Minutes of the Members' Council meeting
19 August 2025, 10.10 – 12.45

Hybrid meeting
Microsoft Teams and Kendray Hospital, Barnsley

Present:	Marie Burnham (MBu)	Chair
	Daz Dooler (DD)	Public – Wakefield/ Deputy governor lead
	John Lycett (JLy)	Public – Barnsley
	Valentina McParland (VMc)	Public – Kirklees
	Bob Morse (BM)	Public – Kirklees
	Daniel Goff (DG)	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Nesar Rafiq (NR)	Public – Wakefield
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Elaine Lane (EL)	Staff – Allied Health Professionals
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Farida Ali (FA)	Public - Kirklees
	Leonie Gleadall (LG)	Staff – Non-clinical support
	Anne Magee (AM)	Staff – Staff side
In attendance:	Mark Brooks (MBr)	Chief Executive
	Christine Brereton (CB)	Interim Chief People Officer
	Gary Ellis (GE)	Non-executive director
	Mike Ford (MF)	Non-executive director
	Margaret Kitching (MK)	Non-executive director
	Martin Neeson (MN)	Non-executive director
	Adele Fox (AF)	Chief Operating Officer
	Dawn Lawson (DL)	Executive director of strategy, inclusion and change
	Professor Subha Thiyagesh (ST)	Chief Medical Officer
	Amy Hartley (AH)	Deputy Director of Nursing, Quality & Professions
	Izzy Worswick (IW)	Assistant director of corporate governance
	Andy Lister (AL)	Head of Corporate Governance / Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Manager (author)
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer
	Andrew Betteridge (AB)	Corporate Governance Administrator
Members' Council Apologies:	Cllr Geraldine Carter (GC)	Appointed – Calderdale Council
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Rosie King	Public – Wakefield
	Stephen Baines	Public – Calderdale
	John Laville	Public – Kirklees (Lead Governor)
	Jacob Agoro	Staff – Nursing
	Sara Javid	Public – Kirklees
	Fatima Shahzad	Public – Rest of Yorkshire and Humber
	Emma Hall	Appointed – Mid Yorkshire Hospitals NHS Trust
	Claire Den Burger-Green	Public – Kirklees
	Amaina Elzoubir	Public – Wakefield
	Sarah Leason-Hurley	Staff – Social Worker
	Cllr Adam Zaman	Appointed – Kirklees Council

	Nik Vlissides	Staff – Psychological Services
	Cllr Dorothy Coates	Appointed – Barnsley Council
	Amaina Elzoubir	Public – Wakefield
	Cllr Duncan Smith	Appointed – Wakefield Council
Apologies:	Nat McMillan	Non-Executive director
	Rokaiya Khan	Non-Executive director
	Adrian Snarr	Director of Finance, Resources and Estates
	Darryl Thompson	Chief Nurse and Director of Quality and Professions

MC/25/32 Welcome, introductions and apologies (agenda item 1)
Marie Burnham (MBu) formally welcomed everyone to the meeting. Apologies were noted as above. The meeting was deemed to be quorate and could proceed.

MBu reported that the meeting was being recorded to support minute taking, and that the recording would be deleted once the minutes had been approved (it was noted that attendees of the meeting should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place). Attendees who were joining virtually were requested to remain on mute, unless speaking.

Marie Burnham (MBu) thanked Daz Dooler (DD) for stepping in due to Lead Governor John Laville's (JLa) having given apologies.

MBu acknowledged recent resignations and thanked Susan Spencer (SS), Reini Schühle (RS) and Helen Dale (HD) for their service, wishing them well for the future.

MBu welcomed Martin Neeson (MN), Non-Executive Director, to his first Members' Council meeting and noted apologies from Rokaiya Khan (RK) Non-Executive Director. MBu thanked Erfana Mahmood Non-Executive Director for her substantial contribution over eight years, noting her departure from the Board.

MBu welcomed Amy Hartley (AH), Deputy Director of Nursing, Quality and Professions, attending on behalf of Darryl Thompson (DT).

It was RESOLVED to RECEIVE the welcome, introductions and apologies as described above.

MC/25/33 Declarations of interest (agenda item 2)
No new declarations of interest were made.

It was RESOLVED to RECEIVE the declarations of interest.

MC/25/34 Minutes of the previous Members' Council meeting held on 7 May 2025 and the extraordinary meeting held on 14 May 2025 (agenda item 3)
The minutes of the meeting held on 7 May 2025 were accepted as a true and accurate record.

It was RESOLVED to APPROVE the minutes of the Members' Council meeting on 7 May 2025 as a true and accurate record.

MC/25/35 Matters arising from the previous meeting held on 7 May 2025 (agenda item 4)
Actions from the 7 of May meeting were highlighted in blue and marked as complete. Governors agreed that the actions could be closed.

It was RESOLVED to RECEIVE the action log of the Members' Council.

MC/25/36 Chair's report and feedback from Trust Board (agenda item 5)

MBu explained that the purpose of this report is to provide a summary of activity for the Chair and Non-Executive Directors since the last meeting in May 2025.

It serves as an assurance tool for Governors to monitor the involvement and contributions of Non-Executive Directors and the Chair, highlighting the balance of activities such as consultant interviews, quality visits, and voluntary work.

MBu emphasised that the report allows Governors to assess whether the Chair and Non-Executive Directors are fulfilling their roles and commitments. MBu clarified the distinction between this report (focused on assurance and governance) and the Chief Executive report (focused on operational and strategic matters of the organisation).

Nesar Rafiq (NR) stated a discussion was needed about including statements in the report regarding the challenges faced by the Trust, such as resource limitations and long waiting times, especially affecting BAME communities, and the need for strategies to address these impacts. MBu and (NR) agreed to discuss these concerns further outside the meeting.

Action – Corporate Governance Team

Phil Shire (PS) raised the recently released NHS Ten Year plan, and the proposal to move all Trusts to a new Foundation Trust model over the next decade, potentially removing the statutory requirement for Governors and Members' Councils.

Mark Brooks (MBr) confirmed that any changes would require legislative amendments which would take approximately twelve to eighteen months to implement and therefore there will be no immediate impact on the current Members' Council or Governors.

MBr added that while the statutory role of Governors may change, there will still be a need for organisations to gather community insight and feedback, but through what exact mechanism is yet to be determined.

MBu emphasised the value of the current Members' Council and Governors for providing insight and holding the Board to account and indicated a preference to retain a similar structure regardless of statutory changes. The Board will consider in due course whether to relicense as a new Foundation Trust.

It was RESOLVED to RECEIVE the Chairs' report.

MC/25/37 Chief Executive's comments on the operating context (agenda item 6)

MBr asked for the paper to be taken as read and highlighted some recent operational challenges, including:

- The five days of doctors' industrial action has been effectively managed without major impact on the organisation.
- The Trust's inpatient wards have experienced very high occupancy over the past four months, sometimes exceeding 100% due to patients being on leave, impacting on staffing and finances.
- Preparations for winter, including vaccinations and planning, are underway despite the recent hot weather.
- MBr stated that finances should remain stable, with hopes to reduce agency costs by attracting more permanent staff.
- The Trust currently have the lowest staff turnover in Yorkshire, attributed to values-driven recruitment, community engagement, well-being offers, and staff development.

- MBr explained the block contract funding model for mental health and community services, noting that increased demand does not automatically result in additional funding unless there are specific initiatives.
- The Trust is reviewing efficiency and productivity in all services, using technology where possible, and prioritising patients based on need, especially in areas with long waiting times such as psychology and Children and Adolescent Mental Health Services (CAMHS).
- MBr agreed to share links to waiting list data with governors.

Action – Corporate Governance Team

- MBr noted ongoing focus areas: the NHS Ten Year plan, NHS restructuring, and Teaching Trust status, with separate reports to be discussed for each.

It was RESOLVED to RECEIVE the Chief Executive's comments on the operating context.

MC/25/38 Members' Council business items (including annual items) (agenda item 7)

MC/25/38a Teaching Trust Status Update (agenda item 7.1)

Izzy Worswick (IW) confirmed that the Trust's application for Teaching Trust status was approved by the University of Leeds, supporting a partnership to advance teaching, learning, research, and innovation.

Teaching Trust status aligns with the Trust's three strategic aims: We will live our values, We will be the best we can be, We will be ambitious.

An internal steering group and the Board recommended a name change to "South West Yorkshire Partnership Teaching NHS Foundation Trust," which is now brought to the Members' Council for approval.

The name change requires amendments to the Trust's Constitution and the establishment of a Partnership Board with the University of Leeds.

Member's Council discussed the length and statutory requirements of the new name, agreeing to retain the acronym "SWYPFT" for practical use.

MBr confirmed that a budget has been considered for any rebranding which is estimated at £30,000.

The value of the partnership with the University of Leeds was discussed, with consensus that the investment is justified. .

It was RESOLVED to RECEIVE the Teaching Trust status update and APPROVE the recommendation from Trust Board to change the Trust's name from South West Yorkshire Partnership NHS Foundation Trust to South West Yorkshire Partnership Teaching NHS Foundation Trust, and associated change to the constitution.

MC/25/38b Appointment of Associate Non-Executive Director from University of Leeds (agenda item 7.2)

IW explained that, in line with Teaching Trust status, the Trust agreed with the University of Leeds to appoint an associate Non-Executive director from the university. Professor Mitch Waterman, Head of the School of Psychology at the University of Leeds, was nominated due to his extensive research experience and knowledge of local communities.

The nomination was supported by the Trust's Nominations Committee and is now presented to the Members' Council for approval.

It was RESOLVED to RECEIVE the update and APPROVE the recommendation from the Nominations Committee to appoint Mitch Waterman as Appointed Non-Executive director with South West Yorkshire Partnership NHS Foundation Trust in

line with the attached job description, for an initial two-year term (date to be confirmed, following fit and proper person test completion).

MC/25/38c Discharge Audit update (agenda item 7.3)

Adele Fox (AF) presented the findings from a discharge audit reviewing forty cases from across the Trust footprint where service users with enduring mental health conditions were discharged from SWYPFT into general practitioner (GP) care, following concerns raised at a previous Members' Council meeting.

AF summarised the audit update and advised that the audit assessed compliance with the Trust's Discharge Policy, focusing on risk identification, clinical appropriateness, communication support, advocacy, involvement of service users and carers, accessible information, and medication understanding.

Key areas for improvement included: ensuring consistent involvement of service users and carers in discharge planning, better communication support, including for those with language or communication needs, and improved explanation of medication at discharge.

The audit revealed some cases where discharge may not have been clinically appropriate or where documentation was lacking; these findings have been incorporated into the Trust's mental health improvement programme, with a plan to repeat the audit in a year.

In the discussion that followed the following points were highlighted:

- It was noted that future care plans will record reasons for non-involvement, for example whether service users/carers not involved in discharge were contacted, and if not, the or reasons why not.
- There was a discussion about the reliability and speed of information transfer to GPs, including digital and paper processes, and the need for robust communication systems. Support for people with communication needs, including British Sign Language and other methods, and ongoing work to individualise support for deaf service users is in place
- The importance of accessible medication information at discharge, with pharmacy staff to review and improve current practice.
- Ian Grace (IG) to report back to the wider pharmacy team and medics on improving patient understanding of medications at discharge and provide an update at the next meeting.

Action – Ian Grace

- Confidentiality, consent, and safeguarding considerations in information sharing.

Margaret Kitching (MK) assured Members' Council that the discharge audit findings and related improvement work are being monitored through the Quality and Safety Committee. MK highlighted that the audit will be repeated in a year's time and emphasised the Committee's focus on improving communication, advocacy, and related areas identified in the audit.

Daz Dooler (DD) acknowledged the transparency of the discharge audit, noting that while some findings were concerning, the audit effectively identified areas for improvement and ongoing work is addressing these issues.

It was RESOLVED to RECEIVE the Discharge Audit update.

MC/25/38d Care Quality Commission (CQC) action plan (agenda item 7.4)

Amy Hartley (AH) provided a summary of the Care Quality Commission (CQC) action plan, advising that the presentation outlined progress on actions from the CQC, highlighting that most actions are progressing, with a specific focus on care plans and emergency equipment checks in mental health and forensic services.

The care plan actions are scheduled to be completed by the end of the year and have been delayed due to the rollout of new personalised care plans.

AH confirmed that forensic emergency equipment checks have seen significant improvement, and following further review and additional assurance checks, this action should be closed soon.

AH reported that all remaining open actions are being monitored through the Quality and Safety Committee, particularly those related to complaints, to ensure full completion and compliance.

It was RESOLVED to RECEIVE the Care Quality Commission Inspection Reports - Action plan update for Must and Should Do Actions.

MC/25/38e Appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 7.5)

AL confirmed that Councillor Geraldine Carter (GC) has filled the appointed Governor Vacancy for the Members' Council Coordination Group and there expressions of interest have been received for the Wakefield Public Governor vacancy.

It was RESOLVED to RECEIVE the Appointment to Members' Council groups

MC/25/38f Assurance from Members' Council Groups and Nominations Committee (agenda item 7.6)

Assurance from Members' Council Groups below, were taken as read.

- Members' Council Co-ordination Group
- Members' Council Quality Group
- Nominations Committee

It was RESOLVED to RECEIVE the assurance from Members' Council and Nominations Committee.

MC/25/38g Governor Feedback (agenda item 7.7)

DD provided a summary of the Governor feedback and advised that Governors have raised concerns about public awareness of SWYPFT, questioning whether communities know what the Trust does and its values, especially given the range of services beyond mental health.

MBr reported SWYPFT is a secondary provider, not frontline, which may contribute to lower public recognition. Stigma around mental health was also cited as a barrier to public engagement.

The Members' Council acknowledged ongoing efforts to improve visibility, including branding opportunities with the new Teaching Trust status, and emphasised the need for continuous promotion and community engagement.

Keith Stuart-Clarke (KSC) mentioned negative perceptions in some areas due to past service closures.

Daniel Goff (DG) asked about statistics on new members and their backgrounds; IW confirmed this data is available and can be shared.

Action – Corporate Governance Team

Dawn Lawson (DL) highlighted the challenge of branding for a community-based organisation and suggested the Ten Year plan should address how SWYPFT is identified locally.

The group agreed that more dedicated time is needed to address branding and public awareness, recognising it as a persistent issue. Additional points included concerns about the impact of service changes on staff.

It was noted that some members of the Executive Management Team are undertaking the Yorkshire Three Peaks challenge, in order to raise funds for the Trust charity EyUp!.

The Members' Council thanked the Executive Team for undertaking the challenge and encouraged Members to sponsor or support their effort for the charity. IW agreed to share the link to the sponsorship page with Member's Council.

It was RESOLVED to RECEIVE the Governor feedback.

MC/25/38h Integrated Performance Report (to be taken as read and submit questions in advance) (agenda item 7.8)

Gary Ellis (GE) presented the Integrated Performance Report (IPR), highlighting strong performance with most indicators in the green.

- Violence against staff remains a concern, with eight RIDDOR (reporting of injuries, diseases and dangerous occurrence regulations) incidents noted in the period.
- Delayed discharges and bed occupancy above 100% were identified as ongoing pressures, impacting both service quality and financial costs. AF is working in partnership to address these issues.
- Referral increases and their effect on admissions and placements were discussed, with a need to manage these trends closely.
- Staff metrics show positive results: turnover and sickness rates are within targets, and appraisals are on track. Workforce growth is being managed to meet financial pressures.
- Paediatric audiology wait times are a concern; extra staff have been added and a business case submitted for further investment. It was clarified that the Trust only provides paediatric audiology, not adult services.
- Financially, the Trust is currently £2 million in deficit year-to-date, with a break-even target for year-end. Efforts to reduce bank and agency spend continue, and corporate spend is on budget.
- The Trust maintains a strong cash position and is on track with capital spend, though some schemes will be completed later in the year. Payment practices for suppliers are robust.
- MBr explained that a 2% efficiency factor and underfunded pay increases have created significant financial challenges, requiring ongoing efficiency measures.
- Discussion emphasised that patient safety is never compromised, but some services may be delivered at a lower standard due to funding constraints.
- Staff well-being was highlighted as a priority, with support available through both NHS and voluntary sector resources.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/25/39 Focus on items (agenda item 8)

MC/25/39a Ten Year Plan (agenda item 8.1)

MBr outlined the Government's Ten Year Plan, emphasising its focus on shifting care from hospitals to community and neighbourhood health services, with multidisciplinary teams serving populations of 50,000. MBr highlighted the following from the plan:

- The plan prioritises technological innovation, including digital interventions, expanded use of NHS apps, and artificial intelligence, with implications for staff skillsets and service delivery.
- Prevention is a key theme, with public health initiatives targeting childhood obesity, air quality, vaping, and national exercise campaigns.

- NHS England will be abolished, replaced by regional NHS bodies and Integrated Care Boards (ICBs) responsible for strategic commissioning, population health management, and reducing health inequalities.
- High-performing providers may become new Foundation Trusts, taking on delegated responsibilities and budgets from commissioners, with pilots expected soon.
- The plan stresses transparency, strengthening patient voice, and accountability, with Healthwatch functions likely to be restructured but maintained.
- Workforce planning is under review, aiming for a sustainable approach that recognises generational differences and practical recruitment challenges.
- Continuous improvement, innovation, and financial sustainability are central, with a focus on maximising value and addressing rising demand, especially in areas like Attention Deficit Hyperactivity Disorder (ADHD) services.

MBr noted the limited attention given to mental health, disability, and autism in the plan, stressing the need to keep raising their profile.

MBu highlighted the need for SWYPFT to modernise and proactively shape its future within the national guidance, emphasising the importance of safety over productivity and exploring efficient, cost-effective care models.

The development of neighbourhood care was identified as a rapid next step, with a suggestion to include it in future strategy sessions for the Members' Council.

DD stressed that mental health crises are largely preventable and linked to societal issues, advocating for SWYPFT to focus on prevention and quality of life, not just life-saving interventions.

The group discussed the over-medicalisation of mental health and the need for early intervention, especially for young people, with support for projects like Future Self and the use of mental health support teams in schools.

DL and others agreed this is an opportunity for creative strategic planning, with a strong voice from neighbourhoods and communities, and called for honest conversations about appropriate referrals and neurodiversity support.

MBr and DL noted the importance of addressing health inequalities and deprivation, particularly in district nursing and community services, and leveraging the Public Governor role to drive change.

The group acknowledged the plan's limitations and political context, agreeing to focus on what is within SWYPFT's control.

It was RESOLVED to RECEIVE the Ten Year Plan.

MC/25/39a Finance Update for 2025/26 (agenda item 8.2)
GE reported that the Trust is currently on target for the year-to-date but faces a £2 million deficit, with a break-even position required by year-end. Achieving this will be more challenging in the second half of the year as further efficiency schemes are implemented.

There is ongoing focus on reducing bank and agency spend, with notable success in reducing corporate (back office) expenditure to protect frontline services.

The Trust's cash position remains strong, and capital spend is behind but expected to meet the annual target, with most expenditure occurring later in the year.

The Better Payment Practice Code is being met, ensuring timely payments to suppliers.

The Trust is finding efficiencies but still needs to identify further savings to meet the £28 million target for the year.

It was emphasised that patient safety will not be compromised for financial reasons; services may be delivered at different standards, depending on funding, but safety remains the priority.

MBr added that the Trust faces ongoing funding challenges, including a 2% efficiency factor and underfunded pay increases, making financial management particularly difficult.

The Trust is under increased national scrutiny to remain on or ahead of plan for the rest of the year.

It was RESOLVED to RECEIVE the Finance Update for 2025/26.

MC/25/40 Closing remarks and Annual Work Programme (agenda item 9)
MC/25/40a Work Programme 2025/26

It was RESOLVED to RECEIVE the Annual Work Programme.

MC/25/41 Any Other Business (agenda item 10)
No further business.

Close of public meeting