South West Yorkshire Partnership Teaching NHS Foundation Trust

Minutes of the public Trust Board meeting held on 30 September 2025
Rooms 3 and 4, Laura Mitchell Health Centre, Halifax

Present:	Marie Burnham (MBu)	Trust Chair (in attendance via MS Teams)
	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director (Chair)
	Mike Ford (MF)	Non-Executive Director
	Gary Ellis (GE)	Non-Executive Director
	Margaret Kitching (MK)	Non-Executive Director
	Rokaiya Khan (RK)	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)	Associate Director of Corporate Governance
	Christine Brereton (CB)	Interim Chief People Officer
	Adele Fox (AF)	Chief Operating Officer
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Manager
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
	Matt Ellis (ME)	Recovery and Wellbeing College Principal
Observers	Dr Nikhil Bhuskute (NB)	Gatenby Sanderson insight programme candidate
	John Laville (JLa)	Public Governor – Kirklees (Lead Governor)
	Farida Ali (FA)	Public Governor – Kirklees

TB/25/67 Welcome, introductions and apologies (agenda item 1)

The acting Chair for the meeting, Nat McMillan (NMc) welcomed everyone to the meeting, no apologies were noted, and the meeting was deemed to be quorate and could proceed. NMc noted that Marie Burnham (MBu) is in attendance via Microsoft Teams.

NMc welcomed Rokaiya Khan (RK) to her first formal Trust Board meeting as a new Non-Executive Director and 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.

NMc advised that now the Trust is a Teaching Trust Prof Mitch Waterman will join future meetings as the appointed Associate Non-Executive Director from the University of Leeds, pending completion of fit and proper person checks.

NMc thanked everyone for a successful Annual Members' Meeting on 17 September 2025, which had over 100 attendees both in person and online.

NMc 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.

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

TB/25/68 Declarations of interest (agenda item 2)

No new declarations of interest were raised.

It was RESOLVED to NOTE the declarations of interest.

TB/25/69 Questions from the public (agenda item 3)

No questions were received from the public.

TB/25/70 Minutes from previous Trust Board meeting held 29 July 2025 (agenda item 4)

The minutes of the meeting held on 29 July 2025 were accepted as an accurate record, with no points of accuracy raised.

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

TB/25/71 Matters arising from previous Trust Board meeting held 29 July 2025 and Board action log (agenda item 5)

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

TB/25/72 Service User/Staff Member/Carer story (agenda item 6)

Adele Fox (AF) introduced Matt Ellis (ME) from the Kirklees Recovery College to the Board meeting, to speak about the work of the Recovery College, and mark its 10th anniversary.

ME highlighted a special project, a celebration quilt, that was unveiled at the 10th anniversary event, attended by the Trust Chair Marie Burnham (MBu). Each square of the quilt has been created by a learner, volunteer, or staff member, symbolising personal journeys. The quilt will be displayed in various community locations.

ME emphasised the positive impact, transformation and growth of the Recovery College over the past decade. The Recovery College started as a small team and is now part of a national and international network, with over two hundred colleges in the UK and a network of colleges across the world.

Recently, Kirklees place within the Integrated Care Board (ICB) have enabled the addition of three full-time posts, leading to a substantial increase in bookings and service capacity.

Course offerings and session numbers have increased since 2021, with 6% of courses fully booked, demonstrating efficiency and value for money. Bookings have more than doubled in the last year, reaching 7,300 annual bookings. Learner feedback was noted to be positive, with 97% rating their experience as “good” or “very good”.

The College provides a unique, peer-led environment where people feel accepted and supported. Teaching practical strategies for living well with mental health conditions has created a community where learners can share experiences, develop skills, and progress toward personal goals, including returning to work and managing crises.

New courses, such as “Living Well With” (e.g. ADHD, depression, anxiety), focus on quality of life and emotional regulation, co-designed with service users and staff, have received strong positive feedback.

ME presented some of the feedback received and quotes from learners, gathered as part of a new outcome measure piloted with Imroc (a registered charity who support recovery and living well approaches for people with mental health conditions) and other recovery colleges.

ME emphasised that the responses reflect the College’s role in fostering hope, confidence and self-belief among learners.

The College also aligns with the Trust’s values and NHS long-term plan by promoting prevention, community integration, and lived experience leadership.

Mark Brooks (MBr) thanked ME for his presentation and emphasised the significant, positive impact Recovery Colleges have on individuals’ lives. MBr noted the current focus on productivity and value for money across the NHS and within the organisation and highlighted the importance of using the evidence and outcomes presented by ME to demonstrate the effectiveness of Recovery Colleges to commissioners, to support ensuring continued funding.

MBr suggested exploring opportunities for additional funding by evidencing the number of people supported back into employment, referencing national programmes regarding economic activity, and identified this as a potential avenue to sustain Recovery Colleges in the future.

MBr praised the work of ME and his colleagues across all Recovery Colleges, noting the need for improved funding in Calderdale, and encouraged Board members to visit the services themselves to witness their impact first hand.

ME confirmed that funding levels directly affect service provision, noting that Calderdale’s lower numbers of learners are due to limited funding compared to Kirklees and Barnsley, where investment has enabled greater impact.

Christine Brereton (CB) asked what the impact would be on the Trust if Recovery College services were not available.

ME stated that the Recovery College has become well integrated with other Trust services and serves as a pathway for individuals to move away from clinical services and be supported back into employment. He emphasised that the absence of these services would create a significant gap, especially given tighter eligibility criteria and challenges in service access, highlighting the college’s unique ability to operate in this space and deliver valuable outcomes.

Subha Thiyagesh (ST) thanked ME for his inspiring work and noted his collaboration in training higher medical trainees about the Recovery College and its work. ST commented on the

importance of demonstrating value for money and productivity and asked if there are any quantitative outcome measures regarding the impact on reattachment to work.

ME reported that while more could be done to collect quantitative data, resource constraints have limited this. ME indicated that with recent growth, there is now more capacity to explore such measures and expressed interest in developing further data on work-related outcomes.

MBu congratulated ME and the Recovery College team for their work and the celebration event, noting ME's long-term commitment since the College's inception.

MBu emphasised the importance of Recovery Colleges as a modern, community-based approach to mental health care. MBu highlighted the need to better quantify the impact of Recovery Colleges on productivity and acute care prevention and stressed the importance of aligning outcome measurement with Trust safety models to ensure continued support and funding.

Rokaiya Khan (RK) introduced herself as a new Non-Executive Director for the Trust and a charity Chief Executive and praised the Recovery College's work and the quilt project. RK asked how learners are recruited, about the demographic profile and about opportunities for collaboration with voluntary sector organisations, especially regarding neurodiversity-focused courses.

ME explained that the Recovery College works with a range of partners across sectors and is not limited to education or health. ME stated that approximately 60% of learners currently use services, with additional participants having previously used services, and highlighted the College's role in prevention. ME welcomed the opportunity to discuss further collaboration with charities outside the meeting.

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

TB/25/73 Chair's remarks (agenda item 7)

NMc noted that the Private Trust Board meeting would include:

- Integrated Care Systems and partnerships
- Complex incidents report.
- Finance update including the Value for Money programme.
- Update on Cheswold Park Hospital
- Trust Board effectiveness survey

It was RESOLVED to RECEIVE the Chair's remarks.

TB/25/74 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- All NHS provider trusts must complete a Provider Capability Assessment. The deadline for submission is 22 October 2025. A process has been agreed to ensure there is full Board engagement with the submission. A supporting paper will be discussed in the private Board meeting.
- A new multi-year planning framework is expected, requiring detailed plans for the next three years. There is an expectation that guidance will be published in early October with approval by Trust Boards required in December 2025.
- The model region blueprint has been received, reflecting the evolving roles of Integrated Care Boards and regions, with implications for stakeholder management and a shift in some roles and responsibilities between local ICBs and regional bodies.

- The Trust's provider segmentation has been published. While the Trust ranks highly on most measures, a financial override due to a variance at the end of the quarter against its deficit plan has resulted in a segmentation rating of three. Fluctuations in this rating are expected in future quarters.
- The Trust achieved a 53% flu vaccination rate among frontline staff in 2024, placing it in the top 15% nationally, the national average was 38%. All trusts have been asked to improve vaccination rates by 5% this year, with the Trust's target set at 58%. A plan is in place to encourage take up of the vaccine and improve uptake. NHS England has requested weekly updates on vaccination rates, highlighting increased national focus due to the impact of flu on bed days and mortality. MBr noted the link between flu and avoidable deaths among people with learning disabilities as identified in the annual LeDeR report (learning from lives and deaths – people with a learning disability and autistic people) and emphasised the importance of boosting vaccination rates as a practical measure.
- The Annual Members' Meeting was successful, and our Teaching Trust status was formally launched at the meeting, supporting our ambition to be the best place to work and learn and future medical recruitment.
- The national LeDeR (Living from Lives and Deaths, people with a learning disability and autistic people) report shows a small improvement in life expectancy for people with learning disabilities, but significant disparities remain, highlighting the need for continued focus.
- The Trust marked National Suicide Prevention Week and World Suicide Prevention Day in September. Staying Safe from Suicide Guidance was introduced earlier this year and a new National e-learning package has recently been launched to complement this guidance.
- NHS England has written to all trusts regarding a role guarantee for newly qualified nurses and improving resident doctors' working lives. The Board was asked to note the number of actions being undertaken by the Trust in line with the template letter that has been received. Further updates will be provided to Trust Board in the coming weeks.
- Wakefield has been accepted as a national pilot for neighbourhood care development; other areas will learn from pilot sites.
- The Financial position has stabilised with a reduced deficit, but challenges persist, particularly with inpatient staffing given high occupancy rates.
- There has been a significant change nationally for the Mental Health, Learning Disability and Autism sector with the resignation of Claire Murdoch from her national role with NHS England (NHSE). Claire has been a huge advocate for our sector over the past nine years and played a key role in supporting the Trust with the acquisition of Cheswold Park Hospital.
- Within South Yorkshire, Gavin Boyle has announced that he is retiring from his role as Chief Executive of the South Yorkshire Integrated Care Board (ICB). Gavin has also supported the Trust during his tenure. Transitional arrangements are expected to be announced shortly.
- Within West Yorkshire, Brendan Brown, the Chief Executive of Calderdale and Huddersfield NHS Foundation Trust (CHFT) will take up the same position at Leeds Teaching Hospital Trust for up to twelve months. Rob Aitchison, the current Deputy Chief Executive at CHFT, will be acting as Chief Executive during the interim period.
- MBr announced the planned retirement of Darryl Thompson (DT), Chief Nurse and Director of Nursing, Quality and Professions, at the end of March 2025.
- MBr reported that Martin Barlow, apprentice joiner, has won the Regional Apprentice of The Year and Sam Wasteney, the Trust's first T-Level student has secured a substantive role within the organisation. MBr also thanked Jen Richmond from the People Directorate for her work with apprentices and T-Level students to support them into their future careers.

- MBr noted it was one year since the acquisition of Cheswold Park Hospital and acknowledged the work that has taken place so far to integrate services and drive quality and financial improvement.
- MBr confirmed that the Trust's Winter Plan is due to be submitted and will be circulated to Trust Board for information.

Mike Ford (MF) asked about the NHS Oversight Framework (NOF), specifically about Board-level assurance and whether Audit Committee activity would be required for inspection of the framework.

MBr stated that the NOF is evolving and. it is expected to develop further. MBr also noted that the Provider Capability Assessment will feed into Trust Board reporting and that a plan is in place to ensure Board members have access to relevant data within the required timeframe.

MBu requested clarification regarding the Board's role in signing off the Winter Plan, noting that it is typically monitored rather than formally approved by the Board. Operational matters such as winter planning are usually managed by executive colleagues, with Board oversight focused on monitoring rather than approval.

Adele Fox (AF) reported attending multiple regional meetings on winter planning and the completion of assurance requirements for two ICBs added complexity to the process. Huddles and flow-support measures have been implemented, with positive effect. AF confirmed that mental health is now explicitly included in the winter plan, and a regional meeting focused on mental health is scheduled. AF agreed to circulate the Winter Plan to Board members, noting that it aligns with previous years and now also includes mental health provisions.

Action – Adele Fox

NMc acknowledged the Chief Executive's comprehensive report and noted the Executive Team's ongoing work amid challenging circumstances. NMc highlighted the importance of the Learning from Deaths report (LeDeR), noting the Board's commitment to continued improvement and the need for greater progress. NMc requested clarification from MBr on what leadership from the Board should look like in this context.

MBr emphasised the need for Board members to actively raise the profile of key issues and role model positive behaviours, such as receiving the flu vaccination.

NMc reinforced the expectation that Board members act as role models and communicate the rationale for actions like flu vaccination.

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

TB/25/75 Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9)

Commissioning Committee 5 August 2025

Martin Neeson (MN) provided an update from the Commissioning Committee meeting on 5 August 2025:

- West Yorkshire referrals for adult secure services remain above previous levels, with higher numbers waiting and high occupancy. A pilot collaborative process is underway to address increased referrals, with outcomes expected in the near future.
- The average number of service users awaiting admission in West Yorkshire has doubled over the last twelve months. Draft guidance to reduce late discharges is anticipated soon.
- West Yorkshire Adult Secure Provider Collaborative have moved to enhanced monitoring due to recent events at Newhaven.

- South Yorkshire and Bassetlaw contract finalisation delays are impacting on the financial position, with senior-level engagement ongoing.
- Positive progress was noted in repatriation efforts at Cheswold Park Hospital, resulting in financial improvement for South Yorkshire and Bassetlaw.
- Risk 1511 was reviewed, which highlighted the volatility of specialised services and risk mitigation steps currently in place were noted.
- Both West Yorkshire and South Yorkshire Adult Secure Provider Collaboratives are committed to break-even positions in 2025/26, with current deficits reduced compared to previous periods.

MBr commented on the importance of ensuring the effectiveness of the West Yorkshire community model in supporting timely discharges and reiterated the financial volatility in these types of services.

Members' Council 19 August 2025

MBu reported that the Members' Council meeting was well attended. MBu commended the work undertaken by the Governors and recognised the increased workload and capacity issues for Governors, reflecting the Members' Council's expanded role over the past four years.

The Members' Council approved the appointment of Professor Mitch Waterman as Appointed University of Leeds Non-Executive Director, subject to satisfactory fit and proper persons checks.

People and Remuneration Committee 2 September 2025

NMc provided a verbal update on key points from the last People and Remuneration meeting held on 2 September 2025:

- The Committee reviewed annual reports, including the Guardian of Safe Working and Medical Revalidation, both of which provided assurance regarding compliance and absence of significant issues or fines.
- Performance against workforce metrics across the Trust remain strong despite challenging circumstances, with ongoing focus on areas such as forensics and estates, and continued monitoring of violence and aggression against staff.
- A deep dive into the medical workforce has commenced, covering job planning, productivity, and temporary staffing spend.
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Mental Health Act Committee 27 August 2025

Gary Ellis (GE) chaired the Mental Health Act Committee on 27 August as Interim Chair with Rokaiya Khan (RK) in attendance. GE provided an update from the meeting:

- The Committee discussed the ongoing work to improve understanding and quality of Mental Health Act activities, noting the dedication of the team.
- It was highlighted that the Mental Health Act Committee does not currently have a specific risk on the risk register, but the need to monitor the implications of the Mental Health Act Bill was agreed, with further work to ensure this risk is captured and does not fall between Committees. MBr requested that this should be brought back to Trust Board with the Organisational Risk Register report in October as an emerging risk.

  Action – Andy Lister
- Pressure on Section 136 suites and patients waiting for beds was noted, with adaptations made by staff with further mitigations required. This issue is overseen by the Quality and Safety Committee.
- The Mental Health Act Bill has reached report stage and is progressing toward Royal Assent.

- Positive feedback was received on partnership working across the wider Health and Social Care System, particularly in relation to the Mental Health Act Committee.
- The Committee received a presentation from the Newhaven Quality Improvement programme and noted improvements in monitoring, benchmarking and trend prediction.

MBr commented on the importance of clear Committee oversight for Section 136 suite pressures. Margaret Kitching (MK) clarified that the Quality and Safety Committee is the lead Committee overseeing issues related to Section 136 suites.

Quality and Safety Committee 9 September 2025

Margaret Kitching (MK) provided an update following the Quality and Safety Committee on 9 September 2025:

- The Committee conducted an in-depth discussion on care planning and risk assessment performance, noting that reported issues stem from documentation not being entered into the system rather than assessments being incomplete. The Committee agreed to adjust reporting to better reflect both current risks and ongoing improvement work.
- The Annual Premises Assurance Model report was received. Although the overall report was positive, the Committee identified ongoing concerns regarding medical devices. A request has been made for clearer improvement plans and associated timelines.
- The Committee received an impressive presentation focused on young people and secure children's homes and highlighted this as an area of best practice and potential site visits for Trust Board members.
- The Committee emphasised the importance of tracking both risks and the impact of improvement initiatives, ensuring that progress is visible and actionable.

Finance, Investment and Performance Committee 15 September 2025

Gary Ellis (GE) provided an update following the Finance, Investment and Performance Committee meeting held on 15 September 2025.

- The Committee reviewed the financial position, noting a month five surplus of £367k and a year-to-date deficit of £1.7m, which is £1.2m better than plan.
- Temporary staffing, particularly bank staff, remains a significant challenge and is closely monitored by the Temporary Staffing Group. This is linked to ongoing acuity and occupancy pressures.
- The Committee discussed the need to achieve value for money targets and break even by year-end, acknowledging ongoing pressures and the requirement for continued mitigation.
- It was noted that both West Yorkshire and South Yorkshire Integrated Care Systems (ICSs) have seen further financial deterioration at month four, with month five projections also expected to be challenging.
- The Committee received updates on capital works, noting further delays in Older People's Services and mitigation actions are in place.
- The annual planning process is underway, and the Committee received assurance regarding the process for producing a baseline financial position for 2026/27.
- Trust Board sign-off for financial operating plans is currently scheduled for December 2025.
- The Committee reviewed and discussed the risks relevant to the Committee. Risk 2045 was reviewed and following changes to the role of NHSE and ICBs and the potential for reduced focus on Mental Health, Learning Disabilities and Autism at national and ICS level, the proposal to increase the risk score was discussed. All other risks remain the same.

- Positive performance feedback was received on falls and annual reports in Forensic services, with both reports demonstrating effective controls and plans for further improvement.
- Cash position remains ahead of forecast, and the Trust continues to perform well against the Better Payment Practice Code.

MK raised a question regarding the financial implications of the directive to appoint all qualified nursing graduates, including the potential impact on vacancy rates and the risk of over-recruitment if more are trained than there are vacancies. MK noted the Trust's historically strong fill rates and asked whether this issue was being monitored by the relevant Committees.

MBu explained that appointing all trained nurses should help reduce bank usage, which remains high, and that the correlation between new appointments and bank usage will be tracked.

AF added that the Trust is proactively planning for the appointment of all trained nursing students, regardless of current vacancies, by anticipating natural turnover and ensuring positions are available for all supported trainees.

MBr confirmed that there is ongoing work on the establishment review, noting that any robust workforce plan must consider future needs and natural turnover within the organisation. MBr acknowledged the challenge of placing trained staff in the right areas and emphasised that the review is addressing these issues to ensure effective workforce planning and the organisation is committed to planning for future staffing requirements.

DT reported that internal processes have been adjusted to enable student nurses who have completed training to apply for internal staff nurse posts, addressing previous barriers for those not registered on the staff bank. He also confirmed that the Trust is ensuring band five job advertisements are accessible to new graduates, in line with national requirements.

MBr emphasised that significant progress has been made in reducing the Trust's deficit compared to the original plan, attributing this to effective actions taken throughout the year and we should recognise what has been achieved given the scale of savings required.

NMc asked whether the tracking of recurrent and non-recurrent savings is being monitored through the Finance, Investment and Performance Committee (FIP), seeking assurance that concerns about sustainability and financial planning are being addressed.

Adrian Snarr (AS) confirmed that the tracking of recurrent and non-recurrent savings is actively monitored by the FIP Committee, with regular challenge from Committee members. Vacancy factors are now classified as recurrent by NHS England, which will reduce the reported level of non-recurrent savings, but emphasised the ongoing focus on ensuring the majority of savings are recurrent to support financial sustainability.

NMc highlighted the importance of recognising the achievements in reducing the deficit, noting that actions taken have resulted in a significantly lower deficit than originally projected.

It was RESOLVED to RECEIVE the assurance from Trust Board Committees and Member's Council.

TB/25/76 Performance (agenda item 10)

TB/25/76a Integrated Performance Report (IPR) Month Five 2025/26 (agenda item 10.1)

Dawn Lawson (DL) provided an update on Trust's strategic objectives, focusing on health inequalities. DL highlighted the introduction of new metrics to monitor deprivation and data

quality, noting that while targets are currently being met, there is a slight downward trend in some data recording areas, which is under review.

DL reported a notable difference in length of stay between BAME (Black Asian and Minority Ethnic) and white patients, with further analysis underway to understand the underlying causes and inform targeted actions. DL highlighted that data also shows disparities in restraint incidents by ethnic group. Further analysis is underway to understand the reasons for increased restraints among a smaller population of patients from certain ethnic groups, aiming to achieve greater specificity and inform targeted actions.

DL noted improvements in workforce data quality, particularly following the integration of Cheswold Park Hospital and confirmed that these metrics are being used to drive further improvement and accountability across the organisation.

NMc raised a question about the alignment between the Trust's work on ethnicity data and the Patient and Carer Race Equality Framework (PCREF), noting that PCREF is a national requirement and reporting is not currently explicit in Trust Board or Committee updates. NMc stated greater clarity and visibility of PCREF-related data and progress would be beneficial for Trust Board oversight.

Mike Ford (MF) raised concerns about the accuracy and consistency of disability status recording in workforce data, noting that the reported 96% figure for staff with recorded disability status seemed inconsistent with concerns previously raised about low rates of staff declaring disabilities. MF noted a discrepancy between the high percentage shown in the IPR and the lower rates discussed in the Equality, Inclusion, and Involvement Committee, suggesting a need to reconcile these differences and clarify the data.

DL explained that the staff survey asks about both disability and long-term conditions, which can create a difficult threshold for self-declaration and may contribute to differences between survey results and recorded data. DL added that the difference may be due to more staff self-declaring disabilities confidentially in the staff survey than in official records, and that national recording methods have changed over time. DL agreed to review the data and provide further clarification.

Action – Dawn Lawson

<u>Quality</u>

DT provided an update on the quality metrics:

- Violence and aggression incidents against staff were highlighted as an ongoing area of concern, especially in forensic settings. Twenty-seven incidents were noted in August 2025, and the Patient Safety Oversight Group have oversight of these types of incidents and support to staff is provided.
- Incident numbers remain consistent with previous months. 96% of incidents were reported in August as either "no harm" or "low harm".
- A reduction in restraint incidents was noted, with targeted training and improvement plans for new staff which will continue to be monitored.
- Nine prone restraints were reported in August against a trajectory of eight. Hotspot areas have been identified, and training has been built into established training programmes.
- There were eight information governance (IG) breaches reported in August below the threshold of twelve, with recognition of the personal impact of these types of incidents.
- Forty three falls were reported in August. The annual report was presented to the Finance, Investment and Performance Committee (FIP), which included work undertaken to identify learning and improvement.
- There has been continued improvement work undertaken on risk assessments with multiple layers of clinical risk assessment underpinning care decisions and strong governance for any gaps identified.

- In relation to national indicators, there continue to be challenges in paediatric audiology wait times and children's eating disorder access, with ongoing work with Commissioners to address demand and resource issues.
- There has been expansion and development with commissioners to improve the number of mental health teams in schools as well as well-being and early intervention services.
- There has been slight reduction in performance of Talking Therapies, however services continue to exceed recovery targets.

MBr noted a recent decline in CAMHS eighteen week waiting time performance and confirmed a deep dive analysis is being conducted to identify causes and interventions, with findings to be reviewed by the Executive Management Team.

MBr also highlighted the Trust's falls rate per thousand population is around half the national average, attributing this to positive work undertaken, whilst acknowledging the associated financial implications.

MBr added that, despite recruitment in paediatric audiology, wait times have not yet improved and this area remains under close review.

Despite significant efforts to improve patient flow and discharge processes, demand on inpatient wards remains very high, with occupancy regularly exceeding 100% on some wards. MBr highlighted that the percentage of patients clinically ready for discharge has increased, despite ongoing multi-agency efforts, and emphasised the need to work with partners to ensure people are discharged to the most appropriate place for the next stage of their care journey in as timely a manner as possible. It was noted that the high demand and out of area pressures are ongoing challenges for the organisation.

MBr confirmed that the provider capability assessment will be triangulated with regional data and the Trust's focus on high-risk areas in its integrated performance report needs to be recognised, which will be discussed with the Regional Director.

AF explained that the paediatric audiology service faces persistent challenges due to being under-resourced, with only two staff members delivering the service. Recruitment has occurred, but this has not yet improved wait times, as the team size remains unchanged.

AF emphasised ongoing work with commissioners to address the mismatch between commissioned capacity and population need, noting that the service cannot deliver more without additional resources.

NMc requested clarification on committee oversight of the CAMHS deep dive on waiting times and the clinically ready for discharge metric. The clinically ready for discharge metric should also be monitored over time, with Trust Board oversight to assess medium and long-term trends and ensure appropriate follow-up.

AF explained that multidisciplinary teams and partner agencies are involved in discharge planning and committed to the ongoing review of the process. Action agreed for the Executive Management Team to ensure the CAMHS deep dive and clinically ready for discharge metrics are reported to the appropriate committee and tracked for board oversight.

Action – Adele Fox

ST added that, in addition to the focus on internal operational processes for social problems and discharge, there is positive multidisciplinary team (MDT) work happening to address the root causes of admission and discharge delays. The MDT approach is helping to ensure that issues such as housing, which contribute significantly to discharge delays, are addressed early. This supports the effort to make discharge more efficient and appropriate for patients.

Care Groups

AF reported a focus on addressing issues in children and young people's services, including CAMHS, ADHD (attention deficit hyperactivity disorder), and ASD (autism spectrum disorder), with deep dives scheduled to understand and respond to these challenges. Improvements in patient flow were noted due to the implementation of the "good system," following significant input from leaders and ward managers.

Agency staff usage has reduced, with a positive trend in bank staff usage reduction, attributed to successful recruitment of substantive staff.

People

- Christine Brereton (CB) provided an update on people indicators and confirmed these remain strong and consistent.
- There are emerging concerns regarding sickness absence, particularly in estates and forensics, which are being investigated through deep dives.
- Appraisal rates have dipped slightly but are expected to recover, with plans in place to address those areas where issues have been identified.
- Mandatory training reporting will be aligned with the National Core Skills Framework, and a review of all training is underway.
- Work is underway to ensure the Trust has fair disciplinary processes, with data broken down by protected characteristics and regular reporting to the People and Remuneration Committee.
- Staff turnover has increased to 10.2%, however remains below regional and national averages. Analysis is underway to understand any hot spots and where any additional interventions may be required.

MF queried whether the new appraisal system had impacted the recent dip in appraisal rates, as it was expected that the new system would improve performance.

CB clarified that the new system will not be implemented until April 2026, and the current dip is due to the rolling basis of appraisals, not the new system. Plans are in place to align to a cascade system from April 2026.

MBr added that one specific team had a large batch of appraisals last August, causing a temporary distortion in the rolling figures, and emphasised the need to forward plan for upcoming appraisals.

Rokaiya Khan (RK) asked about ongoing race equality gaps in senior representation, recruitment outcomes and disciplinary cases, and what actions were being taken to address these.

CB confirmed the People and Remuneration Committee tracks Workforce Race Equality Standard (WRES) data, including disciplinary cases by protected characteristics and CB confirmed there are no major outliers but acknowledged further work is required on workforce race equality standards (WRES) priorities.

NMc, as Chair of the People and Remuneration Committee, added that the draft WRES action plan was reviewed with a focus on a smaller number of priorities for greater impact and the plan will continue to be monitored by the Committee.

MBr highlighted positive progress in representation at band six and seven levels, which is expected to support future growth at band eight and above.

ST confirmed the recent appointment of a Medical Workforce Race Equality Standard representative and ongoing detailed monitoring of gender, race and other aspects within the Revalidation Oversight Group.

Finance

AS provided an update on the month five position:

- AS reported the Trust is currently on track to meet the mandatory break-even but emphasised this does not guarantee over-achievement due to challenging profiles in the second half of the year.
- The Trust had a financial override applied at the end of month three due to a minor variance from plan, however this would not apply for months four and five, and if current figures are sustained into month six.
- AS reported reasonable confidence in achieving month six financial position, given the current status being £0.7 million ahead of plan at month five but acknowledged there are challenging profiles in the second half of the year.
- Three out of four mandated financial indicators are on track: 30% agency reduction (ahead of plan with positive medical recruitment in the pipeline), 50% reduction in corporate spend growth (mostly recurrent, with some non-recurrent spend to be addressed in 2026/27), and reduce bank spend by 10%. The Trust is not on track to achieve the 10% bank spend reduction target, which is a mandated target, but does not carry a financial penalty. This is the main reason the Value for Money (VFM) programme is rated amber.
- AS reported that capital spend is challenging due to the need to spend within the financial year and the main challenge is the older people's inpatient extension to Crofton ward. The principal contractor is in place and design work is advanced, but final fire safety compliance is being resolved before building works can start. Meetings are ongoing with the contractor to ensure work starts soon and spending occurs this year.
- Overall, AS reported that the Trust is focused on improving the recurrent/non-recurrent savings balance and maintaining financial discipline.

NMc emphasised the importance of the assurance reports from committees, noting they provide essential oversight. NMc highlighted that the work and issues discussed in the committees are reflected in the Integrated Performance Report (IPR), ensuring alignment between committee assurance and Board level performance monitoring.

It was RESOLVED to RECEIVE the Integrated Performance Report Month Five 2025/26.

TB/25/76b Care Group Performance Report (agenda item 10.2)

- AF provided an update on ADHD and explained that ADHD service demand far exceeds capacity, with over six thousand, five hundred people on the assessment waiting list for adult ADHD services with some waiting up to three years.
- The team are implementing improvement projects, such as triage and digital solutions, and have received recognition for innovation. Despite these efforts, the gap between commissioned activity and demand remains large (seven to eleven times higher depending on place), and the issue is system-wide, not unique to the Trust.
- A West Yorkshire review is underway to explore new approaches and business cases are being developed for specific pathways and transitions. AF praised the team's commitment and ongoing work to address the challenges.
- In respect of Learning Disability (LD) services, the Trust provides a range of services for LD all ages, across all places with the exception of children and young people where there is no current provision. There has been an agreed investment of two LD nurses in the children and young people pathway.

- AF reported that twenty-two colleagues have completed Autism Diagnostic Observation Training, marking a positive development for the service.
- The “Keeping My Chest Healthy” pilot is being rolled out.
- Physiotherapy services in Calderdale transferred to the Trust on 1 April 2025 with a contract for twelve open cases which has led to a growing waiting list due to contracted caseload limits. The team are working hard to address this issue.
- The ATU (Assessment and Treatment Unit) length of stay metric has reduced due to recent discharges, but system-wide work is ongoing to address discharge barriers.
- Mandatory training compliance in the services was noted to have improved and continues to rise. AF also highlighted ongoing quality improvement work focused on risk assessments.

MK asked about clinical effectiveness in Calderdale Physiotherapy Service, suggesting a review to ensure patients are not kept on caseloads unnecessarily and waiting list management is effective.

DT stated that the Chief Allied Health Professional (AHP), Katie Puplett, is actively engaged in overseeing the effectiveness of the Calderdale Physiotherapy Service as part of their broader work to maximise the impact of AHPs colleagues in the workforce. AF agreed to review and report back on clinical effectiveness and caseload management in Calderdale physiotherapy services.

Action – Adele Fox

MF raised concerns about ADHD waiting lists.

MBr responded that the Trust is exceeding commissioned activity in every place, but demand is seven to eleven times capacity and rising, and performance should be measured against what is commissioned rather than overall demand. MBr highlighted positive improvements for Assessment and Treatment Units (ATU) for learning disability (LD) services., MBr stated the Trust has achieved over 90% of LD patients accessing and commencing treatment within eighteen weeks for the past nine months, attributing this to a structured approach to improvement and sustained performance.

MF questioned the notable drop in safer staffing metrics for Learning Disability services, referencing the Statistical Process Control (SPC) chart within the Care Group report and requested clarification on the cause.

MBr suggested two possible reasons: the Trust's improved grip and control over temporary staffing, and successful discharges of patients to more appropriate care pathways, which may have reduced staffing requirements. An action was agreed for AF to verify the reasons for the reduction in LD safer staffing changes and provide an update.

Action – Adele Fox

NMc concluded the discussion by reaffirming that the Trust is meeting its commissioned activity levels for ADHD and has made improvements in Learning Disability service performance, while acknowledging the importance of understanding and addressing the staffing metric changes.

It was RESOLVED to RECEIVE the Care Group Performance Report.

TB/25/76c Care Quality Commission (CQC) Action Plans (agenda item 10.3)

DT presented the report on the CQC action plan, confirming it had been scrutinised in detail by both the Executive Management Team and the Quality and Safety Committee.

- Several actions remain open, primarily due to awaiting finalisation of evidence submission rather than lack of progress.

- QSC discussed prone restraint actions and agreed to maintain the ambition for zero restraints, and to close the specific action following further conversations by the Executive Management Team and QSC.
- Although Cheswold Park Hospital actions were not originally applied to the Trust as a provider, the Trust has adopted them for learning and reporting purposes.

It was RESOLVED to RECEIVE the CQC Action plan update.

TB/25/77 Risk and Assurance (agenda item 11)

TB/25/77a Patient Safety Oversight Report (agenda item 11.1)

The Patient Safety Oversight Report was taken as read and DT presented a brief summary of the report.

- DT reported that there were no “never events” within the reporting period and confirmed robust oversight of incidents, with incident numbers showing normal variation. The team continues to focus on learning from incidents.
- The Trust has been successful in being accredited for the second time by the Royal College of Psychiatrists’ Safety Incident Response Accreditation Network (SIRAN), which supports governance and incident oversight.
- The report also includes oversight of the learning from healthcare deaths, demonstrating comprehensive oversight and reporting on patient safety.

MF raised a question about the potential replacement of the Datix system, expressing concern about the scale of business change and costs involved.

AS clarified that the review is prompted by contract expiration and that options are being considered.

MBr highlighted the ongoing executive focus on absconding and absence without leave (AWOL), with any links to the Right Care, Right Person process being explored as part of this.

NMc highlighted the Board’s ongoing focus on themes from the Mortality Review Group, emphasising the importance of Board members’ understanding of mortality and deaths as critical aspects of the Trust’s governance and patient safety responsibilities.

It was RESOLVED to RECEIVE the Patient Safety Oversight Report.

TB/25/77b Medical Appraisal / Revalidation Annual Report (agenda item 11.2)

ST presented the Medical Appraisal / Revalidation Annual Report which was taken as read.

- The Medical Appraisal / Revalidation Annual Report has been consistently delivered for over twelve years and includes a statement of compliance.
- The report outlines actions and expectations for the coming year, as well as current challenges.
- The Trust continues to consistently perform well in this area, with robust processes in place.
- The report had previously been reviewed in detail by the People and Remuneration Committee.

The Board acknowledged the substantial work involved in maintaining high standards in this area.

It was RESOLVED to APPROVE the Medical Appraisal /Revalidation Annual Report.

TB/25/77c Guardian of Safe Working Hours Annual Report (agenda item 11.3)

ST introduced the annual Guardian of Safe Working Hours report, prepared independently by the Guardian, covering April 2024 to March 2028.

- It was noted that although the report was prepared in July 2025, several actions have since been superseded.
- The Trust is aligning its approach with NHS England's action plans, including requirements for a named senior lead and a resident doctor to report directly to the Board.
- A new task and finish group has been established to oversee implementation and provide assurance to the Board.
- The detailed action plan and oversight arrangements will be reported to the People and Remuneration Committee in November 2025, meeting national expectations for annual Board reporting.
- ST provided assurance to the Board that significant improvements have been made in rota scheduling and the implementation of the job system, though some data work remains.

The Board formally acknowledged and thanked Richard Marriott, the outgoing Guardian of Safe Working Hours, for his longstanding and diligent service since the inception of the role and welcomed Usman Siddique, the new Guardian, to the position.

MF asked about the number of exception reports, noting there were nineteen in the year, and questioned if this was a small number given the number of trainees.

ST stated that although the number was small, previously there had been concern about too few exception reports, as more reports indicate trainees feel comfortable raising concerns. Most exceptions were low concern and are resolved locally.

The Board was informed that a new National Exception Reporting System, originally expected in September 2025, has been delayed to February 2026.

It was RESOLVED to RECEIVE the Guardian of Safe Working Hours Annual Report.

TB/25/77d Green Plan (agenda item 11.4)

DL presented the Green Plan outlining its role in the Trust's approach to managing its carbon footprint and environmental sustainability. The plan is a statutory requirement and is part of the broader social responsibility and sustainability strategy, with significant delivery led by Estates and Facilities.

Key achievements include:

- Successful external funding for LED lighting (£648k) and solar panels (just under £2 million).
- Carbon footprint has increased this year, partly due to the addition of Cheswold Park Hospital. An action was agreed by the Equality, Inclusion and Involvement Committee (EIIC) to further analyse the carbon trajectory and the plan was reviewed and recommended for approval by the EIIC.
- ST confirmed the plan's compliance with NHS requirements.

MBr highlighted the engagement of four hundred and fifty "green champions" across the Trust, representing nearly 10% of staff, and suggested future focus on harnessing their influence.

GE raised the need to consider the environmental impact of AI (Artificial Intelligence) technology as part of transformation efforts but cautioned that AI has a high carbon footprint. He suggested the Trust be mindful of this contradiction and consider it in future planning.

It was RESOLVED to APPROVE the Green Plan.

TB/25/77e Cheswold Park Hospital update (agenda item 11.5)

- AF provided an update on Cheswold Park Hospital, highlighting significant achievements since the Trust took over in 2024.
- AF noted the successful integration of local leadership and staff, emphasising the substantial progress made in quality, IT, and transformation within a short period.
- AF acknowledged ongoing challenges, particularly regarding the commitment to support staff who choose not to remain with the organisation. The Trust's objectives for Cheswold Park are on track and the hospital has integrated well into the organisation, with continued focus on addressing remaining challenges.

MBr emphasised the improvements in effectiveness and efficiency at Cheswold Park Hospital, with increases in admissions and corporate restructuring. He clarified that continued financial viability in the next twelve months remains dependent on additional support from NHS England.

MK reported that the Trust is piloting the developing quality assurance approach at Cheswold Park Hospital and noted that the frequency of Quality Assurance Reviews has been reduced from monthly to quarterly, reflecting visible and sustainable improvements. However, Cheswold Park remains under the highest level of risk monitoring, with the local team demonstrating strong risk awareness and responsiveness. There is ongoing support from the Care Quality Commission (CQC) and commissioners, who have open access to attend Quality Improvement Group meetings and have provided positive feedback.

GE requested clarification on the Cheswold Park financial position, noting some variances and requested confirmation that the position aligns with the plan.

AS confirmed that the financial position is in line with the business case, with most indicators matching expectations. There are variances in low secure ward staffing and medical staffing costs, offset by corporate cost reductions. The current position is slightly ahead of plan due to higher patient numbers than projected, however patient discharges can introduce volatility as income falls when patients leave.

MF sought clarification regarding the closure of the Cheswold Park Integration Project, noting that the IPR suggests the project would close by the end of quarter two, while other papers indicate that the current structure, resourcing and management will continue until March 2026.

MBr clarified that, although much of the integration work is complete, the transition was always planned to run until March 2026 and any discrepancy in documentation would be addressed.

MBu stated that the Trust has been open and transparent with staff and Trade Unions throughout the Cheswold Park transition, enabling staff to move appropriately and ensuring staff interests remain central to decision making. The Trust has consistently acted properly and that this approach should be formally noted by the Board.

It was RESOLVED to RECEIVE the Cheswold Park Hospital Update.

TB/25/77f Annual Planning update (agenda item 11.6)

DL presented the approach to annual planning, highlighting that AS and herself have agreed to co-lead the process, with DL focusing on the Annual Planning Group and AS on the value

for money aspects, to ensure a balanced approach between strategic alignment and financial targets.

IW advised that the planning process aims to be comprehensive and inclusive, drawing on lessons from the recent strategy refresh. The plan will leverage existing intelligence from Board and governance groups, and performance metrics, to define clear priorities and shared objectives. An internal planning group has been established to oversee the process, and the approach will be launched at the upcoming extended EMT session.

MBr endorsed the positive advancement in the annual planning process and cautioned that forthcoming national guidance may not strongly feature Mental Health and Learning Disability services.

MBu advised that the Board should review national requirements and ensure that Mental Health and Learning Disability services are clearly represented in the Trust's planning and emphasised the need to proactively align these services within the national framework, as they may not be explicitly detailed in forthcoming guidance.

It was RESOLVED to RECEIVE the Annual Planning Update.

TB/25/77g NHS Oversight Framework (agenda item 11.7)

AS presented the NHS Oversight Framework:

- The NHS Oversight Framework focuses on twelve indicators, which are being tested nationally and are important for Foundation Trust status renewal.
- The Trust is ranked highly overall, with strong performance in some areas (Community Services waiting times) and weaker in others (under-18s supported in Mental Health Services).
- AS highlighted the dynamic nature of the framework, with rankings based on quartiles, meaning Trusts can move up or down as others improve or decline.
- New indicators, such as productivity, may be added and the Trust must continually monitor and respond to changes.
- The Trust is working with operational teams to understand and improve performance on these indicators, aiming to maintain or improve its ranking.
- Independent assurance on data accuracy may be considered in future audit plans.

MBu emphasised that while there are only twelve headline indicators in the NHS Oversight Framework, each is an outcome measure influenced by many underlying metrics. MBu stressed the importance of understanding which internal indicators drive each outcome in order to understand how the organisation performs in order to target improvements effectively.

MBu highlighted the need for the Performance Team to map supporting metrics to each headline indicator, enabling the Trust to move from achieving targets to understanding and sustaining performance.

MF expressed concern that focusing solely on the twelve indicators could lead to neglecting other important areas and suggested considering independent assurance on the accuracy of reporting these indicators. MF noted the metric measuring change in supporting under 18s could penalise high-performing trusts and questioned whether it could be challenged.

AS advised that the set of twelve indicators is likely to evolve and expand and that the Trust is already validating data quality and reviewing submitted figures. The team are working to ensure accuracy and improvement in areas where there is room for growth.

MK requested clarification on the "validated" column in the NHS Oversight Framework report, specifically whether the lack of validation was due to the Trust or NHS England and referenced restricted practice data as an example. MK also noted the importance of patient safety indicators and the limitations of judging a Trust on a small number of metrics.

AS clarified, that "not validated" means the Trust cannot currently reconcile the figure provided by NHS England with its own data, and that some indicators are directly verifiable while others require further investigation.

It was RESOLVED to RECEIVE the NHS Oversight Framework.

TB/25/78 Integrated Care Systems and Partnerships (agenda item 12)

TB/25/78a South Yorkshire update including South Yorkshire Integrated Care System (agenda item 12.1)

- MBr reported that the main areas of focus across recent South Yorkshire Place and Committee meetings have included the implementation of the 10-year Health Plan and the development of neighbourhood health models.
- MBr highlighted challenges in South Yorkshire accessing quarter two deficit support, primarily due to concerns about the confidence in delivering the full-year financial forecast, referencing the challenging ICS financial position.
- MBr noted that the consultation on the proposal to reduce 50% of ICB staff costs has been paused due to the need to review the regional blueprint and the absence of confirmed funding for redundancies.
- An upcoming Board meeting will consider the duration of this pause. West Yorkshire have also paused its consultation until the next financial year.
- There is ongoing work on winter planning and positive developments regarding the availability of health and growth accelerator grants for Mental Health, Learning Disability and Autism services.
- MBr reported on a presentation on out of area bed placements, noting that while the Trust performs well overall, Barnsley is utilising beds above its commissioned capacity, which remains a challenge.
- Work to review the overall model for services is ongoing, especially with the integration of Cheswold Park, to ensure a better understanding and alignment across the system.

DL provided an update on Barnsley (South Yorkshire) and reported that the Trust submitted a bid to be part of the Neighbourhood Pilot Scheme, which was unsuccessful, but the organisation remains engaged in learning opportunities from the process.

A Task and Finish Group has been established in Barnsley, comprising Chief Executives from the Trust, acute hospital, Local Authority and Primary Care, which is responsible for designing the local response to the 10-year Health Plan. The group has met once so far with ongoing discussions to clarify Barnsley's strategic response to the plan.

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

TB/25/78b 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 reported that key topics in West Yorkshire include:

- The implementation of the 10-year Health Plan, addressing financial challenges, and managing the pause in consultation on Integrated Care System staffing changes.
- Ongoing work on winter planning and leveraging the working health accelerator for Mental Health, Learning Disability and Autism services (MHLDA).
- The MHLDA Collaborative is concentrating on children and young people's mental health, with a consultation underway on a neurodiversity model across the region.
- MBr noted that the Collaborative is reviewing its work programme to ensure resources are focused on the correct priorities, given the expectations of the 10-year Health Plan

and current resource challenges. The aim is to align collective resources with the most impactful programmes to deliver on strategic plans despite limited capacity.
- The Perinatal Collaborative has gone live, with a focus on aligning work programmes to meet the expectations and resource challenges of the 10-year Health Plan.
- In Wakefield, there has been significant discussion about birth choices at Pontefract Hospital.
- The Board has previously ratified and supported the district plan, which has now been formally launched, and there is ongoing work on Provider Alliance development.
- The Wakefield Better Care Fund agreement was approved.
- The Mental Health Alliance is focusing on Community Mental Health and Dementia Strategy.
- In Calderdale, the focus is on tackling health inequalities, winter planning, and the recent approval of a Special Educational Needs Strategy and action plan, alongside Provider Alliance work.
- In Kirklees, the main focus is on Neighbourhood Care Developments and alliance work.

MBr concluded that these activities reflect the Trust's commitment to collaborative system working and strategic alignment with regional priorities.

It was RESOLVED to RECEIVE the West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update

TB/25/78c Provider Collaboratives and Alliances (agenda item 12.3)

AS noted, that most key points had already been covered in the Commissioning Committee update but highlighted two additional items:

- The West Yorkshire Commissioning hub, with medical leads, is actively assessing the safety of twenty patients currently waiting for beds. These waits are not causing additional pressure on out of area beds, as the patients are waiting for West Yorkshire beds and are being continually assessed, with most currently in prison.
- The CAMHS Collaborative, led by Leeds, has seen a significant financial turnaround from a £2 million deficit last year to a forecast £2.2 million surplus. This improvement is attributed to better use of West Yorkshire beds, reduced out-of-area referrals and fewer advanced packages of care for complex cases. The intention is to reinvest the surplus back into CAMHS services.

It was RESOLVED to RECEIVE the Provider Collaboratives and Alliances.

TB/25/79 Governance Matters (agenda item 13)

TB/25/79a Trust Seal (agenda item 13.1)

Andy Lister (AL) presented the Trust seal paper reporting one sealed item since the last report

It was RESOLVED to RECEIVE the Trust Seal update.

TB/25/80 Strategies and Policies (agenda item 14)

TB/25/80a Estates Strategy update (agenda item 14.1)

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- AS confirmed the strategy remains on track, with dynamic updates as new opportunities arise.
- A new priority stream has been added, and the development of a Research and Development facility, with a preferred option identified which is pending formal EMT sign-off.

- Ongoing infrastructure improvements at Cheswold Park are being factored in, including additional capital for refurbishment of one ward and seclusion areas.
- All previously set strategic objectives are progressing, with the added initiatives expected to result in positive announcements.

It was RESOLVED to RECEIVE the Estates Strategy Update.

TB/25/81 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/25/82 Date of next meeting (agenda item 16)

The next Trust Board meeting in public will be held on Tuesday 28 October 2025 at Kendray Hospital, Barnsley.

TB/25/83 Any other business (agenda item 17)

CB advised the NHS Annual Staff Survey would officially launch on 3 October 2025, with a report to follow through the People and Remuneration Committee and Trust Board.

NMc welcomed feedback from new Board members on their first board meeting experience.

RK reported that she found the Board meeting positive and noted that many questions raised at Board had already been covered in detail within subcommittees.

RK acknowledged the volume of work in the papers and the clear link between board committee discussions and the Board meeting which was positive in terms of assurance and governance.

RK noted the importance of sharing board committee updates with the Board so that Non-Executive Directors who are not members of all committees are kept up to date.

Signature:

Date: