NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of the public Trust Board meeting held on 29 April 2025
Large Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital

Present:	Marie Burnham (MBu)	Trust Chair
	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	David Webster (DW)	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 (DL)	Director of Strategy, Inclusion and Change
	Gary Ellis (GE)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
In attendance:	Christine Brereton (CB)	Interim Chief People Officer
	Adele Fox (AF)	Chief Operating Officer
	Sue Barton (SB)	Deputy Director of Strategy, Inclusion and Change
	Izzy Worswick (IW)	Assistant Director of Corporate Governance
	Emma Robinson (ER) (item 6 only)	Associate Director of Operations (Transition and Integration) Cheswold Park Hospital
	Joanne Parry (JP) (item 6 only)	Medical Clinical Lead, Cheswold Park Hospital
	Estelle Myers (EMy) (item 10.6 only)	Freedom to speak up guardian
	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)
	John Lycett (JLy)	Public Governor – Barnsley

TB/25/35 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 introduced 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 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 noted that it would be last meeting for David Webster (DW), non-executive director, and Sean Rayner (SR), director of provider development, however SR had given apologies for the meeting.

MBu also welcomed Christine Brereton (CB) to the meeting as interim chief people officer.

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.

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

Andy Lister (AL) reported that Dawn Lawson (DL) has been appointed as vice chair of the Barnsley 2030 Board.

It was RESOLVED to NOTE the updated 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 25 March 2025 (agenda item 4)

Darryl Thompson (DT) noted on page twelve of the minutes "The report included an appendix from the Learning from Healthcare Deaths report". DT advised that the report was the appendix and the minutes should be reworded.

DT also noted that the service user story (item TB/25/23) contained potentially identifiable information and DT submitted a suggested adjustment to the wording to reduce the amount of identifiable information contained within the minutes.

The minutes were accepted as an accurate record of the meeting, subject to the changes noted above.

Action – Corporate governance team

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 25 March 2025 as a true and accurate record.

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

TB/25/09d(1) MBr queried whether the response to the action regarding prescribed medication was detailed enough and provided adequate assurance to Trust Board. Trust Board members agreed that there is sufficient assurance and the action would continue to be monitored through the Quality and Safety Committee.

In relation to action TB/25/09f(2) Mike Ford (MF) queried whether there would be an opportunity for acuity to be discussed further. It was agreed that acuity would be discussed at the Quality and Safety Committee following which a paper would be presented to a future Trust Board development session.

Action – Andy Lister

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

TB/25/40 Service User/Staff Member/Carer story (agenda item 6)

Adele Fox (AF) introduced Emma Robinson (ER), Associate Director of Operations (Transition and Integration) Cheswold Park Hospital and Joanne Parry (JP), newly appointed Medical Clinical Lead, Cheswold Park Hospital who presented an overview of the services provided by Cheswold Park Hospital and the experience and outcomes of service users.

ER presented the positive progress that has been made since the acquisition of Cheswold Park Hospital in October 2024, particularly in relation to the work regarding admissions, developing the relationship with the South Yorkshire Adult Secure Provider Collaborative and building confidence in service provision at Cheswold Park Hospital.

With regards to admissions into Cheswold Park Hospital, ER reported that a weekly bed management meeting takes place across the provider collaborative in South Yorkshire. The Trust has committed to engaging in a further development session with the Provider Collaborative to review demand in South Yorkshire, and to focus on repatriations into area, working in a person centred way. ER stated that a flexible approach to admissions was being taken, in line with demand from the Provider Collaborative. Initially admissions received were for more settled patients, and this had now progressed to admitting more acutely unwell patients. There have been ten successful admissions to Cheswold Park so far since transfer of services to the Trust, with a further two admissions scheduled to take place in week. There are ten potential admissions being considered between April and June 2025. All acute admissions into Cheswold Park Hospital have been managed effectively and the leadership team have worked hard to support the staff with admissions and help build confidence.

There has been a focus on the configuration of the wards at Cheswold Park and the team have undertaken a review of every service user at Cheswold Park Hospital to understand where they are in their journey and their needs in order to move forward with their recovery.

Aire Ward has been developed as an admissions ward and this has included undertaking a significant amount of work with staff unfamiliar with the admission process to support them to understand the process and increase their confidence. ER reported that a service manager had been appointed who has supported the assessments and supervises the nursing team, increasing their confidence when undertaking admissions. A lot of work has taken place with the Provider Collaborative to consider and clarify the purpose of each ward in order to provide a pathway through the hospital while maintaining the focus on recovery. The Trust's response to the demand in the system has been well received by the Provider Collaborative.

Positive feedback has been received from both service users and staff following the acquisition of Cheswold Park Hospital. All admissions have been successfully managed by the staff at Cheswold Park and the leadership team continue to provide support to staff and work closely with the Provider Collaborative to offer further assurance to the team. The leadership team have also supported the successful implementation of various systems including SystmOne.

David Webster (DW) joined the meeting.

The initial target for occupancy of seventy patients by end of March was achieved, with seventy one patients at the end of March and the team are confident that this will increase further, up to eighty, by the end of June.

As part of the work with the Provider Collaboratives, a thorough synopsis of each patient is undertaken in order anticipate any discharges within the next quarter. ER summarised the referrals expected within the next quarter and advised that a Women's Enhanced Medium Secure Services (WEMSS) admission is expected which will provide additional challenges for

the service. The team at Cheswold Park are working with colleagues from the wider forensic care group to gain support.

There has also been an increase in medium secure female referrals, and Cheswold Park continue to monitor quality and safety when considering new referrals.

ER reported that there continue to be challenges regarding medical establishment, however a clear plan is in place around medical establishment requirements in order to transition to a substantive workforce, with recruitment of medics who align with the Trust vision and values. ER added that there is also a focus on ward culture and the service are working with the People Directorate on ward manager development to promote a positive working culture and support multidisciplinary working. An establishment review is also in progress.

A video was shown to Trust Board which provided positive feedback from both staff and service users on their experience of admissions and the service at Cheswold Park Hospital. ER also advised the Provider Collaborative had undertaken an annual quality review and feedback received was overwhelmingly positive.

Subha Thiyagesh (ST) thanked ER and JP for the positive update and acknowledged the hard work that has taken place to get to the current position. ST queried whether there are any service users who are clinically ready for discharge who require additional support to move on. ER confirmed that there are two service users who are currently clinically ready for discharge and work was underway to move these people on and ER stated that this is not a significant issue for the service.

Nat McMillan (NMc) also thanked the team for their hard work, noting the difference made to people whilst continuing to adhere to the Trust values by being patient centred and caring. NMc also acknowledged the work undertaken by the leadership team.

EM raised a question regarding how the population within Cheswold Park Hospital is managed, noting that in January 2025 there were sixty five detained patients. ER confirmed that Cheswold Park Hospital is a secure hospital therefore all the patients are detained under the Mental Health Act and new admissions were predominately section 3 patients who are expected to remain in hospital for extended periods. EM also noted a previous discussion at the Mental Health Act Committee meeting regarding good record keeping and raised a question about record keeping quality. JP confirmed that there is some improvement in record keeping and the next piece of work would be to focus on improving the quality of tribunal and manager reports produced to ensure they are of a higher standard which will be of benefit to service users. AF suggested having a more detailed conversation with EM outside the meeting.

DT shared the positive feedback received from Provider Collaborative Commissioning Hub colleagues who found the leadership team to be responsive and engaging. DT also thanked ER for her excellent leadership and the commitment of the team to safely increase admissions which had provided Trust Board with a level of assurance.

MBr noted the positive presentation and update and the progress made over the last seven months. MBr acknowledged the leadership and enthusiasm of teams with 97% of Cheswold Park Hospital staff having participated in the SystmOne training. Work on the harmonisation of policies, communication and engagement has also been positive and the Trust is working with NHS England (NHSE) as well as other organisations to share the positive learning following the acquisition of Cheswold Park Hospital.

MK acknowledged the team's efforts and commitment, noting the positive “can do” attitude that has contributed to the progress already made.

It was RESOLVED to RECEIVE the Staff Member Story, and the comments made.

TB/25/41 Chair's remarks (agenda item 7)

MBu noted that the private board meeting would include:

- Private risk register
- Commissioning Committee minutes due to being commercial in confidence
- Investment Appraisal six monthly report
- Finance forecast paper

It was RESOLVED to RECEIVE the Chair's remarks.

TB/25/42 Chief Executive's report (agenda item 8)

MBr presented the Chief Executive's report which was taken as read.

- MBr noted Dawn Lawson's (DL) apologies for the meeting due to attending a national meeting in London regarding the changes previously announced in relation to NHS England, the 50% reduction in Integrated Care Board (ICB) costs with further information expected to be announced that day. MBr noted a key focus for the future is provision of neighbourhood care, and the development of provider alliances and confirmed that the Trust is fully engaged in conversations around this work.
- The Spring statement has been published which demonstrates a deteriorating economic position nationally since October 2024. A reduction in welfare benefits spending was expected. However, the impact of this on the Trust and service users is not yet clear. MBr also noted the announced reduction in NHS spend on mental health services as a proportion of total NHS expenditure.
- The Trust achieved the overall financial position of breakeven in 2024/25 with £20m saved, predominately through non-recurrent savings and vacancies. The 2024/25 year end process is underway with update reports on this process included in the Trust Board agenda. Further updates will follow.
- The NHS social attitude survey is conducted annually and is related to public satisfaction with the NHS. This was noted to be at an all-time low, with only one in five people satisfied with the NHS and over half expressing their dissatisfaction. This provides additional context around the challenges faced by NHS organisations and the work required to increase confidence in service provision as an organisation.
- NHS England issued guidance for Board member appraisals with clear expectations set to enhance consistency in Board member appraisals. The guidance sets out the principles, process and assessment ratings for appraisals with the expectation that these principles will be adopted. This will be subject to further review at the People and Remuneration Committee with an update to Trust Board
- The Care Quality Commission (CQC) recently published the annual community mental health survey 2024.
- The Trust's annual long service awards, training and excellence awards are scheduled to take place on Thursday 1 May 2025 in Barnsley. MBr thanked everyone for their contribution to this year's event.
- MBr noted the service user story positively acknowledged the Trust's approach to risk when a risk related to Cheswold Park Hospital was identified last year. The presentation by ER and JP demonstrated how effective positive risk management can be, with a focus on mitigations and how these can be resourced effectively.
- Sean Rayner, Director of Provider Development, will be leaving his substantive role at the end of April 2025 and MBr recognised the significant contribution he has made to the Trust over a number of years. Sean has agreed to continue working on a part-time and temporary basis for the Trust as Director of Integrated Care, Wakefield

- MBr advised that it was David Webster's last Trust Board meeting and thanked David for his valuable contribution as a non-executive director over the past three years.
- Erfana Mahmood (EM) noted that the Trust has reported no admissions of children and young people onto adult wards and noted an improved position over previous months. EM asked whether the improvement was a result of the system working effectively. Adele Fox (AF) advised that staff continue to work hard to minimise the use of adult beds for children and young people as much as possible. However, there continue to be challenges related to acuity. Strong working relationships between the Chief Operating Officers across West Yorkshire are in place and contribute to the current position.

MF recognised the leadership of the Board in the success at Cheswold Park Hospital and the progress made to date which has been outstanding.

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

TB/25/43 Assurance and approved minutes from Trust Board Committees (agenda item 9)

Commissioning Committee (CC)

Margaret Kitching (MK) provided an update on behalf of Gary Ellis (GE) and advised that South Yorkshire and West Yorkshire Provider Collaborative Boards are forecasting losses this year with West Yorkshire forecasting a loss of £995k, of which the Trust's share is 42.3%.

Referrals from Psychiatric Intensive Care Unit (PICU) in West Yorkshire accounted for one third of all referrals to the West Yorkshire Adult Secure Provider Collaborative in January and February 2025. This has been identified as a significant increase and a deep dive has been requested.

An additional risk has been identified within the Trust's forensic community transition team as the Trust is only part funded by the West Yorkshire provider collaborative for the team.

In relation to the reported deficit in 2024/25, MBr advised that there was one exceptional package of care which cost more than the deficit. Adrian Snarr (AS) and AF will continue to manage our approach to exceptional packages of care with our ICBs to ensure the financial cost is dealt with appropriately.

EM advised that a discussion took place at the Mental Health Act Committee meeting regarding an individual package of care that cost over £1m. AS stated that it was an exceptional package of care and was in place whilst waiting for a suitable placement. He advised, there have been some lessons learned from the case which was the main driver for the West Yorkshire Adult Secure Provider Collaborative deficit last year. At the end of April 2025, the enhanced package of care was stepped down however the service user has not yet been discharged. AS confirmed that no additional costs will be incurred for 2025/26.

MBu confirmed that the minutes of the Commissioning Committee meeting held on 4 February 2025 would be reviewed in the private section of the Trust Board meeting.

Quality and Safety Committee (QSC)

Margaret Kitching (MK) provided an update from the Quality and Safety Committee meeting of 8 April 2025. The report was taken as read.

Following a previous discussion at Trust Board, MK confirmed that the Quality and Safety Committee received a report on the management of plastic bags within mental health inpatient settings. The report included the Trust's learning and actions with regards to the oversight

and management of plastic bags. Clinical aspects were discussed in more detail in the private section of the Committee.

MK advised that clinical record keeping was also discussed, noting the feedback in relation to the Care Quality Commission (CQC) mental health act inspections and identified areas for improvement. Alignment of clinical record keeping standards with the Audit Committee was also discussed to ensure that the standards are assessed and audited moving forward.

Prone restraint continues to be monitored by the Quality and Safety Committee, and the Committee agreed the need to be more explicit with regards to the Trust's ambition for zero prone restraint. It was reported an extensive presentation was provided on reducing restrictive physical interventions and prone restraint.

Audit Committee (AC)
Mike Ford (MF) provided an update following the Audit Committee meeting held on 15 April 2025.

MF confirmed that Audit Committee received an internal audit report with limited assurance around temporary staffing: bank and overtime. Audit Committee acknowledged that there are significant opportunities to secure better value for money when filling gaps in rosters and this has been identified as an area of risk. MF confirmed that actions from the audit are already underway.

The internal audit update to Committee included a discussion of this year's head of internal opinion. In previous years the Trust has received an internal audit opinion of significant assurance. An opinion is not available at this stage as a number of internal audit reports for 2024/25 are in the process of being finalised. However, MF raised that, as the Trust received more audits with a rating less than significant assurance this year compared to previous years, and there is a risk the Head of Internal Audit Opinion could reduce to "moderate". At this point, Audit Committee would need to consider whether this reflected an overall deterioration of the Trust's control environment. A further discussion will take place in Audit Committee once the Head of Internal Audit Opinion is received.

Audit Committee undertook a review of risks and no further changes were recommended in relation to capacity. The Audit Committee will review risks in more detail at a future meeting.

MBr explained the Trust takes a mature approach to internal audit and identifies areas of risk to audit. He added that when the audit plan was set in 2024/25 he raised the issue regarding the potential impact on the Head of Internal Audit Opinion. MBr requested that Audit Committee review the limited assurance audits to identify patterns or trends. MF agreed to take this back as an action for Audit Committee.

Action – Audit Committee

Finance, Investment and Performance Committee (FIP)
David Webster (DW) confirmed that the Trust has achieved its 2024/25 financial plan, noting there are some significant "below the line" adjustments following the acquisition of Cheswold Park Hospital.

DW advised that the Trust's risk share from the specialised provider collaboratives is £1.1m and includes the South Yorkshire Adult Secure Provider Collaborative where the Trust holds all financial risk.

There are two financial sustainability risks which have increased in consequence score from "moderate" to "major" and the Committee agreed to undertake a review to consider whether a more objective measure can be put against these to help understand the consequence.

The importance of ensuring value for money will increase for the year ahead and will be reviewed in detail to ensure accountability. Trust Board will continue to regularly monitor the position going forward.

DW advised that the Committee had raised a question regarding planning and further consideration is required about which Committee should oversee this.

AS provided an explanation regarding the reference "below the line" and advised that this related to impairment for the Cheswold Park Hospital acquisition and did not count towards the Trust's overall financial performance. The breakeven duty for the Trust and the ICB will not be impacted by the impairment accounted relating to the acquisition of Cheswold Park Hospital.

Nat McMillan (NMc) asked that since that the Value for Money Board provide assurance to FIP how progress is demonstrated to the Committee in order to be assured. DW advised that a more detailed discussion is planned for the private Board meeting. The frequency of the Committee has increased to ten meetings per year with two meetings dedicated to finance. Value for money has been added to the agenda as a standing agenda item in order to review the position in more detail. AS confirmed that a new template was presented to FIP along with a proposal for a monthly, high-level update on each value for money scheme to be presented to Trust Board to provide a description and report on milestones, decisions and actions. MBr confirmed that a review of the flow of information from the Value for Money Board, executive team meeting (EMT) and FIP has been requested and an update will be presented at the next Trust Board meeting and will include a review of cost improvement programmes to ensure there is adequate rigour in the system.

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

TB/25/44 Risk and assurance (agenda item 10)

TB/25/44a Board Assurance Framework (agenda item 10.1)

Izzy Worswick (IW) provided an update on the Board Assurance Framework (BAF) for quarter four and noted that it was the final report on the BAF aligned to the Trust's 2024/25 strategic objectives. Going forward, the BAF will be aligned to the new Trust Strategy. BAF risks for 2025/25 were approved by Trust Board on 25 March 2025 and future reports will be aligned to these.

On 3 April 2025, the Executive Management Team reviewed the board assurance framework for quarter four 2024/25 to consider changes since the last report. This included a review of the following matters and how they impact on the Trust's strategic risks:

- The announcement regarding NHSE and the future role and capacity of the Integrated Care Boards given their required savings of 50%.
- Financial pressures.
- Internal progress in relation to integration of Cheswold Park Hospital.
- Staff survey results.

Trust Board were asked to review the amendments to the BAF risks and approve the proposed changes to the board assurance framework.

MF noted the although the capacity risk had decreased and agreed it was appropriate to reduce the risk for the time being, he commented that it may increase again in the future.

It was RESOLVED to APPROVE the proposed updates to the Board Assurance Framework.

TB/25/44b Corporate / Organisational Risk Register (agenda item 10.2)

IW presented the organisational risk register and advised EMT reviewed the report on 3 April 2025. The report is presented to Trust Board on a quarterly basis.

The 2024/25 quarter four report will be the final version presented to Trust Board aligned to the Trust's 2024/25 strategic objectives. Future reports will be aligned to the new strategic aims. IW confirmed that the report outlined the proposed changes to the organisational risk register risks and Trust Board was asked to review and approve these changes.

MF queried the merger of risk 773 with risk 812 and the wording of both risks. IW confirmed that it was proposed to change the wording of risk 812 following the merger of both risks. MF agreed to review the new wording of the merged risk outside the meeting. Trust Board agreed to the proposed merger of both risks once the revised wording had been agreed.

Action – Corporate Governance Team

- Risk 1957 – *Risk that the Trust's financial viability will be further impacted by ongoing unfunded pressures on pay awards.* Increase in risk score and change of wording approved.
- Risk 1114 – *Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided.* Increase in risk score approved.
- Risk 1820 - *The risk that a negative culture emerging in a team may have a detrimental impact on patient safety and quality of care* - Change of wording approved.
- Risk 695 - *Risk of adverse impact on clinical services if the Trust is unable to achieve the ambitions transitions identified in its strategy* - Change of wording approved.
- Risk 812 - *Risk that place based or collaborative commissioning arrangements change clinical pathways and financial flows which could adversely impact on the quality and sustainability of Trust services outlined in the Trusts strategic ambitions* - Change of wording approved subject to the revised wording being agreed with MF.
- Risk 1614 - *National clinical staff shortages resulting in vacancies which could lead to the delivery of potentially reduced quality, unsafe and / or reduced services, increased out of area placements and / or breaches in regulations - Reduction in risk score from 3 (possible) to 2 (unlikely) approved.*

MBr noted the changes and requested that Committee chairs increase the focus on risk throughout the next quarter. MBr confirmed that the Executive Management Team undertake a regular review of the organisational risk register. AL added that the provider collaboratives also regularly review risk as well as any emerging risks.

NMc stated that the current internal Trust position is stable and risks are being well managed. NMc queried whether the Trust is exposed to increased external risks that could potentially destabilise the work undertaken internally. DT advised that the Quality and Safety Committee review risks at the start and end of each Committee meeting to consider whether any discussions have brought a different view of risks and suggested that risk be reviewed under this lens. Action agreed for Committee chairs to pick up a discussion regarding risk with executive colleagues in Committee meetings.

Action – Committee chairs

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 increase in risk score and the change in wording for risk 1957, APPROVE the increase in risk score for risk 1114, APPROVE the change in wording for risks 1820, 695 and 812 subject to the revised wording of risk 812 being agreed, APPROVE the decrease in risk score for 1729 and 1614 and APPROVE the merger of risk 773 into risk 812.

TB/25/44c Draft annual governance statement (agenda item 10.3)

IW informed the meeting that the draft annual governance statement had been prepared in line with annual reporting requirements and that the draft statement was shared to provide Trust Board with early oversight. IW advised the draft had been reviewed by the executive management team and also Audit Committee on 15 April 2025. IW advised that MF, GE and EM had reviewed the draft statement and provided comments, which had been addressed prior to the current draft shared with Board. She thanked MF, GE and EM for their support. MBr confirmed that the final version will be agreed in June 2025 and thanked Non-Executive Directors who had reviewed the statement, IW and AL for their support.

It was RESOLVED to NOTE the draft annual governance statement.

TB/25/44d Quality account process for 2025 (agenda item 10.4)

DT stated the update report outlined progress against the Quality Account submission. He advised his team were confident the Quality Account will be delivered by the end of June with an early draft with quarter three data having been presented to the Executive Management Team and Quality and Safety Committee.

DT requested that Trust Board delegate authority to the chair and chief executive to approve the quality account as the next Trust Board meeting (1 July 2025) is after the submission date of 30 June 2025. The Quality Account will be presented to Trust Board post submission on 1 July 2025. Trust Board agreed to delegate authority to the chair and chief executive.

It was RESOLVED to RECEIVE the update on the quality account for 2024/25 and the timeline for completion.

TB/25/44e Cheswold Park update (agenda item 10.5)

Following the update presented to Trust Board under item six of the agenda, AF advised that next steps in the integration of Cheswold Park Hospital into the Trust are to consider planning for the next six months, including working with the wider system and embedding Cheswold Park into the forensic care group.

AF confirmed that further work is required in the next phase particularly in relation to the staffing establishment. Work has already begun in relation to patient flow and the Trust is progressing this with the South Yorkshire and Bassetlaw Adult Secure Provider Collaborative.

EM stated that she understood a key priority needed to be clarifying the workforce establishment and that, as Trust Board have already spent a significant amount of time reviewing Cheswold Park, other Trust priorities also need to be considered. MBr noted that the progress so far to integrate Cheswold Park Hospital had exceeded his expectations. However, there continue to be risks related to Cheswold Park and the focus should remain on significant issues. MBr agreed to review this outside the meeting with AF and suggested a Cheswold Park report be presented to Trust Board monthly for the first year following acquisition. MK added that Cheswold Park is the only service within the organisation that has received an inadequate rating from CQC (under the previous ownership) and is subject to an intensive support quality improvement approach which is the highest level of risk assurance for Trust Board. As such, anything at that level of assurance oversight should be included in monthly Trust Board monitoring. MF suggested picking up a separate conversation with AS

regarding the accounting implications once Cheswold Park is operating under “business as usual”.

It was RESOLVED to NOTE the Cheswold Park Update report.

TB/25/44f Freedom to Speak Up bi-annual update (agenda item 10.6)
Estelle Myers (EM) joined the meeting

Estelle Myers (EMy), freedom to speak up guardian, presented the bi-annual update on freedom to speak up.

- The number of concerns raised within the Trust in 2024/25 increased compared to the previous year. Eighty three cases were reported to the National Guardian’s Office in 2024/25 compared to fifty four in 2023/24. The rise in reported cases is believed to be partly due to the acquisition of Cheswold Park Hospital and greater awareness of reporting processes. Out of the eighty three cases, twenty seven required dedicated case support from the freedom to speak up guardian.
- Twenty anonymous concerns were raised in 2024/25 compared to twelve in 2023/24. It was felt that this may reflect a change in staff confidence to raise concerns as well as a perceived negative impact of reporting. Six out of twenty anonymous cases were in relation to Cheswold Park, and work will continue to promote freedom to speak up as a safe way to raise concerns. Ongoing work around Trust culture and the trauma informed approach will also help to improve psychological safety within the Trust
- The Trust benchmarks well against peers and typically reports a lower number of concerns raised than peer organisations. There has been an increase in the number of freedom to speak up concerns raised each year, however other peer organisations have shown greater increases.
- No complex case reviews took place in 2024/25.
- There was one case of potential detriment in 2024/25 which is being investigated.
- The Trust has completed the freedom to speak up action plan and a review against the freedom to speak up reflection and planning tool will take place in due course. The Operational Management Group and Freedom to Speak Up Steering Group will also provide input and agree a new action plan. Quality monitoring oversight, quality monitoring visits, staff surveys and complaints are also reviewed to identify areas that may require more dedicated input.

MF noted the freedom to speak up oversight responsibility has moved to the Audit Committee and the Committee will develop a reporting and oversight plan going forward. MF added the majority of concerns raised relate to management and staffing issues with very little related to patient safety which reflects a strong risk and incident reporting culture across the Trust.

MBr raised a concern regarding the language used in section six related to two cases where it was found the staff did not suffer detriment in legal terms, however learning was identified. EMy confirmed that the cases were related to a specific team and both cases were reviewed by the legal team with learning identified.

In relation to the transfer of oversight from the People and Remuneration Committee to the Audit Committee, Christine Brereton (CB) advised that themes raised through the freedom to speak up process will continue to be monitored and incorporated into the People Plan. AL added that freedom to speak up is included in the People and Remuneration Committee terms of reference and this is due to be reviewed.

Izzy Worswick (IW) noted that many of the anonymous concerns raised were from staff at Cheswold Park Hospital where historically there was no reporting culture. EMy will continue

to focus on Cheswold Park and monitor Trustwide anonymous concerns raised in order to consider whether they reflect a lack in confidence in reporting issues.

It was RESOLVED to NOTE the freedom to speak up update.

Estelle Myers (EM) left the meeting.

TB/25/44g PLACE report (agenda item 10.7)

Adrain Snarr (AS) provided a summary of the PLACE report which was taken as read. He advised that:

- The PLACE report covers six domains which are detailed within the report and also includes three key charts which compare the organisation's scores against the national average and the previous year's scores. AS confirmed that the Trust outperforms the national average in every domain
- Trust performance is above the national average with one exception related to the food provision at The Poplars and this continues to be an area of focus.
- Chart three compares the Trust to geographical peers and it was noted the Trust performance was strong and above the national average.
- The variety of food on offer is an area of focus and a trial has taken place at Kendray Hospital in Barnsley with a plan to extend this Trustwide.
- Although the Trust outperforms the national average in terms of disability and access, and the overall results are positive it was noted further work is required as there continues to be room for improvement.

MBu stated that it is necessary to triangulate all aspects of these types of reports to provide assurance and consider the implications for the organisation. AS noted that the results are strong and some indicators are in the top five mental health Trusts nationally. MBu suggested that Trust Board take some time to reflect on all the positive work that has taken place. Sue Barton (SB) added that strategic aim 3 of the new Trust Strategy is "to be ambitious," and proposed discussing potential methods to progress and monitor strategic aim 3 at the next Trust Board strategy meeting. MBr noted it may be challenging to maintain these standards in the future due to tough financial decisions that will need to be made going forward. MBu agreed to discuss this further with MBr outside the meeting.

It was RESOLVED to NOTE the update report.

TB/25/45 Performance (agenda item 11)

TB/25/45a Integrated Performance Report (IPR) Month 12 2024/25 (agenda item 11.1)

AS provided a brief summary of the integrated performance report and the key points to note:

- The new mental health care plans for both inpatient and community services have been implemented which demonstrate improvement from February 2025 to March 2025.
- Twenty four incidents of violence and aggression against staff involving race were reported during the reporting period.
- There was an increase in staff turnover to 8.6% and this is largely a result of the TUPE transfer of staff from the Trust liaison and diversion service to a new provider.
- Information governance training performance reduced to slightly below the 95% target. It was noted that it is not unusual for the time of year due to annual compliance expiring for a number of staff at the same time. However, it was agreed at the executive management team meeting that weekly monitoring would take place until performance levels have increased back to the 95% target.

- The Trust has achieved the planned breakeven position for 2024/25 and also achieved the revenue and capital plans.
- There was some slippage related to the older people's transformation programme which resulted in a number of schemes being brought forward.
- The Trust also signed the lease for Beckside Court in Batley which is a key element of the estates strategy and will become the North Kirklees Hub.
- The Trust delivered a small revenue surplus of £100k and hit the capital balance. AS noted that the results are provisional and subject to audit.
- MBr highlighted the number of violence and aggression incidents against staff in order to make Trust Board aware of the type of challenges faced by staff every day.
- An increase in the number of service users clinically ready for discharge was noted and AF stated that a robust monitoring process has been established with escalation to the Chief Operating Officer for cases that require a higher level of involvement. The Trust has also been accepted onto the mental health and acute emergency department interface improvement programme collaborative which is a national programme run by the NHS confederation. AF will work together with several other chief operating officers as part of the programme.
- A discussion took place last year regarding reducing the information governance training target from 95% to 90% in line with national flexibility allowed. Following discussion, the executive management team agreed that the 95% target should remain with enhanced communications given the importance of strong information governance awareness.
- Paediatric audiology performance has improved following the recruitment of two agency staff with one transitioning into a permanent post. The work undertaken has been significant and it is expected that this will continue.

MF noted that the twelve-month turnover rate increased to 8.6% in month and is related to the end of the liaison and diversion service contract. MF stated that turnover is related to staff leaving or joining the organisation and the cessation of a service should not be included in these numbers. AS confirmed that the service has not ended, the Trust were not awarded the contract therefore staff were transferred to a different organisation therefore technically have left the Trust. AS added that a decision was made to include those staff in the turnover numbers, and it was important to note that the turnover rate in February 2025 was 7.7% and that the long-term trend continues to reduce month on month.

NMc raised a question regarding mandatory training patterns at certain times of the year and asked whether these patterns were analysed. AF responded that operational services are working with the learning and development team to undertake block training to support the management of rotas and enable staff to complete their training at the time of induction. This will help support quality and safety, reduce the need to release staff while on duty and also limit the number of staff renewing their training at the same time. AS added that a piece of work is also taking place regarding corporate efficiencies including ensuring that the learning and development offer is aligned. AF stated that it is important to note that care groups and clinical areas are currently achieving their training compliance targets.

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

TB/25/45b Care Group performance dashboards (agenda item 11.2)

AF provided a summary of the care group performance report for the children and young people's service and advised that following a review, the service has been divided between the mental health care group and the physical health care group. This will help to support a smooth transition from the children and young people service to the adult service and aims to close the gap between children and adult services.

- The service have managed the transition onto the new appraisal system well and there is a continued focus on appraisal performance, ensuring staff receive a quality appraisal.
- Sickness absence remains low despite a number of significant vacancies within the service.
- Reducing restrictive practice interventions (RRPI) training performance is low and includes both inpatient and community services. A national review is underway to consider the level of training required for community services.
- Information governance training performance has reduced and the operational management group continues to have oversight.
- Staff turnover rate for registered nurses was 3.5% at the end of February 2025, the lowest rate since March 2024. Following the transition to mental health services, it is hoped that this will help to improve the turnover rate further and provide additional learning.
- Agency usage remains high due to a high number of medical agency staff. However, the service have successfully recruited two children and young people consultants, therefore agency usage is expected to reduce.
- The response rate threshold for children experiencing a mental health crisis is four hours, and the service continue to perform well against this target. There are waiting well plans in place which are well documented, and work is taking place with commissioners to reduce the gaps.
- Paediatric audiology referrals continue to be higher than previous years and a plan is in place to improve the position going forward.
- There are ongoing challenges with the Calderdale and Kirklees children adolescent mental Health service (CAMHS) pathway with long waits for children accessing treatment on the core pathway. The service continues to work with commissioners to address the issues.
- Neurodevelopment waits are an area of concern with a 36% rise in the number of people waiting for an assessment in February 2025 compared to February 2024. Active engagement with commissioners is ongoing across the Place to address the growing demand.
- Barnsley CAMHS provide assessment and treatment for attention deficit hyperactivity disorder (ADHD) through a single pathway, while autism services are commissioned from the acute Trust. Waiting times are shorter, with practitioners supporting medical staff in managing caseload pressures related to medication prescriptions.

MBr acknowledged the rise in CAMHS waiting times over the past three months and requested a review to understand and address the issues. AF noted the number of inappropriate referrals and the team's efforts to work with referrers to improve the process. There have also been a number of DNAs (Did Not Attend) which are followed up with future appointments. It was agreed that a discussion with commissioners is required due to the significant increase in demand.

It was RESOLVED to RECEIVE and NOTE the report.

TB/25/45c Priority Programmes (agenda item 11.3)

The strategic improvement programmes report was taken as read. SB shared the strategic improvement annual priorities for 2025/26.

The revised Trust Strategy was approved by Trust Board in October 2024, and the annual planning process was used to develop a "long list" of priorities. The report summarises the focus, grip and pace required and identifies the key priorities for 2025/26. There are six priorities identified, four under “best we can be” and two under “ensuring our values”. It was agreed that safety is an essential part of this, and improvement priorities should be around

managing resources in line with the Trust values and health inequalities as well as supporting the workforce. Trust Board were asked to approve the priorities for 2025/26.

MBu advised that she had agreed with MBr outside the meeting that a review of the six priorities should take place during the Strategy Trust Board in May, with a drill down to the next level to consider what it means for clinical and corporate services and agree specific outcomes by the end of June.

EM queried whether the priorities have been reviewed in light of the current financial constraints and asked whether they are feasible. SB confirmed that the executive team have been involved in a number of discussions regarding these priorities. The "best value" priority is related to resources and support for colleagues living the Trust values ensuring that work on resources does not disrupt other work. A review of resource plans will then take place with the quality improvement processes contributing and determining where to concentrate efforts. Consideration is also required around areas that will provide the greatest impact.

In relation to enhancing clinical pathways, MK stated that it is also a measure of clinical effectiveness and highlighting them as a quality indicator demonstrates that pathways also relate to quality of care. SB stated that it would be useful to add triangulation of these measures in order to demonstrate quality of care.

MBu confirmed that each of the priorities will be aligned to committees.

MF asked whether the strategic priorities will be included in the integrated performance report and whether the "best care" and "best value" headings would be used going forward to ensure there is a link between strategy and current care group performance. SB confirmed that work is already underway to map the work against the integrated performance report and the care quality commission (CQC) domains. In terms of best place to work and learn, Subha Thiyagesh (ST) advised that evidencing the learning from trainees, student nurses, complaints and incidents is also an important part of the priorities and impacts on staff and patient experience.

It was RESOLVED to APPROVE the priority areas of focus for 2025/26.

TB/25/45d Financial and Operational planning (agenda item 11.4)

AS informed the meeting that the planned submission was discussed as part of the private session on 25 March 2025 in order to meet the deadline and is shared for information today.

The draft operational and financial plan for 2025/26 was reviewed and discussed at the Finance, Investment and Performance Committee. AS advised that whilst there is a focus on the financial aspects of the submission the workforce plan and activity have also been submitted. A review of the actions from the Finance, Investment and Performance Committee is required to determine what activity should be reported to the committee. It is also necessary to understand activity profiles and identify what needs to be delivered as part of Trust contracts. A meeting has been arranged with the Committee Chair, MBu, MBr and AS to determine how the value for money work will be presented to Committee, what will be presented to Board and the escalation process between Trust Board and Committee. AS added that a balanced financial plan has been submitted with a level of unaddressed risk across the Trust and the system which will be a key area of focus going forward. The Trust needs to ensure that focus is maintained throughout the year as well as demonstrate delivery. MBu stated that it is necessary to review current activities and there remains substantial work to be done regarding productivity and performance, particularly in terms of how these metrics are assessed against quality and outcomes.

It was RESOLVED to CONFIRM that "the Board has systematically reviewed and is assured that it has plans in place to address the key opportunities to meet the national

priorities for the NHS in 2025/26." NOTE that the Trust has a process to identify further opportunities to consider realistic in-year productivity and efficiency opportunities, and continue to reflect these in the organisation's operational, workforce and financial plans on an iterative basis. CONFIRM that the Board is assured that the Trust has a robust process to ensure that key risks to quality linked to the organisation's plan are identified and appropriate mitigations will be put in place. NOTE that the Trust has a process to review the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, clarification of planning assumptions with the ICB, and mitigations against key delivery challenges and risks. APPROVE a balanced operational and financial plan 2025/26 position as the Trust's submission to West Yorkshire ICB, along with the planning assumptions and caveats that have been confirmed in writing to the West Yorkshire ICB.

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 on the South Yorkshire integrated care system and partnerships and advised that there have been limited meetings since the last update at Trust Board, and those meetings have focused on the national changes announced by NHS England and the financial plan. A recent meeting in Barnsley focused on the development of neighbourhood care and the planning priorities for 2025/26. Katy Calvin-Thomas was announced as the new executive director for place health and adult social care, a joint role shared between Barnsley Council and the South Yorkshire Integrated Care Board.

MBu advised that she and DL attended a meeting in Barnsley regarding health on the High Street. Colleagues from the acute sector and council leaders were also present to observe the work taking place at the Alhambra in Barnsley town centre. MBu stated that building work has begun, and acute colleagues have been working hard to support the transfer of patients to the Alhambra. The work is expected to be completed by the end of 2028 and SWYPFT services will move into the Alhambra in due course, based on improving patient pathways and delivery.

It was RESOLVED to RECEIVE the SYB ICS update.

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 an update and advised that the main focus of the West Yorkshire Health and Care Partnership meetings was the announced national changes and financial planning.

- There has been increased focus on how neighbourhood care and provider alliances will develop and what could potentially be delegated from the integrated care board to a provider alliance.
- Developments on neighbourhood care are aligned to the national and Trust priorities.
- The Kirklees delivery collaborative meeting has been paused to focus on core essential work.
- Dr Sara Munro will be acting as interim chief executive for Leeds community health while a leadership review across Leeds takes place.
- A review of senior leadership is also taking place in Kirklees, Calderdale and Wakefield and it is anticipated that this will take place as soon as possible.
- West Yorkshire Integrated Care Board Chair has been suspended for the time being.

IW confirmed that the Wakefield mental health alliance agreed in April to move into shadow year for the delegation of integrated care board functions to the Alliance. It was noted that Sean Rayner chairs the Wakefield Mental Health Alliance.

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/25/46c Provider Collaboratives and Alliances (agenda item 12.3)

AS provided a summary of the provider collaboratives and alliances update.

- The West Yorkshire Provider Collaboratives have reported a year end deficit in relation to Children and Adolescent Mental Health (CAMHS) inpatient services (tier 4), adult eating disorder services and adult low and medium secure services. AS advised that the pressures on the adult eating disorder service and CAMHS should be noted as the Trust is a partner in both services.
- Forensic CAMHS are led by SWYPFT and will breakeven for the year.
- Leeds and York Partnership NHS Foundation Trust (LYPFT) are the lead provider for perinatal services across the whole of Yorkshire. A governance framework is being developed with all mental health providers in Yorkshire and Humber involved in the oversight group for the collaborative.
- AS noted that the Trust is not in a risk share for specialised commissioning in South Yorkshire and therefore are not required to report to the board for CAMHS or adult eating disorder services.
- South Yorkshire Adult Secure Provider Collaborative reported a small deficit. The deficit has been reduced by the increase in Cheswold Park Hospital admissions which resulted in reduced pressure for the adult secure provider collaborative. The provider collaborative made the decision not to invest in a forensic community service until a stable financial position has been reached. This decision will be reviewed in 2025/26.

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

TB/25/47 Governance (agenda item 13)

TB/25/47a Audit Committee annual report including committee annual reports and terms of reference (agenda item 13.1)

MF reported that the audit committee had received reports from each of the Trust committees which included a review of the terms of reference, areas for improvement, and effectiveness survey results. MF confirmed that it had been agreed that the Chair of each Committee would meet with the corporate governance team to go through the results of the surveys in more detail to consider any changes to how Committees operate.

MF noted that a fifteen-minute private meeting with non-executive directors, internal and external auditors had been established to provide an opportunity for raising any concerns and to obtain external assurance that actions are in line with best practice. Positive assurance has been received from external assurance providers.

MF thanked non-executive director colleagues for their time and attention during this process and asked Trust Board to receive the Audit Committee annual report and approve the updated terms of reference for Trust Committees.

It was RESOLVED to RECEIVE the audit committee annual report and APPROVE the update to the Terms of reference for Trust committees

TB/25/47b Going concern statement (agenda item 13.2)

AS presented the going concern statement and advised that it is a key element of the annual reporting requirements to demonstrate the Trust has made an assessment of the going concern principles. AS added that it was important to note the statement which is related to the sustainability of services provided by the Trust and that they will continue to be delivered:

"Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept."

Trust Board approved the going concern statement.

It was RESOLVED to APPROVE the going concern statement.

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

TB/25/48a Risk Management Governance Framework (agenda item 14.1)

IW presented the updated Risk Management Governance Framework and advised that the corporate governance team, Audit Committee and the Executive Management Team had reviewed the framework and that the final version presented to Trust Board was for approval.

IW noted a discussion took place in Audit Committee about how the framework fits with operational procedures and confirmed that the framework is supported by an operational procedure which advises staff on the day to day management of risks.

Trust Board noted that it would be helpful to include a flow chart within the framework to make it easier for people to understand the process. IW agreed to add a graphical representation of the process to the document.

Action – Izzy Worswick

It was RESOLVED to APPROVE the updated risk management governance framework.

TB/25/49 Trust Board work programme 2024/25 (agenda item 15)

Trust Board agreed to note the Trust Board work programme for 2024/25.

It was RESOLVED to NOTE the work programme.

TB/25/50 Date of next meeting (agenda item 16)

The next meeting will be held on 1 July 2025 (June meeting)

TB/25/51 Any other business (agenda item 17)

MBu thanked David Webster (DW) on behalf of Trust Board for his contribution as a non-executive director and wished him well for the future.

MBu also thanked Sean Rayner for his significant contribution to the organisation. It was noted that Sean has worked for the NHS for 38 years and 193 days and never had a day off sick.

Signature: 

Date: 1 July 2025