South West Yorkshire Partnership Teaching NHS Foundation Trust

Minutes of the public Trust Board meeting held on 28 April 2026
Small Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital

Present:	Marie Burnham (MBu)	Trust Chair
	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director
	Gary Ellis (GE)	Non-Executive Director
	Mike Ford (MF)	Non-Executive Director
	Martin Neeson (MN)	Non-Executive Director
	Rokaiya Khan (RK)	Non-Executive Director
	Margaret Kitching (MK)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Dawn Lawson (DL)	Deputy Chief Executive / Director of Strategy, Inclusion and Change
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Prof. Subha Thiyagesh (ST)	Chief Medical Officer
	Caroline Johnson (CJ)	Chief Nurse and Director of Quality and Professions
Apologies:	Mitch Waterman (MW)	Appointed University of Leeds Associate Non-Executive Director
	Christine Brereton (CB)	Chief People Officer
In attendance:	Ellie Valentine (EV)	Deputy Chief People Officer
	Adele Fox (AF)	Chief Operating Officer
	Izzy Worswick (IW)	Deputy Director of Partnerships, Planning and Governance
	Estelle Myers (EMy)	Freedom to speak up guardian (item 10.6 only)
	Danielle Benn (DB)	Ward manager Hepworth Ward, Forensic services (item 6 only)
	Angela (A)	Service User Carer (item 6 only)
	Andy Lister (AL)	Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Manager
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)

TB/26/34 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu), Chair, welcomed everyone to the meeting. Apologies were noted, and the meeting was deemed to be quorate and could proceed.

MBu outlined the Board meeting protocols and etiquette, and reported the meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

MBu informed attendees that the meeting was being recorded for administration purposes, to support minute taking, and once the minutes had been completed the recording would not be retained. Attendees of the meeting were advised that they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

TB/26/35 Declarations of interest (agenda item 2)

No declarations of interest were noted.

It was RESOLVED to NOTE the updated declarations of interest.

TB/26/36 Questions from the public (agenda item 3)

No questions were received from the public.

TB/26/37 Minutes from previous Trust Board meeting held 31 March 2026 (agenda item 4)

Mike Ford (MF) identified one correction in relation to the resolution for agenda item 11.5 Trust Planning 2026/27 which should read *"It was RESOLVED to RECEIVE the update on the Trust's operating plan and NOTE the final submission has been made in line with national timescales".*

Subject to the change noted above, the minutes of the meeting held on 31 March 2026 were accepted as an accurate record.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 31 March 2026 as a true and accurate record.

TB/26/38 Matters arising from previous Trust Board meeting held 31 March 2026 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/26/39 Service User/Staff Member/Carer story (agenda item 6)

Adele Fox (AF) introduced Danielle Benn (DB), Ward Manager in Forensic Services, and Angela (A), a carer, who presented an overview on the work that has taken place to improve carer engagement and support within secure services at Newton Lodge.

DB advised that as a result of the Covid-19 pandemic, carer engagement had declined within forensic services. Recognising the importance of carers, DB described the work she has led to re-establish meaningful engagement, beginning with a Mother's Day event in 2024. Since then, carer engagement has grown substantially, with regular events now attended by an increasing number of carers and families at each event.

Initial feedback received from carers had reported feeling that the forensic environment was intimidating and anxiety-provoking, particularly due to the high level of security and unfamiliar processes. DB described how structured events, informal engagement, and staff support had helped to reduce these anxieties and improve carer understanding of services and the processes required to keep people safe. Further feedback from carers following the improvements made to carer engagement reported improved confidence, reassurance and a stronger sense of inclusion.

Angela provided a personal account of her experience as a carer, describing the emotional impact of her first visit to a secure unit, the fear and uncertainty she experienced, and the challenges of understanding the environment. She explained how involvement in carer events had helped her to better understand services, feel more supported and enabled her to positively support her son through his treatment journey. Angela described the events as welcoming, inclusive and impactful, noting the particular success of themed events including a combined Mother's Day and Eid celebration, which promoted inclusion, cultural awareness and helped strengthen relationships between carers, service users and staff.

DB and Angela were thanked for sharing an open and personal account which recognised the impact of the work for both carers and service users. It was noted that the initiative strongly reflected the Trust value that families and carers matter.

Subha Thiyagesh (ST) asked whether the initiative had made a difference to carers' experiences and what further improvements could be made. Angela confirmed that her personal experience had been positive, praising the care, communication and compassion shown by staff and highlighted the importance of clear information and reassurance for carers navigating secure services.

Nat McMillan (NMc) asked what the Trust could do going forward to help prepare carers for their first visit to secure care, acknowledging that anxiety was inevitable but could be mitigated. DB and Angela suggested proactive contact with carers prior to visits, clearer explanations of security measures, what to expect on arrival and to provide reassurance about why such measures were necessary.

Margaret Kitching (MK) suggested capturing the carer journey and experience in a short video or visual resource, to help prepare carers and families prior to visiting secure environments.

Caroline Johnson (CJ) asked how the Trust can continue to sustain the support provided for service users as they move through services and how the learning from this work could be extended to other wards and services across the Trust. DB stated that a wider group of staff were engaged in supporting the programme and that planning was underway to ensure continuity. She raised that encouraging wider carer involvement and staff ownership was key to sustaining and embedding the approach going forward.

Mark Brooks (MBr) thanked DB and Angela for their contribution, commending the work as making a real tangible difference to carers' and families' experiences. MBr emphasised the importance of ensuring consistency in carer engagement and support across the Trust and encouraged further consideration of how best practice could be shared and embedded more widely.

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

TB/26/40 Chair's remarks (agenda item 7)

MBu noted that the private board meeting would include:

- Private risk register
- Commissioning Committee minutes due to being commercial in confidence
- Complex Clinical Matters report
- Finance and Value for Money update
- Investment Appraisal

It was RESOLVED to RECEIVE the Chair's remarks.

TB/26/41 Chief Executive's report (agenda item 8)

MBr presented the Chief Executive's report which was taken as read. MBr summarised the key points:

- The Trust is currently operating across two overlapping periods, with a continued focus on finalising 2025/26 year-end reporting while progressing planning and priorities for 2026/27. The significant volume of governance and year-end work underway was acknowledged and MBr thanked Izzy Worswick (IW) and Adrian Snarr (AS) and their teams for their work in leading this process.
- Recent NHS England (NHSE) regional engagement events have highlighted the need for continued improvement and transformation across the system. All organisations are required to implement workforce reduction plans, with recognition of the potential

impact on services, communities and staff. Within the North East Yorkshire and Humber region, significant financial challenges across some organisations were acknowledged.

- A period of industrial action has taken place over six days since the last Board meeting with higher levels of resident doctors participating. MBr thanked colleagues for effective planning and management during this time.
- South Yorkshire is one of two regions in the country where NHSE will appoint a new Integrated Care Board (ICB) Chair, who will also act as the Mayor's Health Commissioner, and the recruitment process is underway.
- The Trust has achieved its 2025/26 financial targets, which provide strong credibility within the region and a positive platform for future planning.
- Shadow Place Provider Partnership arrangements have commenced with initial meetings taking place and further meetings scheduled.
- An update was provided on the Integrated Care Board (ICB) reorganisation, with significant staff turnover reported across the system. MBr noted this continued period of uncertainty for partner organisations and recognised that this was contributing to wider system-level risk.
- Overall operational performance for the Trust has remained positive, despite a period of increased pressure during March due to higher inpatient bed demand. This was reflected in some areas of increased amber and red ratings within the Integrated Performance Report (IPR), particularly within mental health inpatient and forensic services, however overall performance remained stable.
- The impact of international conflicts on staff, service users and carers was highlighted, particularly in the Middle East, as well as the importance of awareness and sensitivity to the wider impact across the Trust's communities.
- The Covid-19 inquiry has begun publishing its first set of findings, with further reports expected. It was noted that the process would be iterative and that the Trust would reflect on the findings as further information became available.
- The Trust is currently operating within the pre-election period, which places some restrictions on communications and engagement.
- Initial findings from the Mental Health, Learning Disability and Autism Prevalence Review, confirmed increasing demand for services, with recommendations expected later in the year.
- The Trust Annual Excellence Awards will take place on 14 May 2026, alongside the long service and learner awards.
- Chris Edwards has been substantively appointed as Chief Executive of the South Yorkshire ICB.
- MBr confirmed the appointment of Christine Brereton (CB) as Substantive Chief People Officer, and acknowledged her contribution to the Trust over the preceding year.
- MBr also paid tribute to the Chair, MBu, recognising her significant contribution and leadership during her tenure, noting that this was her final public Trust Board meeting.
- Interviews for the new Chair will take place on 12 May 2026.

MBu thanked MBr for the update, noting the challenging national and system context within which the Trust continued to perform well.

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

TB/26/42 Assurance and approved minutes from Trust Board Committees (agenda item 9)

Commissioning Committee (CC)

Martin Neeson (MN) provided an update following the Commissioning Committee meeting held on 1 April 2026.

- Pressure continues within West Yorkshire male adult medium secure services, with sustained high occupancy levels and longer waits, necessitating the use of additional out-of-area placements during the reporting period.
- The Trust has received correspondence regarding the external report into St Andrew's Healthcare. Active work is underway to support the repatriation of two West Yorkshire service users back into the region, in line with commissioning and quality objectives.
- One provider returned to routine monitoring on the 13 March 2026 and are progressing a controlled programme of new admissions. Cheswold Park Hospital, previously subject to enhanced quality oversight, had also been returned to routine monitoring.
- Bed modelling work is underway across West Yorkshire in response to increasing demand for medium secure capacity. This work is supported by multi-system collaboration to explore opportunities for more integrated working across clinical pathways to maximise benefits for service users across the wider region.
- NHS collaborative contracts had been extended until 2027 and the implications of this extension were under active consideration by the Commissioning Committee, with further discussion scheduled to take place during the private session of the Board.

In relation to issues raised at St Andrew's Healthcare, MBr confirmed that the independent report will be presented to the June Board, to ensure that any learning was fully considered by the Trust.

MBr also noted the financial impact of exceptional packages of care. Currently there are three service users each receiving packages costing approximately £200k per month, equating to an annualised cost of approximately £7m. The Board noted the scale of this challenge and the importance of ongoing work at collaborative level to manage both cost pressures and quality of care.

It was noted that the minutes of the Commissioning Committee meeting held on 1 April 2026 would be reviewed in the private section of the Trust Board meeting

<u>Quality and Safety Committee (QSC)</u>
MK provided an update following the Quality and Safety Committee meeting held on 14 April 2026:

- Following the tragic deaths of two female inpatients, the chief executive asked that an external review of the women's pathway of care be commissioned. The findings will provide independent assurance and inform the ongoing redesign of the women's pathway. Pending the outcome of the review, an interim action plan has been put in place which includes increased psychological therapy resource on affected wards. Findings from the external review, together with associated action plans, will be brought back to a future Board meeting.
- Timeliness of medical reviews of seclusion continue to be identified in Care Quality Commission (CQC) Mental Health Act (MHA) inspections. A review of seclusion practice has been commissioned by the Chief Nurse/Director of Quality and Professions and the Chief Operating Officer, and a report will be presented to the Committee in July 2026 and subsequently escalated to the Board as appropriate.
- The Committee received a report from the Trust's Suicide Prevention Lead reviewing recent trends. The Trust is not a statistical outlier, however there are concerns regarding rising deaths among women under twenty five, often linked to self-harm and substance misuse. Four inpatient-associated deaths were noted and the Committee requested more detailed comparative data for better assurance and scrutiny.
- MBr noted the reduction in system-level investment in suicide prevention services across West Yorkshire. It was acknowledged that a significant proportion of people who die by suicide are not in contact with mental health services, highlighting the importance of wider system partnership working. MK noted that deaths occurring

while individuals were in the Trust's direct care remain a priority focus for governance and improvement.

The minutes of the Quality and Safety Committee meeting held on 10 March 2026 were accepted.

Audit Committee (AC)

The Board received an update from Mike Ford (MF) following the Audit Committee meeting held on 14 April 2026:

- An internal audit report on Safer Staffing had received a "moderate assurance" rating. The report will be reviewed in detail with progress against the agreed actions monitored and reported back to the Committee at a future meeting. It was noted that the Trust received several moderate assurance opinions during the year and this category was a new audit rating, adding to previous classifications.
- The Annual Health and Safety Survey has been completed, with positive results. However, MF reported that fifteen services had not returned a response and these services would therefore be subject to enhanced follow-up activity in the forthcoming year. The pressures faced by services were acknowledged, however the lack of full engagement was noted to be disappointing.
- An update was provided on Emergency Preparedness, Resilience and Response (EPRR) compliance. The Trust continues to be rated as "non-compliant" against national standards, with scores lower than expected. This is an issue not unique to the Trust. It was noted that some elements of the national framework were not considered proportionate to the Trust's operational context, although the Trust was required to continue reporting against these standards and work continues to improve the Trust's reported position.
- A positive cyber security report was received, benchmarking the Trust's cyber arrangements against national guidance. The Committee requested a more detailed dedicated session with relevant leads to strengthen Board assurance in this area.
- A paper recommending the appointment of external auditors was received and this would be taken forward to the Members' Council for final approval, with subsequent formal notification to the successful organisation.

MBr requested that EPRR arrangements, and fire safety and ward evacuation arrangements remain an area of active awareness and assurance within the Trust.

The minutes of the Audit Committee meetings held on 14 January 2026 were accepted.

Finance, Investment and Performance Committee (FIP)

Gary Ellis (GE) provided an update from the Finance, Investment and Performance Committee meeting held on 21 April 2026.

- The Trust has achieved a year-end surplus of £123k within the management accounts, confirming delivery against the 2025/26 financial plan target. This was recognised as a significant achievement given the wider financial pressures across the system.
- Bank expenditure remained above target during the year and addressing this would remain a priority for 2026/27.
- The Value for Money Programme delivered savings in excess of £20m. It was noted that £7.3m of these savings were non-recurrent, requiring careful consideration within the medium-term financial plan to ensure sustainability.
- Capital expenditure was below forecast and attributed to slippage in nationally funded schemes, particularly the solar panel programme and additional capital works at Cheswold Park Hospital. It was noted that some factors were outside the Trust's direct control. Capital delivery, particularly in relation to the Older People's Services scheme would remain a significant focus and risk area for the forthcoming year.

- Cash balances remain green at the year-end, and the Trust remains fully compliant with the Better Payment Practice Code, supporting timely payments to suppliers.
- A more detailed report in relation to the management of investment appraisal bids would take place within the private Board session.
- The Committee reviewed feedback on the Trust's Plan submission with confirmation that the Trust plan had been confirmed by NHSE as 'compliant with conditions'.
- It was noted that the NHS Oversight Framework quarter four position was expected to be confirmed towards the end of May 2026, and significant changes to performance metrics were anticipated in the new financial year. The Committee noted that the Trust currently had a good understanding of its performance against existing measures and would continue to adapt to the revised framework.

The minutes of the Finance, Investment and Performance Committee meeting held on 16 March 2026 were accepted.

Equality, Inclusion and Involvement Committee

MBu provided an update following the Equality, Inclusion and Involvement Committee meeting held on 11 March 2026.

- The Committee was formally concluded, as part of the transition to a revised Committee structure for the forthcoming governance year. In light of this, it was necessary for Trust Board to approve the final minutes of the Committee, as there was no longer a successor Committee with delegated authority to do so.
- The Board was therefore asked to consider and approve the minutes of the Equality, Inclusion and Involvement Committee meeting held on 11 March. It was raised that any outstanding actions or issues arising from the Committee's work would be picked up by the relevant Committee to ensure appropriate oversight and follow-through.
- The Board approved the minutes of the Equality, Inclusion and Involvement Committee meeting held on 11 March 2026.

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

TB/26/43 Risk and assurance (agenda item 10)

TB/26/43a Board Assurance Framework (agenda item 10.1)

IW presented an update of the Board Assurance Framework (BAF) as part of the Quarter 4 review. In addition to the routine quarter four review, IW explained that a detailed review of the BAF took place at an EMT time-out on 12th March 2026, focusing on strengthening the alignment between the Trust's strategy, operational plans, BAF and Organisational Risk Register Risk Register. A mapping exercise had been undertaken to test this alignment, with supporting detail available via the Reading Room on Team Engine.

- At Quarter four, the Trust had sixteen strategic risks recorded within the BAF. These risks were reviewed at the Executive Management Team time out meeting on 12th March 2026 in detail and at EMT on 9 April 2026. The review considered the BAF in the context of the current operating environment, including our Trust staff survey results, operational pressures, changes to our ICBs, and potential changes arising from specialised commissioning arrangements. Particular focus during the review was given to:
  - Risk 3.1 – Workforce, relating to the Trust's ability to recruit, retain, support and maintain the wellbeing of staff
  - Risk 4.1 – Finance, reflecting ongoing and anticipated financial pressures
- In relation to workforce risk, it was noted that overall staff turnover remained static, although further work was required to better understand variation across staff groups.
- For financial risk, it was noted that changes to system finance reporting arrangements and likely impact would need to be considered in future reviews of this risk.

- Following the annual review, minor amendments have been made to the BAF schematic to improve clarity. Small wording changes were proposed for Risks 4.1 and 6.2, reflecting current understanding and context. These proposed changes were considered by the Audit Committee on 14 April 2026 which recommended them to the Board for approval.

MBr clarified that the review had deliberately focused on strategic, rather than operational, risks, and that each risk had been tested against changes quarter-on-quarter. While the Trust continued to operate in a challenging environment, there had been no material change sufficient to warrant altering the overall strategic risk ratings. Factors such as the Trust's oversight framework rating, progress at Cheswold Park Hospital, and planning developments for 2026/27 had all been considered as part of the review.

It was RESOLVED to RECEIVE the updates to strategic risks, APPROVE the updated BAF schematic for 2026/27 and APPROVE the proposed narrative changes for risks 4.1 and 6.2 for 2026/27.

TB/26/43b Corporate / Organisational Risk Register (agenda item 10.2)

IW presented the Organisational Risk Register (ORR). She confirmed the report was the Quarter 4 report on the Operational Risk Register, which had been reviewed in detail by EMT at its time out on 12th March and by EMT on 9 April 2026. The report is presented to Trust Board on a quarterly basis. IW outlined that:

- Individual risk review meetings took place with each Executive Director during February and March 2026 to ensure that risks were clearly articulated, appropriately scored, and supported by robust controls and mitigating actions.
- An emerging risk had been identified related to wider system change, specifically the development of Place Provider Partnerships and potential impacts on the Trust and its Places. This would be developed and presented back to Board in the next review of the ORR.
- A further emerging risk related to workforce planning was noted.
- At Quarter four, there were thirty one risks on the ORR, unchanged from Quarter three.
- The risk heat map shows that the majority of risks aligned to the strategic objective "Best we can be - Quality", reflecting the Trust's continued prioritisation of quality and safety. The lowest number of risks were aligned to the "Be Ambitious" objective.
- The average risk score remained amber, and the cumulative risk score remained unchanged at 302, indicating overall stability.
- The report outlined the proposed changes to the ORR risks and Trust Board was asked to review and approve the changes identified within the report.

MF noted that compared to the position at the same time last year, the strategic risk scores have increased, with some risks moving from "likely" to "possible," while the overall ORR scores have reduced, suggesting completion of actions leading to improved mitigation at the organisational level. AS explained that some financial risks have decreased because planned risks did not materialise, but significant strategic financial risks remain. Risk will continue to be monitored, with scores able to move dependent on level of risk at a given point of time, which is the purpose of the continuous review and oversight process. MBr added that system risks are more prominent now than a year ago, which may explain the difference between strategic and operational risk trends.

In relation to risk 1424, MF questioned the replacement of risk 1424 with individual risks, noting difficulty in mapping the four new risks to the five bullet points in the report under risk 1424.

MK noted the difficulty in determining risk likelihood and the difference between risks being likely or possible. She advised that due to timing of the report to Board, the risks have not yet been reviewed by the Quality and Safety Committee and the risk scores could change

following the Committee review. MBr confirmed that EMT had an in-depth conversation about the difference between "likely" and "possible" risk ratings and requested that this be discussed further at the Quality and Safety Committee.

Action – Caroline Johnson

Assurance was provided that that following the closure of risk 1956 related to Cheswold Park, any outstanding risks in relation to CPH would be reflected across other risks in the ORR, or new risks created as needed. The general risk in relation to integration however would be closed.

The Board discussed moving the Covid-19 risk from the ORR to the local register noting that meetings have finished and that should any future inquiry recommendations arise, the risk can be escalated again.

NMc noted that risks 1729, 1432, and 1840 are currently assigned to the Chief People Officer and had not yet been reviewed by the People and Remuneration Committee (PRC). It was agreed that these risks would be brought to the PRC for further review, and any feedback or changes from the Committee would be incorporated into future Board reports.

Gary Ellis (GE) highlighted that risk 1511 assurance score has been reduced from sixteen to twelve, which is a significant change and emphasised the importance of continued monitoring of this risk by the Board, especially in relation to exceptional packages of care, as these represent substantial financial pressures. AS clarified that while these exceptional packages are volatile and high-cost, the financial risk is shared in West Yorkshire through a risk share arrangement. The Board agreed to continue monitoring this risk, recognising the potential for significant financial impact.

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 closure of risk 1424, to be replaced by four individual new risks, APPROVE the reduction in risk score for risk 1511, APPROVE the revised risk wording and reduction in risk score of risk 1957, APPROVE the revised risk wording of risk 275, 1614, 1689, 1729, 1820, 1839, 812 and 1432. APPROVE the move from "Best Place to Work and Learn" to "Live Our Values" for risk 1887, APPROVE the closure of risk 1840 and develop a new risk relating to the new appraisal system and appraisal window and APPROVE the stepping down of risks 1956 and 1545 to the local risk registers.

TB/26/43c Draft Annual Governance Statement (agenda item 10.3)

IW provided an update on the Draft Annual Governance Statement (AGS) for the year ended 31 March 2026:

- The draft Annual Governance Statement forms a statutory component of the Trust's annual reporting requirements and has been prepared in line with the Annual Reporting Manual.
- The draft version of the AGS will continue to be refined as year-end processes were completed.
- Certain sections of the AGS can only be finalised once additional year-end information becomes available, for example the head of internal audit opinion.
- This version will be shared with External Audit as part of the year-end audit process.
- The document will be finalised over the following weeks, as part of the finalisation of the Annual Report and Accounts.

IW confirmed that the AGS appropriately reflected governance arrangements up to 31 March 2026, with any material changes occurring after year-end to be addressed through appropriate narrative or addendum where required. IW added that a number of Non-Executive Directors (Mike Ford, Margaret Kitching and Rokaiya Khan) had reviewed the draft and provided feedback, which had been incorporated in the draft statement received by Board. In addition, detailed review had taken place by EMT.

It was RESOLVED to NOTE the draft annual governance statement.

TB/26/43d Quality account process for 2026 (agenda item 10.4)

Caroline Johnson (CJ) provided an update on the progress of the Quality Account for 2025/26 and confirmed that submission is required by 30 June 2026. Preparation was progressing well and in line with the agreed timetable and an early draft of the Quality Account had been developed and reviewed, with initial feedback already provided.

CJ outlined the next stages of the process, advising that:

- A draft of the Quality Account would be considered by EMT
- A further draft would be reviewed by the Quality and Safety Committee on 9th June before presentation to Trust Board prior to submission
- A final version will be brought back to Board on 30th June for approval, ahead of formal submission

CJ confirmed the Quality and Safety Committee meeting schedule had been adjusted and that governance arrangements would ensure appropriate scrutiny of the Quality Account prior to final Board approval. CJ added that, if required, additional arrangements could be made to ensure deadlines were met. It was also noted that the Quality Account was no longer subject to external audit but does still require robust internal governance and assurance.

It was RESOLVED to RECEIVE assurance through this report that the Quality Account for 2025/26 remains on track for delivery and publication by the statutory deadline of 30 June 2026.

Cheswold Park update (agenda item 10.5)

Adele Fox (AF) presented the Cheswold Park Closure Report, which marked the formal conclusion of the integration programme following the Trust's acquisition and stabilisation of Cheswold Park Hospital. It was noted that:

- The Trust completed the asset purchase of Cheswold Park Hospital on 1 October 2024.
- Implementation of transition and integration plans were overseen by a programme governance structure from October 2024 to March 2026.
- The original business case priorities were broken down into 20 specific areas of work. Of the original 20 priorities, 17 are fully completed. It was noted that the three remaining activities will continue to be delivered/managed as business as usual.
- Ongoing challenges relating to estates and workforce establishment reviews were acknowledged, with further work continuing to strengthen assurance in these areas.
- The Trust has developed a strong and positive reputation with system partners, including NHSE and commissioning hub colleagues, who had worked closely alongside the Trust throughout the improvement journey.
- AF highlighted the importance of recognising the contribution of key individuals and teams involved in achieving sustained improvement, including the forensic leadership team, clinical staff and operational leads.

CJ noted that she had attended a recent Quality Improvement Group meeting and had been impressed by the strengthened governance, leadership and quality improvement focus now in place. She emphasised the value of learning from the Cheswold Park improvement journey and consideration of how effective approaches might be applied more widely across other services.

AF confirmed that Cheswold Park services are now fully integrated within the Forensic Care Group, and that quality and performance oversight would continue through the Trust's established governance frameworks. MK added that enhanced oversight arrangements would continue on a quarterly basis until such time as Cheswold Park received a follow-up CQC inspection, and the Trust had external assurance of the improvements.

NMc acknowledged MK's leadership and scrutiny role in providing rigorous quality assurance throughout the improvement programme and highlighted the importance of Board-level recognition and thanked the Cheswold Park team for their work. It was agreed as an action that this recognition and thanks would be passed on to the Cheswold Park team.

Action – Adele Fox

MBr highlighted the scale of progress made since September 2024, including implementation of an electronic patient record system, introducing electronic prescribing, strengthened leadership and governance structures, harmonised policies and improved confidence from regulatory partners. MBu noted that while the formal closure of the improvement programme was appropriate, the Trust must remain vigilant to ensure that organisational values, behaviours and quality standards continue to be consistently upheld.

It was RESOLVED to NOTE the Cheswold Park Update report.

TB/26/43f Freedom to Speak Up bi-annual update (agenda item 10.6)

Estelle Myers (EM) joined the meeting

Estelle Myers (EMy), Freedom to Speak Up (FTSU) Guardian, presented the bi-annual update on FTSU:

- Sixty nine concerns were raised during 2025/26, of which twenty three were anonymous.
- Overall numbers of concerns have reduced from the previous year, with a reduction noted following the initial increase associated with the Trust's acquisition of Cheswold Park Hospital.
- There had been no reported cases of detriment during the year.
- There has been an increase in anonymous reporting. The importance of creating a culture where people feel safe to speak up was noted, and this will remain an area under review.
- Concerns have been raised across all Care Groups and staff groups, with the exception of healthcare scientists (audiologists) and themes remain consistent across all services areas.
- Equality data shows no significant variation between confidence in speaking up between white and Black and Minority Ethnic (BAME) staff. However, staff who identified as disabled, carers or LGBTQ+ reported lower confidence in speaking up, which was recognised as an area for further focus.

MK requested clarification regarding the number of employees suffering detriment after raising concerns through FTSU. EMy confirmed that in the previous year (2024-25), there was one case of detriment reported, but in 2025-26 there were none. EMy added that the Trust has an independent process to oversee cases of reported detriment.

Rokaiya Khan (RK) highlighted that 90% of FTSU reports were made by female staff, compared to the Trust workforce data showing 77.7% female staff and questioned whether

this proportion was unusually high or consistent with previous years. EMy advised that this could be due to an increased confidence in reporting amongst female staff. Improvements have been made to data collection, and ability to understand the demographics of staff raising concern, that will allow for better analysis and future comparison.

NMc requested assurance that concerns raised in relation to the 'worker safety and wellbeing' category is being triangulated with the staff survey results. EMy confirmed regular triangulation of data from with care group partnership meetings, the people directorate, nursing directorate, CQC data, complaints and family and friends test to identify areas needing attention. The importance of integrating FTSU feedback into action plans for worker safety and monitoring impact was noted.

MF explained that the National Guardian's Office sets definitions for worker safety and wellbeing in FTSU reporting. He but raised concerns about many non-safety issues being reported via FTSU, that could be potentially addressed via other routes letting the FTSU service focus on actual safety matters.

CJ highlighted that the Trust is seeing higher levels of anonymous FTSU concerns and suggested the need to better understand the reasons behind this trend, noting that many anonymous cases are not clinical concerns. EMy clarified that patient-related concerns are reported separately in the FTSU report and most concerns received are related to interpersonal issues between staff or dissatisfaction with managers, rather than patient safety. It is hoped that the Trust's supportive culture enables staff to raise patient safety issues directly with clinical leads, rather than through FTSU.

MBr noted the FTSU report has developed over time, providing greater assurance through feedback on concerns raised. He suggested a further review of all assurance mechanisms for speaking up. It was agreed that the Executive Team will review all assurance mechanisms for raising concerns to ensure they are capturing relevant issues and will report back on findings and any gaps identified.

Action – Izzy Worswick

It was RESOLVED to NOTE the Freedom to Speak Up update.
Estelle Myers (EM) left the meeting.

TB/26/43g LeDeR report (agenda item 10.7)

CJ presented an update on the national LeDeR (Learning from Lives and Deaths – people with a learning disability and autistic people) report noting that the data related to 2023 and had recently been re-issued after the initial publication was withdrawn due to data inaccuracies.

- People with learning disabilities die on average 19.5 years younger than the general population, with an average age of death at 63 years.
- The rate of avoidable deaths remained significantly higher than for those without a learning disability and main causes of avoidable death include influenza, pneumonia, cancers and circulatory diseases.
- The Trust's Learning Disabilities team is delivering significant work to improve health outcomes, with strong performance in annual health checks in each of the places we work. Uptake of health checks is:
  - Barnsley 87.1%
  - Calderdale 92%
  - Kirklees 76.5%
  - Wakefield 86.8%

For future reports, clearer measures of impact have been requested to support improved Board assurance regarding outcomes. There are plans to bring a strategic approach to improving physical health across the Trust, including assurance on diabetes and other checks

for all service users. Updates and action plans will be presented to the Quality and Safety Committee in due course.

MK emphasised that the LeDeR findings remain largely unchanged over the years, with persistent health inequalities and outcomes for people with learning disabilities, and highlighted the need to move beyond retrospective learning from deaths and focus on proactive physical health interventions when individuals access services. MK questioned whether the Trust is applying national toolkits in all settings and suggested auditing their use. CJ clarified that the scope should include both inpatient and community services, with a need for a strategic plan and audit to ensure toolkits are implemented and effective.

MBr confirmed that the Trust was already undertaking a range of initiatives, including work on STOMP (Stopping Over Medication of People with a learning disability and autistic people), introducing greenlight champions, physical health promotion and partnership working through place-based arrangements. The Board agreed that there would be benefit in drawing this work together into a clearer, more strategic view of physical health within mental health and learning disability services, with a focus on impact and assurance.

Subha Thiyagesh (ST) reiterated that the Trust has a clear action plan for LeDeR, with regular reports previously brought to the Quality and Safety Committee, and that the work has now moved into business as usual. Additional updates can be provided as part of the regular reporting structure. ST highlighted that current partnership work and actions from the LeDeR plan can be summarised through the executive trio report and brought back to the Board for assurance.

It was RESOLVED to NOTE the content of the report.

TB/26/44 Performance (agenda item 11)

TB/26/44a Integrated Performance Report (IPR) Month 12 2025/26 (agenda item 11.1)

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

- At year end, the Trust was reporting against a large and complex performance framework, with a high proportion of indicators rated green, reflecting strong overall performance.
- Sickness absence had returned to within target range, acknowledging some seasonal impact but reflecting sustained improvement.
- There has been strong performance in relation to statutory and mandatory training and appraisals, with full compliance reported across Care Groups for a sustained period. This continues to be monitored at Care Group level through performance meetings.
- Agency usage had reduced significantly, with approximately half of agency staffing related to medical staffing. The Trust has achieved zero agency usage in non-clinical roles and reduced agency expenditure over recent years, representing a substantial improvement in workforce control.
- Bank usage remained above target but does not carry premium costs and provides necessary flexibility within services.
- There has been continued improvement in the reduction of out of area placements compared with previous years. While the position remained rated red given the national target of zero, the sustained downward trend and the considerable operational effort required to maintain current performance was acknowledged.
- Financial performance metrics within the IPR are aligned with the year-end position confirming delivery of key financial targets, achieved alongside ongoing operational pressures.

MF raised a question regarding the RAG rating in relation to the risk assessments and queried if this was a technicality that was being explored. He questioned whether the focus on improvements was the correct focus considering performance has fluctuated. AS advised

that the indicator is a key focus in monthly care group meetings, with plans in place to improve compliance. He acknowledged ongoing challenges and technicalities and advised that the target was not set during a period of process realignment, but would be reviewed once the risk assessment improvement work is completed in order to have a true understanding of our trajectory Once the target has been set, it would be monitored through the Finance, Investment and Performance (FIP) Committee and EMT.

DL provided an update on the Trust's work to address health inequalities, specifically referencing the analysis of average length of stay by ethnic group. She explained that recent data cleansing and a shift to using median rather than mean values have shown less disparity than previously reported. The next step is to explore qualitative aspects, focusing on patient experience across different groups, and this work will be brought back to the Strategic Board in May for further discussion.

DL also highlighted ongoing analysis of restraint data by ethnic group, noting that this is part of a broader effort to understand and address health inequalities within the Trust.

GE raised concern about the low virtual ward occupancy rate (62.7%), emphasising its significance for NHS core objectives and the urgency of resolving the issue, which is linked to delayed hospital discharges. MBr acknowledged the concern, noting that the issue is a priority in Place Provider Partnership discussions and is constrained by hospital capacity. He indicated that this challenge is recognised across the system and will be further addressed in the South Yorkshire update.

MBu raised staff turnover noting that while rates had stabilised, it would be important to ensure this did not mask underlying risks relating to organisational resilience, workforce refresh and improvement culture. This was flagged for continued monitoring through People and Workforce governance arrangements.

The Board reaffirmed its commitment to zero tolerance for prone restraint, noting significant reductions in its use. CJ confirmed work is underway to further reduce and prevent prone restraint, including independent reviews of training and practice, and ensuring accurate recording and description of incidents.

MBr reported positive progress in CAMHS (Child and Adolescent Mental Health Service) access within 18 weeks and highlighted an improvement in paediatric audiology, noting that performance on the 6 week access target has increased from 50–60% to around 90% for two consecutive months.

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

TB/26/44b Care Group performance dashboards (agenda item 11.2)

AF presented a summary of the Forensic Care Group Performance Dashboard:

- Overall performance across the Care Group continued to fluctuate between wards, with some wards sustaining expected standards and other areas not consistently meeting required thresholds. A programme of work was in place to support improved and more consistent performance, particularly in areas where compliance was not yet sustainable.
- There is variation in appraisal performance across the care group. Cheswold Park appraisal performance appeared low, but this is believed to be due to data quality and recording issues within ESR. Work is underway to cleanse the data and ensure appraisal activity was accurately recorded.

- Sickness absence remained above threshold in some areas, with the People Directorate supporting a deeper dive to understand causes, target improvement activity and better understand turnover trends and variance.
- Supervision performance remained a sustained strength across the Care Group.
- The forensic care group consistently report zero prone restraint, and there may be learning to share regarding deescalation and alternative interventions within forensic settings, recognising the different context of secure services and a more stable patient cohort.
- In relation to Cardiopulmonary Resuscitation (CPR) compliance and ward-level variability, there was some under-performance noted which was linked to recording issues. AF confirmed that she had sought assurance that practice remained safe while data issues were resolved.
- The dashboard shows high staff turnover at Cheswold Park (reported at 17%). This figure is likely inflated due to the inclusion of redundancies in the calculation. Adjustments are being made to ensure turnover data accurately reflects actual staff movement, with support from the People Directorate to clarify figures and understand the underlying causes. Establishment reviews and ongoing recruitment efforts, especially for healthcare assistants, are in place to address turnover and maintain workforce stability within forensics.
- There has been no agency usage within the forensic care group. All staffing gaps have been covered using the staff bank, even during periods of increased acuity.
- Cheswold Park bed occupancy remained around the upper-70% range, with recent increases in patient numbers. AF and AS are working with clinical colleagues to consider pathway and capacity improvements across the wider forensic system to support regional requirements.

MK noted the prone restraint performance was reported as an absolute number rather than a percentage of overall restraint activity, which could be misleading and may not reflect relative performance appropriately. MK suggested that reporting by percentage may provide a fairer and more meaningful view. It was agreed that the approach to presenting this metric should be reviewed to ensure metrics support meaningful Board oversight and benchmarking.

Action – Adele Fox

It was RESOLVED to RECEIVE and NOTE the report.

TB/26/45 Integrated Care Systems and Partnerships (agenda item 12)

TB/26/45a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

MBr provided an update on the South Yorkshire integrated care system and partnerships and advised that the principal focus within South Yorkshire had been on preparing for organisational change following the conclusion of the ICB staff consultation and the move towards recruitment into the new target operating model. It was noted that the future structure of the ICB Board would be significantly smaller..

In relation to Place-based Provider Partnerships, MBr reported that work was underway with partners and a draft Memorandum of Understanding and Terms of Reference for Place Provider Partnership working were being developed and would be brought back to Board in due course.

MBr outlined three initial priority themes emerging from system discussions:

- Neighbourhood models of care
- Hospital at Home / care closer to home, including consideration of alternative cohorts who could be supported outside traditional hospital settings
- Discharge and flow, recognising the interdependencies between hospital, community and mental health services.

It was RESOLVED to RECEIVE the SYB ICS update.

TB/26/45b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 12.2)

MBr provided an update on West Yorkshire:

- System partners have signed off the West Yorkshire plans, alongside agreement of the associated organisational change programme.
- Leadership changes within the system were noted, including the appointment of Jonathan Webb as Interim Chief Executive of the West Yorkshire ICB, and the intention of the incoming Chair to progress recruitment for the substantive role.
- Within the Mental Health, Learning Disability and Autism Collaborative, discussions focused on priorities for the forthcoming year, including crisis and patient care emergency pathways, with emphasis on ensuring services remained responsive and safe amid growing demand.
- Place Committees were being wound down, with no formal place committee reports brought to this meeting. Shadow Place Provider Partnership meetings had commenced in two places, representing the step towards new partnership arrangements.
- In Wakefield, there have been a number of leadership changes to the Mental Health Alliance With the departure of the joint Trust/ICB postholder, to ensure the valuable collaborative work is not lost, the Trust will offer to Chair the Alliance. Work is underway to agree future Chair arrangement to ensure continuity and build on existing good practice.

It was RESOLVED to RECEIVE and NOTE the update on the development of Integrated Care Systems and collaborations: West Yorkshire Health and Care Partnership, Local Integrated Care Partnerships - Calderdale, Wakefield and Kirklees and RECEIVE the minutes of relevant partnership boards/committees.

TB/26/45c Provider Collaboratives and Alliances (agenda item 12.3)

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

- Provider Collaboratives for CAMHS, Perinatal Mental Health and Eating Disorders, which are not led by the Trust, continue to report largely positive performance, both operationally and financially. The CAMHS Collaborative has made notable improvements in managing out-of-area placements.
- Feedback from NHSE indicated ongoing interest in the financial and governance models underpinning Provider Collaboratives. The Trust's approach within West Yorkshire, based on risk-share arrangements, avoided inappropriate cross-subsidy between services and ensured that individual pathways remained accountable for their own performance.
- There has been increasing demand within West Yorkshire adult secure services, due to an increase in prison referrals. Demand from prisons is currently higher in West Yorkshire than in some neighbouring systems. The reasons for this are unclear however all referrals continue to be subject to appropriate clinical screening and assessment prior to admission.

In terms of the role of Cheswold Park capacity within the provider collaborative landscape, AS explained that while Cheswold Park offered opportunities to flex capacity, decision-making needed to balance current pressures with longer-term system trends, noting that demand across pathways could change over time. AS and AF are working closely with medical and clinical leadership to review pathways and consider where internal capacity could be utilised to reduce reliance on out-of-area placements.

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

TB/26/46 Governance (agenda item 13)

TB/26/46a Audit Committee annual report including committee annual reports and terms of reference (agenda item 13.1)

MF confirmed that the Audit Committee's Annual Effectiveness Review found risk management processes to be operating effectively, with integration across Committees and avoidance of duplication. All Committees completed self-assessments, reviewed terms of reference, and work programmes.

MF thanked Committee members, executives and support staff, highlighting the schematic showing consistent and effective Trust operations, with ongoing improvement to avoid complacency.

The Board was asked to approve updated Terms of Reference and work plans for all Committees, the closure of the Equality, Inclusion and Involvement Committee (EIIC), and the establishment of a new Transformation, Partnership and Innovation Committee.

IW confirmed that EIIC responsibilities had been mapped and allocated to relevant Committees, namely the Quality and Safety and People and Remuneration Committees.

DL provided clarification on how each Committee has a direct route to hear staff and service user voice through the "All of Us in Mind" group, rather than this being solely through the EIIC. It is hoped that this change would promote more tangible, issue-based input into Committee decision-making.

In relation to the People and Remuneration Committee Terms of Reference, MBr noted that the Board had previously agreed CB would be a non-voting member and requested this be reflected in the Terms of Reference.

Action – Andy Lister

The Board discussed whether certain non-committee governance groups such as the Joint Partnership Board and Ethics Committee might benefit from more formal annual recognition within the Trust's governance reporting. It was agreed that this could be considered outside the meeting and brought back in future governance reviews if appropriate.

Action – Andy Lister

The Board approved all recommendations and noted that future annual reports should specifically check that EIIC responsibilities remain appropriately managed. MBu thanked MF for his leadership as audit chair.

It was RESOLVED to RECEIVE the audit committee annual report, APPROVE the update to the Terms of reference for Trust committees, APPROVE the closure of the Equality, Inclusion and Involvement Committee and APPROVE the development of a new committee to cover transformation, partnerships and innovation.

TB/26/46b Trust Board Committee Membership (agenda item 13.2)

MBu confirmed that the proposed Trust Board Committee structure reflected the approved Governance Framework, including recent changes agreed earlier in the meeting, notably the closure of the EIIC and redistribution of its responsibilities.

A specific correction was noted in relation to the spelling of MK's surname, which was requested to be amended to ensure accuracy in the formal record.

Forthcoming changes in Board membership, including the future appointment of a new Audit Committee Chair and replacement of the Trust Chair would be considered separately and incorporated through normal governance processes.

The Board approved the Trust Board Committee structure and membership, subject to the agreed factual correction.

It was RESOLVED to APPROVE the proposed committee structure and membership.

TB/26/46c Going Concern Statement (agenda item 13.3)

AS provided an update on the Going Concern Statement as part of the year-end financial and governance process:

- The assessment of going concern is a standard requirement of the Trust's annual accounts and relates to the assumption that the Trust will continue to operate and provide services for the foreseeable future. This assessment considered the Trust's financial position, funding arrangements and ability to continue delivering statutory services.
- Based on the information available, AS advised that there was a reasonable expectation that the Trust would continue in operational existence and meet its obligations, and that it was therefore appropriate for the Trust's annual accounts for 2025/26 to be prepared on a going concern basis.

No concerns were raised by the Board who approved the preparation of the 2025/26 annual accounts on a going concern basis.

It was RESOLVED to APPROVE the preparation of the 2025 / 26 annual accounts and financial statements on a going concern basis.

TB/26/47 Trust Board work programme 2024/25 (agenda item 14)

The Board noted the importance of ensuring that emerging priorities continued to be clearly reflected within the programme. In particular, it was agreed that:

- Teaching Trust activity should be explicitly captured within the Work Programme, and within future AAA reports from the Teaching Trust Joint Partnership Board.
- Oversight of the Ethics Committee should be clearly referenced, recognising its importance within the Trust's governance and decision-making framework.

Subject to these additions, the Board approved the Trust Board Work Programme.

It was RESOLVED to NOTE the work programme.

TB/26/48 Any other business (agenda item 15)

No further business.

TB/26/49 Date of next meeting (agenda item 16)

The next meeting will be held on 30 June 2026 (June meeting).

Signature: M.J. Bram.

Date: 30 June 2026