

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

Present:	Jayne Brown (JB) Natalie McMillan (NMc) Mike Ford (MF) Gary Ellis (GE) Margaret Kitching (MK) (MS Teams) Martin Neeson (MN) Mitch Waterman (MW)	Trust Chair (Chair) Deputy Chair, Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Appointed University of Leeds Associate Non-Executive Director Chief Executive Deputy Chief Executive and Director of Strategy, Inclusion and Change Director of Finance, Estates and Resources Chief Medical Officer Chief Nurse and Director of Quality and Professions
	Mark Brooks (MBr) Dawn Lawson (DL)	
	Adrian Snarr (AS) Prof. Subha Thiyagesh (ST) Caroline Johnson (CJ)	
Apologies:	Andy Lister (AL) Rokaiya Khan (RK)	Company Secretary Non-Executive Director
In attendance:	Izzy Worswick (IW) Christine Brereton (CB) Adele Fox (AF) Fareena Rasaq (FR) Gemma Lockwood (GL) Debbie Beynon-Fisher (DBF)	Deputy Director of Partnerships, Planning and Governance Chief People Officer Chief Operating Officer Learning Disability Services Manager (item 6 only) Corporate Governance Manager Corporate Governance Officer (author)
Observers	Mike Gill Christopher Denton (MS Teams)	NHS Alliance Public Governor – Barnsley

TB/26/66 Welcome, introductions and apologies (agenda item 1)

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

JB introduced Mike Gill from NHS Alliance who was in attendance to observe the Board meeting.

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.

Attendees were informed 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 they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

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

TB/26/67 Declarations of interest (agenda item 2)

No declarations of interest were noted.

It was RESOLVED to NOTE the declarations of interest.

TB/26/68 Questions from the public (agenda item 3)

No questions were received from members of the public.

TB/26/69 Minutes from previous Trust Board meeting held 30 June 2026 (agenda item 4)

The minutes of the meeting held on 30 June 2026 were accepted as an accurate record.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 30 June 2026 as a true and accurate record.

TB/26/70 Matters arising from previous Trust Board meeting held 30 June 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/26/71 Service User/Staff Member/Carer story (agenda item 6)

JB introduced Fareena Rasdaq (FR), Learning Disability Services Manager, to present an update on progress in embedding the Trust's Green Light Principles and improving support for people with learning disabilities and autism within mainstream mental health services.

FR explained that the Green Light Principles are designed to ensure people with learning disabilities receive the right care, in the right place, and that specialist learning disability services are accessed only when required. Following a review of arrangements, the Trust adopted a more integrated approach between learning disability and mental health services, recognising the complementary expertise within each service and the benefits of collaborative working.

A Trust-wide engagement and awareness programme had been undertaken, including presentations to extended EMT, engagement with mental health trio's, creation of a Green Light Champions Network and learning disability specialist links for clinical teams. Training covered reasonable adjustments, autism awareness, communication, sensory needs, the Mental Capacity Act, STOMP (stopping over medication of people with a learning disability), dynamic support registers, care and treatment reviews, and an easy-read library.

The Champions Network had initially attracted fifty-five champions. The service is now reviewing how the network could be refreshed and strengthened. Links between learning disability specialists and mental health teams have significantly improved, resulting in increased requests for specialist advice and earlier support to clinical teams caring for patients with learning disabilities and autism.

FR presented a case study showing the impact of the Green Light approach, where a service user with a learning disability in mental health crisis was supported in a mainstream inpatient setting through a Green Light Champion, with specialist learning disability input and reasonable adjustments, enabling their planned discharge home.

FR outlined proposals to establish locality-based forums bringing together learning disability and mental health services, social care and other partners to identify barriers, coordinate support and

improve pathways for individuals whose needs sit across multiple services. The intention is to retain and strengthen the Champions Network whilst improving its effectiveness and sustainability.

Adele Fox (AF) requested clarification regarding the current number of champions and what support was required to improve engagement.

FR advised that approximately forty champions remained active but attendance at network meetings has reduced significantly, with a disproportionate representation of corporate colleagues compared with clinical staff.

Nat McMillan (NMc) suggested that learning from the successful relaunch of staff networks elsewhere in the Trust could be used to inform the refresh of the Green Light Champions Network.

Caroline Johnson (CJ) agreed to meet FR to explore how the Executive Trio could support engagement with staff not currently involved in the network. CJ also noted that the Clinical Governance Group could help provide oversight and support more consistent embedding of learning within clinical practice.

Action – Caroline Johnson

Mark Brooks (MBr) acknowledged the importance of the Green Light programme in addressing health inequalities experienced by people with learning disabilities and autism, recognising ongoing challenges relating to poorer health outcomes, lower life expectancy and preventable deaths. He noted that the programme forms part of a broader Trust commitment to improving outcomes through partnership working, physical health initiatives, screening programmes and system leadership.

JB noted the significant value of the Champions Network and the need to consider how learning could become embedded within everyday practice rather than relying solely on champions. The importance of multidisciplinary working and shared ownership of care was also acknowledged.

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

TB/26/72 Chair's remarks (agenda item 7)

JB expressed appreciation for the ongoing support received since taking up the role as Chair and advised that the private Board meeting would include:

- Private Organisational Risk Register
- Complex clinical matters report
- West and South Yorkshire System updates
- Specialised Provider Collaboratives and partnership updates
- Well led update
- Financial forecast for 26/27

It was RESOLVED to NOTE the Chair's remarks.

TB/26/73 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- The significant impact of the prolonged period of hot weather experienced across the region was acknowledged which created additional pressures across Trust services, particularly within inpatient environments. MBr confirmed that the Trust is actively exploring practical measures to mitigate the impact of periods of extreme heat.
- The Nottingham Maternity and Neonatal Review (Ockenden Report) is being considered albeit the services concerned are not directly provided by the Trust. Relevant learning will be reviewed through the Quality and Safety Committee and incorporated into existing governance arrangements where applicable.

- The latest LeDeR report (Learning from Lives and Deaths – People with a Learning Disability and Autistic People) has been published which has identified encouraging improvements, including increased life expectancy and a reduction in preventable deaths amongst people with learning disabilities. However, significant inequalities remain and there remains a need to ensure sustained focus on improving health outcomes of people with a learning disability.
- The National Quality Board has published a Quality Strategy for NHS-funded care in England, with oversight to be provided by the Quality and Safety Committee.
- National guidance concerning unauthorised access to patient records has been received and is being reviewed against existing Trust information governance arrangements.
- The NHS financial environment is increasingly challenging and sector-wide risks were acknowledged.
- The reorganisation of Integrated Care Boards (ICBs) continues and new structures and appointments are being established. System partner engagement remains positive.
- Demand across mental health inpatient services remains exceptionally high, creating sustained pressure on inpatient capacity and service delivery. There have been significant efforts by clinical and operational teams to manage demand.
- MBr reiterated the importance of improving the Trust's financial run rate in order to achieve future financial sustainability and maintain delivery of the planned financial position.
- MBr thanked Nick Phillips, Deputy Director of Facilities, who had recently left the organisation following many years of service. MBr noted his significant contribution to improving Trust facilities, estates and therapeutic environments for patients and staff.
- MBr also formally thanked Mike Ford (MF) ahead of his departure from the role of Non-Executive Director and Audit Committee Chair, recognising the expertise, constructive challenge and support he had provided throughout his tenure.

Margaret Kitching (MK) welcomed the renewed focus on personalised care approaches and stated that implementation of the Mental Health Personalised Care Framework will be monitored, reviewed and evaluated through the Quality and Safety Committee.

MK also sought assurance regarding future commissioning arrangements for Talking Therapies services, noting national expectations alongside reported challenges in funding growth in line with population demand.

MBr advised that South Yorkshire ICB had recently been subject to scrutiny by NHS England (NHSE) in relation to Talking Therapies performance and investment. Whilst Trust performance against recovery standards remained strong, delivery of national access targets continued to be affected by resource and investment limitations. The importance of ongoing dialogue with commissioners regarding future service provision was acknowledged.

NMc noted the national media coverage concerning inappropriate access to patient records and the need to maintain public confidence in the confidentiality and security of health records whilst ensuring staff understood their responsibilities and asked what actions the Trust had taken in relation to this.

MBr confirmed that targeted communications and reminders are being shared with staff, and additional controls are being reviewed to reduce the risk of inappropriate access to sensitive records.

Adrian Snarr (AS) added that work was underway to strengthen arrangements for managing access to high-profile patient records and to provide assurance through future Audit Committee reporting.

JB noted recent correspondence from NHS England regarding system financial performance and emphasised the importance of maintaining focused Board oversight of the Trust's financial trajectory highlighting, the increasing significance of the Trust's financial sustainability.

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

TB/26/74 Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9)

Quality and Safety Committee 7 July 2026

Margaret Kitching (MK) provided an update following the Quality and Safety Committee on 7 July 2026:

- Assurance was received regarding business continuity arrangements at The Poplars. The Committee had noted the isolated nature of the service and the associated operational risks that would be present during the transition to future operational arrangements.
- Pressures within mental health inpatient services remain high with recent periods at OPEL 4 (Operational Pressure Escalation Levels). The Committee reviewed the mitigations in place, including the use of contingency arrangements including the occasional use of non-designated beds, and had been assured that robust actions were being taken to manage demand. Given the sustained operational pressures being experienced across services, the Committee agreed this remained an area requiring close oversight.
- An external review of community apparent suicides has been commissioned and was expected to conclude shortly. The findings, outcomes and any resulting actions will be reported through the Trust's governance framework.
- Progress on the development of the Equality, Diversity and Inclusion (EDI) dashboard was noted and the Committee requested further analytical information to support more meaningful scrutiny and strengthened assurance regarding performance trends and outcomes.
- There is continued focus on pressure ulcer prevention and management with extensive work being undertaken both locally and regionally to support improvement.
- The Committee received a presentation from the Health Inclusion and Tuberculosis (TB) Services team regarding work to reduce DNA (Did Not Attend) rates within migrant immunisation services. Early evidence suggested improvements in patient experience and engagement however longer-term outcomes will need to be monitored.

NMc sought clarification on the Trust's reported position as having the second highest level of seclusion nationally and expressed concern given the long-standing work to reduce prone restraint and restrictive practice.

MK advised that the Committee had discussed the issue in detail and is considering whether the data provided like-for-like comparisons, looking at underlying contributory factors and any cultural, environmental or practice issues. The Committee has supported an external review to provide independent scrutiny.

CJ confirmed that the review was due to conclude imminently and would inform a comprehensive improvement programme. Work was already underway to develop a more proactive restrictive practice function to support clinical teams, promote best practice, strengthen de-escalation and influence culture.

NMc sought assurance that action would not be delayed pending the external review.

CJ confirmed actions had been prioritised since her appointment, with work already underway to strengthen oversight and practice.

ST advised that regional and national peer discussions had informed understanding of comparative performance and best practice, with early analysis indicating multiple contributory factors requiring a structured response.

The minutes of the previous Quality and Safety Committee meeting of 9 June 2026 were noted.

Audit Committee 14 July 2026

MF provided an update following the Audit Committee on 14 July 2026:

- The Audit Committee requested a substantive report on executive and wider organisational management capacity. Although updates had been received through routine reporting, the Committee recognised this as a significant strategic risk and agreed that a detailed paper was required to provide assurance on leadership resilience, capacity and succession arrangements.
- An Internal Audit has been completed to review the Trust's risk management arrangements, which has received a "moderate assurance opinion". The findings are predominantly related to the consistent embedding of risk management processes at care group level. A revised Risk Management Procedure has been developed in response to the audit findings and addressed the recommendations raised through the review.
- The Committee considered a proposal to amend the Internal Audit Plan in response to recent national concerns relating to inappropriate access to patient records. The Committee expressed reservations, questioning the removal of an agreed audit for an issue not identified locally as high risk, and supported maintaining a risk-based approach to internal audit. AS confirmed that no changes to the Internal Audit Plan had been agreed.
- The Committee reviewed progress against the Trust's Systems Development Programme and agreed that future oversight of this work would be more appropriately aligned with the proposed Transformation Innovation and Sustainability Committee (TISC) rather than continuing solely through the Audit Committee.
- MBr noted that the Trust received positive assurance regarding medical devices servicing and maintenance arrangements and a measure would be added to the Integrated Performance Report.

The minutes of the Audit Committee meeting held on 12 June 2026 were noted.

People and Remuneration Committee 14 July 2026

NMc provided a verbal update on key points from the last People and Remuneration meeting held on 14 July 2026:

- The Committee received assurance that concerns raised previously regarding completion of the Collective Workforce Agreement has been resolved following work undertaken by the relevant teams.
- The Committee discussed bank staff expenditure, workforce efficiency and performance against planned trajectories, agreeing to continue monitoring. If the Trust remains off trajectory by September, a detailed review will be undertaken to identify causes and consider further actions or contingency measures to support workforce and financial objective. A positive presentation from the relaunched staff networks was received, and the Committee welcomed the progress, enthusiasm and engagement of network chairs, and noted the additional support available and the networks' contribution to equality, diversity, inclusion and staff voice.

MBr stated that bank expenditure should not be viewed in isolation and emphasised the importance of considering overall workforce expenditure and staffing. The reduction of bank usage was not solely a financial objective, but should be considered alongside quality, continuity of care and patient safety.

MK supported this position, noting the importance of balancing financial considerations with quality and operational pressures.

JB requested assurance that equality, diversity and inclusion considerations were becoming embedded within Committee discussions and work programmes and work plans had been reviewed to ensure ongoing oversight of relevant issues.

MBr suggested that a formal review should be undertaken after six months to assess how equality, diversity and inclusion considerations had been integrated across the Board committee structure.

Action: Izzy Worswick

Audit planning, estates reporting, accessibility and risk management processes would also provide opportunities for equality and inclusion considerations to be incorporated across other committee portfolios.

The minutes of the People and Remuneration Committee meeting held on 5 May 2026 were noted.

Finance, Investment and Performance Committee 20 July 2026

Gary Ellis (GE) provided an update following the Finance, Investment and Performance Committee meeting held on 20 July 2026.

- NHSE has advised that systems nationally are forecasting a significant overspend position and that considerable emphasis is being placed on recovery planning and financial discipline across organisations and systems. Discussions at national and regional level continue to focus on strengthening organisational accountability and financial autonomy.
- The Committee reviewed the Trust's current financial position and noted that, at the end of Quarter 1, the Trust remained broadly on plan. However, the current financial trajectory remains fragile and maintaining financial balance will become increasingly challenging.
- Workforce expenditure and pay-related pressures continue to represent the most significant area of financial volatility. The Committee reviewed the impact of staffing costs, including bank staffing expenditure, and considered the wider implications for delivery of the Trust's financial plan.
- Financial pressures arising from Provider Collaborative arrangements and the continued delivery of the Trust's Value for Money (VFM) programme were noted. Progress against the programme remains on track and the Committee recognised that a significant level of delivery risk remains attached to the achievement of planned savings and efficiency targets.
- Whilst the Trust remains close to plan at this early stage of the financial year, immediate and sustained action is required to reduce the Trust's financial run rate and secure delivery of a balanced financial position.
- The Trust's capital programmes were reviewed, including Older People's Service transformation with progress noted on contractual arrangements, affordability and establishing a guaranteed maximum price. Revised costs are expected to exceed the approved regional business case, requiring formal Board approval before contracts are finalised.

MBr highlighted the continuing challenge associated with NHS pay awards and the impact of national funding arrangements for mental health and community providers. The Trust was required to absorb significant additional pay costs that were not fully funded through national allocations, creating a substantial recurring financial pressure. These unfunded cost increases represented a significant proportion of the Trust's current deficit challenge and further reinforced the need for continued focus on financial sustainability and productivity improvements.

MBr confirmed that correspondence had been received from NHSE and NHS regional leadership regarding organisational financial performance and accountability. MBr stated that the Trust continued to be regarded as a relatively lower-risk organisation and proposed that a revised financial delivery plan be developed with a revised trajectory aimed at returning the Trust to a break-even position. Maintaining proactive oversight of financial performance would be essential given the increasing challenges facing the wider NHS sector. The Board supported the proposal.

Action – Adrian Snarr

The minutes of the Finance, Investment and Performance Committee meeting held on 22 June 2026 were noted.

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

TB/26/75

Risk and Assurance (agenda item 10)

TB/26/75a

Board Assurance Framework (agenda item 10.1)

Dawn Lawson (DL) advised that the Board Assurance Framework (BAF) had been reviewed as part of the Trust's planning process to ensure alignment with the Trust's strategic objectives, values and organisational priorities, whilst incorporating feedback and stakeholder perspectives.

IW summarised the key areas of focus:

- The BAF has been updated to incorporate the Trust's risk appetite statement, approved by the Board in March 2026 and provided a clearer assessment of whether individual strategic risks were operating within, or outside, the Board's agreed appetite for risk.
- The BAF has undergone a comprehensive quarterly review and individual discussions took place with Executive Directors to ensure all information remained current and accurately reflected the Trust's operating environment.
- The BAF was reviewed and discussed in detail at the Executive Management Team meeting on 9 July 2026.
- Consideration has been given to the reorganisation of ICBs, the development of Place Provider Partnerships, sustained operational pressures across services, increasing financial constraints and the implications of the updated NHS Oversight Framework for 2026/27.

MF welcomed the continued development of the framework and the inclusion of risk appetite information. He suggested future reports provide a clearer visual indication of how each strategic risk aligned with the Board's agreed risk appetite, to help identify areas outside tolerance. IW noted that further detail had been included in the appendices and agreed to explore further presentation refinements in future BAF reports.

Action – Izzy Worswick

JB acknowledged the considerable detail contained within the report and commended the comprehensive nature of the work undertaken.

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

TB/26/75b Corporate / Organisational Risk Register (agenda item 10.2)

IW presented the Organisational Risk Register (ORR) and advised that following the last presentation of the risk register at Trust Board in April 2026, a full review of risks, controls and actions had taken place with Executive Directors in May and June 2026. A detailed review of the ORR took place at the Executive Management Team (EMT) meeting on 9 July 2026. IW provided a summary of the review:

- EMT identified several emerging risks requiring further consideration, including the implementation of revised national nursing job profiles and the potential impact of future consultant industrial action, and agreed that emerging risks would be developed and brought through the Trust's risk management process once further detail and assessment had been completed.
- EMT also considered the Freedom to Speak Up risk and whether the likelihood score could be reduced in light of current mitigations and progress. EMT had recommended that the existing risk rating should remain unchanged at this stage.
- A number of technical changes had been made to the risk register following implementation of the Trust's revised risk appetite statement. Several risks had been realigned to new risk categories, resulting in consequential changes to risk appetite scores. These reflected changes in categorisation rather than changes in the underlying risks themselves.
- The Organisational Risk Register contained thirty two organisational risks, consistent with the previous quarter. The highest concentration of risks remained within the quality domain, reflecting the Trust's continuing focus on patient safety, quality of care and service delivery.

Risk 1839 – Lack of provision across the system prevents transferring people that are clinically ready for discharge.

GE questioned whether the likelihood rating for delays in transferring patients clinically ready for discharge reflected persistent Trust and system pressures and whether the risk likelihood should be 'almost certain' rather than 'likely'. AF noted that, while delayed discharges represented a small proportion overall, some areas, particularly learning disability inpatient services, experienced delays as highly likely due to limited community placements and wider system constraints. MBr added that, although statistical likelihood remains quite low across all services, the impact on affected individuals could be significant, particularly for vulnerable patients. It was agreed that EMT would review whether the risk description, measurement and likelihood assessment for risk 1839 adequately reflected system pressures and patient impact in the next review of the ORR.

Action: Adele Fox

Risk 1887 – Risk that teams and individual members of staff do not feel confident that the Trust has a culture where 'Speaking Up' is encouraged; individuals are supportively heard; staff do not suffer personal detriment following reports; or receive feedback on action(s) taken which demonstrate listening and learning.

NMc referred to recent discussions within both EMT and the Audit Committee regarding the Freedom to Speak Up risk and welcomed the recommendation not to reduce the risk score at the current time. The Board agreed that consideration should be given to incorporating learning from the culture review commissioned by the People and Remuneration Committee within the controls and assurance arrangements for this risk.

Action: Izzy Worswick

Risk 1888 - Risk that individuals do not feel safe from sexual harm whilst being cared for, working for, or visiting the Trust.

GE stated that the current risk combined two distinct issues—patient safety and staff safety—and questioned whether it required separate consideration and management arrangements. The Board agreed that whilst there were common themes across the risk, the controls, mitigations and risk profiles for staff and patients could differ significantly. Following discussion, it was agreed that Executive leads consider whether splitting the risk into separate components would provide better oversight and assurance and bring any recommendations back to Trust Board.

Action: Caroline Johnson/Christine Brereton

Following review, Trust Board approved the proposed changes to the Organisational Risk Register.

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 change in risk appetite and reduction in risk level target for risk 1080, APPROVE the transfer of committee for risk 1689 and 1157, APPROVE the change in risk appetite category for risks 1757, 852 and 1217, APPROVE the change in risk appetite category and reduction in risk appetite score range for risk 1839, APPROVE the change in risk appetite category and increase in risk target score range for risks 812 and 1432.

TB/26/75c Equality, Diversity and Inclusion Annual Report (agenda item 10.3)

Dawn Lawson (DL) presented the Equality, Diversity and Inclusion (EDI) Annual Report for 2025/26 and the Integrated EDI Single Operational Plan.

- The report represented the first annual report following approval of the Trust's new EDI Strategy and provided an overview of progress against the strategy's six objectives, together with plans for 2026/27 and compliance with the Public Sector Equality Duty.
- Further work is required, with delivery to be maintained through a single integrated EDI operational plan for the coming year.

NMc reflected on the progress made over the previous year and suggested developing a more visual and accessible summary of EDI achievements, drawing on examples from other organisations where annual reports had successfully combined key metrics. This could support wider communication and engagement across the organisation and demonstrate how EDI activity was making a tangible difference to staff and service users.

MK also noted the importance of ensuring that equality and health inequality considerations remained embedded within the Trust's governance framework and suggested consideration be given to developing a more integrated method of monitoring outcomes and demonstrating progress.

DL welcomed these suggestions and agreed that further consideration would be given to how equality and health inequality measures could be incorporated into the developing suite of organisational metrics.

Action: Dawn Lawson

AF noted the considerable amount of EDI activity taking place across the Trust. She highlighted examples of work undertaken with deaf communities, minority communities and other protected groups where interventions often had a significant positive impact on patient and staff experience.

MF sought clarification regarding the relationship between the strategic objectives set out within the report and the supporting delivery plans.

DL explained that the six objectives represented the key areas of delivery arising from the wider EDI strategy which had been developed to provide greater clarity and accountability for implementation.

MBr acknowledged the significant progress that had been made over recent years however, staff survey findings continued to demonstrate inequalities in experience for some groups, particularly colleagues from ethnic minority backgrounds, disabled staff and LGBT+ staff. Whilst progress should be recognised and celebrated, the Trust must maintain a sustained focus on addressing these ongoing disparities.

Christine Brereton (CB) added that the annual report was supported by a detailed EDI action plan, overseen through the People and Remuneration Committee, which provided a more detailed level of scrutiny regarding workforce experience and performance data.

JB welcomed the report's balance between celebrating achievements and identifying further improvement. She suggested future reporting include qualitative evidence and personal experiences, alongside performance data, to better demonstrate the impact of EDI initiatives on staff and service users.

Action: Dawn Lawson

It was RESOLVED to APPROVE the Equality, Diversity and Inclusion Annual Report.

TB/26/75d Infection Prevention and Control BAF (agenda item 10.4)

CJ presented the six-monthly Infection Prevention and Control Board Assurance Framework (IPC BAF) report and confirmed that the Trust remained compliant with nine of the ten national infection prevention and control assurance criteria.

- The only area of partial compliance related to FFP3 fit testing. CJ explained that full compliance was challenging for mental health and community providers, as many community staff do not routinely undertake aerosol-generating procedures or require FFP3 masks. The Trust has therefore taken a proportionate, risk-based approach, prioritising fit testing for inpatient and clinical areas where aerosol-generating procedures, resuscitation or other higher-risk interventions may occur.
- CJ confirmed that robust business continuity and preparedness arrangements were in place for future infectious disease outbreaks or pandemic situations, with assurance previously

reviewed through the Quality and Safety Committee. Staff groups routinely undertake aerosol-generating procedures, including specialist clinical services, and are fully compliant. The non-compliance rating therefore related only to staff groups for whom universal fit testing would have limited practical benefit.

It was RESOLVED to RECEIVE the Infection Prevention and Control BAF.

TB/26/75e Safer Staffing report (agenda item 10.5)

CJ presented the Safer Staffing Report and advised that the report provided assurance regarding staffing levels across Trust services as well as an update on the ongoing establishment review programme.

- The report represented an interim position and a further, more detailed report would be brought to the Board following completion of additional work arising from the recent Mental Health Optimal Staffing Tool (MHOST) reviews and wider workforce transformation activity.
- CJ confirmed that the Trust had completed the first full cycle of MHOST reviews across mental health inpatient services. The reviews identified no immediate patient safety concerns, with clinical fill rates consistently above 90%, providing assurance that current staffing models supported safe care. However, while establishments were assessed as safe, some did not fully reflect increasing patient acuity and complexity, resulting in continued use of temporary staffing to support enhanced observations and complex clinical presentations.
- The greatest staffing pressures continued to be experienced within forensic services, working age adult wards, Psychiatric Intensive Care Units (PICUs) and older people services. Investment has previously been made to strengthen substantive staffing establishment within working age adult and PICU services and further work is underway to understand future workforce requirements within forensic services.
- CJ added that a wider review was considering how multidisciplinary care models, including Allied Health Professional input, peripatetic staffing, enhanced ward-based therapeutic support and New Models of Care, could better support service delivery.
- Findings from the MHOST reviews and wider workforce and service redesign work will inform a comprehensive analysis and recommendations will be reported through the appropriate governance process later in the year.

It was RESOLVED to RECEIVE the Safer Staffing report.

TB/26/75f National Staff Standards (agenda item 10.6)

CB presented the new NHS Staff Standards, launched by NHSE on 6 July 2026, and advised that they had been introduced to establish a consistent national framework for measuring and improving staff experience across NHS organisations.

- The framework comprises six core standards, each supported by a series of assessment criteria against which organisations will be expected to evaluate their performance.
- CB reported that the Trust is well placed to respond, with staff experience already reflected in the People Strategy and annual priorities on safe, healthy workplaces and compassionate, inclusive leadership. Much of the required work is already underway, with the new framework providing a structured way to assess and evidence delivery.
- A key first-year requirement will be a self-assessment against the six standards, using evidence such as Staff Survey results, People Promise measures, workforce metrics and wider staff experience data.
- It was proposed that detailed oversight of the implementation programme should be undertaken through the People and Remuneration Committee (PRC), with regular reports provided to the Trust Board. A further update would be brought to the Board in December 2026 outlining progress against the self-assessment framework and implementation plan.
Action: Christine Brereton
- CB advised that a communications and engagement plan was currently being developed in partnership with Staff Side colleagues. Initial engagement would commence through the

extended Executive Management Team before being cascaded more widely across the organisation.

MF sought clarification regarding the relationship between the new Staff Standards and existing frameworks, including the NHS People Promise.

CB explained that the Staff Standards were not intended to replace existing workforce frameworks but instead acted as an overarching assurance framework that brought together evidence from a range of existing programmes and metrics. The standards would therefore provide a mechanism for assessing organisational performance rather than creating a separate set of requirements.

MF noted that there appeared to be no explicit reference to Freedom to Speak Up within the published framework and queried how this important aspect of workforce culture would be reflected.

CB advised that the ability of staff to speak up, raise concerns and feel psychologically safe was intrinsically linked to several of the six standards and would therefore form an important part of the supporting evidence used during the self-assessment process.

It was RESOLVED to RECEIVE the National Staff Standards and APPROVE the proposal for assurance and oversight through the People and Remuneration Committee.

TB/26/75g NHS Leadership and Management Framework (agenda item 10.7)

CB presented the NHS Leadership and Management Framework, launched by NHSE on 6 July 2026 alongside the NHS College of Leadership and Management.

- The framework sets national leadership and management standards to support consistent behaviours, accountability, development and self-assessment across NHS organisations.
- CB reported that initial implementation had begun, with information published on the Trust intranet and incorporated into leadership and management development programmes.
- The Trust is considering how to embed the framework within existing people management, appraisal and self-assessment processes, including potential alignment with the People Management Essentials programme.
- It is proposed that oversight of implementation should sit with the People and Remuneration Committee, with future reports being brought to the Board to demonstrate progress and assurance regarding adoption of the framework across the organization.
- CB confirmed that the framework is principally concerned with leadership and management behaviours, accountability and the effective management of people, rather than solely functional or technical expertise.
- The self-assessment process is designed to support leaders in reflecting on how they lead teams, create positive workplace cultures and deliver organisational values through their leadership practice.

It was RESOLVED to RECEIVE the NHS Leadership and Management Framework

TB/26/75i Premises Assurance Model annual report (agenda item 10.9)

AS presented the Premises Assurance Model (PAM) Annual Report and advised that the PAM submission is a mandatory annual exercise for NHS providers and provides a comprehensive assessment of estate performance, statutory compliance, safety and infrastructure management. AS provided a summary of the key points to note:

- The Trust achieved a strong overall position, with all principal domains assessed as either “Good” or “Outstanding”. The assessment comprised a large number of detailed criteria across multiple estate and facilities management domains and the Trust had performed consistently well across the vast majority of these measures.

- Almost all sub-domains within the assessment have achieved ratings of “Good” or “Outstanding”, demonstrating strong levels of compliance and assurance across estate management functions.
- A small number of domains achieved lower scores where further improvement work is required, although these remained close to the threshold for higher ratings.
- One of the principal areas affecting performance related to medical devices servicing and maintenance compliance. At the point where the PAM submission was completed, compliance levels had not yet reached the Trust’s desired standard, resulting in a reduction in scores.
- A limited number of reductions in compliance scores related to statutory inspections and authorised engineering arrangements and actions had already been implemented to address these issues and performance is continuing to improve.
- The report provided strong assurance regarding the safety, compliance and management of the Trust’s estate and that the submission reflected a positive position across the organisation.

MBr requested clarification regarding the external peer review process associated with the PAM submission.

AS advised that peer reviews are undertaken as part of the national assurance process and involve comparison against other NHS organisations, including mental health providers. Previous peer reviews had not identified any significant concerns regarding the Trust’s self-assessment or performance ratings and that external feedback had been consistently positive.

JB sought clarification regarding the significance of “yes/no” responses within the PAM process and how these contributed to overall scoring.

AS explained that some questions within the PAM framework are binary in nature and can result in a “fail” response even where the overall level of assurance remains high. These responses are subsequently incorporated into the wider assessment methodology to provide a balanced overall picture of performance.

It was RESOLVED to APPROVE submission of the Premises Assurance Model annual report to NHS England.

TB/26/75j Patient led assessments of the care environments (PLACE) scores (agenda item 10.10)

AS presented the 2025 Patient-Led Assessments of the Care Environment (PLACE) results and advised that PLACE assessments are a nationally mandated benchmarking tool used by NHS organisations to assess and compare patient environments across a range of domains.

- AS advised the Trust has historically achieved strong PLACE scores, including some of the highest national rankings.
- The 2025 results showed a slight overall deterioration, largely due to the inclusion of Cheswold Park Hospital. Therefore, the report separated Cheswold Park results from wider Trust scores in order to clarify performance and identify site-specific issues.
- A £6m Estates Safety Fund programme will support refurbishment of parts of the site and make a significant contribution to improving the environment for patients and staff.
- AS added that the Dales Unit scored slightly below the Trust average, reflecting its leased building and comprehensive facilities management arrangements, which limited direct Trust control over some environmental factors. Discussions are underway with partners to identify improvement opportunities.
- Food quality and catering continued to be key factors influencing patient feedback and work is ongoing to respond to comments regarding menu choice, portion sizes and nutritional support, including strengthening dietetic input where appropriate.

MBr stated that PLACE results were an important source of intelligence but should be considered alongside patient feedback, complaints, quality metrics and other service user experience data to provide a fuller understanding of patient needs and priorities.

DL noted that similar themes regarding food quality, catering and the role of food in supporting recovery had also emerged through wider equality and patient experience reporting. The consistency of this feedback reinforced the need for ongoing focus and improvement in this area.

It was RESOLVED to RECEIVE the Patient led assessments of the care environments (PLACE) scores.

TB/26/76 Performance (agenda item 11)

TB/26/76a Integrated Performance Report (IPR) month 3 2026/27 (agenda item 11.1)

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

- There has been continued progress in relation to reducing prone restraint.
- The number of Information Governance breaches reported during the month has reduced to six, representing the lowest monthly figure for a significant period. This reflects the impact of ongoing quality improvement work however it was too early to determine whether this represented a sustained trend.
- The report included the newly developed health inequalities reporting section which contained a prototype dashboard rather than live performance data.
- Sickness absence has increased marginally to 5.3% in month, taking performance outside the Trust's target range. Further analysis is underway to understand the contributing factors, including the balance between short-term and long-term sickness absence.
- Staff appraisal compliance is 93.5%, though performance may fluctuate as the new appraisal system and transitional arrangements take place.
- Paediatric audiology waiting times were reported at 96.9%, significantly above national requirements and showing sustained improvement
- The Trust is delivering its planned financial position, however the underlying position remains pressured.
- Workforce expenditure remains the most significant area of financial volatility with approximately £5 million of the Value for Money Programme classified as high risk.
- There are continued financial and operational pressures within the Specialist Provider Collaboratives. Referral rates across both West Yorkshire and South Yorkshire continued to place pressure on commissioned specialist placements and service capacity. Opportunities are being explored to support improved utilisation of available capacity whilst maintaining safe care standards and responding effectively to commissioning pressures.

AF reported continued positive progress in the CAMHS (Children and Adolescent Mental Health Services) service, with sustained improvement in access following targeted quality improvement work. However, significant pressures remained across mental health inpatient services demonstrating sustained pressure across acute mental health pathways.

AF added that despite increasing demand and capacity challenges, staff remained committed to maintaining care standards and performance.

CJ reported positive movement in risk assessment and care plan performance, noting that improvement pilots are in place and are showing results in the areas where they have been implemented.

MBr raised the following points following the review of the IPR:

- There were three deaths in the community reported, emphasising the need to understand and learn from these events to improve safety for the future.

- Supervision rates have been impacted due to a recent change in approach, which has affected completion levels.
- Out-of-area bed usage averaged around four per day, which is among the lowest nationally.. There was slight increase in out of area placements last month, attributed to high demand.
- The percentage of clinically ready for discharge patients is 4.3% and requires continuous focused attention due to its operational impact.

MK raised a question about whether occupancy is routinely calculated excluding patients on leave, and whether this is a local or national practice.

MK highlighted concerns about quality and safety impacts when patients on Section 17 leave return and no beds are available, leading to placement elsewhere.

MBr advised that both occupancy metrics (excluding and including leave) are measured locally and suggested that both should be included in dashboard reporting for clarity and assurance.

Action – Adele Fox

NMc asked about the recent admission of an under 18-year-old to an adult ward, referencing the governance and safeguarding processes in place and requested clarification on why this occurred, whether it is likely to become more common, and how the Trust ensures the young person's experience and outcomes are safeguarded beyond basic safety measures.

AF confirmed that such admissions are a last resort, only occurring when no suitable alternatives are available. The specific case involved a one-day admission to manage the young person safely until a transition could be arranged. The situation has improved compared to previous years, with fewer such admissions, largely due to improvements at Red Kite View in Leeds.

Subha Thiyagesh (ST) noted previous Board requests to strengthen how feedback from young people admitted to adult wards was captured and reviewed, recognising the challenges of obtaining meaningful feedback in such circumstances.

CJ advised that work had updated its reporting of supervision requirements across the Trust. Engagement with operational leaders was supporting a consistent approach to recording, and recent variation in reported compliance reflected improved recording practice rather than reduced supervision activity.

Martin Neeson (MN) raised a question regarding the capital investment planning for Poplars and whether the issues regarding design status and requirements alignment have been resolved.

AS confirmed that the contractor is now determining final pricing and it is expected that costs will be higher than the original business case, and that the final value will come back to the Board for approval. Construction activities are planned to start in November 2026, and the financial plan will align with the updated start date.

Following recent discussions in the Commissioning Committee, MN asked whether estate capacity at Cheswold Park Hospital could be adjusted in response to demand. MN emphasised the need for the Cheswold work to progress at a faster pace and questioned how the optimum staffing model and environmental restrictions would be integrated to maximise bed usage and address regional pressures.

AS stated that there are two strands of work underway: one on long-term medical staffing requirements to support current and expanded capacity at Cheswold Park, and another on determining the optimal bed base across the secure estate (including Cheswold, Newton Lodge and the Bretton Centre). The current focus is on aligning the use of learning disability (LD) secure beds with demand, potentially freeing capacity for other pathways, particularly given under-occupancy in LD wards and pressures elsewhere.

AS advised that he was working with AF to ensure provider and commissioner perspectives are integrated, with plans to share outcomes with regional partners.

AS agreed that while internal mobilisation is progressing, it needs to accelerate, and that as the largest provider, the Trust should drive pace while respecting commissioning boundaries.

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

TB/26/77b Care Group Performance Report (agenda item 11.2)

AF provided a summary of the Care Group Performance Report for the Barnsley Physical Health and Wellbeing Care Group:

- There has been a consistently strong level of performance across the Care Group despite increasing demand and ongoing operational pressures.
- There has been continued increase in demand across a number of community-based services, including Urgent Community Response (UCR) and Musculoskeletal (MSK) services. However, the Care Group continue to achieve its key performance targets and maintain timely access to services.
- Sickness absence levels increased slightly within the Care Group due to a combination of short-term absences and a number of longer-term absences relating to serious health conditions.
- Workforce turnover has reduced compared with previous periods. Recruitment and retention arrangements remain effective, enabling services to maintain staffing levels and service delivery.
- Supervision performance has been affected by the Trust-wide changes to recording and reporting arrangements. There are no concerns regarding the level of supervision being provided.
- There has been continued strong performance within Paediatric Audiology services and plans are in place to manage anticipated seasonal fluctuations and maintain performance during periods of increased leave and reduced attendance.
- Safer staffing arrangements remain robust, with no concerns regarding patient safety identified.
- There is continued focus on pressure ulcer reduction and prevention with close monitoring and transparent reporting arrangements in place to ensure clear oversight of pressure ulcers that developed whilst patients were receiving Trust care.

NMc highlighted Barnsley Care Group's consistently strong performance, noting its ability to manage challenges effectively, including rising demand and sickness rates and asked what could be learned from Barnsley's approach and whether its success could be replicated across other care groups. DL explained that Barnsley's success was partly due to having a single contract and Commissioner, with clear outcomes and annual performance conversations. It was also noted that Barnsley has a different service user group and benefits from constant director-level learning and sharing of best practices across care groups.

AS added that Barnsley was the first locality to complete a loss-making service review, demonstrating clear decision-making and action planning, which has been used as a model for other care groups.

Following a recent visit to services in Barnsley, JB noted that Barnsley's leadership quality, integrated working across organisations and clear vision were evident and suggested raising the profile of Barnsley's work as an example for the wider organisation. Teams are able to articulate clearly their service journey, improvement work and achievements, suggesting a strong culture of ownership, innovation and continuous improvement.

It was **RESOLVED** to **RECEIVE** and **NOTE** the care group report for the Barnsley care group.

TB/26/78 Integrated Care Systems and Partnerships (agenda item 12)

TB/26/78a South Yorkshire update including South Yorkshire Integrated Care System (SYICS) (agenda item 12.1)

MBr provided an update on South Yorkshire and advised:

- South Yorkshire ICB is progressing through a significant organisational restructuring programme in response to national requirements to reduce operating costs.
- The ICB has undertaken two voluntary redundancy processes. A number of senior and experienced personnel have already left the organisation, and recruitment to the new reduced organisational structure is continuing.
- The newly constituted ICB Board has now commenced operation and is noted to be significantly smaller than the previous Board structure. A number of key leadership positions remain subject to ongoing recruitment processes and are expected to be finalised over the coming months.
- The South Yorkshire ICB is broadly on track financially.
- The Trust continues to be involved in the development of Place Provider Partnerships and wider sector partnership working across South Yorkshire. Work is underway to establish revised governance arrangements and strengthen provider collaboration.

In relation to Barnsley, DL provided an update and advised:

- The Barnsley Provider Collaborative has been formally established and is operating under interim governance arrangements. DL advised MBr will assume the role of Chair for a 12-month period, supporting the partnership as it moves from establishment into delivery.
- Three initial priority workstreams have been agreed:
 - Hospital at Home
 - Neighbourhood Development
 - Discharge Improvement
- DL is leading the Neighbourhood Development workstream and is actively contributing to delivery across all three programme areas.
- Partnership development will initially focus on developing the work programmes, building relationships and delivering practical improvements before finalising more formal governance arrangements and partnership documentation.
- Leadership changes are also taking place within partner organisations and are expected to support continuity and maintain strong partnership relationships across the Barnsley system.
- Workstreams are now operational and progressing positively with a focus on delivering tangible improvements through collaborative working and strengthening integration across health and care services within Barnsley.

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

TB/26/78b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update (agenda item 12.2)

MBr provided an update on developments within the West Yorkshire Health and Care Partnership (WYHCP), associated place-based partnerships and the Mental Health, Learning Disability and Autism Collaborative:

- Recruitment to the revised West Yorkshire ICB leadership structure is progressing. The outcome of the recruitment process for the Chief Executive role has not yet been announced.
- Broader organisational restructuring is continuing and will result in changes to place leadership arrangements in Calderdale, Kirklees and Wakefield

- West Yorkshire recently hosted a visit from Professor Claire Fuller, National Lead for Primary Care and Neighbourhood Health Services, to review developments relating to neighbourhood working and integrated care.
- A number of priorities are currently being addressed through the West Yorkshire Mental Health, Learning Disability and Autism Collaborative, including the delivery of the Mental Health Investment Standard as well as work on eating disorder services.
- Place Provider Partnerships across Calderdale, Kirklees and Wakefield are currently operating in shadow form. Meetings have commenced and partnership arrangements are developing positively. Formal governance arrangements and committee structures are expected to become more established over the coming months as the revised ICB structures and place-based partnerships become fully operational.

It was RESOLVED to NOTE the update on the development of Integrated Care Systems and Collaborations and NOTE the minutes of relevant partnership boards/committees.

TB/26/78c Specialised Provider Collaboratives and Alliances (agenda item 12.3)

AS provided an update on the West Yorkshire and South Yorkshire and Bassetlaw Provider Collaboratives and Alliances:

- NHS England requested assurance that all patients placed within St Andrew's Healthcare, Northampton, be reviewed with a view to identifying opportunities for repatriation closer to home. Four patients across the West Yorkshire and specialised commissioning footprint have been subject to this review process. One patient has already been successfully discharged into an appropriate community placement and a further discharge is planned for September 2026. Subject to the planned discharge proceeding as expected, it is anticipated that there will be no patients remaining within St Andrew's Healthcare by the end of September 2026.
- In relation to the South Yorkshire Provider Collaborative annual quality review programme, routine quality visits to providers have commenced and, to date, no significant concerns have been identified across the provider network. This included Cheswold Park Hospital and represented a significant improvement compared to the early stages following acquisition of the service.
- Regarding the future of specialised commissioning arrangements, AS advised that, whilst NHSE have not yet published formal proposals relating to the next phase of specialised commissioning, early indications suggested that providers will be expected to demonstrate collaboration at a Yorkshire and Humber footprint level. In anticipation of these developments, the Trust has already commenced preparatory work with partners across the region. Four key priority areas have been identified to strengthen collaboration and support future specialised commissioning arrangements. These include:
 - Development of a more aligned single point of access approach across the Yorkshire and Humber footprint.
 - Further collaboration across learning disability pathways, including consideration of opportunities where the Trust's role as a major regional provider could support improved pathway design and service integration.
 - Improved alignment and sharing of specialist service data across organisations.
 - Exploration of opportunities to reduce out-of-area placements, whilst recognising the additional complexity associated with specialised and secure services, including Ministry of Justice restrictions and individual patient requirements.
 - Initial analytical work has already been undertaken to understand patterns of out-of-area placements. However, further clinical engagement and analysis will be required before any significant changes can be implemented.

JB sought clarification regarding the extent of provider engagement across the proposed Yorkshire and Humber collaboration arrangements.

AS confirmed that all relevant NHS mental health providers across the region have participated in initial collaborative discussions, including a regional workshop held earlier in the year, and collectively agreed a series of actions designed to improve collaborative working and prepare for anticipated future commissioning requirements. Whilst enhanced collaboration presents significant opportunities to improve service pathways, patient flow and commissioning arrangements, any future redesign will need to be undertaken carefully and collaboratively. Ongoing engagement with providers remains a key aspect of the work programme and any future proposals will be developed in partnership across the provider network.

It was RESOLVED to NOTE the update on the Specialised Provider Collaboratives and Alliances.

TB/26/79 Governance (agenda item 13)

TB/26/79a Assessment against NHS Constitution (agenda item 13.1)

Izzy Worswick (IW) advised that the annual self-assessment against the NHS Constitution has been completed and reviewed in detail by the Executive Management Team. The assessment considered how the Trust demonstrates compliance with the principles and commitments of the NHS Constitution and how these are reflected in the planning, delivery and development of services.

A number of updates have been made since the previous submission:

- Strengthening the narrative relating to the increasing use of data and intelligence to understand inequity and inform service improvement activity.
- The Trust's Equality, Diversity and Inclusion governance arrangements and the implementation of the Trust's People Strategy, including developments relating to workforce experience and inclusion.
- Significant work undertaken to improve paediatric audiology waiting times, ensuring compliance with national standards.
- Overall, the assessment provided assurance that the Trust remained compliant with the key requirements of the NHS Constitution and continued to embed its principles across both patient care and workforce practices.

MF queried whether the areas recorded as "not applicable" within the assessment reflected the Trust's own interpretation and whether any external assurance mechanisms existed to test the robustness of the assessment.

IW explained that the assessment was currently an internal self-assessment undertaken by the Trust to demonstrate compliance with the Constitution. It was not routinely subject to external audit or formal validation by NHSE. However, many of the areas covered within the assessment were subject to assurance through other governance and regulatory mechanisms across the organisation.

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

TB/26/79b Transformation, Innovation and Sustainability Committee Terms of Reference and Workplan (agenda item 13.2)

DL presented the Terms of Reference and initial work programme for the proposed Transformation, Innovation and Sustainability Committee (TISC), which would provide dedicated Board oversight of strategic transformation, innovation, sustainability, digital developments, emerging technologies and system-related opportunities not fully covered by existing committees.

The Committee will support consideration of the Trust's medium and longer-term strategic direction and strengthen alignment between organisational strategy, partnership developments and innovation activity. The proposed Terms of Reference and accompanying work programme have been developed to address identified governance gaps whilst avoiding duplication with the responsibilities of existing Board Committees.

MF welcomed the proposal and suggested that Tony Wright, Sustainability Change Manager, be formally identified within the Committee arrangements as an attendee or advisor when relevant agenda items were being considered. DL agreed that the documentation should be amended to reflect appropriate specialist input to the Committee.

Action – Dawn Lawson

MF also suggested that oversight of the Systems Development Programme, currently reported through the Audit Committee, would be more appropriately aligned with the remit of the new TISC Committee. DL agreed and confirmed that future reporting arrangements would be reviewed as part of implementation of the Committee structure.

Action: Dawn Lawson

MK questioned whether annual reporting on the Older People's Transformation Programme would provide sufficient oversight, given its links to organisational risks, or whether more frequent reviews were needed. DL noted the need to avoid duplication with other Committees where operational and performance matters are already scrutinised and agreed that reporting frequency will be reviewed as the Committee and work programme developed.

MF highlighted the importance of ensuring that annual reviews of Committee effectiveness were scheduled appropriately within the work programme to allow sufficient time for reporting through the Trust Board and Audit Committee governance cycle.

DL advised that digital transformation activity was anticipated to be reported twice yearly through the Committee and agreed that this should be clearly reflected within the proposed work programme.

Mitch Waterman (MW) noted that there appeared to be some overlap between elements of the proposed Committee remit and the work undertaken through the Trust's partnership arrangements with academic organisations and universities.

DL agreed that effective communication and coordination between the various governance forums would be required to ensure alignment and avoid duplication of effort.

JB noted that the proposed membership was relatively small and highlighted the importance of maintaining attendance levels to ensure the Committee could operate effectively and consistently meet quorum requirements.

It was RESOLVED to APPROVE the Transformation, Innovation and Sustainability Committee Terms of Reference and Workplan, subject to minor changes noted above.

TB/26/80 Strategies and Policies (agenda item 14)

TB/26/80a Trust Strategy Measurement (agenda item 14.1)

DL presented the first annual update on the Trust Strategy Measurement Framework, which assessed progress against the Trust Strategy and provided assurance on Board leadership of strategic objectives.

- This is the first full year of applying the framework, it has been developed collaboratively to support ongoing review of strategic delivery, achievements and areas for further development.
- The framework shows strong progress against the Trust's first two strategic objectives and alignment between organisational activity and strategic priorities. It highlights opportunities to define future ambitions, strengthen delivery plans and support ongoing learning, development and continuous improvement.
- The framework will continue to evolve and inform Board discussions throughout the year, rather than operate solely as an annual report.

DL added the review incorporated feedback from external system partners, providing an additional perspective on the Trust's performance and contribution within the wider health and care system.

It was RESOLVED to RECEIVE the Trust Strategy Measurement.

TB/26/81 Trust Board work programme for 2026/27 (agenda item 15)

The Trust Board work programme for 2026/27 was noted.

It was RESOLVED to RECEIVE the work programme.

TB/26/82 Any other business (agenda item 16)

No further business.

TB/26/83 Date of next meeting (agenda item 17)

The next Trust Board meeting in public will be held on Tuesday 29 September 2026 at Cheswold Park Hospital, Doncaster.

Signature:

M.J. Brown

Date: 29 September 2026