South West Yorkshire Partnership NHS Foundation Trust

Minutes of the public Trust Board meeting held on 29 July 2025
Small Conference Room, Wellbeing and Development Centre, Fieldhead Hospital Wakefield

Present:	Marie Burnham (MBu)	Trust Chair
	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director
	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)	Deputy Chief Executive and 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:	No apologies noted	
In attendance:	Izzy Worswick (IW)	Deputy Director of Corporate Governance
	Christine Brereton	Interim Chief People Officer
	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)
	Leonie Gleadall (LG)	Staff Governor – Non-clinical support
	Nick Phillips (NP)	Deputy Director of Estates and Facilities

TB/25/52 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) welcomed everyone to the meeting, no 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 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 three to respond to questions and comments received in writing.

TB/25/53 Declarations of interest (agenda item 2)

Declarations of interest were noted from Marie Burnham (MBu), Nat McMillan (NMc) and Martin Neeson (MN).

It was RESOLVED to NOTE the declarations of interest.

TB/25/54 Questions from the public (agenda item 3)

No questions were received from the public.

TB/25/55 Minutes from previous Trust Board meeting held 1 July 2025 (agenda item 4)

Darryl Thompson (DT) stated on page eight, Dr Abida Abbas was noted as Consultant Psychiatrist/Clinical Lead. It should be noted she is also Chief Clinical Information Officer.

DT also noted that Patient Safety Oversight Quarterly Report was the annual report.

The minutes of the meeting held on 1 July 2025 were accepted as an accurate record subject to the amendments noted above.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 1 July 2025 as a true and accurate record.

TB/25/54 Matters arising from previous Trust Board meeting held 1 July 2025 and Board action log (agenda item 5)

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

TB/25/55 Service User/Staff Member/Carer story (agenda item 6)

Adele Fox (AF) introduced a service user who was being supported by the Individual Placement Support (IPS) service to return to work and Leoni Gleadall (LG) who works in the IPS service, Specialist Core Team West, Wakefield, and is also a Trust Governor.

The service user attended Trust Board to share their experience regarding the work retention support received from the IPS service whilst under the care of the Wakefield Core Team West. The service user advised that following a close family bereavement they had suffered mental health issues and come under the care of the Trust's mental health services. At that time, the service user felt very alone with an uncertain future and did not know where to turn for help. They had an established career which their mental health had impacted. They had received a telephone call from LG offering support and guidance to help them work through their problems and support them back into work. LG worked with them to formulate a plan for the future which provided them with significant reassurance that everything was going to be okay. LG provided support dealing with their employer and the service user stated that following an interview for a post the previous week, they were now hopeful for a positive future. They stated that the service is very valuable in helping people to work through their problems and thanked LG for her support.

LG thanked the service user for being open to trusting the service and the suggestions made during a traumatic time in their life.

Subha Thiyagesh (ST) thanked the service user for sharing their story and asked whether they had any learning from their experience that could be used to help other people in the future. The service user reported that there were barriers relating to information from their employer being shared with LG. They had made it clear that LG was acting on their behalf and in their best interests and were happy for information to be shared. At the time, this caused extra anxiety due to delays in a process that could have been much quicker. They reported that the support from LG and the IPS was "faultless".

Dawn Lawson (DL) again thanked the service user for their bravery in sharing their story and stated that people and services must work together to support recovery. DL asked how the Trust can improve on the support offered. The service user stated that it is important for people to accept the offer of support and trust in the process. LG was clear on the reasons for particular actions as well as informing them of their rights when communicating with their employer.

Mike Ford (MF) asked LG how she was informed about the service user and if they had not answered the call, what would have happened next? LG advised that the psychiatrist contacted her to state that this was someone who needed the support of the team and asked her to contact them as soon as possible. Once the service has been made aware of someone who requires support, they will attempt to contact them by telephone, letter and email and if no response is received, they will go to their address in person.

Mark Brooks (MBr) thanked both LG and the service user for attending the Board meeting and sharing their story. MBr noted that this was an excellent example of how the Trust supports people to live well in the community and acknowledged the level of trust between the service user and LG, stating that it is very important that there is a level of trust between health professionals and service users. MBr also asked the Board to consider what can be done to support LG to help people like the service user as well as help the service to thrive. MBr, as Chief Executive offered to provide further support to the service user if required.

Erfana Mahmood (EM) joined the meeting.

It was RESOLVED to NOTE the Service User Story and the comments made.

TB/25/56 Chair's remarks (agenda item 7)

MBu noted that the private Board meeting would include:

- Private risks
- Complex incident update
- Cheswold Park update
- Value for money and financial forecast
- Report on Trust strategies and priorities

It was RESOLVED to NOTE the Chair's remarks.

TB/25/57 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- The Ten-Year Health Plan has been published and a link was included with the agenda in order for Trust Board to review and consider.
- A new NHS Oversight Framework (NOF) has been published which sets out how NHS England will assess providers in this current year. The Trust has had an Oversight Framework for a number of years with a limited level of focus and scrutiny recently. There are five segments, with segment one being the best a Trust can achieve. There will be a notable focus on financial balance as well as other performance metrics and

any provider not in surplus or achieving a break-even position will have its segmentation limited to no higher than three. The Trust has received the initial classification which is expected to be published mid-August 2025, and this will be shared in the private Board meeting.

- South and West Yorkshire Integrated Care Boards (ICB) continue to develop their plans for the future as strategic commissioners. Formal consultation on the new structures has not commenced as confirmation is required of redundancy processes and funding arrangements. Discussions have commenced regarding the development of provider alliances in West Yorkshire and what responsibilities can potentially be delegated from ICBs. A similar approach is being initiated in Barnsley.
- NHS England (NHSE) published the annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports. The report states that there has been a continued increase in the number of ethnic minority staff and very senior managers from an ethnic minority background. However, white staff were noted to be significantly more likely to be appointed from shortlisting and cases of bullying and harassment from patients to staff from ethnic minority backgrounds remains high.
- Following the recent periods of hot weather, MBr acknowledged that this can be challenging for both services users and colleagues and the Trust was ensuring measures are in place to support wellbeing. MBr thanked colleagues for their continuing commitment during the period of hot weather in keeping people safe.
- Current inpatient occupancy levels are in excess of 100%. MBr advised Adele Fox (AF) was managing daily calls from acute colleagues regarding people presenting at emergency departments requiring mental health support or a mental health bed. MBr thanked colleagues for their support in managing the increased demand.
- MBr reported that it was the last day of industrial action by resident doctors. This has been well managed within services with little disruption. It was noted that 50-60% of resident doctors had taken action. MBr added that a potential ballot for industrial action by nurses had been announced, therefore there may be further challenges for the Trust going forward.
- Dr Penny Dash's Independent Review of Patient Safety across the health and care landscape has been published and will be presented to the Quality and Safety Committee for review.
- The Mental Health Act is moving to the report stage with the passing of the Act likely to occur during the autumn.
- The Trust's financial position remains in deficit. Operational pressures on inpatient wards continue, which has made the reduction of temporary staffing more challenging.
- MBr stated that the key focus of the Trust Board meeting was on risk. The Board Assurance Framework (BAF) has been updated to reflect alignment with our refreshed Trust strategy. The Organisational Risk Register (ORR) recognises the scale of financial challenge facing the Trust and new risks associated with the changing NHS landscape including the announced reductions in staffing and roles for NHS England and Integrated Care Boards.
- MBr stated that there were a number of positive examples of work that have taken place and achievements of the Trust, including the service user story presented that day.
- MBr also thanked Erfana Mahmood (EM) for her support as a Non-Executive Director over the previous seven years and stated that Erfana had offered challenge and insight and ensured that actions were seen through in a manner that was fully aligned with Trust values. EM thanked the Board for their kind comments.

Regarding the number of people declaring a disability through the Electronic Staff Record (ESR) system and those identifying as disabled through the anonymous NHS staff survey, Mike Ford (MF) stated that this was a challenge for the Equality, Inclusion and Involvement Committee (EIIC) and is a national issue. Christine Brereton (CB) confirmed that this is a local

and national issue and advised that the People Directorate are aware and are taking action on self-declaration in order to encourage people to report their disability.

MBu requested clarification regarding Patient Knows Best (PKB) and MBr advised this was a secure personal health record system, which went live in the integrated neighbourhood teams SystmOne unit in early July 2025. MBr stated that as the Trust moves towards the Ten-Year Plan, the PKB system will enable patients to have more access to their own records.

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

TB/25/58 Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9)

Equality, Inclusion and Involvement Committee 25 June 2025

Dawn Lawson (DL) provided an update following the Equality, Inclusion and Involvement Committee on 25 June 2025:

- Work continues on the deployment plan for the Equality, Diversity and Inclusion (EDI) Strategy. The first objective was discussed in terms of implications for the Committee and sub-Committee. MBu stated deployment of the strategy is a work in progress and further progress is expected within the next couple of months.

Quality and Safety Committee 8 July 2025

Margaret Kitching (MK) provided an update following the Quality and Safety Committee on 8 July 2025:

- The Committee received the Internal Audit Report on the oversight of medical devices and noted that the finding of the auditors was 'moderate assurance'. The Committee requested an updated report on the performance of medical devices servicing, triangulated with the findings and actions of this audit. MK noted that any high-risk medical devices will be closely monitored.
- Committee members suggested that the Executive Management Team review the wider risk of the Older People's Transformation programme as this is now in the post-consultation phase.
- The Committee reviewed the Trust's National Institute for Health and Care Excellence (NICE) Annual Report, the Drug and Therapeutic Committee Annual Report and the Infection Prevention and Control Board Assurance Framework (IPC BAF) which only had one identified issue, relating to FFP3 Mask fit testing. MK stated that it was challenging for the Trust to achieve green standard as a Mental Health Trust.

The minutes of the previous Quality and Safety Committee meeting of 10 June 2025 were noted.

Audit Committee 14 July 2025

MF provided an update following the Audit Committee on 14 July 2025:

- Two reports with moderate assurance were presented to Audit Committee:
  - Medical Devices
  - Governance of the Care Quality Commission (CQC) action plan

The Quality and Safety Committee continue to monitor medical devices and will provide Audit Committee with further updates.

Triangulation between the Board Assurance Framework (BAF), Organisational Risk Register (ORR) and the Integrated Performance Report (IPR) has taken place, and it was noted that

there is currently no IPR metric related to medical devices. The Committee requested that this be considered with a discussion at the Executive Management Team meeting.

Action – Executive Management Team

- As part of the regular update on Committee-related risks there was a proposal for the risk on management capacity to be merged with the risk of the Trust not achieving its strategic objectives. Committee members expressed a preference to maintain a separate risk regarding capacity. MBr confirmed that the Executive Management Team meeting had agreed that the risks should remain separate.
- General assurance was received following the review of the Trust's annual Data Security Toolkit submission and the PLACE (Patient-Led Assessments of the Care Environment) inspection.
- MF reported that the Trust remains "non-compliant" with the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and will remain non-compliant until national activity and work by the Yorkshire Ambulance Service are delivered. To date there have been no implications from non-compliance. MBr added that a paper was presented to Trust Board previously outlining what could be achieved as the requirements for a Mental Health provider differ from Acute Trusts. However, Trust Board must be assured that there are appropriate EPRR policies and business continuity measures and policies in place in order for the Trust to respond appropriately.

EM stated that in relation the Care Quality Commission (CQC) actions regarding medical devices, it would be helpful to review what measures were successfully embedded previously and MK agreed to pick this up through the Quality and Safety Committee.

Action – Darryl Thompson

The minutes of the Audit Committee meeting held on 25 June 2025 were noted.

<u>People and Remuneration Committee 15 July 2025</u>
NMc provided a verbal update on key points from the last People and Remuneration meeting held on 15 July 2025:

- Performance overall remains positive across People metrics. There remain some limited areas of concern, however appraisal and mandatory training positions were noted to be positive.
- A lengthy discussion took place regarding recruitment and converting bank staff to substantive posts. A further update will be presented to the next Committee meeting to provide assurance regarding the process and timescale of the work.
- A deep dive into the medical workforce is planned for September 2025.
- Non-executive directors agreed to ensure that work is not duplicated across Trust Committees with a clear "ask" for each committee.

<u>Finance, Investment and Performance Committee 21 July 2025</u>
Gary Ellis (GE) provided an update following the Finance, Investment and Performance Committee meeting held on 21 July 2025.

- Month 3 financial position is a £2m deficit, £91k worse than plan. Further work is required in order to return to a surplus position.
- The main financial pressures continue to be pay and bank payments in Older People's Services (Barnsley and Wakefield) and Children and Young People's Mental Health services.

- The value for money programme target is £28.2m and is currently showing a shortfall of £1.2m, driven by the use of temporary staffing. Other areas continue to be positive, in particular savings in corporate services. Bank usage remains an area of focus in order to achieve the full year target.
- The forecast for a breakeven position remains. However, the risk has reduced by £800k.
- Following the introduction of the new National Oversight Framework, it is important to remain on or ahead of plan in order to avoid increased scrutiny. The current position is slightly behind plan; therefore, further work is required to improve the position.
- In relation to capital, work continues on the Older People's Transformation Programme to ensure delivery of value for money. Work is not expected to be completed by March 2026 therefore the plan will be adjusted to bring forward items from 2026/27 capital priorities to manage this slippage. As part of the revised planning framework issued by NHS England, we will be able to plan for capital over multiple financial years which will help us to manage in year variations as detailed above.
- GE advised the system improvement target for the West Yorkshire Integrated Care Board does not affect the Trust plan. A breakeven position will be accepted.

MBr emphasised the significance of recognising the progress achieved in reducing the Trust's cost base, highlighting reductions made compared to the previous year.

In relation to capital spend, Adrian Snarr (AS) confirmed that the Trust will move towards a three-year capital plan with some capital spend brought forward from 2026. AS reported that the Trust is currently confident that the capital allocation will remain at a similar level going forward.

ST provided a live update in relation to the current industrial action and confirmed that thirty three out of fifty-seven resident doctors were on strike but there were no issues relating to patient safety where additional mitigation was required.

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

TB/25/59 Risk and Assurance (agenda item 10)

TB/25/59a Board Assurance Framework (agenda item 10.1)

Izzy Worswick (IW) provided context regarding the development of the Board Assurance Framework (BAF) and the Organisational Risk Register (ORR). She advised that, as part of the strategy refresh, the Corporate Governance Team has been careful to take the opportunity to explicitly align our organisational governance process to provide assurance about our statutory and strategic objectives. This included a review of a number of documents to consider how corporate governance tools can be used as enablers to delivery of the strategy.

The Board Assurance Framework is the first version aligned to the new Trust Strategy for quarter one. There are sixteen strategic aims agreed by Trust Board in March 2025. The Board Assurance Framework was presented to the Executive Management Committee on 10 July 2025 to consider risk scores and the Executive Management Team requested that each risk be aligned to one Director to ensure strong accountability of the Board Assurance Framework and organisational risks.

Trust Board were asked to receive the report, provide any feedback and approve the updated Board Assurance Framework.

MBu noted that the Board Assurance Framework was sophisticated and very well articulated and thanked IW and the team for their hard work.

MBr advised that it was important to review risks and use the Board Assurance Framework as a guide on areas which require increased focus. The Executive Management Team highlighted areas which require further work including work around discrimination, the increase in demand on services, changes to the national system, the Trust's financial position and the Trust's capacity to adjust to a new environment. These were the main areas that require Board assurance and intervention.

Martin Neeson (MN) stated that the report was comprehensive and clear and questioned the Board's authority to effect change regarding demand and capacity. MBr noted the Trust's strengths in control and assurance, however highlighted the need for greater focus on actions that lower risk scores.

DL stated that in terms of the strategy, the intention was to be deliberate in our actions, aligned with risk management, enabling the Trust to make an informed decision on where to take action.

MF observed that the report mentioned reducing risks to within appetite but did not explain how the Trust would take actions to achieve this. MBr advised risk appetite was not classified for strategic risks but was for the organisational risk register. MF also noted that where a risk appetite is open/high and the likelihood is classed as "unlikely" these tend to be risks related to wellbeing, issues with patients and incidents with staff. MF felt that the risk of "unlikely" was appropriate as the actions capture recruitment and retention of the workforce. MBr added that the main area of concern is around maintaining the position given the current challenges within the operating environment and the wider system.

Nat McMillan (NMc) thanked IW for the work undertaken and noted the focus on governance as an enabler, highlighting the importance of ensuring the Board continues to seek and evaluate opportunities. NMc stated that the Trust's ambition will help support informed decision-making and the Board Assurance Framework will serve as a key tool to advance transformation and provide robust support for Board decisions.

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

TB/25/59 Performance (agenda item 10)

TB/25/59b Corporate / Organisational Risk Register (agenda item 10.2)

IW presented the Organisational Risk Register and advised that following the last presentation of the risk register at Trust Board in April 2025, a full review of risks, controls and actions took place with Executive Directors in May and June 2025. A detailed review of the Organisational Risk Register took place at the Executive Management Team meeting on 10 July 2025. Following this review, two emergent risks were identified which have not been added to the Organisational Risk Register at this stage:

- The national direction and focus on urgent and emergency care could have an inadvertent impact on patient safety in the Trust and staff morale.
- The Trust's requirement to compare its nursing job profiles with the outcome of NHS Employers review of national nursing job profiles (bands 4-6) could result in finance, recruitment, and retention challenges, and a reduction in staff morale.

A new risk related to the structural changes of the NHS was also identified following the Executive Management Team discussion:

- Risk that, as structural changes, and changes to the role of NHSE and ICBs take place, there is less focus on mental health, learning disabilities and autism leading to contracting funding impacting on the Trust's ability to deliver high quality care.

IW advised that the report also included a risk heat map as well as number of suggested changes to wording and risk level target scores and requested that Trust Board discuss and approve the proposed changes and approve the proposed new risk.

MF stated that in relation to the new risk regarding structural changes in the NHS, the Executive Management Team have considered the likelihood of this risk "unlikely" however MF felt that it was more "likely" as there is increased focus on Acute and Emergency services compared to Mental Health Services. MBr stated that the likelihood reflects the current position and will continue to be monitored. MBr added that the reduced focus has not resulted in reduced funding at this time.

Risk 1729 - *Staff wellbeing may deteriorate which could exacerbate staffing challenges leading to a delivery of potentially reduced quality, unsafe and / or reduced services, increased out of area placements and / or breaches in regulations.* MF stated he agreed with the decision made by the Executive Management Team that the risk should remain on the Organisational Risk Register.

MN raised a question about qualified assurance and actions taken to mitigate risks. In relation to demand for services and delayed discharge, MN queried what work has taken place in preparation for any potential winter pressures. Following a recent quality walk around, it was noted that inpatient services are already experiencing additional pressures therefore winter pressures is an upcoming issue that requires further consideration. AF confirmed that work is already taking place across each Place as part of a Place System Response. The Trust is working with the Acute Hospitals on their winter plan submission which is required in four weeks. MBr acknowledged that inpatient services are busier now than the same time last year and bed occupancy has remained consistently high over the last three months. AF added that a review of data is underway and an increase in length of stay has been noted in some inpatient areas. An increase in the demand for mental health inpatient and older people's service beds has been identified as well as an increase in the number of presentations at the Emergency Department. AF confirmed that the Trust is involved in the National Mental Health and Acute Emergency Department Interface Improvement Programme along with two acute hospitals and agreed to pick up a conversation with MN outside the meeting.

MBr confirmed that a review will be undertaken of people presenting to an Emergency Department who require mental health intervention to identify any trends and consider reasons for the increase in order to understand what changes are required. It was noted that the proportion of people requiring a bed admission in Barnsley is higher than Kirklees.

ST advised that discussions are also taking place in the Medical Staff Committee and Transforming Clinical Pathways meetings regarding the increase in referrals. It is reported that there has been a 45-60% increase over the last four to five years in the number of older people's service referrals for people already known to the Trust as well as an increase in new referrals. There has been an increase in referrals to Barnsley memory services, with Kirklees, Calderdale and Wakefield also reporting a similar increase. Work is underway to understand the detail and reasons for the increase. Margaret Kitching (MK) suggested that a review of the increase in length of stay may help to provide comparable information.

Darryl Thompson (DT) stated that clinical effectiveness is important when wards are under increased pressure and a piece of work is underway with colleagues visiting wards to understand how to maximise the opportunity for therapeutic activities, maximise positive experience and minimise enhanced observations when there is an opportunity to do so.

In terms of the heat map, DL noted that the number of risks related to quality far outweigh the number of other risks and provides a sense of where the focus should be. MBu added that the Trust must always ensure that services remain safe and the heat map identifies the difference between quality and safety and where the Trust can maximise quality and remain

safe within the assigned cost envelope. IW stated that it was a complex process to develop the heat map and thanked Andy Lister (AL) for his hard work.

Following review, Trust Board approved the following changes to the Organisational Risk Register:

- New Risk - *Risk that, as structural changes, and changes to the role of NHSE and ICBs take place, there is less focus on mental health, learning disabilities and autism leading to contracting funding impacting on the Trust's ability to deliver high quality care.* Risk wording and risk score for the new NHSE/ICB risk approved.
- Risk 1530 – *There is a risk that capacity in services to meet existing waiting lists and current levels of demand and acuity is placing pressure on access to and delivery of services.* Increase in risk level target score approved.
- Risk 1432 – *Risk of lack of succession planning and talent management may lead to gaps in key roles and fail to promote diversity.* Increase in risk level target score approved.
- Risk 1650 – *Inpatient areas with gardens that have access to single storey buildings present an increased risk of absconding and/or falling resulting in physical injury.* Retention of the risk on the Organisational Risk Register approved.
- Risk 1729 – *Staff wellbeing may deteriorate which could exacerbate staffing challenges leading to a delivery of potentially reduced quality, unsafe and / or reduced services, increased out of area placements and / or breaches in regulations.* Retention of the risk on the Organisational Risk Register approved.
- Risk 1157 – *Risk that the Trust does not have a diverse and representative workforce at all levels which reflects all protected characteristics to enable it to deliver services which the meet the needs of the population served and fails to achieve national requirements linked to Equality Delivery System2 (EDS2), Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).* Retention of the risk on the Organisational Risk Register approved.
- Risk 1151 – *Risk of being unable to recruit and retain clinical staff due to national shortages and growth in mental health investment/ commissioning which could impact on the safety and quality of current services and future development.* Merger with risk 1614 approved.
- 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.* Merger with risk 1151 approved.
- Risk 1839 – ~~*Maintaining people who are clinically ready for discharge in an inpatient bed impacts on bed capacity.*~~ *Lack of provision across the system prevents transferring people that are clinically ready for discharge therefore impacts on bed capacity*. New 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.~~ *Risk that place based or collaborative commissioning arrangements, or lack of engagement with external stakeholders change clinical pathways and financial flows which could adversely impact on the quality and sustainability of Trust services outlined in the Trusts strategic ambitions*. Revised wording and increase in risk score approved.
- Risk 1568 – *Risk that a seclusion room will not be available due to damage that occurred placing staff and service users at an increased risk of harm.* Stepping down of the risk to care group level risk registers approved.
- Risk 1624 – *Service pressures mean that we are not always able to consistently accept a referral to all three of our 136 suites. This impacts upon the quality of service we*

can offer to someone who may have a mental health need in our local community. Stepping down of the risk to care group level risk registers approved

MBr confirmed that all risks are reviewed by individual Trust Board Committees and in-depth conversations have taken place.

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 risk wording and risk score for the new NHSE/ICB risk, APPROVE the increase in risk level target for risks, 1530 and 1432, APPROVE retaining the following risks on the ORR – 1650, 1729 and 1157, APPROVE the merger of risks 1151 with 1614, APPROVE the new wording for risk 1839, APPROVE the revised risk wording and increase in risk score of risk 812, APPROVE the stepping down of risks 1568 and 1624 to care group level risk registers.

TB/25/59c Infection Prevention and Control Board Assurance Framework (agenda item 10.3)

DT provided a summary of the Infection Prevention and Control Board Assurance Framework and advised it was reviewed by the Executive Management Team on 19 June 2025 and the Quality and Safety Committee on 8 July 2025 where it was recommended to be received by Trust Board.

The Framework is a self-assessment of compliance against national standards and DT confirmed that improvement and advances have been made towards compliance with criteria 6 (6.5 - All identified staff are FFP3 mask fit tested). This is not sufficient to change into a self-assessment of fully compliant. A full review of the risk factors and training needs analysis has taken place. Internal discussions are underway regarding the practicalities of achieving 100% compliance and whether a 60% coverage per area is a proportionate target. A fit testing programme has been initiated, and the Trust is actively working towards meeting the Health and Safety Executive (HSE) requirements

It was also noted that Cheswold Park Hospital transitioned onto the Trust Infection Prevention Control (IPC) policies and procedures on 12 May 2025. There are no changes to standard infection control precautions, however the introduction of the Trust's policies and procedures enables timely support from the Infection Prevention Control team to ensure the Trust is delivering outstanding physical, mental and social care in a modern health and care system.

It was RESOLVED to RECEIVE and NOTE the Infection Prevention and Control – Board Assurance Framework.

Nick Phillps joined the meeting

TB/25/59d Health and Safety Annual Report (agenda item 10.4)

Nick Phillips (NP) provided a summary of the Health and Safety Annual Report and advised that this was a report of key activities of safety services including health and safety, fire, security and emergency planning, achievements in the year 2024/25 and key aims for the current year.

- There has been a reduction in the number of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents from last year and this continues to be an area of focus in order to reduce the number of violence and aggression incidents against staff.

- Work to implement a more robust monitoring system for lone work device usage continues. There has been an increase in the number of devices being utilised, however further work is required.
- Work on the installation of the Water Mist Fire Suppression System has been completed across all ward areas except Cheswold Park Hospital at a cost of over £1m. A fire risk assessment is underway at Cheswold Park Hospital.
- Fire training – One hundred and sixty-six instructor led fire sessions (including online sessions) for essential training were delivered and it was noted that Trustwide fire training attendance was 90%.
- Security Industry Authority (SIA) training has been completed for all security staff members to ensure resilience within the team to support the Trust with CCTV and wider security measures. All security staff are now trained in the latest security industry standards.
- Work is underway to prioritise the completion of the NHSE Core Standards for Emergency Preparedness, Resilience and Response (EPRR). The current EPRR advisor will be leaving the organisation, however a plan is in place.

Trust Board were asked to note the contents of the report and approve the action plans for activity in 2025/26.

In relation to lone working devices, it was noted that there is a continued focus on usage with monthly reports presented to the Operational Management Group. In terms of compliance, NP confirmed the devices are issued following a risk assessment and the Trust has a legal requirement to ensure devices are being used and all reasonable steps have been taken to keep staff safe. AF added that use of lone working devices is included in staff contracts and work is taking place to ensure that staff who require a device have access to one and that it is being used. An update is due to be presented to the Operational Management Group in two weeks. NP confirmed that there are a number of different types of devices available including lanyards, a smart phone app and key fob. The current contract is due for renewal in the near future.

MF raised a query in relation to information contained within the report regarding the number of incidents of physical violence by patients against staff with a weapon. The report has shown an increase from eighty-seven incidents to one thousand and seventy. A reduction of physical violence by patients against staff without a weapon shows a reduction from one thousand, one hundred and six incidents down to one. NP agreed to review and confirm the figures before approval by Trust Board.

Action – Adrian Snarr

MBr stated that the Trust has a legal responsibly in terms of health and safety and there needs to be a relentless focus on safety. There was a fire incident on an inpatient ward recently, and one of the largest safety risks for the Trust relates to ligatures. MBr confirmed that a separate Annual Ligature Risk Report is presented to Trust Board in addition to the Health and Safety Annual report. MBr also stated that staff face a risk of violence and aggression when they attend work and should not suffer any injuries in the course of carrying out their duties. Risk assessments are undertaken, and support is available to staff with actions in place to reduce the number of incidents and this should remain a focus going forward.

Trust Board noted the content of the report and agreed to approve the action plans once the figures related to physical violence incidents against staff have been verified.

It was RESOLVED to NOTE the content of the report APPROVE the action plans for activity in 2025/26.

TB/25/59e Patient led assessments of the care environments (PLACE) scores (agenda item 10.5)

NP presented the Patient Led Assessments of the Care Environments return and confirmed that this was presented to Trust Board previously and is a central return with a number of set questions assessed with ward staff, service users, governors and the independent reviewer, HealthWatch. The review looks at environment, food, cleanliness and a number of other factors and it was noted that the Trust has always previously scored well. External monitoring also takes place, and the Trust is one of the highest scoring mental health organisations in the country which provides reassurance that the inpatient environment is positive.

It was noted that the Trust scores well in terms of food provision, however this is an area where suggestions for improvement have been received from service users. A piece of work was undertaken in Barnsley, working with nursing staff, to improve food choices. Feedback received so far has been positive and a significant reduction in food waste was noted. The trial moved to Newton Lodge at Fieldhead and has again received positive feedback. Further, wider, roll out across the Fieldhead site has commenced. NP thanked operational colleagues for their support and noted that two qualified chefs are now in post that have helped to drive these improvements. MBu thanked NP for his leadership and his team for their work.

AF requested that further consideration be given to the new National Communication Strategy and disabilities including deaf and hard of hearing service users.

MBr suggested that it would be worth sharing the update with the groups of people who participated in the reviews.

TB/25/59f Premises Assurance Model annual report (agenda item 10.6)

NP presented the Premises Assurance Model (PAM) Annual Report and advised that it is a central return that is mandated by NHS England and is intended to provide wide ranging assurance on a number of key performance indicators. These indicators are designed to show that the estate is being managed to a certain level and that where improvement is needed this can be recognised and actioned. The report is a data and evidence led self-assessment and was presented to the Executive Team Management on 24 July 2025. Due to changes to the timeline by NHS England, the report was not presented at the recent Audit Committee.

MF confirmed that the Audit Committee previously reviewed the data set and noted that the report has been moved to the Quality and Safety Committee agenda and the item was deferred to September 2025 which resulted in missing the deadline for Committee review. MF queried whether this was the right decision and requested a further discussion with Izzy Worswick (IW), AL and MK to consider the timing and agree the best place for the report to be reviewed.

Action – Andy Lister

Overall, NP reported that the Trust have received good scores:

- Hard FM (facilities management) - out of twenty-two domains, twenty are rated as good or outstanding, one domain (mortuaries) is not applicable, and one domain (medical devices) requires improvement.
- Soft FM has ten domains, nine of which are good or outstanding and one is not applicable.
- Patient experience has six domains, all reported as good or outstanding.
- Efficiency has five domains, all reported as good.
- Effectiveness has four domains, all reported as good or outstanding.
- Maturity is reported as outstanding.

In relation to the management of medical devices, NP confirmed that the medical devices position has improved substantially over the past year. However, in terms of this report, the Trust has not reached the pass mark giving the result of “requires improvement” for this domain.

MBu confirmed that the subject of medical devices had been noted through various Committees as well as this report and requested that Executive colleagues pick this up as a matter of urgency. MBr confirmed that medical devices are high on the Trust agenda, and the issue is related to ownership of devices and availability of resources. There has been significant improvement over the last six months however challenges remain in some areas. MBr confirmed that medical devices are receiving increased focus and stated that the Audit report noted "moderate assurance" and the Trust must continue to maintain the current level of focus. A conversation is taking place regarding Executive Director ownership of medical devices and feedback will be provided to Trust Board in due course.

MK confirmed that the Quality and Safety Committee continue to monitor the position, and a piece of work is underway to ensure that medical devices are checked and logged with an alert system in place.

AS stated, that the main challenge with medical devices is staff presenting the equipment for service. AF confirmed that a risk assessment of devices within the Barnsley physical health service has taken place in order to provide assurance that the devices will not cause any harm. It was agreed to bring a further update to the next meeting.

Action – Darryl Thompson

In relation to section eight of the report regarding the water safety system, MF raised a question about the rating being "good" given the previous discussion at Trust Board regarding historic issues at Cheswold Park Hospital. NP confirmed that the report was related to the period prior to the acquisition of Cheswold Park Hospital and that the report next year will include it. NP confirmed that a peer review was underway and is voluntary.

In relation to sustainability, Gary Ellis (GE) raised a query regarding effectiveness and noted that the report stated there were nine questions with eight rated as good and one which has moved from good to outstanding. GE queried whether a suitable sustainability approach is in place given the current limitations in terms of funding. NP confirmed that the Trust is able to provide a strong evidence base however there is further work to be done on sustainability. NP also noted that there is a strong plan to achieve net zero carbon emissions in two years.

Following submission, MBr stated it may be useful for the Audit Committee to undertake a retrospective review in order to provide Trust Board with additional assurance. NP agreed to link with MF to review the process.

Action – Mike Ford

Trust Board agreed to the submission of the Premises Assurance Model annual report.

TB/25/59g Data Security and Protection Toolkit (DSPT) (agenda item 10.7)

AS presented the Data Security and Protection Toolkit (DSPT) annual submission. Following the previous request for delegated authority for the Chair and Chief Executive in order to meet the end of June deadline, AS provided feedback following the submission process.

AS noted, that the submission had a level of self-assessment by the Trust which was supplemented by an internal audit review. The Trust has achieved the standard of "partially achieved" which is proportionate in terms of challenges regarding Cyber security.

Trust Board members agreed to note the final submission of the DSPT with a "partially achieved" Cyber Assessment Framework (CAF) profile on 27 June 2025.

TB/25/59h Cheswold Park Update (agenda item 10.8)

AF provided an update on Cheswold Park Hospital and advised that Cheswold Park is now included within the Integrated Performance Report (IPR).

- Work to improve water hygiene continues and shows an improving position. Clinically, the service is doing well.
- There is improved oversight of incidents.
- Staff are reporting that they feel supported and engaged.
- There is a good plan in place for admissions and discharges. Currently there are seventy-four inpatients.
- Leadership continues to be active on site with Julie Hall (Deputy Director of Cheswold Park Hospital Integration), Emma Cox, Emma Robinson and Jo Barber who are the Clinical Operational Trio. It was noted that the trio are working effectively.
- DL and AF are looking at different methods of communication with staff.
- AF and CB recently undertook a walkaround and spoke to a number of staff which was positive.
- Seclusion training is being rolled out and is expected to go live in September 2025.
- Electronic Prescribing Medicines Administration (EPMA) has been rolled out.

EM noted all the positive work that has taken place and queried whether there is a plan in place to reach the ninety inpatients position. A review is underway looking at the trajectory for admissions and discharge. The operational and corporate establishment is also being reviewed. There continue to be issues related to locum medics, however a plan was agreed at the Executive Management Team meeting to recruit to those posts substantively which will help to determine overall costs and how to reach the breakeven position. AF added that the work that has taken place to transition and discharge people should be acknowledged.

ST advised that she visited Cheswold Park recently and stated that there was fantastic engagement and morale was felt to be positive. DT stated that he was in regular contact with a member of the nursing team who attends Cheswold Park regularly.

MBr confirmed that the Trust remains ahead of the business case in terms of admissions and this will continue to have some reliance on the Ministry of Justice. AS added that there was limited information available when the business case was developed and in terms of secure services, there is increasing demand for low secure services compared to medium secure services. AS added that nationally there has been an increase in demand for secure services.

It was RESOLVED to RECEIVE and NOTE the report.

TB/25/60 Performance (agenda item 11)

TB/25/60a Integrated Performance Report (IPR) month 3 2025/26 (agenda item 11.1)

AS provided a summarised review of the Integrated Performance Report and noted the highlights:

Prone restraint

There have been twelve incidents within the reporting period with narrative providing additional information.

MBu raised a question regarding whether achievement of zero prone restraint was possible. DT confirmed that a number of wards are reporting zero prone restraints. Five of the recent incidents were where the patient put themselves in the prone position as part of a restraint.

DT added that work was ongoing to ensure staff have completed training in the updated approach to restraint and teams are building in a conversation at the start of each shift regarding whether staff are trained in the new approach. An additional metric has been added to the IPR related to prone restraint instigated by care team.

MBu stated that she required more assurance regarding the use of prone restraint and requested that this be picked up again in the Quality and Safety Committee.

DT noted that previously the Trust had an average rate of twenty-one prone restraints per month, and this had reduced further to between eight and ten with an ambition to reduce to zero with support from the training programme.

MK confirmed that the Quality and Safety Committee continue to monitor prone restraint closely however it was important to understand the difference between staff putting patients in a prone position and patients putting themselves in the prone position. Board are asked to note that figures are reducing.

Quality and Safety Committee scrutinise the figures every month and have noted a reduction in the number of incidents. MBr stated that since the Care Quality Commission (CQC) identified prone restraint as an issue, there has been a sizeable reduction in the number of incidents with a number of wards reporting and maintaining zero prone restraints. Training has been reviewed and revitalised and is currently being rolled out across all inpatient areas. The initial training takes place over four days with the update training taking place over two days. There continue to be some areas of concern, e.g. Walton ward, and the Executive Trio visited the ward in order to understand the issues in more depth and identify where further support is required. DT confirmed that service visits have taken place on wards where there has been a significant reduction, e.g. Newhaven. ST stated that during a visit to The Dales the previous week, there were conversations with nursing colleagues and managers who confirmed that there are multi-factorial issues to reducing the number of incidents and although it is frustrating that progress has not been made faster, a review of barriers is underway to consider whether they are related to culture/training etc.

Nat McMillan (NMC) stated that the People and Remuneration Committee receive updates on training and the extra provision and feel much more assured in line with the changes and trajectory of improvement.

<u>People</u>
AS confirmed that the Finance, Investment and Performance Committee undertook a deep dive into the People Performance metrics and it was noted that appraisals were only 0.2% off target. A strong performance from services and teams was noted.

In terms of finances, AS stated that there is a correlation between the threshold for sickness and how this is affecting compliance with mandatory training and driving the increase in temporary staffing costs. Conversations are taking place through the Value for Money group to understand what is required to further reduce temporary staffing costs.

Sickness is within threshold, the mandatory training position is positive, and staff turnover was reported to be at the lowest level compared to previous years and is actually lower than the figures presented in the IPR due to the data being a twelve-month rolling average and a team being transferred out following the end of the contract in March 2025.

<u>Care groups</u>
Pressure continues on inpatient services. Out of area placements for the Trust remain one of the best in the North of England. A target of five people out of area has been set and although there have been some out of area placements, these people are brought back into area quickly and safely. Pressures on inpatient services has been relentless but continues to be very well managed but not without consequence and challenge within Trust services. AF added that community teams, Intensive Home-Based Treatment Team and the Flow Team work hard to manage the position as well as pressure from Emergency Departments.

Finance

AS advised that the financial position at the end of month three is £100k off plan. The plan is a deficit at the end of month three therefore the financial challenge will increase going forward.

AS stated, that the IPR includes the indicators from the National Framework. Our Trust scores have been shared and discussed with the Finance, Investment and Performance (FIP) Committee. Trust performance will be measured against the performance of other organisations, and the performance team are validating all the information and FIP will spend some time reviewing the data. AS confirmed that there are consequences should the Trust not meet the National Framework indicators. The framework is only for one year in its current form and the Trust is not aware of what the indicators will be for next year.

MBr stated that the Equality, Diversity and Inclusion section has been reintroduced into the IPR and noted that the average length of stay for black and Asian people is longer than people who are white. MBr also noted that the proportion of inpatients who are black or asian is proportionally higher compared to white people. This is an important piece of information that needs to be used to understand the position and make improvements to services.

In terms of paediatric audiology, it was updated that a business case had been developed for commissioners however it was noted that this service is capacity constrained. The team is a small team, so any absence has a significant impact on the service.

The number of people clinically ready for discharge has reduced slightly and AF continues to join the Multi Agency Discharge Event (MADE) meetings which bring partners together to support the reduction in the number of people requiring a mental health bed.

The Trust continues to report a low number of falls, less than the national average, however it was acknowledged that this comes at a financial cost due to the additional staffing required for those at risk of falls.

MK noted that the Trust completion of risk assessment for inpatients had seen a drop in performance. AF confirmed that risk assessments are completed. For community patients, there are issues with the capacity to input risk assessments onto the system. Further support is required to ensure that risk assessments are input onto the system. DT confirmed that Amy Hartley, Deputy Director of Nursing, Quality and Professions is engaged with inpatient wards as part of the work to improve clinical risk assessments. DT noted that the numbers were small compared to community services due to the number of people in inpatient services being much lower than community services, therefore small numbers will have a greater impact on performance. Matrons and lead nurses have oversight and address any issues as they arise. AF stated that hotspots have been identified where colleagues have issues inputting information onto the system as well as areas with high inpatient turnover. ST confirmed that an audit is underway as part of the wider inpatient work to look at who has been seen, how the risk assessment has been documented and whether a Multi-Disciplinary Team (MDT) meeting has taken place. This will triangulate the information and the risk to identify areas where risk assessments are not being input onto the system within timescales.

MBr confirmed that following a number of improvements, the risk in relation to risk assessments had been removed from the organisational risk register however should the risk increase, it will be added back onto the risk register. ST also confirmed that Dawn Lawson (DL) and Paul Foster, Assistant Director of IT services and systems development, were also undertaking a review of digital solutions, looking at who has access to VPN (Virtual Private Network) to consider possible solutions. Erfana Mahmood (EM) acknowledged the pressure on staff to complete tasks within a limited amount of time. MK added that a digital solution will help to relieve the pressure on staff to upload information onto the system. Record keeping is an area of focus for the Care Quality Commission (CQC) and therefore improved record keeping is important not only in patient care but also in terms of managing risk. It was agreed

that the Quality and Safety Committee would pick this up and provide a report detailing risk assessment record keeping in both community services and inpatient wards in order to provide assurance to Trust Board.

Action – Darryl Thompson

MBr noted that the reduction in risk assessments related to one month and one ward in particular and therefore was not felt to be a trend. It was agreed for the Quality and Safety Committee to undertake a review of the data outside the meeting to clarify the information within the Integrated Performance Report and the issues.

Action – Darryl Thompson

MBr confirmed that it had been agreed to review the NHS oversight framework and revisit key metrics that require an increased focus and take the findings back to the Finance, Investment and Performance Committee.

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

TB/25/60b Care Group Performance Report (agenda item 11.2)

AF provided a summary of the Care Group Performance Report for the forensic care group:

- There have been improvements in terms of sickness, mandatory training including information governance and Reducing Restrictive Practice Interventions (RRPI).
- Newhaven is a hotspot area that requires further improvement work and AF confirmed this was underway.
- RRPI training meets the standard across the Care Group. However, there continue to be areas of improvement required.
- Cheswold Park Hospital are now undertaking the Trust RRPI training. The RRPI team are also reviewing the previous Cheswold Park training to consider any areas of good practice which could transition into the Trust training programme.
- Cardiopulmonary Resuscitation (CPR) shows a trajectory for compliance however there is some underperformance in Newhaven.
- Turnover remains stable and there continue to be no registered nursing vacancies.
- There are forty-eight Health Care Support Worker (HCSW) vacancies and following the recent bank recruitment, eighteen people are moving over from bank onto a substantive contract in forensic services within the next few weeks. AF also noted that there are sixty-eight bank staff moving over to substantive roles in mental health services.
- Work has taken place regarding what clinically ready for discharge means for forensic services. There are some people who are clinically ready for discharge. However, this is significantly less than mental health services.
- There have been two recent fall incidents in forensic services, one resulted in moderate harm, and one resulted in a significant injury. AF confirmed that falls incidents are usually related to a deterioration in physical health.
- It was noted that information related to the Cheswold Park Hospital workforce has now been included in the report.

AS stated, that the forensic care group are the first care group to reach the target of zero agency staff and thanked the service for their hard work in reaching this position.

GE noted that sickness levels at Cheswold Park Hospital and South Yorkshire are consistently lower than other areas of the Trust.

AF confirmed that forensic services have had four RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents recently, relating to violence and

aggression with staff experiencing “burnout”, staff off work due to injuries following incidents of violence and aggression as well as some longer-term sickness due to physical health conditions.

DT noted that forensic services perform well in terms of medical device oversight.

Christine Brereton (CB) confirmed that the People and Remuneration Committee are undertaking a benchmarking exercise to compare forensic services with other forensic units to consider whether the Trust is an outlier in terms of sickness. MBr stated that benchmarking should be against another organisation of a similar scale.

It was RESOLVED to RECEIVE and NOTE the care group report for forensic services.

TB/25/61 Integrated Care Systems and Partnerships (agenda item 12)

TB/25/61a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

MBr provided an update following a recent South Yorkshire Integrated Care Board (ICB) meeting and advised that the main topic of conversation was the restructuring of the Integrated Care Boards and the requirement to postpone the consultation regarding future structures due to lack of clarity around funding of redundancies. It was noted that South Yorkshire had a challenging start to the financial year and is adverse to plan. It was noted that deficit support for quarter two would not be forthcoming. Other areas of focus were the Ten-Year Plan and the Urgent and Emergency Care Plan.

DL reported that the formal Barnsley Committee and Delivery Group had not met since the last Trust Board meeting. A task and finish group has been established to consider how to move forward in terms of the Ten-Year Plan as well as the opportunity to be a pilot site for neighbourhood care.

It was RESOLVED to NOTE the South Yorkshire Integrated Care System and Barnsley Place updates.

TB/25/61b 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 confirmed that the West Yorkshire Integrated Care Board met to discuss the restructuring of the Integrated Care Board, the Ten-Year Plan and year-end report. MBr advised that West Yorkshire have also had a challenging start to the financial year.

The Mental Health Learning Disability and Autism (MHLDA) Collaborative has undertaken a focus on the eating disorder pathway, and it was confirmed that work is taking place regarding investment in mental health support teams for schools.

MBr advised that a key meeting was taking place that week with Bradford District Care NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust regarding where to focus efforts of the collaborative going forward.

MBr confirmed that he had attended recent Place development sessions which had a focus on neighbourhood care, the development of Provider Alliances, the model blueprint for Integrated Care Boards and population health management. It was noted that both South and West Yorkshire Chairs and Chief Executives noted the potential psychological harm to people regarding the restructuring of the ICBs and not providing a date for when the consultation will take place.

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/25/61c Provider Collaboratives and Alliances (agenda item 12.3)

AS provided an update on the West Yorkshire and South Yorkshire and Bassetlaw Provider Collaboratives where the Trust is a Co-ordinating Provider, and an update on the national Phase Two Provider Collaboratives

- In relation to clinically ready for discharge, the report noted the differences between how providers report clinically ready for discharge. AS noted, that the Trust have reported a low number of delayed discharges compared to other organisations.
- The West Yorkshire Provider Collaborative Clinical Lead has undertaken a review of Psychiatric Intensive Care Unit (PICU) referrals due to an increase in referrals in Quarter four. The report identified a significant variance in the number of accepted referrals into secure services. Acceptance rates in Leeds and Bradford were noted to be higher than SWYPFT (South West Yorkshire NHS Foundation Trust). The Provider Collaborative has planned meetings with Integrated Care Board colleagues and Leeds and York Partnership NHS Foundation Trust (LYPFT) to develop an action plan.
- The financial position last month reported an overspend and AS confirmed that this month the position has moved back to breakeven due to a number of people being discharged.
- AS added that the Trust also have a risk share across West Yorkshire in terms of eating disorder services and inpatient CAMHS. Historically both services have been under financial pressure, however this year they are now reporting positive financial variances. Patient flow is being well managed through Red Kite View (young person's mental health unit), by reducing out of area beds and reducing extraordinary packages of care which is financially beneficial for the West Yorkshire Provider Collaborative as a whole.
- South Yorkshire Adult Secure Provider Collaborative continues to report a deficit driven primarily by a £1.4m pressure relating to patients awaiting NHS retained services (High Secure).
- A review of patients who are clinically ready for discharge has been undertaken to understand consistency across all providers. Clinically ready for discharge within Forensic services includes patients who are waiting to return to prison or waiting for a community package of care. AS confirmed, there is a community forensic service in Sheffield, however it has not been possible to expand the community forensic service offer further across South Yorkshire due to financial constraints. AS added that it is felt that there may be some under-reporting of patients clinically ready for discharge as there are differing clinical opinions of the definition.
- NHS North England Region submitted a proposition to extend provider contracts until the end of 2027 to provide some stability through the current financial uncertainty. The proposal was accepted by the Integrated Care Board and mechanisms will be put in place for contract extensions.

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/25/62 Governance (agenda item 13)

TB/25/62a Assessment against NHS Constitution (agenda item 13.1)

Izzy Worswick (IW) advised that the Corporate Governance Team undertake an annual self-assessment review against all rights and pledges of the NHS Constitution. The self-assessment was updated to reflect the current position and provides assurance to Trust Board that the Trust is meeting the rights and pledges of the NHS Constitution.

IW added that the NHS constitution is currently under national review, and an updated version is expected following the release of the Ten-Year Plan, however the timescale for this is not currently known. IW confirmed that MBr is involved in national forums regarding upcoming changes in terms of Foundation Trust status and what to expect going forward.

It was RESOLVED to RECEIVE and APPROVE the Assessment against NHS Constitution.

TB/25/62b Teaching Trust Status (agenda item 13.2)

Following the approval of the Trust's application for Teaching Trust Status by the University of Leeds, Subha Thiyagesh (ST) confirmed that the Trust is working through a number of governance implications.

The Trust is progressing with the appointment of an Appointed Associate Non-Executive (NED) from the University of Leeds, and a bespoke job description has been developed with a focus on education, research and development. A joint partnership Board between SWYPFT and Leeds University will also be developed. A recommendation for appointment of an appointed Associate NED was made to the Nominations Committee on 16 July 2025 and will be considered by the Members' Council on 19 August 2025.

In relation to the proposed name change to South West Yorkshire Partnership Teaching NHS Foundation Trust, positive feedback has been received. Questions have been raised regarding the impact of the name change in terms of finance and estates. ST confirmed the proposed name change follows the strict NHS naming standards.

Moving forward, a joint partnership governance arrangement will be developed with membership from both the University of Leeds and the Trust. ST advised a partnership Board will be established between the University and the Trust with agreed Terms of Reference. A key role of the group initially will be establishing partnership agreements and formal human resource agreements.

MBu confirmed that the new Associate Non-Executive Director will not Chair a Trust Committee meeting, will not attend Private Trust Board meetings and will not have any voting rights. Their role will be to work with Executive Team between the University of Leeds and the Trust and chair the Joint Partnership Committee.

It was RESOLVED to NOTE the update on progress, NOTE the update on appointment to the Associate Non-Executive role and APPROVE the recommendation to Members' Council the Trust name change from South West Yorkshire Partnership NHS Foundation Trust to South West Yorkshire Partnership Teaching NHS Foundation Trust.

TB/25/62c Trust Board Committees Membership and Attendance (agenda item 13.3)

Andy Lister (AL) confirmed that a review of the changes to the Non-Executive Directors has taken place and presented the paper detailing the proposed new Committee membership.

Rokaiya Khan is scheduled to join the Trust on 4 August, succeeding Erfana Mahmood, who will leave her position as Non-Executive Director on 2 August 2025. Rokaiya will be the new Chair of the Mental Health Act Committee and Charitable Funds Committee and will be a member of Finance, Investment and Performance Committee and Equality, Involvement and Inclusion Committee.

Martin Neeson, Non-Executive Director, started with the Trust on 9 June 2025. Martin is a member of Audit Committee, People and Remuneration Committee and the new Chair of the Commissioining Committee.

MBr confirmed that there are regular reviews of the Executive Directors and Non-Executive Director membership of Committees.

It was RESOLVED to APPROVE the changes in Chair/membership to Trust Board Committees.

TB/25/63 Strategies and Policies (agenda item 14)

TB/25/63a NHS Ten Year plan (agenda item 14.1)

MBr presented the NHS Ten Year Plan as an executive summary for Trust Board awareness. The next Strategy Trust Board meeting will review the plan in more detail to focus on the Trust response.

The plan is intended to set out a route map of how the three shifts of a) moving more care from hospital to the community, b) analogue to digital and c) sickness to prevention can be used to fundamentally change the way care is delivered over the next decade. There are nine chapters which were reviewed by the Executive Management Team, facilitated by Sue Barton, Deputy Director of Strategy, Inclusion and Change. MBr stated that there is expected to be an increase in pace in relation to the development of neighbourhood care as well as increased focus on operating model chapters two and five.

In relation to the running of the Mental Health Emergency Department, MBr explained that a delivery plan along with operational planning guidance is expected to be developed early autumn 2025.

It was RESOLVED to NOTE the publication of the Ten-Year Plan for England and initial summary points provided.

TB/25/64 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/25/65 Any other business (agenda item 16)

No further business.

TB/25/66 Date of next meeting (agenda item 17)

The next Trust Board meeting in public will be held on Tuesday 30 September 2025 at Laura Mitchell Health Centre, Halifax.

Signature:

Date: