office is expected to increase significantly. Trust Board agreed that a further discussion should take place with the Executive Management Team to consider a longer-term solution.

Action – Subha Thiyagesh

Commissioning Committee 17 June 2025

Gary Ellis (GE) provided an update following the Commissioning Committee meeting held on 17 June 2025:

- Referrals from PICU service in West Yorkshire and from the prison service continue to be above previous levels. Analysis of the data from January 2024 to March 2025 revealed that from 11 cases admitted, 55% were from Leeds, 36% Bradford and only 9% (one referral) from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) (Wakefield). Next steps are for a meeting with Integrated Care Board (ICB) colleagues and the adult secure clinical leads to understand interface challenges and differences.
- There was an increase in the number of West Yorkshire referrals to medium secure and specialist services. The team continues to work hard to manage the increase, and further work is required in order to free up capacity to avoid any new out-of-area requests.
- Long standing challenges with delayed cases awaiting transfer to high secure have eased in West Yorkshire with cases admitted to Rampton. In South Yorkshire, clinically ready for discharge remains an issue.
- Both West Yorkshire and South Yorkshire Adult Secure Provider Collaboratives are committed to a breakeven position in 2025/26, and both will need to take actions based on the latest forecasts. The current projection for West Yorkshire shows a deficit of £377k and a deficit of £1.6m for South Yorkshire. GE added that in South Yorkshire there are a number of service users waiting for NHS retained services (high-secure) and this has been reported to the NHS Regional Team.
- The Cheswold Park Hospital Leadership team and the Specialised Commissioning Hub continue to demonstrate positive collaborative working and work will begin in phase two of

the admissions plan. West Yorkshire and Humber and North Yorkshire Provider Collaboratives are included in this work.

- Both West Yorkshire and South Yorkshire provide the Committee with regular performance reports which include referrals, admissions, length of stay and discharges.
- The Lead Provider Contract for 2024-26 was signed by the Trust and NHS England. The Trust are preparing new contracts for in-area providers and out-of-area providers, and good progress is being made on subcontracts for adult secure and Forensic Children and Adolescent Mental Health Services (FCAMHS) providers.
- Risk registers were reviewed and updated.
- Forensic CAMHS (FCAMHS) key performance indicators highlighted good performance across the service with the majority of measures above required compliance. One hotspot regarding safeguarding children mandatory training was identified where this was below target but will be addressed.
- The minutes of the Commissioning Committee meeting will be reviewed in the private board.

Finance, Investment and Performance Committee 12 May 2025 and 23 June 2025

GE provided an update following the Finance, Investment and Performance Committee meetings held on 12 May and 23 June 2025.

- To support delivery of the Trust's break even target the Value for Money (VFM) programme target is £28.2m. This can be summarised as £10m from ongoing vacancy management and £18m cash out. GE reported that the current position is slightly below the target and further work is required in the second half of the year in order to catch up. The deficit run rate has reduced however although it continues to be a challenge.

MBu stated that a more detailed review around performance and financial planning is required as part of the Finance, Investment and Performance Committee. Dawn Lawson (DL) agreed to have a discussion with MBr and Adrian Snarr (AS) regarding the long-term plan for the committee.

Action – Dawn Lawson

Audit Committee 25 June 2025

Mike Ford (MF) advised that due to the timing of the Trust Board meeting, the minutes from the Audit Committee meeting held on 25 June 2025 were not available. MF provided a summary of key points of discussion:

- The Annual Report was reviewed by the Audit Committee with a recommendation for approval of the Annual Report and accounts by the Chair and Chief Executive Officer.
- Deloitte, the Trust's external auditors, undertook a review of the Annual Report and made a number of recommendations which have been actioned, and Deloitte issued an updated Audit Report. Once approved, the final certification and report will be published on the Trust Website.
- 360 Assurance, the Trust's internal auditors, had previously expressed a question about whether the Trust would maintain its rating of significant assurance in light of the fact that known areas of risk chosen for audit had resulted in some moderate or limited assurance ratings. However, with the positive closure of audit actions, the Trust has maintained significant assurance, which will be noted in the Annual Governance Statement. MF thanked AS and the Corporate Governance Team for their work on the papers that contributed to this positive outcome.
- Andy Lister (AL) confirmed that although the Trust had not received the auditors' final certification, the Trust would be able to submit the final report to Parliament. The Annual Report and Accounts were submitted to NHS England within the required timescales and the report and accounts can still be laid before Parliament without certification. Therefore, there will be no delay to the Annual Members' meeting later in the year.
- Mike Ford added that, as a result of the acquisition of Cheswold Park Hospital, the annual account figures may differ from those presented in previous reports.

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

TB/25/43 Performance (agenda item 9)

TB/25/43a Integrated Performance Report Month 2 2025/26 (agenda item 9.1)

AS introduced the item and advised that all metrics reported in the Integrated Performance Report (IPR) have been mapped to the new strategic objectives as well as to the Care Quality Commission domains. The National Oversight Framework has been published, and performance metrics will be reviewed to ensure they are included in the IPR and compliance with the framework will be reported to Trust Board. A further discussion will take place in the Private Trust Board Session.

Strategic Objectives/Priority Programmes

- DL confirmed that the report will be refined in order to demonstrate a grip on priorities for the year ahead.
- The health inequalities pages are now included in the report and will continue to be developed.
- The primary focus of these pages is on race and deprivation, as these areas have the most comprehensive data available. This was reviewed in the Executive Management Group meeting where it was agreed that further work is required as part of the work regarding the Equality, Diversity and Inclusion strategy.
- DL provided a summary of the data available in relation to reducing inequalities and advised that the data will help with planning and understanding how Trust services are managed and reasons why there is a prevalence in certain areas, adding that further work is required. Smoking and alcohol addiction was noted as an issue in Barnsley and AF advised that there is also less service provision in Barnsley. Therefore, the data provides information for the Trust to understand where increased focus is required.

Margaret Kitching (MK) queried whether population information is captured from Public Health indicators for services offered by the Trust and comparing where a service is offered in one area but not others, e.g. smoking services. DL confirmed that in areas where some services are not available, more understanding and engagement is required.

Quality including National NHS England indicators

- Darryl Thompson (DT) advised that in May 2025 there were thirty-five incidents of violence and aggression against staff on mental health wards related to race. This is a reduction compared to April 2025; however, the Trust is mindful of the personal impact on colleagues of any incidents such as these and support is provided to those affected.
- 96% of incidents reported in May 2025 resulted in no or low harm which is an indicator of a good reporting culture.
- Following the increased focus on reducing the number of prone restraints, DT confirmed that the number of prone restraints in May 2025 had reduced to eleven. The Trust's ambition is for zero prone restraints and a deep dive into each case has been undertaken. Prone restraint remains an area of focus and the Medical Director, Chief Operating Officer and Deputy Director of Nursing, Quality and Professions recently visited the Fieldhead Psychiatric Intensive Care Unit (PICU) to understand barriers to using the new technique to exit seclusion and administer intramuscular medication. A review of the whole training package is taking place which will provide a trajectory of ensuring people are trained in the new technique. MK added that a review of prone restraints takes place at each Quality and Safety Committee meeting. and acknowledged that there has been a significant amount of work in terms of training and education. The Trust must remain mindful that there will always be exceptions, however the focus will remain on zero tolerance for prone restraint. ST stated that staff reported feeling they were able to report restraints and Amy Hartley

(Deputy Director of Nursing, Quality and Professions) is leading on a piece of work to move this forward. Feedback received from staff has been positive with enthusiastic responses to the approach and the use of the new techniques.

- The new care plan metrics for community services capture the whole community caseload rather than individuals on the care programme approach (CPA). From a safety and quality perspective, the Trust's aim is to work towards an achievement of 95% against each of these standards. Clinical staff are adapting to the new requirements of where and how to record items and a phased trajectory is progressively working towards 95%. The current position provides a high level of scrutiny and confidence that risk assessments were undertaken. MK added that Quality and Safety Committee continues to focus on this work and noted that the issue was related to staff carrying out risk assessments in the community who are not able to input onto the system until they are back on a Trust site with access to Trust systems. MK reported feeling assured that risk assessments are being completed in a timely way, the issue is related to the recording of the risk assessment which could be a number of days later. A discussion has also taken place in Quality and Safety Committee and the Clinical Safety Design Group about possible digital solutions. Dr Abida Abbas (Chief Clinical Information Officer) is leading on this work and ST agreed to pick up a discussion with Dr Abbas and Paul Foster (Assistant Director of IT Services and System Development) outside the meeting regarding a possible digital solution. Martin Neeson (MN) stated the need to prioritise digital interventions where they will have the most impact. If there needs to be a focus on recording risk assessments at the point of entry into services, a digital solution should be a priority. MBu to have a discussion with ST and AF outside the meeting regarding digital.

Action – Subha Thiyagesh

- There was a reduction in the safer staffing fill rate over the last 4 months, linked to the grip and control measures in place in relation to the use of temporary staffing. At the new temporary staffing meeting, members review all Datix incidents submitted regarding safe staffing and quality impact to ensure safety is maintained. Each care group has a daily huddle to review staffing and safety however this remains a challenge at times.

People

MBr provided a summary of the key headlines to note from the IPR:

- A deep dive into each of the people metrics has taken place through the Finance, Investment and Performance Committee and it was noted that these remain positive across all areas.
- The number of new starters with the Trust has reduced by more than half compared to 2024. This was noted to be a result of the current financial position, and the use of the vacancy panel.
- Following the move onto the Electronic Staff Record (ESR) system, the recording of appraisals is easier for staff, and the current completed appraisal position is 89.8%.
- A new sickness absence dashboard has been rolled out for managers to provide support in managing absences and enabling more Trust-wide information to be available.
- In relation to the Equality, Diversity and Inclusion strategy, it was previously agreed that there would be an increased focus on the representation of band 7 and above with protected characteristics and this is starting to take effect with 8.5% of band 7 and above being people from a minority ethnic background.
- Staff turnover has increased from 7.5% to 9.2% which can be explained by the inclusion of Cheswold Park Hospital figures.
- MBu acknowledged the work Christine Brereton has undertaken as interim Chief People Officer.

Care Groups

AF provided a summary of the Care Group Dashboards: Inpatient Mental Health paper:

- Children's neurodevelopmental waits continue to be a national issue following a 33% increase in demand for an initial assessment. The Trust have a good waiting well policy in place which ensures that families know who to contact for support while they wait for an assessment. Services also contact families while they are waiting to monitor the situation and can prioritise an assessment if required.
- Work continues in relation to inpatient flow and service users who are clinically ready for discharge. The number of people clinically ready for discharge has increased due to the increase in focus, an increase in the number of people moving through services and an increase in external pressures which impact people being moved into appropriate placements. There are some hotspot areas. However, the multidisciplinary teams are working hard to identify reasons why people are not able to be discharged.
- There has been an increase in the number of out-of-area bed days. There is a national initiative in place with the NHS Confederation and SWYPFT is part of this work. The patient flow team are working hard to return people into the area as soon as possible. This has an impact on the demand for inpatient beds as well as an increase in the use of bank workers.
- A new Taskforce Report for Attention Deficit Hyperactivity Disorder (ADHD) has been released for children and adults, and the Trust is reviewing this to ensure it aligns with the recommendations. Work around triaging patients has taken place, supported by Commissioners, and this has been successful in some areas.
- In relation to mental health inpatient wards and the Urgent and Emergency Care Planning Guidance, AF confirmed that there was a significant increase in the number of escalations coming through which has resulted in additional pressure on patient flow. AF confirmed that the guidance states that acute trusts are to send an alert at 12 hours to the Specialist Commissioners, the Trust and Integrated Care Boards. AF is working with acute colleagues to clarify whether it is 12 hours from being assessed for a bed or 12 hours from presentation into the emergency department. The Trust is confident that the clinical risk is being managed throughout.
- There has been a decrease in temporary staffing use through May 2025. There was a reduction in the amount of agency use overall, with forensic services reporting no agency use in May 2025. The reduction in agency usage has resulted in an increase in bank usage and this is being managed within the weekly grip and control meeting.
- In terms of national indicators, work continues with Commissioners regarding demand for the eating disorder pathway and Avoidant Restrictive Food Intake Disorder (ARFID) as there are very few areas that deliver this specialised pathway.
- There has been an increase in the number of musculoskeletal (MSK) referrals. AF stated the Physical Healthcare Group work hard to manage the service however further discussions are required regarding the increase in demand.

<u>Finance and Contracts</u>

- At the end of month two, the financial performance for May 2025 was a deficit of £0.6m which is £0.1m (14%) adverse to plan. Therefore, the year-to-date deficit is £1.4m. AS advised, the Trust will run with a deficit for the first six months of the year and then a projected surplus for the remaining six months.
- The efficiency programme continues to deliver on eight key domains. In terms of agency, it was noted that some care groups are reporting nil or close to nil agency use. Registered nursing agency use remains low. There continue to be challenges related to the use of agency medics however AS reported the agency target was ahead of plan.
- Bank spend is significantly behind plan due to the reduction in the number of substantive staff leaving the Trust and limited numbers joining the Trust. This is affecting the ability to reduce bank usage, in addition to current ward occupancy levels.
- Corporate expenditure aligns with the current plan involving both recurrent and non-recurrent savings. Additional development of a sustainable corporate plan is required.
- Financial sustainability was rated red with positive run rates for all other indicators. The Value for Money Group continues to work on productivity and the Trust's cash position remains positive.

- Capital spend was rated red for the second month and it was noted there is a timing issue with some invoices for the LIFT estate in Barnsley.
- MF stated that the headlines within the IPR do not accurately represent how well the Trust is performing and should provide a more balanced view. MF agreed to pick up a conversation with AS outside the meeting to discuss this further.

Action – Adrian Snarr

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

TB/25/43b Care Group Performance Dashboard (agenda item 9.2)

AF provided a summary of the Care Group Dashboard: Inpatient Mental Health and the key points to note:

- There has been improvement in the number of completed appraisals across all services. The current position stands at 95.6% compliance with some wards is at 100%.
- Sickness rates have fluctuated but remain above the threshold. AF advised that people report feeling supported and the sickness dashboard is helping to maintain the focus on reducing sickness absence.
- Supervision and mandatory training levels remain positive. There is good oversight within care groups.
- Information governance training compliance was 95% with some areas reporting 100%.
- The Trust reports consistent compliance with Cardiopulmonary Resuscitation (CPR) training with 15 wards above the threshold. It was noted that each ward shift includes staff trained in CPR.
- Following the recent fire incident on Newhaven ward, face to face fire training has been prioritised, particularly in relation to evacuation of ward areas. Fourteen wards have met the required standard with other wards showing an improvement in fire training compliance.
- Incidents of physical violence against staff have been reviewed, and it was noted that there was a correlation between the increase in physical incidents and the increase in physical restraints. Hotspot areas were identified, and work has taken place to ensure that care plans were in place and support was available for both staff and patients.

MBu advised that the use of bank remains an area of concern. MBr confirmed that the fill rate has reduced over the last three to four months and is related to the grip and control in place. MBr also acknowledged the increase in occupancy levels, (often over 100%). A more detailed review is required to consider the pressure from other sectors and whether it is feasible to reduce staffing levels further considering the level of occupancy.

MK raised a concern regarding the National directive in response to alerts from Acute Trusts when there has been no progress nationally regarding clinically ready for discharge. MBr confirmed that this has been raised with Commissioners and local authorities. AF added that acute colleagues are beginning to have a better understanding of mental health. It was agreed to have a further conversation in the Private Board meeting.

It was RESOLVED to RECEIVE and NOTE the report.

Fareena Rasaq (FR) and the service user parent joined the meeting.

TB/25/44 Service User/Staff Member/Carer story (agenda item 10)

Adele Fox (AF) introduced the parent of a service user who was previously admitted to the Horizon Centre at the age of 18. The service user had never been cared for outside of the family home until their admission into hospital following a deterioration in their presentation. The service user's parent provided a summary of how the service user grew up, challenges they faced alone while trying to keep their child and themselves safe and how staff at the Horizon Centre supported them through their child's assessment and treatment journey. It was

reported that the staff at the Horizon Centre provided safety and support to the family, showing kindness throughout their child's admission. Following a lengthy stay at the Horizon Centre, the service user has successfully moved into their own flat, is, happy and is living as independently as possible. The family have high hopes for their future and report being forever grateful to the staff at the Horizon Centre. Both parents have been unable to work while looking after their child, but since the admission to Horizon and the successful move into supported living for their child, they are now focusing on returning to work and looking at possible new careers knowing that their child is happy and safe.

AF asked what the Trust did really well for their child and whether there was anything they would change. In terms of things to change, the parent stated that the start of the journey, when their child was admitted, was hard and it might have helped to have more information and explanation regarding the plan and what was happening at that time. In terms of things done well, being involved in the multidisciplinary meetings was very helpful in terms of sharing information. Talking in a language that was easy to understand which included producing pictures that the service user could also understand was supportive. The service took on board the parent's comments and they felt listened to.

MBr thanked the parent for sharing their positive story, joining the Trust Board and reminded Board members of the reason why they are there, to deliver excellent care.

MBr agree to share a recent newspaper article by Sir Jim Mackey (Chief Executive of NHS England) with Trust Board.

Action – Mark Brooks

I**t was RESOLVED to NOTE the Service User Story and the comments made.**

TB/25/45 Risk and Assurance (agenda item 11)

TB/25/45a Patient Safety Oversight Annual Report (agenda item 11.1)

DT presented the Patient Safety Oversight Annual report and confirmed that this was presented to the Executive Management Team meeting, Quality and Safety Committee and included the Learning from Healthcare Deaths Annual Report.

- The Trust has robust systems to oversee and learn from patient safety events, and the Trust continues to see 'normal' variation in the number of incidents being reported. Between February 2024 and August 2024 there were some higher reporting rates per month, which were explored and related to increases in green no/low harm incidents which is an indication of a positive reporting culture, although these were not outside what could be anticipated.
- There were no 'Never Events' within the reporting period.
- There was continued positive progress regarding the implementation of the Patient Safety Incident Response Framework including the work of the Family Liaison Officer.
- The Trust continues to have clear and robust systems to oversee and learn from healthcare deaths.
- The Trust continues to see 'normal' variation in the reported number of deaths of people known to the Trust.
- The mortality review group continues to meet on a quarterly basis and oversees developmental work including updates from regional meetings.
- The Quality and Safety Committee continue to provide assurance of this report.

MBr noted the amount of information included in the report and stated that the Statistical Process Control (SPC) charts have identified an increase in absence without leave (AWOL) incidents over the last twelve months, therefore an increased focus on these types of incidents is required. MK confirmed that this had been picked up in Quality and Safety Committee and a further discussion had taken place and that this will continue to be monitored. DT confirmed that the Patient Safety Incident Response Framework (PSIRF) looks at systems learning to

identify learning from incidents and where there is a high level of concern. He advised he attends a Patient Safety Oversight Group which also provides strategic oversight and review themes of investigations. Consideration is being given to reporting from the Patient Safety Oversight Group into Quality and Safety Committee to ensure strategic oversight. ST added that the weekly Patient Safety Oversight Group review all incidents reported on the incident reporting system (Datix) to consider whether there has been the right level of investigation and whether any further assurance is required.

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

TB/25/45b CQC action plan update (agenda item 11.2)

DT provided an update on the response to the Care Quality Commission (CQC) action plan and advised that following a discussion at the Quality and Safety Committee, it was proposed that the focus should remain on actions not yet complete. Trajectories for completion will be discussed at the Executive Management Team meeting and Quality and Safety Committee in line with broader improvement programmes. MK added that the main focus will be on achieving “must do” and “should do” actions and the Quality and Safety Committee will make strong recommendations for future inspections

It was RESOLVED to RECEIVE the CQC Inspection reports and action plan update for Must and Should Do actions and AGREE the recommendation for future reports to focus on incomplete actions only.

TB/25/45c Patient Experience Annual Report (agenda item 11.3)

DT confirmed that the Patient Experience Annual Report had been through the Executive Management Team meeting and Quality and Safety Committee and includes information and data related to complaints, compliments, surveys and patient-led assessment of the care environment (PLACE) audits, inpatient weekly and monthly audits, catering and insight. The report was taken as read.

- DT noted that a discussion took place at the Quality and Safety Committee regarding feedback received from 3,500 people. DT advised that the actual amount of feedback received was higher and the 3,500 responses were in relation to people who shared their protected characteristics.
- There has been an improvement in the number of complaint responses sent within six months. The Trust will always aim for 100% and there has been a recent increase from 43% in 2023/24 to 82% in 2024/25.
- There has been an increase in overall satisfaction rates through the friends and family test.
- Volunteers are working within both customer services and patient experience teams, and this role will expand further over the coming year.

GE noted that there was an increase in the number of reopened complaints and asked whether there is a reason for this. DT confirmed that the number of complaints reopened has increased and a review is underway to look at themes and any learning and reported being confident in the thoroughness of the responses, however there could be further questions.

MBr stated that each complaint response is signed by himself and many of the complaints and responses are lengthy and complex. As such they can sometimes lead to further questions or points of clarification. There has been a 26% increase in the number of complaints and DT confirmed that an action is in place to review themes and types of complaints. DT added that there has also been an increase in the number of compliments received and these are routinely reported into the Quality and Safety Committee as part of the annual report.

MBr noted that feedback from service users on forensic wards has often related to food quality. DT confirmed that this is an ongoing focus, and the forensic service are recruiting into roles to

increase access to gym facilities, and the lead dietitian is undertaking a review of meal plans and food options. Immediate concerns are addressed as they arise and there is also a focus on areas where no feedback is received to ensure they have access to information on how to submit a complaint. ST added that each of the Executive Trio (Chief Medical Officer, Chief Nurse and Director of Quality & Professions and Chief Operating Officer) review each complaint and have a good understanding of areas of complaints and themes. Any complaints received regarding medical colleagues are also picked up and discussed as part of their appraisal.

MN noted the long waiting times for ADHD services and asked whether this is related to the increase in volume in society. AF confirmed that there is a national taskforce looking at ADHD referrals. The Trust is working with Commissioners and have a triage process to see people quicker. MBr reported a 565% increase in referrals over five years and demand in all four areas of the Trust significantly exceeding capacity. ST noted that there are inconsistencies in diagnoses across providers and some private sector providers and this is an issue. MBu advised that an annual survey has been released which states that the demand for all mental health services has increased from 2022 to 2025.

It was RESOLVED to RECEIVE the Patient Experience Annual Report 2024/25.

TB/25/45d Safer Staffing report (agenda item 11.4)

DT provided a summary of the bi-annual Safer Staffing report and advised that the report had been presented to the Executive Management Team and Quality and Safety Committee. This work is being led by the Trust's NHS England Safer Staffing Fellow and covers the period from October 2024 to March 2025. The report was taken as read and DT summarised the key points to note:

- A full programme of establishment reviews has been developed and is now in progress.
- Cancelled Section 17 leave episodes due to staffing remains low (0.4% mental health inpatients, 2.7% forensic inpatients).
- There is a focus on the Integrated Performance Report in relation to appraisal, supervision and mandatory training as an indicator of safer staffing.
- The Horizon inpatient service deployed 58% more registered nursing staff than set within their baseline budget.
- Ten inpatient wards fell below the funded baselines for registered Care Hours Per Patient Day (CHPPD), with particular pressure points within working age acute, older people's and psychiatric intensive care unit (PICU) wards.
- There was a slight increase in turnover and vacancy rates.
- There will be no recruitment to trainee nurse associate or registered nurse degree apprenticeships throughout 2025/26. This is linked to a reduction in band 5 vacancies within the Trust, and it was noted that this is an issue nationally.
- A new monthly safer staffing report will be presented to the Executive Management Team and Quality and Safety Committee meetings.

EM raised a question regarding safer staffing and how it is managed in the community. DT confirmed that a review is underway with discussions taking place within care group leadership teams, community mental health services and community physical health teams along with consideration of caseload management tools. AF added that community teams will be added onto the health roster system to help understand absences and a trajectory is in place.

MK noted that the care hours per patient day is starting to show improvement. In relation to community services, it is very difficult to measure community services against inpatient services and get similar tools in place as they both deliver very different services. MBr stated that this links with report regarding the review into Notts Health and assertive outreach and adds more focus to this.

MBu agreed to spend some time outside the meeting with MBr, AF, ST and DT to look at this in more detail.

Action – Executive Trio

It was RESOLVED to RECEIVE the Bi-annual Safer Staffing report.

TB/25/45e Quality Account (agenda item 11.5)

DT confirmed that the Quality Account is publicly available on the Trust's external website and has been approved by the Chair and the Chief Executive with delegated authority from Trust Board. The report was written in line with expected requirements and external publication and was taken as read. DT thanked Sarah Whiterod (Associate Director - Professional Leadership) for her support in preparing this report.

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It was RESOLVED to RECEIVE the Quality Account for 2024/25.

TB/25/45f Cheswold Park Hospital Update (agenda item 11.6)

AF confirmed that a report on Cheswold Park Hospital would also be presented to the Private Trust Board meeting. The report was taken as read and AF provided a summary of the key points to note:

- Governance continues to be aligned to the forensic care group.
- There have been positive improvements in terms of performance, and this has been included in the Integrated Performance Report.
- Ongoing work with medical colleagues is taking place in relation to further collaborative work.
- There is increased focus with ward managers and staff on admissions and training to ensure safe admissions.
- Good oversight of quality improvements is in place. Julie Hall (Deputy Director of Cheswold Park Hospital Integration) is working hard to ensure oversight of the integration.
- Phase 1 of the corporate establishment review is complete, and phase 2 is expected to end in July 2025.

It was raised that language regarding risk appetite was difficult to understand and MBr summarised the risk relating to the Trust taking over Cheswold Park Hospital and stated that the Trust took an informed decision to work outside of risk appetite in the best interests of the staff and service users.

It was RESOLVED to NOTE the Cheswold Park Hospital Update Report.

TB/25/45g Update of actions SWYPFT is undertaking as a result of the review of Notts Healthcare (agenda item 11.7)

AF provided a summary of the actions the Trust is undertaking as a result of the review of Nottinghamshire Healthcare Foundation Trust.

- The Trust has continued to respond to two national recommendations related to self-assessment and clinical risk assessment and incorporated into learning and improvements going forward.
- The Trust has engaged in the triangle of care self-assessment. A key driver behind this was helping to ensure that a person's family are engaged and are part of the care team whenever possible. Clinical teams have reviewed this against the Care Programme Approach framework.
- A lot of work is also taking place regarding clinical risk assessments, as discussed earlier in the meeting.

- A peer audit is underway, working in partnership with Rotherham, Doncaster and South Humber Trust (RDaSH) to review all recommendations and learning.
- The report will be presented to the Quality and Safety Committee for review.
- The Trust is awaiting further guidance from Commissioners. However, AF stated that the Trust is assured regarding engagement with service users and confirmed that service users are not discharged due to non-engagement from the assertive outreach treatment pathway. This work has been included in the Trust's improvement work and consideration is being given regarding whether any further changes are required.

It was noted that the Trust's executive team and senior leaders met with executives from Nottinghamshire Healthcare Foundation Trust recently to share their learning and response to this incident. This additional learning has been embedded into the Care Group clinical pathways workstream. MBu added that as a follow on to this she and non-executive directors met with the chair of Notts Healthcare.

It was RESOLVED to RECEIVE the update of actions SWYPFT is undertaking as a result of the review of Notts Healthcare.

TB/25/46 Integrated Care Systems and Partnerships (agenda item 12)

TB/25/46a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

MBr provided an update from South Yorkshire Integrated Care Board and other South Yorkshire leadership meetings meeting in May 2025. The next meeting was scheduled to take place the day after Trust Board.

- A story was presented from the Romany community and their issues with access and impact of deprivation. Work with the Clifton Learning Partnership to support improving access.
- There has been increased focus on the restructuring and role of the Integrated Care Board (ICB) and the required 50% reduction in costs.
- All three mental health providers in South Yorkshire have accessed some national capital and the Trust will use this to help with the required capital work at Cheswold Park Hospital.
- The transfer of specialist services commissioning functions from NHSE to the ICB has taken place in terms of responsibility. However, staff have not transferred due to the restructuring work that is taking place.
- There is a focus at each meeting on work underway in each Place. Barnsley and the Trust were identified as having a positive response to urgent referrals and children and young people accessing mental health services.
- Mental Health Learning Disability Autism (MHLDA) Provider Collaborative Board is reviewing Service Development Funding and the Mental Health Investment Standard.
- There was a focus on out of area bed placements.
- There was a discussion on the future specialist commissioner role.

In relation to Barnsley, DL advised that the Trust has developed a good working relationship with the new Place Director who has been in post since March 2025. MBr met with her at Kendray Hospital recently and in response to the work taking place around data, there is a better understanding of the resources and pressures in Barnsley. It was noted that the Health on the High Street initiative in Barnsley continues to progress.

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

TB/25/46b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 12.2)

MBr provided a summary of the West Yorkshire update:

- The main discussions at the West Yorkshire Integrated Care Board have been on the operating plan, finance and restructuring.
- The Mental Health Learning Disability and Autism (MHLDA) collaborative meeting focused on the progress of agreed programmes of work including integrated neighbourhood health teams.
- There is ongoing commitment to support mental health support teams in schools.

Wakefield
Key focus has been on:
- Developing the Provider Alliance further in Wakefield.
- A newly appointed substantive Director of Adult Social Care is in post.
- MBr attended a meeting to develop a single district plan for Wakefield, which will be received at the next Trust Board meeting.

Calderdale
- There has been a focus on the achievement of 50% reduction in ICB costs and development of neighbourhood care.

Kirklees
- There have been similar themes to discussions in Wakefield and Calderdale.

It was RESOLVED to NOTE the update on the development of Integrated Care Systems and collaborations and NOTE the minutes of relevant partnership boards/committees.

TB/25/46c Provider Collaboratives and Alliances (agenda item 12.3)
The Provider Collaboratives and Alliances report was taken as read and AS advised that the main points were noted by GE in the Commissioning Committee update. In addition, AS noted that contract currencies in secure mental health services are patient volume driven and the Trust holds the commissioning budget and therefore manages a lot of risk. It was noted that in 2024, there were significant costs in relation to one package of care.

It was RESOLVED to NOTE the Provider Collaboratives and Alliances update.

TB/25/47 Governance matters (agenda item 13)

TB/25/47a Compliance with NHS provider licence conditions and code of governance – self-certification (agenda item 13.1)
IW advised that previously NHS Foundation Trusts had to formally self-certify against the NHS provider licence conditions and the code of governance. This is no longer required however the Trust continues to maintain this process in the interests of good internal governance.

The self-assessment document was taken as read and it was noted that it provides assurance to Trust Board that the Trust is compliant with the conditions of the licence.

IW outlined that this had been presented to the Executive Management Team meeting in June 2025 with a recommendation to present to Trust Board for approval.

MBr added that it is good practice that the Trust continues to maintain this position. EM stated that she felt the review had improved this year with a more detailed review against the licence conditions.

MF asked whether the paper should go through the Trust's Audit Committee before presentation at Trust Board. Action agreed for MF, AL and IW to have a further discussion outside the meeting.

Action – Corporate Governance

It was RESOLVED to NOTE the outcome of the self-assessment against the Trust's compliance with the terms of its Licence.

TB/25/47b Trust Seal (agenda item 13.2)

AL advised that the Trust Seal was used on 12 occasions since the last report to Trust Board in March 2025.

- Beckside Court deed of variation to terminate lease of second floor to allow lease of whole building.
- Beckside Court lease for the whole building.
- Beckside plan drawing site plan.
- Folly Hall Mills renewal lease for the following:
  - Suites 1 – 7 in small and main mills (individual seals)
  - Suite 10 – fourth floor main mill
- Renewal lease which extends Calderdale Council's occupation of the Trust owned health centre. The lease is for five years with a mutual break option on the third anniversary.

It was RESOLVED to NOTE the update to the Trust Seal since the last report in March 2025.

TB/25/48 Strategies and Policies (agenda item 14)

TB/25/48a Digital Strategy bi-annual update (agenda item 14.1)

The Digital Strategy Bi-annual Update was taken as read and AS provided a summary of the key points to note:

- The Trust is proceeding according to plan and has assessed delivery against the plan as green.
- Cheswold Park Hospital has been transferred onto the Trust networks.
- The introduction of the new clinical system at Cheswold Park Hospital has been completed quickly.
- There has been increased utilisation of apps.
- Work on maintenance of systems continues, building on what is already in place.

MBr advised that digital dictation was identified as a key priority and roll out is taking place.

AS advised that under value for money and improvement priorities and pathways, a number of opportunities have been identified to develop the digital strategy further and undertake invest to save work.

In terms of the cyber security tabletop exercise, AS confirmed that everything possible is done to prevent cyber-attacks against the Trust's systems. Information is live, refreshed and updated and is reviewed as part of emergency planning with contingency plans in place. The Trust utilises all the tools available to test systems including penetration testing and the Audit Committee also have oversight.

GE stated that the Digital Strategy was robust however raised a question regarding whether there is a level of risk that requires more transparency at Trust Board compared to the previous year given the finance available. MBr agreed that there is a level of risk, and that the capital restrictions this will have an impact on the Trust. However more money is likely to be made available nationally as outlined in the spending review for digital though it is not clear at this stage how this will be disseminated at this stage. As things stand there will not be the same level of investment as previous years.

AS advised that the Trust made a decision that it would prioritise investing capital in older people's services and capital was flexed last year in order to get ahead on IT spend. A number

of cloud-based products may not meet the capital criteria going forward and this will need to be built into medium term plans.

In order to provide some further assurance, MF confirmed that the Audit Committee receives a six-monthly update on digital.

It was RESOLVED to NOTE the update and achievements made to date in respect of the digital focus areas and the contents of the paper.

TB/25/49 Trust Board work programme for 2025/26 (agenda item 15)

AL confirmed that the Trust Board Work Programme for 2025/26 has been updated to reflect the current position.

It was RESOLVED to NOTE the work programme.

TB/25/50 Any other business (agenda item 16)

No further business.

TB/25/51 Date of next meeting (agenda item 17)

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

Signature: 

Date: 29 July 2025