South West Yorkshire Partnership Teaching NHS Foundation Trust

Minutes of the public Trust Board meeting held on 30 June 2026
Small Conference Room, Learning and Wellbeing Centre, Fieldhead Hospital

Present:	Jayne Brown (JB)	Trust Chair
	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
	Mitch Waterman (MW)	Appointed University of Leeds Associate 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
	Caroline Johnson (CJ)	Chief Nurse and Director of Quality and Professions
Apologies:	Natalie McMillan (NMc)	Deputy Chair, Senior Independent Director
	Prof. Subha Thiyagesh (ST)	Chief Medical Officer
In attendance:	Christine Brereton (CB)	Chief People Officer
	Adele Fox (AF)	Chief Operating Officer
	Manoj Mathen (MM)	Consultant Psychiatrist and Associate Medical Director for Workforce and Operations
	Izzy Worswick (IW)	Deputy Director of Partnerships, Planning and Governance
	Andy Lister (AL)	Company Secretary
	Bridgette Gill (BG)	Chief Officer, Spectrum People (Item 6)
	Aboobaker Bhana (AB)	Equality and Involvement Manager/Lead for Connecting People (Item 6)
	Saima Amir (SA)	Community Connector and Chairty Advisor, Spectrum People (Item 6)
	Gemma Lockwood (GL)	Corporate Governance Manager
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
Observing:	John Laville (JLa)	Public Governor – Kirklees (Lead Governor) (MS Teams)
	Emma Cox (EC)	Staff Governor – Nursing (MS Teams)
	Michael Taylor (MT)	Cinapsis
	Ian Trodden (IT)	Care Quality Commission

TB/26/50 Welcome, introductions and apologies (agenda item 1)

Jayne Brown (JB), Chair, welcomed everyone to the meeting. Apologies were noted, and the meeting was deemed to be quorate and could proceed.

JB 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.

JB 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/26/51 Declarations of interest (agenda item 2)

Christine Brereton (CB) declared an interest, noting that her spouse will become Interim Finance Director at Nottinghamshire Healthcare Mental Health Trust from 1 July 2026. Jayne Brown confirmed that she had completed her conflicts of interests declaration.

It was RESOLVED to NOTE the updated declarations of interest.

TB/26/51 Questions from the public (agenda item 3)

No questions were received from the public.

TB/26/52 Minutes from previous Trust Board meeting held 28 April 2026 (agenda item 4)

The minutes of the meeting held on 28 April 2026 were accepted as an accurate record.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 April 2026 as a true and accurate record.

TB/26/53 Matters arising from previous Trust Board meeting held 28 April 2026 and Board action log (agenda item 5)

No matters raised.

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

TB/26/54 Service User/Staff Member/Carer story (agenda item 6)

Dawn Lawson (DL) provided an introduction to the Connecting People programme, which is an initiative focused on strengthening community connections and ensuring that diverse voices are heard and reflected in the Trust's work. The programme aims to bring forward lived experience and strengthen connections between the Trust and the communities it serves.

Aboobaker Bhana (AB), Equality and Involvement Manager, provided an overview of the Connecting People programme and its role in supporting the Trust's statutory duties in relation to engagement and involvement. The programme has been piloted over a two-year period as an approach to delivering meaningful engagement with communities, moving beyond traditional consultation methods towards genuine partnership working. He emphasised that involvement is a legal requirement under the Health and Social Care Act, requiring the Trust to engage with service users, carers and partners.

The programme is designed to support "organic" growth of community involvement by investing in and working alongside local communities. This includes developing an infrastructure of community connectors who facilitate engagement, support participation and ensure that community voices inform service development. Approximately 138 community connectors are currently engaged, including Trust staff, and the programme is intended to build long-term capacity, with an aim to become a standard model for engagement across the organisation. Connectors play a key role in supporting Trust engagement and wider partnership working across local communities.

AB highlighted examples of impact, including targeted engagement work informing early intervention approaches and contributing to work aimed at reducing inequalities, particularly

for minority communities. The programme has also generated significant community insight, with over 1,200 pieces of feedback gathered through structured engagement activity.

Bridget Gill (BG), Chief Officer of Spectrum People, outlined its role as a community partner supporting Connecting People. She highlighted its focus on building community connections through creative, green and therapeutic activities that promote wellbeing and social inclusion. BG emphasised that trusted relationships and community-based approaches are often more effective than formal systems in reaching individuals who may not access traditional health services, including those facing language barriers or social isolation.

Saima Amir (SA), Community Connector and Charity Advisor with Spectrum People, outlined the impact of the Connecting People programme from a community perspective. She noted that the programme helps individuals build skills, confidence and networks, while enabling the Trust to engage meaningfully with communities not always reached through traditional methods. Community Connectors support early identification of health concerns, provide culturally appropriate information, signpost to NHS services and facilitate conversations on issues including mental health, diabetes, dementia, menopause and carer support. Their lived experience helps build trust, reduce social isolation and inform Trust policy and service design through structured community feedback.

The programme's contribution to increasing diversity in research participation was also noted, with connectors supporting recruitment into health research studies and widening representation.

Examples of the impact of partnership working with the Trust were shared which includes activities funded through the Carers Fund, community events and targeted engagement initiatives. These were described as creating accessible entry points for health conversations, supporting wellbeing and strengthening community trust in services.

Adele Fox (AF) raised a question regarding how the Connecting People programme engages individuals with learning disabilities, recognising that this group experiences significant health inequalities. BG advised that engagement is tailored to individual need and centred on flexible, community-based approaches rather than a single standard model. Interventions are delivered through community settings, including initiatives such as social prescribing, art therapy and play-based support, which are adapted depending on the needs, age and circumstances of the individual. Support spans a broad age range and is designed to provide safe and inclusive environments where individuals feel comfortable and able to engage. The programme also adopts a person-centred approach, working closely with individuals to understand what is most effective for them, rather than expecting individuals to fit into predetermined service structures. This approach supports improved engagement and enables individuals to access appropriate support at the right time.

It was noted that partnerships with academic institutions and community organisations strengthen the delivery of specialist interventions, including access to trained practitioners and additional support capacity.

Mark Brooks (MBr) expressed his sincere thanks to the presenters and community partners for their contributions and for sharing their experiences of the Connecting People programme. MBr commended the evident passion, commitment and impact demonstrated by those involved, recognising their shared purpose in making a meaningful difference to the lives of the communities served by the Trust. He reiterated that the Trust's core purpose is to help people reach their potential and live well in their communities, noting that the diverse populations across the Trust's footprint require strong and effective community connections to support delivery of improved outcomes. The importance of extending the Trust's reach into local communities was noted, particularly those who may not traditionally engage with services. He emphasised that the Connecting People model represents a valuable approach

to strengthening this reach and supporting the Trust's ambition to improve population health and wellbeing.

MBr further highlighted the opportunity for the Trust to build on this work through partnership working, both within the organisation and across the wider system. The programme demonstrates a potentially distinctive approach which could contribute to broader learning and development across other organisations.

JB echoed these thanks, recognising the significance of the programme and the reminder that effective community engagement requires the organisation to adapt its approach, rather than viewing communities as "hard to reach".

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

TB/26/55 Chair's remarks (agenda item 7)

JB noted that the private board meeting would include:

- Complex clinical matters report
- West and South Yorkshire System updates
- Provider Collaboratives and partnership updates
- Value for money position and financial update
- Stakeholder map
- Planning update
- Annual report and accounts
- Audit Committee Chair Designate

JB provided an update on her initial activities since taking up the post of Chair and expressed her appreciation to colleagues for their support during her induction, recognising the time and effort taken by staff across the organisation to support her transition into the role.

JB advised that she has prioritised building relationships across the system, including engagement with Chairs from other organisations within South and West Yorkshire and the Integrated Care Board (ICB), as well as local acute Trust Chairs.

JB also reported on a series of service visits undertaken across the Trust, including visits to clinical teams and services. She highlighted a visit to Cheswold Park, noting her positive impression of how well integrated the service already feels, both in terms of culture and alignment with the Trust's values. During the visit, JB sought direct feedback from staff regarding their experiences, including the impact of recent organisational changes. She reported that feedback had been consistently positive, particularly in relation to cultural integration, whilst recognising that operational challenges and pressures remain.

JB also highlighted she had attended a number of Trust events, including a learning disability awards event, which she described as inspiring and reflective of the dedication and achievements of staff and service users. Her early observations indicate a strong and positive organisational culture, while acknowledging that further work will be required to continue developing and addressing areas for improvement.

It was RESOLVED to RECEIVE the Chair's remarks.

TB/26/56 Chief Executive's report (agenda item 8)

MBr presented the Chief Executive's report which was taken as read. MBr provided an overview of key organisational, operational and national developments since the previous public Board meeting:

- The Trust retained a segmentation rating of 'one' within the NHS Oversight Framework, reflecting strong performance across quality, workforce, operational delivery and finance.

- The Trust achieved its financial targets for the previous year. However, the financial position for the current year remains significantly more challenging with a requirement to deliver a break-even position.
- The Trust has launched a Mutually Agreed Resignation Scheme (MARS) as part of wider workforce and financial planning.
- Recent Trust-wide initiatives and events included Mental Health Awareness Week, Learning Disability Week, Pride Month, Carers Week, and staff and volunteer recognition activities, which helped raise service profiles and celebrate contributions from staff, service users and communities.
- Anticipated industrial action by resident doctors had been suspended following a revised national offer, although formal confirmation was awaited.
- Lord Mann has recently published his review into tackling racism and antisemitism within the NHS along with several recommendations. The Trust continues to progress this agenda through its equality frameworks, recognising that further action is needed to address disparities in staff experience. The Trust will ensure Board oversight of implementation of recommendations via our People and Remuneration Committee.
- A judgement handed down by the Supreme Court on Tuesday 2 June 20206 has resulted in immediate changes to the Deprivation of Liberty (DOLs) process was noted. The Department of Health & Social Care (DHSC) are developing guidance for the application of the new ruling. Experts in the Trust are working collaboratively with the local authorities for a consistent approach. In the 2026 King's Speech, the government outlined plans to introduce legislation to reform how the NHS is led and managed in the form of an NHS Modernisation Bill. This has implications in terms of the NHS structures and governance and the future role of Members' Council.
- MBr provided an update on system and partnership working, including developments within Integrated Care Boards (ICB) and place-based provider partnerships, noting workforce changes and restructuring across ICBs.
- There is continued pressure on inpatient services, particularly within mental health services, due to sustained high demand. MBr commended staff for their efforts in managing patient flow and maintaining service delivery during periods of high demand and extreme heat.
- There is ongoing national collaboration across mental health providers to agree priorities that will make a real difference this year, with a focus on reducing out-of-area placements, improving access for children and young people, and addressing pressures within urgent and emergency care pathways.
- MBr acknowledged a number of organisational achievements, including the Trust's annual excellence awards and long service recognition, and formally welcomed the new Chair to her first Board meeting.
- Recent senior leadership developments within NHS England and the potential implications for system leadership arrangements were also noted.

Mike Ford (MF) raised a question regarding the availability and interpretation of the Trust's performance scores under the emerging national oversight framework metrics for 2026/27. Adrian Snarr (AS) advised that early sight of the new metrics had been received and that the Trust is beginning to assess its performance against these measures. Whilst indicative scoring information is available internally, it is not yet possible to draw meaningful conclusions as scoring is relative to the performance of other organisations.

The proposed framework for 2026/27 is expected to include approximately 24–29 indicators, compared to the 11 currently measured, although final confirmation is awaited. AS noted that many of the required metrics are already captured within the Trust's existing internal reporting, including the Integrated Performance Report (IPR), but further work is required to ensure alignment between local and national definitions..

JB asked how the Trust engages with schools where it does not directly provide school nursing or public health services. AF explained that Mental Health Support Teams in schools have been implemented across the Trust's footprint and are broadly on track to meet national coverage expectations. These teams have developed close links with schools, supporting early intervention and improved access to support for children and young people.

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

TB/26/57 Assurance from Trust Board Committees, Members' Council and Joint Partnership Board (agenda item 9)

Joint Partnership Board – 27 April 2026

Mitch Waterman (MW) provided an update on recent developments within the Joint Partnership Board (JPB):

- Progress had been made in developing the partnership framework, although the formal Partnership Agreement has not yet been finalised due to ongoing changes within the NHS landscape. The agreement will be brought to a future Board meeting once finalised.
- The Joint Partnership Board had moved forward at pace over recent meetings and has established a set of shared strategic priorities between the Trust and the University of Leeds. These priorities include enhancing educational opportunities, developing research capability, and reviewing existing collaborative activity to ensure alignment with organisational objectives.
- To support delivery, two operational sub-groups are being established, focusing respectively on education and research. These groups will undertake a detailed review of current activity across the Trust, identifying opportunities for development, alignment and, where appropriate, rationalisation.
- The draft terms of reference and proposed membership for these sub-groups will be presented to a future Joint Partnership Board meeting. Initial engagement with the groups is planned in advance to maintain momentum.
- Risk identification and workforce considerations will form key components of the sub-groups' work, providing a foundation for future strategic development.
- The programme of work will include both short-term deliverables and longer-term strategic ambitions, ensuring that the partnership evolves in a sustainable and impactful manner.

MBr reflected positively on the progress made, noting that the past year had focused on establishing the foundations of the partnership. He emphasised that the next phase would be centred on maximising mutual benefit, recognising that both organisations share many common priorities. He highlighted the importance of identifying opportunities where the partnership can deliver tangible value for both the Trust and the University.

People and Remuneration Committee (PRC)

Martin Neeson (MN) provided an update following the People and Remuneration Committee meeting held on 5 May 2026:

- Workforce pressures associated with recent industrial action were noted as well as the reliance on staff to provide additional cover during this period. These pressures had been effectively managed and no adverse incidents had been reported, providing assurance to the Board on workforce resilience and safety.
- Changes have been made to the appraisal completion cycle, with a revised timeline agreed. A temporary reduction in completion rates may be expected during the transition period, with performance anticipated to stabilise following implementation.
- Detailed analysis of workforce turnover had been undertaken with no significant organisational "hot spots" identified. An exception was noted at Cheswold Park Hospital, where higher turnover was attributed to post-acquisition restructuring. Assurance was provided that turnover levels were returning to within acceptable tolerances.
- The Guardian of Safe Working report confirmed that there were no escalated concerns during the reporting period.

- Key workforce equality reports were reviewed and approved by the Committee, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and the Gender Pay Gap report.
- Positive feedback has been received from staff at Cheswold Park Hospital regarding their integration into the Trust, particularly in relation to the visibility and application of the Trust's values during the onboarding process.
- Christine Brereton (CB) provided a further update on work to strengthen staff networks, noting that recent engagement activity had supported the recruitment of new staff network members. This was described as an opportunity to reinvigorate staff networks and enhance engagement across the organisation.

Members' Council

Gary Ellis (GE) provided an update from the Members' Council meeting held on 6 May 2026:

- The meeting covered routine governance business, alongside a focus on future development and direction.
- The Members' Council approved the reappointment of the Lead Governor, John Laville ensuring continuity in the role during a period of organisational transition.
- Approval was given for the appointment of a new Chair of the Members' Council Quality Group.
- Governors received a presentation on the current structure of the Members' Council, including its sub-groups and committees.
- There was some group working to consider the future role and development of the Members' Council, reflecting wider changes within the NHS and the evolving governance landscape.

GE noted that the session had been constructive and forward-looking, with strong engagement from Governors in considering how the Council can continue to add value to the organisation.

JB offered her congratulations to the Lead Governor on his reappointment, recognising the importance of continuity and experience within the role.

Quality and Safety Committee (QSC)

Margaret Kitching (MK) provided an update following the Quality and Safety Committee meetings held on 19 May 2026 and 9 June 2026:

19 May 2026

- An internal audit of care planning and risk assessment was reviewed which identified variation in the quality and consistency of practice, with limited assurance provided in some areas. The Committee therefore agreed that this would remain an area of focus, with a clear action plan developed subject to ongoing review to ensure improvement is delivered.
- Work relating to women's services was acknowledged, noting that the executive had commissioned an external review. Early indications were reported as positive, highlighting a strong culture and commitment within services. It was noted that the review remained in progress, with final findings expected later in the summer.
- The Committee heard that an independent peer review of restrictive practices is underway to support further improvements to reducing restrictive practices.

9 June 2026

- The Committee considered workforce-related aspects of quality, noting positive indicators overall and requested further triangulation between workforce data, incidents and appraisal metrics to strengthen assurance.
- Areas requiring further attention were identified, including care planning and seclusion medical review compliance, where current performance was below expected standards. It

was noted that quality improvement work is underway to address these issues, with ongoing monitoring through the Committee.
- The Committee continues to receive a balance of assurance and areas for improvement, with a strong focus on learning and quality enhancement.

JB sought clarification on the timeline for completion of the external review of women's services, noting the Board's interest in the outcomes. MK confirmed that the report is expected in September, subject to final stages of review and triangulation.

Mental Health Act Committee

Rokaiya Khan (RK) provided an update following the Mental Health Act Committee meeting held on 2 June 2026:

- The Committee received assurance that robust governance arrangements remain in place across Mental Health Act (MHA) activity, with compliance in key areas continuing to be strong.
- There is continued focus on preparations for forthcoming Mental Health Act reforms which will introduce substantial changes to clinical practice, operational processes, workforce requirements and financial planning. Work to implement these changes is underway, including the development of training, guidance and governance arrangements, with ongoing oversight by the Committee.
- MHA activity remains stable, with good compliance reported in areas such as consent to treatment. However, the importance of ensuring that performance data accurately reflects patient experience was emphasised and, as a result, further work has been commissioned to better understand trends in Section 17 leave, including reasons for cancellations and any associated learning.
- Progress against Care Quality Commission (CQC) recommendations were reviewed providing assurance that action plans are being implemented effectively. Ongoing monitoring will ensure that improvements are embedded in practice.
- There is continued focus on inequalities within detention and patient experience and work is progressing beyond reporting into practical action.
- Findings from an audit of medical recommendations were reviewed which identified opportunities to strengthen the quality and consistency of documentation. It was noted that associated improvement actions are already underway.

Manoj Mathen (MM) acknowledged the scale and significance of the forthcoming MHA reforms, recognising that implementation will be complex and require sustained focus over a number of years. The comprehensive programme of work underway was also noted, recognising the importance of continued oversight of compliance, quality improvement and patient experience as reforms progress.

Commissioning Committee (CC)

Martin Neeson (MN) provided an update following the Commissioning Committee meeting held on 16 June 2026:

- System-wide pressures across forensic pathways remain significant, with increased demand, rising referral rates and constrained bed capacity contributing to higher levels of out-of-area placements. It was noted that both South Yorkshire and West Yorkshire Adult Secure Provider Collaboratives have experienced their highest levels of out-of-area placements in the previous twelve months, with associated impacts on patient flow and length of stay.
- Pressures are being further exacerbated by changes to provider pathways, including disruption given the nationally reported issues at St Andrew's. Individual patient care continues to be closely managed, with appropriate interventions in place to support patient safety and continuity of care.
- Operational pressures are also contributing to financial challenges across the system, with emerging adverse variances reported. However, the Board was reassured that strong

quality governance and oversight arrangements remain in place, with no significant safety concerns identified.
- Additional granularity in reporting was requested by the Committee, including analysis of the location of out-of-area placements. This work demonstrated that the majority of placements remain within adjacent geographical areas, providing important contextual understanding of the data.
- Positive progress was reported in relation to patient flow and discharge planning, alongside a continued focus on inequalities and patient-centred care, including analysis of length of stay, ethnicity and patient experience.
- Regional collaboration is being strengthened across West Yorkshire, South Yorkshire and Humber and North Yorkshire systems, with joint workstreams established to address key areas including access, patient pathways, learning disabilities and secure services. This work is being progressed through structured programmes with defined leadership and oversight.
- Further positive developments included the expansion of community forensic teams, which are intended to support early intervention, improve patient flow and reduce long-term system pressures. In addition, reductions in average length of stay within West Yorkshire were noted as a positive indicator of progress.

MBr stated that the Trust, as a lead provider across two systems, is in a strong position to work with partners and influence the development of future pathway models and service configurations. He highlighted the importance of adapting to changing demand patterns and optimising the balance between bed-based and community provision.

AS clarified that the interpretation of out-of-area placement data requires careful consideration, as some placements may be clinically appropriate or geographically proximate, and therefore should not be viewed solely as indicators of system failure.

<u>Finance, Investment and Performance Committee (FIP)</u>
Gary Ellis (GE) provided an update from the Finance, Investment and Performance Committee meeting held on 22 June 2026.
- GE set out the broader financial context, noting that regional NHS systems have been issued with breakeven control totals for the current financial year, reinforcing the scale of the financial challenge facing the organisation. At this early stage in the year, capital expenditure is ahead of plan, while cash balances remain in line with expectations and compliance with the Better Payment Practice Code continues to be achieved.
- Detailed performance metrics across workforce indicators, including vacancy rates, turnover, appraisal compliance and mandatory training, are largely on track. Targeted support is being provided to specific areas where performance is below expected thresholds, rather than applying a uniform approach across the organisation.
- A detailed review of key performance areas has been undertaken, including IAPT (Improving Access to Psychological Therapies) and it was noted that patient safety indicators, including restraint levels within care pathways, remain relatively low.
- In relation to financial performance, at month two, the Trust reported an in-month deficit broadly in line with plan, with a small favourable variance on the cumulative position. It was acknowledged that this position reflects underlying financial pressures, and that continued delivery of financial improvement actions will be critical to achieving the year-end breakeven target.
- Ongoing risks include a high-level financial risk associated with delivery of cost improvement programmes. The importance of addressing bank and agency spend within established limits was emphasised, alongside the need to sustain progress from previous years.

The Board recognised that the current financial position mirrors challenges experienced in the previous year, with continued pressure on both workforce and operational delivery.

Maintaining financial discipline will require sustained focus across all areas of the organisation, while ensuring that patient safety and quality of care remain paramount.

Audit Committee (AC)
Mike Ford (MF) gave the Board an update from the Audit Committee meeting held on 23 June 2026:

- The focus of the meeting was on year-end assurance and governance processes. The External Audit Report was reviewed, which indicated that an "unqualified audit opinion" would be issued for the Trust's 2025/26 accounts. This reflected a positive position.
- The Head of Internal Audit Opinion confirmed an overall position of "significant assurance", consistent with previous years. While a number of individual audits had identified areas of moderate or limited assurance, it should be noted that areas of audit had been identified on the basis that the Trust had identified there would be likely learning or improvements that could be made. These ratings had not impacted the overall positive assurance rating, demonstrating the strength of the Trust's control environment.
- The Committee reviewed the Trust's Annual Report and Accounts in detail and was satisfied that these were robust, compliant and appropriate for submission. The Committee recommended the Annual Report and Accounts for approval, in line with delegated authority arrangements, and signature by the Chief Executive and Chair.
- The Data Security and Protection Toolkit submission was also reviewed and a strong level of compliance and assurance in relation to information governance arrangements was acknowledged.

JB noted the consistency of positive assurance across both internal and external audit processes, recognising this as a significant achievement and a reflection of effective governance arrangements across the organisation. The importance of maintaining this position was noted, particularly in the context of ongoing organisational and system changes, and the role of the Audit Committee in providing independent scrutiny and assurance.

MF added that at the previous Board meeting the annual report of committee effectiveness had been received which aligns achievements against terms of reference which was very positive.

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

TB/26/58 Performance Reports (agenda item 10)

TB/26/58a Integrated Performance Report month 2 2026/27 (agenda item 10.1)
AS provided a summary of the Integrated Performance Report (IPR) and advised that work has been undertaken to improve the visual accessibility of the report, including the introduction of summary indicators to enable the Board to quickly identify areas of strength and areas requiring attention. These summary indicators are presented both at an organisational level and across individual care groups, supporting more detailed scrutiny of performance variation.

Workforce metrics currently show strong performance however pressures remain within specific areas, including forensic services and inpatient mental health services, reflecting sustained demand. JB noted the depth and robustness of the report and confirmed that she had reviewed the detail to ensure consistency between headline indicators and supporting data. This approach provides confidence that key risks and issues are appropriately reflected within performance reporting.

JB acknowledged that, while the report is detailed, the summary indicators support effective navigation and prioritisation of key areas for focus. It was recognised that continued refinement of presentation and metrics will further enhance usability and insight.

Health Inequalities

Dawn Lawson (DL) provided a summary of the health inequalities data:

- Measures have continued to evolve over the past year through the use of improvement methodology and Board scrutiny. Revised metrics for 2026/27 have been developed and will be presented from July.
- Ethnicity and deprivation measures remain key indicators within the report. Whilst deprivation is not a protected characteristic under the Equality Act 2010, it continues to be monitored due to its significant impact on health outcomes, service access and patient experience, particularly when combined with ethnicity.
- Ongoing work is being undertaken to better understand the relationship between protected characteristics and the use of prone restraint. DL noted that monthly data can be significantly influenced by small patient numbers and may not always provide meaningful insight into wider trends.
- Assurance was provided that the Trust continues to meet its targets for recording equality data. Further detailed analysis is being undertaken to understand variations between services, although data quality can be affected by information received at the point of referral.
- It was noted that the Trust has moved from using mean length-of-stay measures to median analysis, providing a more meaningful understanding of variation and supporting pathway improvement work.
- Community mental health caseload data continues to demonstrate that people living in more deprived areas remain on caseloads for longer than those in less deprived communities. Similar patterns have been identified within physical health services, and further work is underway to understand the causes of these inequalities and identify opportunities for improvement.

JB praised the amount of detail related to health inequalities that is included in the IPR which is crucial.

Quality

Caroline Johnson (CJ) provided a summary of the quality data:

- Overall, performance across quality indicators remains stable, with key national targets largely being achieved.
- Compliance with waiting time standards continues to be strong, with the majority of risk assessments and care plans completed within the required timeframe.
- Incident reporting remains within expected levels of normal variation.
- There has been sustained progress in reducing restraint, with very low levels of prone restraint reported. The organisation continues to work towards further reduction, with a clear ambition to minimise restrictive practices wherever possible.
- There has been a slight increase in falls, including younger service users. Targeted interventions have been implemented in response, particularly within specific services where repeat incidents have been identified, with signs of improvement.
- Care planning and risk assessment performance remains below the Trust's internal target, although improved performance and trajectories are evident. Both timeliness and quality are being addressed through a comprehensive quality improvement programme, supported by audit findings and strengthened oversight arrangements.
- Supervision performance remains positive. Variations in reported compliance were attributed in part to recording issues and a change in approach rather than absence of supervision, with further work underway to strengthen data accuracy and ensure clarity between supervision and management oversight.
- Staffing levels remain stable overall, with high fill rates across inpatient services and sustained improvement in workforce indicators. Whilst some variation exists between day and night staffing levels, these are actively managed through daily oversight and escalation processes to maintain safe staffing levels.

- A reduction in reported information governance incidents was noted following targeted quality improvement activity, demonstrating the effectiveness of the Trust's approach to learning and system-wide improvement.

MK praised the significant and sustained improvement in relation to prone restraint.

MK raised a concern over incidents involving race and that it would be helpful to understand what the Trust is doing to address this.

Christine Brereton (CB) advised that race related incidents are a key priority with a specific campaign aimed at supporting staff who have been involved in incidents at work. CB advised this campaign, yet to be named, would feed through to Board via the People and Remuneration Committee.

JB requested that an update in relation to action being taken to address race related incidents is shared at a future strategy board meeting.

Action – Christine Brereton

MF queried what the impact would be of lower compliance in relation supervision. CJ responded that supervision is important to ensure the quality and standard of care provided is as expected, as well as providing support to staff.

MBr highlighted the significant improvement in access to paediatric audiology. This is a very small team that has been experiencing challenges for the last 18 months. Improvement work has been carried out which has significantly enhanced the performance of the service, in turn supporting improved access and experience for service users.

Care Groups

Adele Fox (AF) provided an update on Care Groups:

- There has been sustained improvement in a number of key service areas, with targeted quality improvement work producing positive results.
- Continued progress was reported in relation to access to Child and Adolescent Mental Health Services (CAMHS), with consistent improvement against the 18-week standard over recent months, reflecting strong clinical and operational leadership.
- Work to reduce length of stay across services remains a priority, with a target reduction of 10% being progressed. More detailed analysis by service line has been introduced to better understand variation and to ensure that improvement efforts are appropriately targeted.
- Discharge delays continue to present operational challenges, with a number of service users clinically ready for discharge but awaiting appropriate placements. These delays are most significant within learning disability and specialist care pathways, where suitable community provision is limited. The Trust is working closely with partners to address these barriers and support timely discharge.
- There is sustained pressure on inpatient capacity, with high levels of occupancy across services. Robust processes are in place to review admission decisions and explore alternatives where appropriate, ensuring that patients are supported as close to home as possible.
- Performance against LD waiting time standards remains strong. The continued delivery of awareness and engagement activity, including Learning Disability Awareness Week, was acknowledged, recognising the contribution of staff and the positive impact of this work.

MBr emphasised the challenge associated with delayed discharges, particularly within learning disability services, and highlighted the importance of continued partnership working with local authorities and system partners to secure appropriate community placements. It was recognised that length of stay metrics can be affected by factors beyond the Trust's direct control, including the availability of suitable accommodation and support in the community. The need to balance performance management with clinical appropriateness was discussed,

ensuring that service users are not discharged prematurely and that care decisions remain centred on individual need.

Finance

AS provided an update on finance:

- The Trust is currently delivering its financial plan, with the year-to-date position reported as in line with expectations. This reflects achievement against the planned financial control total, within a deficit position, and delivery of value for money schemes is expected to increase as the year progresses.
- Significant work remains to ensure the delivery of a breakeven position by year end. The current position is stable however the most challenging phase of delivery is yet to come, requiring continued focus and discipline across the organisation.
- Staffing levels have recently exceeded planned establishment, with forecasts indicating further growth if not actively managed. Targeted action is underway to maintain appropriate workforce levels aligned to service need, budget and financial plans.
- Agency usage remains very low, reflecting strong performance in reducing reliance on external staffing. However, bank staffing expenditure continues to be higher than planned, particularly in relation to the unregistered workforce, and this remains a key area of focus.
- Delivery of capital expenditure remains challenging in some areas. While progress has been made in relation to the solar programme, delays continue in relation to other capital schemes due to wider industry and safety considerations. It was emphasised that ensuring safe and compliant delivery remains a priority, despite the impact on timelines.

DL acknowledged the positive delivery against plan to date, while recognising the significant work required to sustain performance and manage financial risks over the remainder of the year. The update was noted, with continued focus on workforce costs, cost improvement delivery and capital programme management.

People

CB provided an update on the People Directorate metrics:

- Workforce performance remains strong, with all key People metrics currently performing within target.
- Despite the overall positive position, there are emerging pressures within specific service areas. In particular, continued operational demand within inpatient and forensic services is impacting workforce deployment and capacity.
- Sickness absence has reduced and is now within target levels. However, it was noted that there is a recognised seasonal element to this improvement and continued focus is required to maintain performance through periods of traditionally higher absence.
- Appraisal performance has improved despite the transition to a revised appraisal cycle. To date staff have engaged positively with the new appraisal process, resulting in strong levels of completion.
- Compliance with statutory and mandatory training remains consistently strong across the Trust and performance continues to be monitored at Care Group level, with any areas of variation subject to targeted oversight and support.
- A new workforce metric relating to vacancy rates has been introduced, designed to support improved oversight of recruitment and workforce planning. This metric will enable the organisation to track progress against recruitment plans and ensure alignment between workforce capacity and service demand.

MBr noted the importance of accurate data capture and monitoring across workforce metrics, alongside the need to maintain a proactive approach to workforce planning and staff engagement.

It was RESOLVED to RECEIVE the Integrated Performance Report.

TB/26/58b Care Group Performance Report (agenda item 10.2)

AF provided an overview of the Care Group Performance Report related to Learning Disability (LD), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) services:

- Overall performance across these services remains strong, with continued delivery against key workforce, finance and operational metrics. LD services continue to meet national performance standards, while ASD and ADHD services demonstrate consistent performance despite increasing demand.
- Demand for ASD and ADHD services continues to increase across all pathways and localities. Although levels vary by place due to differing commissioning arrangements. This remains a sustained national pressure.
- Implementation of an innovative digital triage tool in ADHD services within some localities has enabled earlier assessment and improved throughput. Early indications show that this approach is supporting more timely access to services, despite rising referral rates.
- Activity levels remain high across all care groups, with services consistently exceeding commissioned activity levels. Incidents within these services have reduced overall, with specific increases linked to individual service users rather than wider systemic concerns.
- LD services were reported as performing strongly against waiting time standards and continue to deliver high-quality care, although workforce challenges within specialist roles remain an ongoing challenge.

AS highlighted significant variation in referral growth across localities, influenced by alternative providers and commissioning models. Trust-level data does not reflect total system demand, and a wider system view is needed. ASD and ADHD pathways remain under significant national pressure, with extended waiting times and referrals exceeding commissioned capacity.

JB queried the implications for service users awaiting assessment were discussed, focusing on the importance of effective “waiting well” approaches. AF confirmed that prioritisation processes are in place to identify those with highest need, alongside ongoing contact and support for individuals while they remain on waiting lists.

It was RESOLVED to RECEIVE the Care Group Performance Report.

TB/26/59 Risk and Assurance (agenda item 11)

TB/26/59a Patient safety oversight annual report (agenda item 11.1)

CJ presented the Patient Safety Oversight Annual report and provided assurance on patient safety activity across the organisation in line with the Patient Safety Incident Response Framework. The update included:

- No “Never Events” were recorded during the year. There was a high proportion of incidents related to violence and aggression, reflecting known risks within the services provided. This was noted as indicative of a culture of openness in reporting and learning.
- The Patient Safety Incident Response Framework (PSIRF) has been embedded enabling a more proportionate, system-focused approach to learning from incidents.
- A significant proportion of incidents related to a small number of individuals, particularly within older adult services. Targeted interventions have been implemented in response to these patterns.
- Variation in infection prevention and control within physical health services was identified early, enabling prompt analysis and targeted improvement, which led to measurable improvement and more standardised practice.
- Apparent suicides continue to occur predominantly within community settings, consistent with national trends. A small number of inpatient deaths have also been identified, prompting further in-depth review, including a specific review of women’s services, to strengthen organisational learning and prevention strategies.

- Additional internal and external reviews have been commissioned to strengthen understanding of patient safety trends, including detailed clinical review of individual cases to identify opportunities for improvement.
- Progress included reduced restrictive practice, improved medication safety through digital systems, and trauma-informed care approaches, all contributing to improved patient safety and outcomes.
- Data capture on ethnicity and other characteristics has improved, though gaps remain. Health inequalities, including reduced life expectancy for people with severe mental illness and learning disabilities, reinforce the need for continued focus on physical health care and targeted interventions.
- Priorities for 2026/27 include translating learning into measurable improvements, strengthening systems for data and insight, and further embedding co-production with service users and families.

It was RESOLVED to RECEIVE the Patient safety oversight annual report.

TB/26/59b Learning from Healthcare Deaths Report (agenda item 11.2)

CJ presented the Learning from Healthcare Deaths report and provided assurance regarding the implementation of the Trust's processes for identifying, reviewing and learning from patient deaths. The update included:

- During the reporting period, a total of 277 deaths met the criteria for inclusion within the review process. Analysis of these deaths was noted to be within expected levels of variation, with established review processes applied consistently.
- All deaths undergo an initial review to determine the appropriate level of scrutiny, with escalation to a structured judgement review, investigation process or external review where required. This ensures that learning is identified and acted upon in a timely and proportionate way.
- Forty deaths involved individuals with a learning disability and/or autism. Regional learning continues to highlight inequalities affecting these groups, including higher mortality rates and associated health risks.
- There were 24 inpatient deaths during the year, including four apparent suicides, which remain subject to further investigation. Additional causes included one death due to choking and a number of deaths associated with physical health deterioration, largely in the context of end-of-life care. The choking incident has been subject to detailed review and that evidence demonstrated appropriate clinical response and application of learning from previous incidents, providing assurance that established safety improvements are being embedded in practice.
- Governance arrangements supporting mortality review remain robust, with strong oversight, structured learning processes and ongoing engagement with families and carers.

It was RESOLVED to RECEIVE the Learning from Healthcare Deaths Report.

TB/26/59c Patient experience annual report (agenda item 11.3)

CJ presented the Patient Experience Annual Report and provided an overview:

- A high volume of feedback was received during the reporting period, reflecting strong engagement with service users, patients and carers. Satisfaction levels remained high, with approximately 97% of feedback indicating a positive experience of services.
- Complaints increased from the previous year, in line with national trends, but complaint handling improved, with more resolved within six months and many within shorter timescales.
- Increasing complexity within complaints has been noted, with individuals submitting more detailed and multifaceted concerns. This was partly attributed to greater use of digital tools, enabling more structured and comprehensive submissions.

- Positive feedback consistently related to staff attitude, compassion and the sense of being treated with care and dignity. Areas identified for improvement included access to services, waiting times, and involvement in care and decision-making.
- Themes from patient feedback remain broadly consistent with previous years, although improvements have been noted in some areas, indicating progress in organisational culture.
- While engagement levels are strong, there remain areas of inequality in representation, particularly among some ethnic groups. Further work is therefore required to ensure that feedback more accurately reflects the diversity of the population served.
- Actions are underway to strengthen feedback triangulation, improve consistency in complaint investigations, enhance dashboard oversight, and embed the Experience of Care framework to support continuous improvement.

MBr confirmed that he signs off every single complaint response, and he recognised the comments made in the report. He emphasised that complainants feel they have had a poor experience and we need to use this feedback to improve

It was RESOLVED to RECEIVE the Patient experience annual report.

TB/26/59d Quality Account (agenda item 11.4)

CJ presented the final Quality Account for 2025/26 for Trust Board approval prior to publication. She explained the report provided a comprehensive and balanced overview of performance across quality, safety and patient experience, highlighting areas of strong performance and those requiring further improvement.

CJ outlined that the Quality Account was developed through extensive internal scrutiny and broad stakeholder engagement, including partner feedback, and reflected the Trust's achievements, key challenges and improvement journey during the year.

MK noted the significant level of scrutiny and review that the document had undergone prior to presentation and the balanced nature of the report.

MF confirmed the report had been considered in detail by the Quality and Safety Committee. It was acknowledged that the Quality Account effectively demonstrates the Trust's commitment to quality improvement, transparency and accountability.

The Board approved the document for publication on the Trust's external website.

It was RESOLVED to APPROVE the Quality Account.

TB/26/59e Data security and protection toolkit (agenda item 11.5)

AS presented the final 2025/26 Data Security and Protection Toolkit (DSPT) submission, noting that delegated authority for submission had previously been agreed by Board for the Chair and Chief Executive. The Toolkit had been completed, recommended for approval by the Audit Committee to the Chair and Chief executive and formally submitted and published. The submission had been subject to detailed scrutiny and reflected a positive position for the Trust and confirmed compliance with expected standards.

AS reiterated the importance of maintaining robust oversight of information governance and cyber security risks. While the DSPT submission provides assurance on current compliance, cyber risk remains a significant organisational risk requiring appropriate Board oversight. Audit Committee noted that further work is being considered to ensure regular and proportionate Board reporting on cyber security and information governance, aligned with national expectations and good practice.

MBr noted the strength of the Trust's information governance training. The Trust has maintained an internal compliance target of 95% for IG training, despite being provided with the opportunity to reduce it.

It was RESOLVED to RECEIVE the Data security and protection toolkit.

TB/26/59f PESTLE and SWOT (agenda item 11.6)

Dawn Lawson (DL) provided an update on the Trust's strategic overview, including the refreshed SWOT (Strengths, Weaknesses, Opportunities and Threats) and PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis.

DL reminded Trust Board colleagues that they had been engaged in the development of these updated documents at the May Trust Board strategy meeting. DL advised that, in light of the rapidly evolving NHS landscape, the Trust had taken the decision to delay the formal detailed review of its SWOT and PESTLE analysis until now, so the impact of ICB changes and emerging place provider partnerships could be understood. However, part of the annual planning process, all services completed a SWOT and PESTLE analysis. This approach enabled the analysis to be directly informed by Care Group and Directorate planning, ensuring that it reflects both operational realities and the wider external environment. Initial inputs were drawn from Care Group and Directorate plans, followed by internal executive review and validation. The draft was then tested through the Executive Management Team (EMT) and considered at the Strategy Board, ensuring robust scrutiny and alignment.

The refreshed SWOT and PESTLE provide a comprehensive view of the Trust's internal strengths and challenges, alongside key external factors including system changes, financial pressures, workforce dynamics and wider policy developments. Particular attention had been given to ensuring alignment between the SWOT and PESTLE, the Board Assurance Framework (BAF) and the Integrated Performance Report (IPR). This alignment provides assurance that the Trust has a clear and consistent understanding of its operating environment and that strategic priorities are appropriately informed by both risk and performance data.

DL highlighted the value of integrating the SWOT and PESTLE into the broader planning process, noting that this strengthens the coherence between strategy, risk and operational delivery. It was agreed that the alignment across multiple governance frameworks provides a strong level of assurance that the organisation understands both its internal capabilities and the external environment in which it operates.

It was RESOLVED to APPROVE the PESTLE and SWOT.

TB/26/59g St Andrews independent review (agenda item 11.7)

CJ presented the St Andrews Independent Review and provided an update on the Trust's response to the review and the implications for the Trust. CJ noted that the review findings had been used as an opportunity for organisational learning, with a structured reflection undertaken across key domains including patient safety, safeguarding, risk management, workforce, culture, governance and learning systems. The update included:

- The Trust has strong patient safety and safeguarding governance, supported by specialist input and regular reviews. Further work is underway to strengthen safeguarding within care planning and improve triangulation of data and learning.
- Risk assessment processes are well established, with ongoing work to improve consistency, strengthen observation practice and maintain high-quality assessments aligned to patient need.
- Workforce capacity and capability remain key areas of focus. The Trust continues to maintain strong staffing levels, with low reliance on agency staff. Recognised risks include

vacancy levels within some unregistered roles, which are being addressed through recruitment and workforce development initiatives.
- Organisational culture is positive, with open and supportive environments reported across services. However, variation in staff experience was acknowledged, and actions are in place to further strengthen psychological safety, staff support and learning following incidents.
- In respect of leadership and governance, clear reporting, escalation processes and oversight arrangements are in place. Continued emphasis is being placed on enhancing leadership visibility, strengthening assurance processes and ensuring consistent application of governance across all services.
- Learning and continuous improvement were emphasised, with a focus on ensuring learning is embedded and sustained through audit and incident learning.

AS highlighted the importance of applying learning within directly managed services and also in relation to commissioned care from external providers. Robust oversight arrangements are in place, including quality visits and ongoing monitoring, to ensure patient safety across all settings. The importance of ensuring that lessons from external reviews are translated into local practice improvements was acknowledged as this will support continuous strengthening of the Trust's governance and quality frameworks.

It was RESOLVED to RECEIVE the St Andrews independent review.

TB/26/60 Integrated Care Systems and Partnerships (agenda item 12)

TB/26/60a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

MBr reported that the South Yorkshire Integrated Care System is undergoing significant organisational change. Interim Chair arrangements are in place while recruitment to a substantive Chair and other key roles progresses.

Despite this transition, positive progress continues at place level. In Barnsley, the "Health on the High Street" model demonstrates innovative community-based delivery and improved access.

MBr reported that there is ongoing focus within the system on financial planning and delivery, including deployment of the Mental Health Investment Standard. Active engagement has supported the securing of some investment for Barnsley services this year.

DL provided an update on the developments within Barnsley place-based partnership arrangements and advised that wider system changes across South Yorkshire have impacted the pace of progress at place level. Positive progress has been made in establishing clear priorities and strengthening collaborative working.

Three key priorities for 2026/27 have now been agreed at Barnsley place level and further work is underway to define delivery arrangements and governance structures to support effective implementation.

DL confirmed that the Place Partnership Delivery Group has now concluded and consideration is being given to future governance arrangements, including how partnership structures will operate going forward to support delivery of shared priorities.

DL noted the continued strength of the Barnsley Community Health and Care Alliance, and advised that this model is being actively reviewed to ensure its effective alignment with new arrangements and to build on its success within future partnership structures. Discussions are ongoing regarding the relationship between new partnership arrangements and existing governance forums, including the Barnsley Health and Wellbeing Board. This work will ensure clarity of roles, avoid duplication and support effective system working.

It was RESOLVED to RECEIVE the SYB ICS update.

TB/26/60b 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 developments within the West Yorkshire Health and Care Partnership and associated partnership structures:

- There continues to be a period of significant organisational change across West Yorkshire, including wider system reform and restructuring, which is impacting on leadership arrangements, organisational capacity and the pace transformation initiatives are being progressed.
- Recruitment to key posts within new structures is ongoing, with a number of appointments expected over the coming weeks.
- Collaborative structures are currently operating in a reduced or transitional form. Place Provider Partnerships continue to meet, however, decision-making authority remains with the ICB during this shadow period.
- Despite these changes, there remains a continued focus on key priority areas across West Yorkshire, includingmental health, learning disability and autism services, alongside broader system priorities and delivery of the regional financial position.

MBr acknowledged the importance of maintaining strong relationships and active engagement with partners during this period of change as collaborative working remains critical to delivering system-wide priorities and ensuring continuity of services.

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/26/60c Provider Collaboratives and Alliances (agenda item 12.3)

AS provided an update on developments relating to specialist Provider Collaboratives and associated alliance arrangements and noted that there remains uncertainty regarding the future footprint of provider collaboratives and specialised commissioning, with indications that larger regional models may be the direction of travel. The Trust already operates at scale across South and West Yorkshire as a lead provider for adult secure commissioning positioning it to influence future collaborative models and pathways.

Current work across the collaboratives is focused on understanding system capacity and demand, particularly in relation to secure services. While overall bed capacity may be sufficient at a regional level, there are misalignments between capacity and clinical need, with pressures concentrated in specific pathways, including male medium secure beds.

AS reported that demand in some areas, such as learning disability secure services, is reducing. This presents opportunities to consider reconfiguration of services and redistribution of capacity to better meet current and future demand.

Further work is underway to improve provider coordination, reduce duplication, and develop a more consistent approach to patient assessment and placement, supporting timely and appropriate pathways.

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

TB/26/61 Governance matters (agenda item 13)

TB/26/61a Compliance with NHS provider licence conditions and code of governance – self certifications (agenda item 13.1)

Izzy Worswick (IW) presented the Trust's compliance with NHS Provider Licence conditions, as part of the annual governance assurance process and advised that although NHS Foundation Trusts are no longer formally required to self-certify compliance with the provider licence, the Trust has continued to undertake this assessment in the interests of good governance and to support the development of Annual Governance Statement.

IW explained that, whilst the annual review is part of our usual processes, given the changes in our operating environment, the requirements of the Provider Capability Assessment and opportunities presented by the Advanced Foundation Trust model, it was even more important to proactively and clearly understand how we comply with our licence in line with our values and improvement approach.

The assessment covered the full range of provider licence domains, reviewing compliance across nine key areas. The report reflects a retrospective review of the period from April 2025 to March 2026.

IW advised that several sections of the assessment had been updated to reflect developments over the reporting period, including:

- IC2 'personalised care and patient choice' to include the Trust's work towards alignment with the national personalised care and support framework
- WS2 'the triple aim' to reflect the Trust's performance metrics being aligned to the five national themes of the NHS System Oversight Framework and to ensure the assessment reflects how we oversee our work on health inequalities (reflecting inclusion of reducing inequalities metrics in the integrated performance report (IPR).
- WS3 'Digital transformation' to ensure alignment with the Trusts digital strategy and digital maturity assessment.

IW confirmed that the assessment had been scrutinised through EMT and refined following feedback. IW confirmed that the organisation remains compliant with the conditions of the NHS provider licence.

It was RESOLVED to RECEIVE the Compliance with NHS provider licence conditions and code of governance – self certifications.

TB/26/61b Trust Seal (agenda item 13.2)

Andy Lister (AL) provided an update regarding the use of the Trust Seal since the previous report and advised that, in accordance with the Trust's Standing Orders and Scheme of Delegation, all applications of the Trust Seal are formally recorded and reported to the Board to provide assurance of appropriate governance and oversight.

Since the last report, the Seal had been affixed to documentation for a Trust property lease renewal. This was undertaken in line with delegated authority procedures, with the transaction appropriately authorised and recorded in the Trust's Register of Sealing.

It was RESOLVED to NOTE the update to the Trust Seal since the last report on 31 March 2026.

TB/26/62 Strategies and Policies (agenda item 14)

TB26/62a Digital Strategy bi-annual update (agenda item 14.1)

AS presented the Digital Strategy bi-annual update and reported that progress against the digital strategy remains strong, with a wide programme of activity underway aligned to the Trust's overall strategic priorities.

A key area of progress was the continued development of digital dictation and ambient voice technology. The Trust has built on its existing digital dictation platforms and is now adapting this system to incorporate ambient voice functionality. This development has the potential to enhance clinical documentation processes by integrating directly with patient record systems, subject to appropriate validation and assurance.

AS also reported progress in relation to the case load management tool, which has been developed internally and is now being implemented, and is intended to improve visibility of caseload variation across services, supporting more effective workforce planning and resource allocation.

In addition, AS advised that the Trust has applied to become an early adopter of a replacement for the Electronic Staff Record (ESR) system. While this presents opportunities for system improvement, it also introduces implementation risks that will require careful management, particularly given the system's importance to payroll and workforce processes.

AS highlighted that the use of digital tools, including emerging technologies such as AI (artificial intelligence) and Co-pilot functionality, has the potential to deliver tangible benefits. However, it was noted that measuring productivity gains remains complex and requires further development. AS raised regarding digital literacy and workforce capability, with recognition that staff confidence and skills vary across the organisation. Successful implementation of digital solutions will depend on ensuring that staff are supported to adopt new technologies effectively.

It was RESOLVED to RECEIVE the Digital Strategy bi-annual update.

TB/26/63 Trust Board work programme 2026/27 (agenda item 15)

CB advised that the Trust Board work programme should include updates relating to the delivery of the People Strategy and appropriate oversight of key developments, delivery progress and emerging priorities, particularly in the context of wider organisational and system challenges.

Action – Andy Lister

It was RESOLVED to NOTE the work programme.

TB/26/64 Any other business (agenda item 16)

No further business.

TB/26/65 Date of next meeting (agenda item 17)

The next meeting will be held on Tuesday 28 July 2026.

Signature: M.J. Bram.

Date: 28 July 2026