NHS
South West
Yorkshire Partnership
NHS Foundation Trust

12 August 2025

Chair's Office
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Wakefield
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Any queries in relation to this letter should be directed to Gemma Lockwood or Andrew Lister by email at gemma.lockwood@swyt.nhs.uk
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Dear Governor,

Members' Council meeting – 19 August 2025

The next Members' Council meeting will be held on Tuesday 19 August 2025. The meeting is hybrid, Microsoft Teams link and in-person at the Board Room, Conference Centre, Kendray Hospital, Barnsley, S70 3RD.

The governors pre – meeting will start at 09.30 until 10.00.
The formal meeting will start at 10.05 and finish at 12.35 (public meeting).
There will be a private meeting 12.35- 12.40

The agenda for the meeting and papers for the Members' Council meeting are enclosed.

The meeting will take some items as read and ask for questions to be submitted in advance. These items are:
Item 4 - Matters arising from the previous meeting held on 7 May 2025
Item 5 - Chair's report and feedback from Trust Board
Item 6 - Chief Executive's report
Item 9.4 - Appointment to Members' Council groups
Item 9.5 - Assurance from Members' Council groups and Nominations Committee
Item 9.8 - Integrated Performance Report (IPR)

Please note items 7.3, 8.1 and 8.2 are presentations that will be provided on the day of the meeting and circulated afterwards.

If you have any questions about any of the above items or issues of clarity in relation to the agenda and papers, it would be appreciated if they could be provided to Gemma

Lockwood, Corporate Governance Manager, on gemma.lockwood@swyt.nhs.uk by 12 noon on Monday 18 August 2025.

Please note, if you have requested to receive a hard copy of Members' Council papers, these are on their way to you. Governors are required to bring their copy into the meeting.

I hope you can join us on 19 August 2025.

Yours sincerely

Marie Burnham
Chair

South West Yorkshire Partnership NHS Foundation Trust

Members' Council meeting

19 August 2025 from 10.05 – 13.00

Microsoft Teams/Boardroom, Conference Centre, Kendray Hospital, Barnsley

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
	09.30	*Governors only pre-meet (30 minutes followed by 5-minute break)*	*John Laville, Lead Governor*			*30*
1.	10.05	Welcome, introductions and apologies	Marie Burnham, Chair	**Verbal**	To receive	2
2.	10.07	Declarations of interests	Marie Burnham, Chair	**Verbal**	To receive	3
3.	10.10	Minutes of the previous Members' Council meeting held on 7 May 2025 and the extraordinary meeting held 14 May 2025	Marie Burnham, Chair	**Paper**	To approve	2
4.	10.12	Matters arising from the previous meetings held on 7 May 2025 and action log	Marie Burnham, Chair	**Paper**	To receive	3
5.	10.15	Chair's report and feedback from Trust Board (to be taken as read)	Marie Burnham, Chair	**Paper**	To receive	5
6.	10.20	Chief Executive's comments on the operating context	Mark Brooks, Chief Executive	**Paper**	To receive	10
7.	10.30	**Members' Council Business items (including annual items)**				
7.1	10.30	Teaching Trust Status Update	Marie Burnham, Chair/ Izzy Worswick Assistant Director of Corporate Governance	**Paper**	To approve	5

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
7.2	10.35	Appointment of Associate Non-Executive Director from University of Leeds	Izzy Worswick Assistant Director of Corporate Governance		To approve	5
7.3	10.40	Discharge Audit update	Adele Fox	**Presentation**	To receive	5
7.4	10.45	Care Quality Commission (CQC) action plan	Darryl Thompson, Chief Nurse Director of Nursing, Quality and Professions	**Paper**	To receive	5
7.5	10.50	Appointment to Members' Council groups (to be taken as read and submit questions in advance)	Andy Lister, Head of Corporate governance	**Paper**	To receive	5
	10.55	*Break*				
	11.05	**Members' Council Business items continued (including annual items**				
7.6	11.05	Assurance from Members' Council groups and Nominations Committee: • Members' Council Co-ordination Group • Members' Council Quality Group • Nominations Committee	Marie Burnham, Chair	**Paper**	To receive/ approve	5
7.7	11.10	Governor feedback	John Laville, Lead governor	**Verbal**	To receive	10
7.8	11.20	Integrated Performance Report (to be taken as read and questions to be submitted in advance)	Gary Ellis, Non-executive Director	**Presentation**	To receive	10
8.	11.30	**Focus On items**				
8.1	11.30	10 Year Plan	Marie Burnham, Chair/ Mark Brooks, Chief Executive	**Presentation**	To receive	30
8.2	12.00	Finance update for 2025/26	Gary Ellis, Non-Executive Director / Adrian Snarr, Director of Finance,	**Presentation**	To receive	30

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
			Estates and Resources			
10	12.30	**Closing remarks and annual work programme** Work programme 2025/26	Marie Burnham, Chair	**Paper**	To receive	2
11	12.32	**Any other business**	Marie Burnham, Chair	**Verbal**	To note	3
	12.35	**Private Meeting (all executives and non-executives to leave)**				
12	12.35	Chair's appraisal	Izzy Worswick Assistant Director of Corporate Governance	**Paper**	To receive/ approve	5
	12.40	*Close*				

Minutes of the Members' Council meeting
7 May 2025, 10.10 – 12.45

Hybrid meeting
Microsoft Teams and Fieldhead Hospital, Ouchthorpe Lane, Wakefield

Present:	Marie Burnham (MBu)	Chair
	Claire Den Burger-Green (CDBG)	Public – Kirklees
	Daz Dooler (DD)	Public – Wakefield/ Deputy governor lead
	Amaina Elzoubir (AE)	Public – Wakefield
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	John Lycett (JLy)	Public – Barnsley
	Valentina McParland	Public – Kirklees
	Bob Morse (BM)	Public – Kirklees
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Nesar Rafiq (NR)	Public – Wakefield
	Sarah Leason – Hurley (SLH)	Staff – Social workers
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Elaine Lane (EL)	Staff – Allied Health Professionals
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
In attendance:	Anne Magee (AM)	Staff – Staff side
	Christine Brereton (CB)	Interim Chief People Officer
	Gary Ellis (GE)	Non-executive director
	Margaret Kitching (MK)	Non-executive director
	Adrian Snarr (AS)	Executive Director of Finance, Estates and Resources
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Professor Subha Thiyagesh (ST)	Chief Medical Officer
	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
Members' Council Apologies:	Cllr Geraldine Carter (GC)	Appointed – Calderdale Council
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Rosie King (RK)	Public – Wakefield
	Stephen Baines (SB)	Public – Calderdale
	Helen Dale (HD)	Staff – Nursing support
	Daniel Goff (DG)	Public – Barnsley
	Leonie Gleadall (LG)	Staff – Non-clinical support
	Jacob Agoro (JA)	Staff – Nursing
	Melanie Mott (MM)	Staff – Psychological Therapies
	Susan Spencer	Appointed - Barnsley Hospital NHS Foundation Trust
	Sara Javid (SR)	Public – Kirklees
	Mike Ford (MF)	Non-executive director
	Erfana Mahmood (EM)	Non-executive director

	Natalie McMillan (NMc)	Non-executive director / Deputy Chair
	Fatima Shahzad	Public – Rest of Yorkshire and Humber
	Emma Hall (EH)	Appointed – Mid Yorkshire Hospitals NHS Trust
Apologies:	Mark Brooks (MBr)	Chief Executive
	Adele Fox (AF)	Chief Operating Officer
	Dawn Lawson (DL)	Executive director of strategy, inclusion and change

MC/25/19 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) formally welcomed everyone to the meeting. Apologies were noted as above. The meeting was 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.

MBu shared that David Webster's term as a Non-Executive Director had ended. She advised two new Non-Executive Directors had been recruited and a detailed paper would be presented later in the meeting.

MBu also advised that Jon Head had resigned from his post as Chief People Officer, and Christine Brereton (CB) had taken on the role of Interim Chief People Officer and Christine was welcomed to the meeting.

MBu advised John Laville (JLa), Lead Governor, had been re-elected as Governor for Kirklees and would remain in post as Lead Governor. It was advised Keith Stuart-Clarke (KSC) had also been re-elected for Barnsley, Farida Ali elected as Public Governor for Kirklees and Amaina Elzoubir (AE) elected as Public Governor for Wakefield.

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

MC/25/20 Declarations of interest (agenda item 2)

Andy Lister (AL) explained the declarations of interest process and advised that each year, declarations of interest are received from Governors on the Members' Council. These are no longer available publicly but are available by request through Izzy Worswick (IW). AL advised that the Corporate Governance team will follow up on any outstanding declarations of interest with governors in line with the required timescales.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/25/21 Minutes of the previous Members' Council meeting held on 14 February 2025 (agenda item 3)

The minutes of the meeting held on 14 February 2025 were accepted as a true and accurate record.

It was RESOLVED to APPROVE the minutes of the Members' Council meeting on 14 February 2025 as a true and accurate record.

MC/25/22 Matters arising from the previous meeting held on 14 February 2025 (agenda item 4)

MC/25/15 To obtain more detailed financial information around the required £22m savings for the next Member's Council meeting. Adrian Snarr (AS) confirmed that a paper would be presented to the meeting to provide an update on the Trust's current financial position.

MC/25/14 - Adele Fox (AF) to review the discharge process for service users back into the community. It was advised that AF has overseen the discharge audit and would present a paper to the Quality and Safety Committee before bringing a further update back to Members' Council. JLa asked why the date for completion of this action was August and whether this could be brought forward. MBu confirmed that the paper has been completed within the timescale and would be presented to Quality and Safety Committee first, as part of the assurance process. AL added that the paper was scheduled to be presented to the Quality and Safety Committee on 13 May 2025 and could be circulated to Members' Council via email in May 2025. Once circulated, governors would have the opportunity to provide feedback via the Corporate Governance team. Darryl Thompson agreed to speak with AF regarding the audit process and discuss it further with the Quality and Safety Committee.

Action – Darryl Thompson

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

MC/25/23 Chair's report and feedback from Trust Board (agenda item 5)

MBu explained that the report provided a summary of the Chair and Non-Executive Director focus and activity since the last meeting in February.

MBu highlighted that the news that NHS England will be abolished, and of structural changes to the NHS which will affect a lot of colleagues.

MBu advised that the latest Shadow Board programme had concluded and been really successful with plans to continue the programme in the future.

MBu reported that the long service awards and Excellence awards had taken place. She explained this was a fantastic event which recognised the achievements of staff. Claire Den Burger-Green (CDBG) advised that it had been noted in the Governor pre-meeting that none of the Governors (with the exception of the Lead Governor) had been invited to the Excellence awards this year, when they had in previous years, and Governors had not been aware that the event was happening. MBu advised that she was unaware that the Governors had not been invited. It was agreed that IW would speak to the comms team to find out why.

Action – Izzy Worswick

JLa advised that previously, if Governors had been involved in the judging process, they would be invited but on this occasion no Governors had been invited. Elaine Lane (EL) advised that she had expressed an interest in attending the awards.

MBu explained that the awards were different this year due to the financial constraints including having the event sponsored, and the Board providing funding for drinks.

MBu highlighted the activity of the Non-Executive Directors and the breadth of work they undertake. MBu reminded the group that Governors have the opportunity to observe committees and meetings.

MBu passed on thanks to staff and service users who have attended Board meetings to share stories which is an important part of the agenda.

Nesar Rafiq (NR) queried if there could be a section in the Chair's report which takes responsibility for key issues for example waiting lists and explain what is being done to address these. MBu explained that, in her role as Chair, her job is to ensure oversight of the Trust Board and that Non-Executive Directors deliver their objectives. MBu added that the Chief Executive's report would cover items such

as waiting lists, which are a national problem, and the Integrated Performance Report would cover other operational matters.

NR added that it would be good to explain to the public that waiting lists are a national problem and not specific to the Trust, who are doing everything possible to improve.

Bob Morse (BM) reported on page 28, the report refers to four key issues which are highlighted but not actually highlighted. Izzy Worswick (IW) advised there was an issue with numbering within the report which would be rectified next time.

It was RESOLVED to RECEIVE the Chairs' report.

MC/25/24 Chief Executive's comments on the operating context (agenda item 6)

Adrian Snarr (AS) presented the report on behalf of Mark Brooks. He explained that NHS finances are a key topic at the moment nationally, locally and within the Trust. AS explained that there are significant financial constraints across the entire NHS and the Trust needs to demonstrate it is living within its means.

AS highlighted some points from the report including:

- The Government announced that NHS England will be abolished and absorbed into the Department of Health. The changes outlined to NHSE and DHSC are accompanied by a requirement to generate savings of 50% of the current costs.
- A process to clarify the roles of Integrated Care Boards (ICB) has been announced, with ICBs asked to make cost savings of 50%.
- Provider Trusts will be asked to reduce growth in corporate services by 50% which is causing some anxieties with staff. MBu clarified that cost growth over the last five years needs to be halved. AS confirmed that for the Trust this equates to approximately 30-35 whole time equivalents across support services.
- The Trust has a good track record and hit a break even position for the 2024/25 period, as well as meeting all other targets including capital.
- All NHS organisations have received the report around the Valdo Calocane homicides in Nottingham, and all Trusts have been asked to consider the report. With South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) being a mental health Trust, this is particularly relevant. The executive team had the opportunity to meet with the Chief Nurse of Nottinghamshire around lessons learned and what the Trust can learn from this.
- The staff survey results were very similar to last year which is positive. SWYPFT is a high performing Trust in terms of staff feedback, however it is recognised that there are some areas that need focus and that there is always room for improvement.
- There is a continued and increased focus on clinically ready for discharge with a number of patients delayed in the system due to not having appropriate housing or care packages in place to be able to be discharged. There is an increase in delays in some areas and service locations with ongoing work to better understand delays, whether the Trust are in control of this, or if there is work needed with partners.

Phil Shire (PS) asked what the impact will be on the Trust of losing 30-35 roles in corporate services. AS responded that the detail is being worked through at the moment with all executives having been engaged in a piece of work with a company called Meridian who have reviewed the corporate structure of thew organisation to identify areas of efficiency and focus.

PS queried why there has been such growth over the last five years that now needs to be reduced. AS explained that there was significant growth as a result of COVID which did not reduce as the impact of COVID reduced.

Anne Magee (AM) added that communications from the Trust have been good, and that everyone was being kept informed as to what is happening but that that there was anxiety amongst staff, especially with the message that work will be pushed down from the ICBs into Trusts, and what this will look like. AM stated that staff are anxious about numbers being cut but work being increased.

Margaret Kitching (MK) reiterated how important it is to protect front line staff with the growing complexities of service users the Trust is working with, but also to consider the corporate staff who keep admin work away from front line staff in order to be able to concentrate on clinical work.

John Laville (JLa) highlighted that good staff survey results must mean that staff trust the management of SWYPFT which is paramount, especially in difficult times.

AS reported that there is currently a Value for Money programme running within the Trust with eight key areas of focus.

AS explained that the government have set financial targets including reducing agency usage by 30%, bank usage by 10% and achieving a break even plan.

Daz Dooler (DD) asked if taking on Cheswold Park Hospital had affected meeting costing efficiency targets and AS responded that it hadn't. At the moment the Trust continues to receive support from NHSE for Cheswold Park Hospital.

Darryl Thompson (DT) gave a brief update on Cheswold Park Hospital reporting that staff are working hard to ensure that Cheswold Park is running safely with a high level of quality. NHSE do have oversight of services and the Care Quality Commission (CQC) visit regularly to speak with service users and staff as well as undertake Mental Health Act visits.

DT reported that service users are completing their care pathways and inpatient numbers are up to 71 Feedback from the CQC is that SWYPFT is an open and responsive organisation and they have no concerns about care or services. DT confirmed that NHSE have invited the Trust to submit a case to step down their oversight.

Gary Ellis (GE) reiterated that the Trust achieved efficiencies £20.6m last year with the challenge being that savings need to be recurrent.

PS advised that the Members Council Quality Group held their last meeting at Cheswold Park and agreed that there would be another visit in a year's time. The group were impressed with the work taking place, recognising a lot of work to support integration and improvement is required. PS reported that staff seemed excited to be part of SWYPFT and that he wanted to reflect how impressed the Quality Group had been with the services they at seen at Cheswold Park.

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

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

MC/25/25a Appointment of Non-Executive Directors (agenda item 7.1)

The appointment of Non-Executive Directors' paper was taken as read and outlined the recruitment process. Christine Brereton (CB) confirmed that following a successful recruitment process, the recommendation from the Nominations Committee was for Members' Council to approve the appointment of two Non-Executive Directors, Martin Neeson and Rokaiya Khan.

Members' Council approved both appointments and MBu confirmed that Martin Neeson will take up the post in June 2025 and Rokaiya will replace Erfana Mahmood, taking up the post at the end of Erfana's term in August 2025.

In relation to both appointments, AL advised that the fit and proper person process had begun.

It was RESOLVED to APPROVE the Appointment of Non-Executive Directors.

MC/25/25b Appointment of Deputy Lead Governor (agenda item 7.2)

MBu introduced the item and handed over to Andy Lister (AL) to present. Daz Dooler (DD) was asked to leave the meeting for the item.

AL explained that two nominations were received for the role of Deputy Lead Governor which were discussed in Nominations Committee with the Committee agreeing to recommend Daz Dooler for the role to be ratified at Members' Council. Members' Council approved the appointment of Daz Dooler.

It was RESOLVED to APPROVE the Appointment of Deputy Lead Governor.

MC/25/25c Audit Committee Terms of Reference (annual item) (agenda item 7.3)

AL advised that as part of Good Governance for Provider Trusts it was stipulated that Members' Council should receive the Terms of Reference for Audit Committee.

AL highlighted the Terms of Reference have been updated to reflect the following:

- Receipt of a bi-annual update on the Trusts compliance with the accessible information standard (AIS)
- Review of the Trust's approach to Freedom to Speak Up including receiving at least 2 reports every year, one of which should be the annual report, from the lead Freedom to Speak Up Guardian.
- Receipt of the Freedom to Speak Up Strategy and action plan and review in detail of relevant performance indicators.
- Monitoring of clinical audit via the Quality and Safety Committee
- In line with the Trust Treasury Management Strategy and Policy receives regular updates to on treasury management and interest receivable to provide assurance of appropriate management.

It was RESOLVED to RECEIVE the Audit Committee Terms of Reference.

MC/25/26 Focus on item: Quality Assurance System (agenda item 8)

DT introduced Lauren Melling and Liam Redican to the meeting to present the focus on item relating the Trustwide Quality Assurance System (QAS).

Lauren Melling (LM) introduced herself as the Team Manager for the Quality Governance Team who oversees the Quality Assurance System which is a framework that triangulates data, information and feedback to provide an oversight of quality and culture across Trust Services.

LM presented a series of slides outlining the system and the processes behind it. A dashboard is currently in production which will present data in real time to help identify any areas of concern and provide assurance that teams are performing well. LM explained that Quality Walkarounds are part of the system which are a proven intervention that focus on open and transparent communication and allow service users and staff to provide feedback and highlight any areas of concern.

LM went on to explain the principles of QAS and collaborative working to ensure teams feel supported and enable early identification of any areas of concern. LM explained the three QAS levels and how these are implemented.

LM took the group through the milestones to be celebrated in the development of the QAS and thanked Governors and Non-Executive Directors who have been involved so far in helping to this achieve these. LM highlighted the positive feedback that has been received which included 100% of respondents feeling the walkarounds were beneficial.

LM highlighted the next steps for the Quality Assurance System including launching the toolkit across the Trust which will be finalised and published in March 2026.

MBu congratulated the team for the implementation of an internal assurance system of quality and asked if there were any areas that might be hard to pick up on from the QAS. Liam Redican (LR) answered that one challenge would be how the system is used to identify any closed cultures, where soft intelligence and real time feedback will be used to gain additional insight.

MK explained that the key to the dashboard is the real time information, for example if Freedom To Speak Up issues are raised they can be addressed straight away with focussed assurance visits to those areas.

John Lycett (JLy) expressed thanks for the presentation and highlighted that the quality walkarounds he attended have been professional and well received with the system being a positive addition to the Trust.

Claire Den Burger Green (CDBG) reiterated that this system should negate any surprises when the CQC carry out their inspections. CDBG added that it would be helpful to have figures to go with the statistics as 100% of respondents could be just one person. The team agreed to add in figures going forwards and DT confirmed that these will be added in future reports.

DT highlighted that the culture aspect is key and will help make sure the system is embedded in the Trust and ensure staff feel comfortable to speak up and communicate with managers and colleagues.

Subha Thiyagesh (ST) advised that she attended one of the first evening walkarounds at Cheswold Park Hospital, which was a great experience and reiterated how important it is to be able to observe culture first hand. ST reiterated that the walkarounds are well organised and collect a great amount of useful data.

JLa gave thanks for the presentation which put the quality walkarounds into context. JLa confirmed that he had been on a couple of walkarounds and highlighted that in his visits there had been no contact with carers and that it was important to seek carer feedback. JLa added that specific people could be selected to speak to people carrying out the walkarounds. However, JLa stated that the walkarounds did feel “closer to the action” than quality monitoring visits.

MK advised that one of the changes with the new system was access to staff and patients and added that it was important to meet with “experts by experience”.

MK added that carers have been involved in visits. Whether carers are involved can be affected by the timings of the walkaround and availability of carers. LR added that evening walkarounds were introduced to have access to a wider range of people.

AM asked how often feedback is fed back to the relevant teams and LR advised that there is a written report after each walkaround which is fed back to the team during a meeting.

CDBG asked if there are different avenues for people to speak up with any concerns within the Trust. DT responded that the Freedom To Speak Up Guardian is a small part of the approach, with people able to speak up with managers, colleagues or anyone in the organisation. The Guardian role is an additional option. DT reiterated that there are also anonymous routes for people to speak up.

CDBG advised that the CQC offer remote conversations alongside physical visits and asked if this would be offered to staff, carers, service users etc as part of the Trust approach? MK confirmed that remote conversations are ongoing for staff and service users who do not attend sites.

MK reported that 34 quality walkarounds were carried out last year out of more than 230 services. MK added that every service area will have a routine walkaround, some without Executives or Governors but will have a peer review, to enable a service visit sooner and to collect data, which will mean every service will receive an annual visit. Any visit that highlights concerns or the need for a more intensive visit will then receive one.

It was RESOLVED to RECEIVE the Quality Assurance System.

MC/25/27 Members' Council Business Items continued (including annual items) (agenda item 9)

MC/25/27a Quality monitoring visits annual report 23-24 (annual item) (agenda item 9.1)

DT asked for the report to be taken as read and advised that the report is being presented to Members' Council later than expected from the workplan. Future reports will be the Annual Report of the Quality Assurance System.

It was RESOLVED to RECEIVE the Quality monitoring visits annual report 23-24 (annual item).

MC/25/27b Care Quality Commission (CQC) action plan (agenda item 9.2)

DT provided an update. He explained that most organisations have an open action plan in terms of the CQC, in response to inspections

DT highlighted a particular action from the CQC visit was the reduction in prone restraint and the Trust has reduced prone restraint by 43% over the past two years with an ambition to reduce to zero.

DT stated that the action plan was live document which is being continually updated and is regularly presented through Committee and Board.

It was RESOLVED to RECEIVE the Care Quality Commission (CQC) action plan.

MC/25/27c Quality Account Update (annual item) (agenda item 9.3)

DT explained that this was part of the required submissions and has been reviewed in Quality and Safety Committee and Members' Council Quality Group. The final draft will be presented to Committee again next week and devolved authority has been granted for the Chair and Chief Executive to sign off the report for publication by the end of June.

It was RESOLVED to RECEIVE the Quality Account Update.

MC/25/27d Appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 9.4)

AL explained that there is currently one vacancy in Members' Co-ordination Group for a Wakefield public Governor and comms would be sent out accordingly.

AL confirmed that Nominations Committee and Members' Council Quality Group have stipulations that the Deputy Lead Governor will attend which is now Daz Dooler following his election.

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

MC/25/27e Members' Council groups and Nominations Committee annual reports (annual item) (agenda item 9.5)

MBu asked for the paper to be taken as read and AL explained that updates from all meetings were included in the paper.

AL confirmed that each group had reviewed their Terms of Reference, Annual Report and workplan which has been submitted to Members' Council for approval as part of the governance process.

It was RESOLVED to RECEIVE and APPROVE the Members' Council groups and Nominations Committee annual reports, terms of reference and workplan.

MC/25/27f Members' Council elections – outcome (agenda item 9.6)

AL reported that the Members' Council Elections process occurred between 8 April 2025 and 30 April 2025. There were two positions in Kirklees, one in Wakefield, one in Calderdale, and one in Barnsley. Keith Stuart-Clarke (KSC) was re-elected in Barnsley. Amaina Elzoubir (AE) was elected as the new Governor for Wakefield. In Kirklees, there were four nominations for two seats; JLa was re-elected along with Farida Ali. One vacancy remains in Calderdale, so a mid-year elections will be considered later this year.

AL confirmed that Melanie Mott has resigned as Governor for Psychological Therapies and will step down effective from 27 May 2025. The Trust's constitution provides several options to address this vacancy, which will be reviewed with the Chair and Lead Governor.

It was RESOLVED to RECEIVE the Members' Council elections – outcome.

MC/25/27g Governor feedback (agenda item 9.7)

JLa explained that he had a conversation with a member of staff who mentioned that her service was under particular pressure with long waiting lists and had some vacancies for nurses which were taking a long time to fill due to process of advertising internally first and the extra scrutiny on recruitment. The staff member understood the processes but in the meantime reported pressures in the service where increasing.

DT explained that he sits on the Vacancy Review Panel and provided assurance that where there are roles in areas where there are high waiting lists and clinical pressure, and there is confidence that there are not the appropriate skills internally, these roles are supported for external recruitment.

JLa advised he had received a Healthwatch report for Calderdale and Kirklees and asked how the Trust use such reports. DT explained that Healthwatch reports form part of the insight reports which are collated by the Involvement Team and feed into the "you said, we did" approach within care groups.

JLa highlighted that he and CDBG were both members of the Kirklees Mental Health Carers Forum Group and discussed some of the feedback from the group in the pre-meet. He advised that he understood people don't tend to feed back when everything is going well but do when there are issues. He advised there are individuals who have come to the end of their clinical pathway in the Trust and discharged to primary care who may then feel unsupported.

AM confirmed that there is ongoing work into establishing the responsibilities of teams, the services they provide and how services cross over. There can be issues when a person has exhausted all services within the Trust.

CDBG gave an example of a service user who had been discharged from mental health services but could not get the appropriate medication from their GP who advised they needed the prescription from a psychiatrist.

Elaine Lane (EL) added that pathways and journeys could be better communicated to service users, with better terminology, in order to manage expectations in terms of what services and treatments are available and a timeline for their "journey".

Sarah Leason-Hurley (SLH) stated that no service user should feel unsupported. SLH confirmed that re-referrals from GPs were having a big impact on services for needs such as a prescription. This also causes delays for secondary care for people who really need it. SLH advised that services are looking into ways around this.

DD stated more understanding of what is available in the community is needed.

JLa raised that he felt that carers were not being involved sufficiently. JLa highlighted that communications could be improved by service users seeing the same person within a service every time. Chris explained that shift patterns for staff explained why services users sometimes saw different people and if this was the case it was communicated.

JLa fed back from a recent quality walkaround in North Kirklees Community Services, admin burden had been raised.

JLa reported that Warren Gillibrand (WG) asked if the current financial constraints will lead to a reduction in services and WG confirmed that his questions have been answered and he felt assured.

Valentina McParland (VM) asked if the Trust had single sex wards, if staff have single sex changing rooms, and if service users could request same sex care. MBu confirmed that single sex facilities and changing rooms are available.

It was RESOLVED to RECEIVE the Governor Feedback.

MC/25/27h Integrated Performance Report (to be taken as read and questions to be submitted in advance) (agenda item 9.8)

MK asked that the IPR be taken as read and highlighted the following:

- There are some areas of concern within improving care including risk assessments within 24 hours of admission, which is improving. There has been a negative impact on the implementation of a new care plan but patients who do not have a care plan are followed up individually.
- Clinically ready for discharge is an issue which is being picked up, with system discussions.
- In terms of Great Place to Work, there has been an increase in turnover, mainly due to a lot of fixed term contracts coming to an end.
- There has been a dip in mandatory training compliance with some targeted work to drive this up.
- The Trust is performing well on all quality indicators.
- Out of areas beds are up to five with an ambition to reduce to zero.
- In reference to safer staffer there is a large amount of work going into establishments reviews.
- Incident reporting remains within the expected range.
- In the national metrics, there has been significant improvements in paediatric audiology waits due to recruitment into the service.
- Sickness absence rates have improved which have improved the year to date average.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/25/27i Governor Capacity (agenda item 9.9)

John Laville (JLa) explained that the work of the governors has increased over the years and presented a slide show highlighting this. In May 2020 there was a total of 13 opportunities to attend meetings which has increased to 95 in 2025.

JLa added that as well as an increase in the number of opportunities, the involvement and influence of governors has increased with governors having more of a voice. However, there are now more opportunities than governors can cover, with more on the way. JLa reiterated that Governors are

volunteers with their own lives and community commitments which leaves the question around what is reasonable and fair.

JLa presented a slide outlining the core requirements of a governor, highly recommended activities, recommended activities and what some governors feel is reasonable. JLa advised that the table will be sent to Governors to populate and reiterated that this is not set in stone and will help ensure that activities are shared out fairly bearing in mind what capacity individual governors have. EL added that the governors are diverse and will bring different strengths to different things

It was RESOLVED to RECEIVE the Governor Capacity.

MC/25/28 Closing remarks and annual work programme (agenda item 10)

It was RESOLVED to RECEIVE the annual work programme.

MC/25/29 Any Other Business (agenda item 11)

None.

MC/25/30 Teaching Trust Status (agenda item 12)

Subha Thiyagesh (ST) explained that In February 2023 the Trust's ambition to be recognised as a Teaching Trust was shared with Members' Council, to reflect the significant teaching, training and research work that the Trust does. Members' Council supported the continued work to progress to Teaching Trust status.

ST outlined the advantages of being a Teaching Trust, including attracting a high calibre workforce and students as well as strengthening applications for research and development funding.

ST explained that the Trust engaged with the University of Leeds in a four stage process. ST confirmed that the Trust has received confirmation from the University of Leeds that they have approved the application to be a recognised Teaching Trust, the first Mental Health Trust in the region to receive this status. This was confidential until joint comms could be agreed with University of Leeds.

ST outlined the next steps in the process which includes considering a name change for the Trust to incorporate 'Teaching', whilst adhering to NHS England guidance. The proposed new name is South West Yorkshire Partnership Teaching NHS Foundation Trust which will be subject to engagement and agreement with NHSE.

The University will
nominate a member of staff to be an Associate Non-Executive Director for the Trust. This process will be overseen by Nominations Committee, with recommendation to Members' Council for approval.

ST invited feedback from the Members' Council.
MBu reiterated how much of an achievement it is to have obtained Teaching Trust status.

Bob Morse (BM) mentioned that achieving Teaching Trust status feels like the Trust is entering a new period of growth which will enhance the Trust and the workforce it attracts.

Anne Magee commented that once the news is sharable it will be well received by staff as good news.

It was RESOLVED to RECEIVE the Teaching Trust Status.

MC/25/31 Future meetings of the Members' Council (agenda item 13)

- Wednesday 13 August 2025 (hybrid – venue to be confirmed)

It was RESOLVED to APPROVE the date of the next Members' Council meetings.

Close of public meeting

South West Yorkshire Partnership NHS Foundation Trust

Members' Council 7 May 2025
Action log

= completed actions

Minutes ref	Action	Lead	Timescale	Progress
Actions from 7 May 2025				
MC/25/23	Izzy Worswick to look into why governors were unaware of the excellence awards and that invitations to attend had been limited.	Corporate Governance Team	August 2025	Marie emailed all governors to explain that this year, due to the financial climate and to keep costs to a minimum it was agreed that the Trust would limit the numbers attending the Excellence Awards to 200 places and that the Trust would only invite individuals nominated for an award and their guest, and the teams nominated for team awards. It was explained that in the past, the Trust invited judges of the awards to attend (including governors who were on the judging panels). This year judges were not invited to the event, again due the financial constraints. It was agreed this would be reviewed for future events.

Minutes ref	Action	Lead	Timescale	Progress
Actions from 14 February 2025				
MC/25/06	More information around the Trust's annual plan against the Trust Strategy to be added to the Trust website and shared with governors.	Dawn Lawson Director of Strategy, Inclusion and Change	August 2025	Priority programmes for 25/26 were agreed by Trust Board on 29 April 2025. These are publicly available on the Trust website.
MC/25/14	Adele Fox to review the discharge process for service users back into the community. AF to present a paper to the Quality and Safety Committee before bringing it back to Members' Council	Adele Fox, Chief Operating Officer	August 2025	Paper shared with QSC in May and will be presented to the Members' Council in August. Discharge audit shared with members council via email and follow up call took place with lead governor, chair and chair of QSC.
MC/25/15	To obtain more detailed financial information around the required £22m savings for the next Members' Council meeting.	Adrian Snarr, Director of Finance, Estates and Resources.	May 2025	Our plan is to deliver £28.3m of efficiencies in 2025/26. We will deliver this through a combination of reductions in temporary staffing (£4m), improvements in productivity (£3m) reductions in corporate roles (£2m, in line with NHSE guidance, growth in corporate roles since 2019 needs to be reduced by 50%), carefully managing vacancies (£10m) and a focus on tight control of non-pay costs. This year's efficiency savings are the toughest yet for the Trust and the Executive and senior leaders are aligned and focused on delivering a break-even position for the Trust. Update to be shared with members council at August meeting.
MC/25/16	Corporate governance team to forward the Equality, Diversity and Inclusion strategy slides to governors to provide feedback direct to Dawn Lawson	Corporate Governance Team	May 2025	Slides sent out. Complete.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 5

Private/Public paper:	**Public**
Title:	**Chair's Report and feedback from Trust Board**
Paper presented by:	**Marie Burnham - Chair of the Trust**
Purpose:	The purpose of this report is to provide Members' Council with an update on the activity of the Chair and Non-Executive Directors and feedback from Trust Board, to enable governors to hold Non-Executive Directors (NEDs) to account for the performance of the Board. This report covers activity from **8 May to 18 August 2025**. In addition, Trust communications including the Headlines, The View and The Brief, are circulated to governors to provide up to date information on the Trust's performance and activities. This report aims to highlight: • Chair and NED activity since the previous report to Members' Council on 7 May 2025. • Key issues discussed at Board meetings in the last quarter; and Any other current issues of relevance and interest to Governors not covered elsewhere in the agenda.
Executive summary:	To support governors in their role of holding the Chair and NEDs to account, this section of the report highlights the activities NEDs have been engaged in since the previous Chair's report which was presented at the Members' Council meeting held on 7 May 2025. (Please note that NEDs are expected to work around 3 days a month and the Chair around 3 days a week, although in practice most work considerably longer). **<u>Key updates and events</u>** In July 2025, the government's much anticipated 10-year plan for health for England was published, centred on achieving three shifts of 1) moving more care from hospital to community 2) analogue to digital and 3) sickness top prevention. We continue to review the document both within the Trust and with partners. A key focus of this month's Trust Board meeting was on risk. Our Board Assurance Framework has been updated to reflect alignment with our refreshed Trust strategy. The organisational risk register recognises the scale of financial challenge facing us and new risks associated with the changing NHS landscape including the announced reductions in staffing and roles for NHS England and Integrated Care Boards.

The University of Leeds has approved the Trust's application to become a Teaching Trust. This is the fruition of much hard work and a very robust process that we envisage will provide tangible benefits to both the Trust and University in the years to come.

Chair and NED's activities and meetings

The Chair and NEDs continue to attend a wide range of webinars, development events and virtual meetings to keep up to date on policy and governance matters, both nationally and regionally.

Our Non-Executive Directors have attended the following from **8 May to 18 August 2025.**

Natalie McMillan, Senior Independent Director / Deputy Chair

- Quality & Safety Committee (13 May, 10 June 2025)
- One to one meeting with the Chair (3 June, 13 June 2025)
- People and Remuneration Committee (13 May, 15 July 2025)
- NEDS meeting (20 May, 29 July 2025)
- Members' Council Coordination Group (24 June 2025)
- Audit Committee (25 June, 15 July 2025)
- Trust Board (20 May, 29 July and 8 August 2025)
- People and Renumeration Committee (15 July 2025)
- Quality Visit the Dales (15 May 2025)

Mike Ford, Non-Executive Director

- One to one meeting with the Chair (3 June, 25 June 2025)
- Freedom to Speak Up Guardians [6 weekly meetings] (2 June, 14 July 2025)
- Freedom to Speak Up Guardians (3 June 2025)
- Quality and Safety Committee (13 May, 10 June, 8 July 2025)
- South Yorkshire Audit Committee Chairs Network Meeting (26 June 2025)
- Update on Annual Report and Accounts prior to Audit Committee (23 June 2025)
- Call with Martin Neeson (23 June 2025)
- Meeting with Mike Ford/Adrian/Andy as Chair/Lead Exec of Audit Committee Pre Trust Board (1 July 2025)
- Audit Committee Members / Auditors (14 July 2025)
- Audit Committee agenda setting (25 June 2025)
- Charitable Funds Committee (3 June 2025)
- Meeting with Assistant Director of Corporate Governance (10 June 2025)
- West Yorkshire Audit Committee Chairs Network Meeting (25 June 2025)
- Equality, Inclusion and Involvement Committee (25 June 2025)
- NEDS meeting (20 May, 1 July, 29 July)
- Audit Committee (25 June, 14 July 2025)
- Trust Board (20 May, 1 July and 29 July 2025)
- Quality Visit (30 May 2025)

Erfana Mahmood, Non-Executive Director

- Commissioning Committee (18 June 2025)
- Trust Board (20 May, 1 July and 29 July 2025)
- One to one meeting with the Chair (26 February 2025)
- Mental Health Act Committee pre meet (4 June 2025)

	• Mental Health Act Committee (4 June 2025) • Charitable Funds Committee (3 June 2025) • Charitable Funds Committee Agenda Setting (12 May 2025) • Mental Health Act Committee Agenda Setting (7 July 2025) • NEDs Meeting (20 May, 1 July and 29 July 2025) • Call with Erfana / Rokaiya (7 July 2025) • Mental Health Managers reviews (26 June, 7 July and 22 July 2025) • Chair one to one (21 June and 25 June) **Martin Neeson, Non-Executive Director** • Induction meeting with Marie Burnham, Izzy Worswick, Andy Lister and Tony Jackson (9 June 2025) • Nottinghamshire Healthcare call (20 June 2025) • Martin & Gary call re commissioning committee (16 June 2025) • Call with Andy Lister and Tony Jackson (16 June 2025) • Induction Call with Lead Governor John Laville (7 July 2025) • Commissioning Committee Agenda setting (8 July 2025) • Call with Janice White (8 July 2025) • Board Development: Non-Executive Director Induction (9 July, 10 July 2025) • Call with Paul Foster re Digital Lead (14 July 2025) • Meeting Darryl/Andy as Chair/lead exec of Quality and Safety Committee (15 July 2025) • Meeting with Gary Ellis/Adrian Snarr/Andy as Chair/Lead exec of Commissioning Committee and FIP (21 July 2025) • NEDs Meeting (29 July 2025) • Appeal Training (5 August 2025) • Meeting with Dawn Lawson (5 August 2025) • People Renumeration Q&A (15 August 2025) • Commissioning Committee (18 June, 5 August 2025) • Audit Committee (25 June and 14 July 2025) • Quality Safety committee (8 July 2025) • Trust Board (1 July, 29 July and 8 August 2025) • Quality Visit (24 July 2025) **Gary Ellis, Non-Executive Director** • Finance Discussion (6 May 2025) • Meeting with Committee Chairs and Execs CC (6 May 2025) • Commissioning Committee (4 February and 1 April 2025) • Value for money programme board (26 June, 30 June, 7 July, 14 July, 21 July 28 July, 31 July 4 August and 11 August 2025) • Gary /Margaret / Carly Call re personal reviews (10 June 2025) • Finance, Investment and Performance Committee agenda setting meeting (8 July 2025) • HMs continuation of position discussion (9 July 2025) • Meeting with Gary Ellis/Adrian Snarr/Andy as Chair/Lead exec of Commissioning Committee and FIP (21 July 2025) • Clinical Ethics Committee (18 June 2025) • Commissioning Committee (18 June, 5 August 2025) • Mental Health Managers reviews (13 June x3 20 June x6 25 June 2025 • Adrian/Gary re: Agenda Setting - Commissioning Committee (2 June 2025)

	• Finance, Investment & Performance Committee (12 May, 23 June and 21 July 2025) • Mental Health Act Committee (4 June 2025) • NEDS meeting (20 May, 1 July and 29 July 2025) • Trust Board (20 May, 1 July, 29 July 2025) • Consultant interviews (23 July 2025) • Chair one to ones (21 May, 26 June and 24 July 2025) • Members Council (7 May 2025) **Margaret Kitching, Non-Executive Director** • Agenda setting for Quality Improvement Group (8 May, 23 June 2025) • Margaret / Naomi call (13 May 2025) • Margaret / John Laville call (15 May 2025) • Quality Improvement Group Meeting Cheswold Park (21 May 2025) • Meeting with Liam Redican (21 May 2025) • Meeting with Sarah Whitrod (21 May 2025) • Quality Assurance call (27 May 2025) • Call with Margaret / Sarah / Liam (2 June 2025) • People directorate away day (4 June 17 June 2025) • Margaret / Gary / Carly Call re personal reviews (10 June 2025) • Governor Question and Answer (Q&A) sessions Aligned to Mental Health Act Committee (MHAC) (10 June 2025) • Mental Health Personal reviews (11 June x4, 16 June x4 18 June x3) • Notts Health Care call (20 June 2025) • Discharge process call (18 June 2025) • Professionals Meeting (19 June 2025) • Quality Improvement Group Cheswold (1 July 2025) • One to one meeting with Chair (11 February, 12 March and 4 April 2025) • Members' Council (14 February 2025) • Meeting with Chief Nurse/Director of Quality and Professions (13 May and 8 July 2025) • Commissioning Committee (5 August 2025) • Quality & Safety Committee (13 May, 10 June and 8 July 2025) • NEDs meeting (20 May, 1 July, 29 July 2025) • Trust Board (25 February, 25 March and 29 April 2025) • Mental Health Act Committee (4 June 2025) • Chair one to ones (15 May, 22 July) • Members' Council (7 May 2025) • Quality Visit (1 July 2025) • Appeal Hearing (16 May 2025) **Rokaiya Khan, Non-Executive Director** • Induction with Chair (6 August 2025) • Trust Board (8 August 2025) • Introduction with Izzy Worswick, Assistant Director of Corporate Governance (11 August 2025) **Marie Burnham - Chair** • Mental Health Chairs Weekly Conference Call (8 May, 15 May, 22 May, 5 June, 19 June, 26 June, 3 July, 17 July 2025) • Emma Robinson catch-up (8 May 2025)

	• Andrew Patterson Call NHS Confed (8 May, 17 July 2025) • Finance Discussion (6 May 2025) • Finance, Investment and Performance Committee (12 May, 23 June, 21 July 2025) • NHS Confed all member chairs group (12 May 2025) • Mark / Marie Appraisal (12 May 2025) • Trust Welcome event (13 May 2025) • Mental Health Learning Disability and Autism Provider Collaborative (MHLDA PC) Chairs pre-meet (13 May 2025) • Artwork event (13 May 2025) • People Remuneration Committee (13 May, 15 July 2025) • Marie Margaret Appraisal (14 May 2025) • Chair / Lead Governor call (14 May, 10 June, 25 June, 16 July, 24 July, 30 July 2025) • Governor Question and Answer (Q&A) sessions Aligned to Equality, Inclusion & Involvement Committee (EIIC) (14 May 2025) • South Yorkshire Mental Health Learning Disability and Autism (SY MHLDA) Provider Collaborative - Chair and Chief Executive informal discussion (14 May 2025) • SY MHLDA Provider Collaborative Board Meeting (14 May 2025) • Yorkshire and Humber Chairs Meeting (14 May 2025) • Engaging membership (15 May, 19 June, 17 July 2025) • Trust Board (20 May, 1 July, 29 July 2025) • NEDS Meeting (20 May, 1 July, 29 July 2025) • Marie / Erfana 121 Appraisal (21 May, 25 June 2025) • Marie / Gary 121 Appraisal (21 May, 26 June, 24 July 2025) • Diary calls (21 May, 23 May, 4 June, 10 June, 17 June) • North East and Yorkshire Leaders Call (21 May 2025) • SY MHLDA Provider Collaboratives Governors session 2025 (21 May 2025) • Chair / Chief Executive one to one (2 June, 16 June, 30 June, 14 July, 24 July, 28 July 2025) • Mike Marie Appraisal 121 (3 May, 25 June, 14 July 2025) • Governor Induction Farida Ali (3 June 2025) • Trust Board Agenda setting (3 June, 30 July 2025) • Charitable Funds Committee (3 June 2025) • Marie / Nat - Nat appraising Marie (4 June 2025) • Agenda Setting Meeting: Equality Involvement & Inclusion Committee (5 June 2025) • NEDs Appraisal Meeting (5 June 2025) • CAMHS Event (9 June 2025) • Meet with Martin Neeson (9 June 2025) • Visit to Mental Health Museum (9 June 2025) • Quality Walk around Walton Ward (9 June 2025) • Governor Question and Answer (Q&A) sessions Aligned to Mental Health Act Committee (MHAC) (10 June 2025) • NHS Confed Manchester (11 June, 12 June 2025) • Mental Health Network Member Gathering NHS Confed (12 June 2025) • Good Mood Football League Cup Tournament (12 June 2025) • Marie - Completing Nat's Appraisal (13 June 2025) • Marie / Martin Objective setting (18 June 2025) • Discharge process report call (19 June 2025)

	• Estates and Facilities Event (19 June 2025) • Chair / Associate Director Corporate Governance (19 June 2025) • Garry Passaway call North London NHS Foundation Trust (19 June 2025) • Notts Health Care - experience and learning discussion (20 June 2025) • Aspiring chairs Call (23 June 2025) • Value for Money Programme Board (23 June 2025) • SY ICB & Trust Chairs Monthly catch-up (24 June 2025) • Extraordinary Members' Council (24 June 2025) • Members' Council Co-ordination Group (24 June 2025) • Mitch Waterman, University of Leeds visit to Fieldhead (24 June 2025) • Equality, Inclusion and Involvement Committee (25 June 2025) • Marie / Tracey 121 (25 June 2025) • Marie, Rt Honourable Ed Miliband MP & Sally Jamesson MP, Mark Brooks Call (27 June 2025) • Call with Fatima Khan Shah (30 June 2025) • MASLD (Metabolic Dysfunction-Associated Steatotic Liver Disease) Committee Clinician Interviews (27 June, 30 June 3 July 2025) • Marie Burnham/Empiriq Group - NHS Discussion (30 June 2025) • Marie/Keir Leeds and York Partnership NHS Foundation Trust catch-up (4 July 2025) • Committee in common discussion (14 July 2025) • WY Partnership Board Meeting private /public (15 July 2025) • Management and Leadership NED Implementation (15 July 2025) • Nominations Committee (16 July 2025) • Marie / Paul 121(17 July, 31, July 7 August 2025) • Chair/ Head of Corporate Governance Call (17 July 2025) • NHS Confed Meet Andrew Patterson (17 July 2025) • Measurement of strategy catch up (18 July 2025) • Marie / Margaret 121 (22 July 2025) • Teaching Trust Steering Group (22 July 2025) • West Yorkshire Committees in Common (23 July 2025) • North East and Yorkshire Leaders call (23 July 2025) • MASLD NICE Guideline Scope discussion (23 July, 24 July 2025) • Mental health Chief Executives and Chairs meeting – 10 Year Plan (24 July 2025) • Meeting Bruce Vanessa Mark Adrian (24 July 2025) • Chair / CEO / Director of Finance & Resources Meeting (24 July 2025) • Chair / CEO NHS South Yorkshire ICB meeting (30 July 2025) • Barnsley Place Committee & Partnership Board Development Session – private only (31 July 2025) • Rokaiya Khan Induction meeting (6 August 2025) • Extraordinary Trust Board Meeting (8 August 2025)
Recommendation:	**Members' Council is asked to:** • **NOTE** the report and raise any questions or comments in advance of the meeting.
Mission/values:	State how the report supports delivery of the Trust's, vision and values.
Strategic Objectives	Live Our Values ✓ Be the best we can be:

	• Best quality • Best partner • Best value • Best place to work and learn	✓ ✓ ✓ ✓		
	Be ambitious	✓		
BAF Risk(s):	All BAF risks			
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	The report includes highlights of what is happening in our systems, places and within the Trust. The Trust regularly reviews that its own objectives are aligned to those of our systems and places as well as taking account of national guidance and requirements			
Any background papers / previously considered by:	Chair's report to Members' Council 7 May 2025			

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 6

Private/Public paper:	**Public**
Title:	**Chief Executive's Report**
Paper presented by:	**Mark Brooks - Chief Executive**
Purpose:	To provide an update on the strategic context the Trust is operating in for the Members' Council.
Executive summary:	The headlines across the NHS this past month have been dominated by the publication of the government's much anticipated **10-year plan for health for England**. Links are provided to the full plan and summaries from our membership bodies, NHS Providers and the NHS Confederation. nhs-providers-10-year-health-plan-otdb-july-2025.pdf Ten-Year Health Plan: what you need to know | NHS Confederation The plan is split into nine distinct chapters and is centred on achieving the previously announced three shifts of 1) moving more care from hospital to community 2) analogue to digital and 3) sickness top prevention. We will continue to review the document both within the Trust and with partners. A new **NHS oversight framework (NOF)** has been published which sets out how NHS England will assess providers in this current year. There are 5 segments, with segment 1 being the best a Trust can achieve. There will be a notable focus on financial balance as well as other performance metrics and any provider not in surplus or achieving a break-even position will have its segmentation limited to no better than 3. A dashboard which is available to the public showing the performance of all trusts regarding the segmentation is due to go live this summer. Christine Brereton has been formally welcomed to our Trust Board as **interim chief people officer**. Christine is currently on secondment with us until May 2026 and has already had a hugely positive impact on the people directorate and executive management team. Two new **Non-Executive Directors** Martin Neeson and Rokaiya Khan have joined our Board to replace Erfana Mahmood, and David Webster. Since the announcement made in March regarding the future of **integrated care boards (ICB**) our two local systems have been working hard and at pace to develop new structure proposals. Strongly influencing their thinking has been the publication of the model ICB blueprint. As strategic commissioners ICBs are expected to fulfil four core functions of 1) Understanding the local context 2) Developing a long-term population health strategy 3) Delivering the strategy through payer functions and resource allocation and 4) Evaluating impact.

At the time of writing this report formal consultation on the new structures has not commenced as confirmation is required of redundancy processes and arrangements. Discussions have commenced regarding the development of provider alliances in West Yorkshire and what responsibilities can potentially be delegated to them from ICBs. A similar approach is being initiated in Barnsley.

The government announced and published the outcome of its three-year **spending review**. Headlines from this include:

- NHS revenue budgets will grow in real terms by 3% each year on average over the course of the spending review period, totalling £232bn in 2028/29.
- Capital budgets will be held flat in real terms, peaking at £14.8bn in 2028/29.
- The government has reaffirmed its commitment to delivering the New Hospital Programme and replacing the seven hospitals most at risk to RAAC (reinforced autoclave aerated concrete).
- £10bn of investment in NHS technology and digital transformation projects by 2028-29, primarily on improving the NHS App and implementing a single patient record.

The NHS has fared better than many public sector bodies in the spending review and we all recognise the need to spend monies wisely. It is not clear at this point what the impact on mental health and community health services will be. The additional funding comes with some conditions. The NHS is being asked to go further and faster to improve productivity levels and deliver the best possible value for the taxpayer's money. The Department of Health and Social Care (DHSC) has committed to delivering 5% efficiency savings over the course of the spending review period and the NHS has already been tasked by government to deliver 2% productivity growth each year, although the true efficiency ask will likely be much greater than that given demand and cost pressures that regularly arise.

Towards the end of June, NHS England (NHSE) published the **annual Workforce Race Equality Standard (WRES)** and **Workforce Disability Equality Standard (WDES)** reports. Positively the number of ethnic minority staff and very senior managers from an ethnic minority background have continued to increase. However, it remains the case that white staff are significantly more likely to be appointed from shortlisting at 80% of trusts and that cases of bullying and harassment from patients to staff from ethnic minority backgrounds remains high.

The percentage of NHS staff declaring a disability via the ESR system has increased to 5.7%, whilst 25.2% of staff now identify as disabled through the anonymous NHS Staff Survey. This gap is highlighted as a concern. Disabled representation on NHS trust boards has increased to 6.5% and nationally disabled and non-disabled applicants are equally likely to be appointed after shortlisting, suggesting improvements in inclusive hiring practices. Disabled staff consistently report higher levels of harassment and abuse from patients, service users, and the public compared to non-disabled staff.

Whilst some improvements are noted the issues identified in the WRES and WDES reports act as a salient reminder of the work we continually need to focus on within our own Trust to ensure we are truly an inclusive organisation that provides a safe environment with opportunities for all colleagues.

There have been several national communications relating to workforce that our interim chief people officer, Christine Brereton will lead on. A **new framework has been published regarding pay for very senior managers**. Our People & Remuneration Committee will provide oversight on behalf of the Trust Board and will be responsible for agreeing the process the Trust will adopt in order to implement the new framework. For provider trusts remuneration is based on turnover and there will potentially be implications for directors of trusts in recovery support or not achieving their objectives.

On the subject of **pay for NHS staff**, the Secretary of State for Health and Social Care accepted the independent Pay Review Bodies' headline pay recommendations for NHS staff. Colleagues on Agenda for Change terms and conditions will receive an uplift of 3.6%. Resident doctors will see an average uplift of 5.4% (a 4% rise plus a consolidated payment of £750), with a pay rise of 4% for consultants, specialty doctors, and specialists. This is higher than the 2.8% guidance provided for planning purposes, and it is not clear at this stage what funding will flow to fund this additional level of pay award.

British Medical Association (BMA) and Royal College of Nursing (RCN) held ballots for **industrial action** based on the announcement of the pay award. Following their ballot, resident doctors voted in favour of industrial action. Action took place between 25 and 30 July, and arrangements were put in place to manage this period.

A joint letter from the Secretary of State for Health and Social Care and Chief Executive of NHS England has been sent to all providers and integrated care boards. This letter re-emphasises that trusts must reduce their **spend on agency** staffing by at least 30% in the next financial year. There is an ambition to collectively be more ambitious than this and eliminate agency use altogether by the end of this Government's term of office. To ensure there is a determined focus on this objective, a delivery group, across DHSC and NHS England is being established to monitor progress and ensure that trusts are taking robust action to comply. If there is insufficient progress by the autumn, there will be further consideration of actions to take legislation.

The **financial position** of the Trust is £0.1m adverse to plan after the first quarter with a deficit of £2.0m recorded to date. Financial performance in June was broadly very similar to that of May. The Value for Money Group continues to meet weekly to understand progress and highlight where further intervention is required. Similar to May, operational pressures on inpatient wards with occupancy regularly exceeding 100% are hindering the realisation of the scale of temporary staffing cost savings being achieved. Particular focus is being applied to our discharge processes and the support we require from other organisations and providers to enable discharges to take place safely and in a timely manner.

A key focus of this month's Trust Board meeting was on risk. Our Board Assurance Framework has been updated to reflect alignment with our refreshed Trust strategy. The organisational risk register recognises the scale of financial challenge facing us and new risks associated with the changing NHS landscape including the announced reductions in staffing and roles for NHS England and Integrated Care Boards.

	We were delighted to announce that the University of Leeds has approved our application to become a **Teaching Trust**. There are some final points to cover including agreement of name change and appointment of an associate non-executive director. We expect to have a launch event by the end of summer/early autumn. Spearheaded by our chair Marie Burnham, with executive leadership from Subha and Izzy, this is the fruition of much hard work and a very robust process that we envisage will provide very tangible benefits to both the Trust and University in the years to come. Our Trust has become the first NHS Trust in the north of England and third nationally to achieve **Carer Confident Ambassador status**. It is presented to employers who have demonstrated that they have built an inclusive workplace where carers are recognised, respected and supported. The NHS has already held its first **winter planning meetings** and issued initial guidance. Key points to note are an increased focus on vaccinations, faster flows through hospitals into community, and seven day a week discharges. This will include an aim to reduce the time spent in emergency departments by people presenting with mental illness with particular emphasis on reducing people waiting more than twenty four hours. A recent report has highlighted that take up of the **flu vaccination** by NHS staff across the country in 2024/25 was the lowest it has been for several years. We are conducting our own review to identify why people took up or did not take up the offer of a vaccine so that can inform our approach for 2025/26. In line with the improvement approach promoted via NHS Impact and the creation of 16 Learning and Improvement Networks (LINs), the **North East and Yorkshire Mental Health Learning and Improvement Network** is being launched. And its initial focus will be on mental health inpatient flow and discharge of adult patients from mental health settings. We are planning to be an active participant in this network. The Trust continues to review and adopt any relevant guidance provided by regulators and professional bodies. Recent guidance provided has included: • ADHD data improvement plan. • ADHD diagnosis and management. • Freedom to speak up guidance. • Mental Capacity Act guidance. • Staying safe from suicide guidance. The **independent ADHD (attention deficit hyperactivity disorder) Taskforce** which was commissioned by NHS England in 2024, as part of a series of measures to address concerns about timely access to diagnosis and support, and the impact of unsupported ADHD on individuals, services and the wider economy has published part 1 of its report. A final report is expected by the end of the year. Trust experts will be working with commissioners and other stakeholders as the final report evolves, and recommendations are clear. **Dr Penny Dash's independent review of patient safety across the health and care landscape** has been published. Findings include:

- There has been a shift towards safety (vs other areas of quality of care) over the last 5 to 10 years, with considerable resources deployed, but relatively small improvements have been seen.
- There has been limited strategic thinking and planning regarding improving quality of care.
- A large number of organisations carry out reviews and investigations. A very high number of recommendations have been made to the NHS that often lack any cost-benefit analysis.
- A large number of organisations look at user experience or advocate on behalf of the 'voice of the user', yet few boards in the NHS have an executive director for user or customer experience.
- The current system for complaints and concerns is confusing and may lack responsiveness.

There are a range of findings and nine recommendations which have been accepted in full and are very much aligned with the 10-year plan for health. These included revamping and enhancing the role of the National Quality Board, continuing to rebuild the Care Quality Commission with a clear remit and responsibility, and bringing together the work of Local Healthwatch, and the engagement functions of integrated care boards and providers, to ensure patient and wider community input into the planning and design of services. Oversight of this report and our response will be taken through the Quality & Safety Committee on behalf of the Trust Board.

National updates for sharing with Members' Council include:

- NHS England has issued its modern slavery and human trafficking statement. We have reviewed this statement, compared it to our own, and updated our own statement accordingly.
- The Department of Health & Social care (DHSC) has published the Oliver McGowan code of practice regarding learning disability and autism training. The code, which supports the statutory training requirements introduced by the Health and Care Act 2022, was laid in Parliament in June and sets clear standards for CQC-registered providers. Trust Board members will be familiar with the training introduced in the Trust for which we have completion of 95% across our workforce.
- The Mental Health Act is moving to the Report stage with the passing of the Act likely to occur during the autumn.
- The next stage of the Assisted Dying Bill is to take it through the House of Lords. There will be interfaces with mental health services to be considered including suicide prevention and the role of psychiatrists in determining capacity and involvement in the panel.
- The British Psychological Society and the Royal College of Psychiatrists published guidance about people with a learning disability who develop dementia. The report is an update of guidance published previously in 2015.
- April 2025 data shows that over 842,000 children and young people have accessed NHS funded mental health services since 2019, an increase of 64%. In our own services we have seen demand increase since 2019 by a similarly high percentage. Improving access remains a key priority locally and nationally.

	In keeping with my previous reports I will end this month's report by highlighting further examples of positive work being carried out across the Trust. • Five of our allied health professional apprentices won awards or were highly commended at the University of Huddersfield Apprenticeship Awards. • The Trust's caring garden at Fieldhead received a gold award from the Yorkshire Wildlife Trust in recognition of its exceptional contribution to local wildlife and positive impact on the community. • The 'Art on the corridor' exhibition, located along a corridor at Fieldhead, welcomed a collection of 80 new artworks created by staff, service users, volunteers, ward-based groups, community groups and Creative Minds partners from across all our areas. • Results from our first stationery amnesty held in March showed that we had repurposed an estimated £2,500 worth of stock. • Dr Estelle Verdi, principal counselling psychologist and service lead of the West Yorkshire maternal mental health service – Paths, was awarded a Medical Humanities in Practice Research Fellowship with the Institute for Medical Humanities (IMH) at Durham University. • We revamped our wellbeing and learning centre at Fieldhead to better suit working needs, with eight additional hot desks and two private pods. • Led by deputy chief executive and director of strategy, inclusion & change, Dawn Lawson a small team from the Trust presented at the NHS ConfedExpo event highlighting the approach to engagement the Trust took with its strategy refresh. • Barnsley proudly celebrated three years of the QUIT service, recognising the dedication and commitment that has gone into integrating tobacco treatment into everyday care. Since the service was launched in January 2022, they have supported 184 patients and 37 staff to successfully quit smoking and 133 patients to successfully reduce their smoking. • The Trust, in partnership with Creative Minds and West Riding County Football Association, held our first ever Good Mood League Super Cup competition at Fleet Lane, home of the West Riding County Football Association. • Patients Know Best (PKB), a secure personal health record system, went live in the integrated neighbourhood teams SystmOne unit in early July. • On 1 July, Wayfinder went live across the Trust. The 'patient care aggregator', known as Wayfinder, helps patients to see all of their mental health appointment bookings in one place through the NHS App. • Our Trust is participating in a nationally funded study, MoreRESPECT, which seeks to evaluate the impact of a brief intervention to promote sexual health and positive relationships for people who are under the care of community mental health teams.
Recommendation:	**Members' Council are asked to:** • **NOTE** the Chief Executive's report.
Mission/values:	We put the person first and in the centre We are respectful, honest, open and transparent We improve and aim to be outstanding We are relevant today and ready for tomorrow
Strategic Objectives	Live Our Values ✓

	Be the best we can be: • Best quality • Best partner • Best value • Best place to work and learn	 ✓ ✓ ✓ ✓	
	Be ambitious	✓	
BAF Risk(s):	All BAF risks		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	The report includes highlights of what is happening in both our systems and places. The Trust regularly reviews that its own objectives are aligned to those of our systems and places as well as taking account of national guidance and requirements		
Any background papers / previously considered by:	A Chief Executive's Report was received by Members' Council on 7 May 2025 Updates contained within this report to Members' Council were received at 1 July and 29 July Trust Board meetings.		

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 7.1

Private/Public paper:	**Public**
Title:	**Teaching Trust Update**
Paper presented by:	**Izzy Worswick, Assistant Director of Corporate Governance**
Purpose:	The purpose of this report is to update the Members' Council on Teaching Trust status namely engagement on the impact of Teaching Trust status on the Trust name, and to approve the name change and associated change to the constitution.
Executive summary:	In April 2025, the University of Leeds confirmed that the Trust's application for Teaching Trust Status had been approved. There are a number of governance implications of Teaching Trust status that the Trust has been working through. As a Foundation Trust, the change to a Teaching Trust is a change to the constitution, and this will be managed in line with the Trust's governance processes. The Trust's internal Teaching Trust Steering Group considered options for the Trust name change to reflect our Teaching Trust status, which were discussed with Members' Council and Board. The proposed name change is **South West Yorkshire Partnership Teaching NHS Foundation Trust**. The Trust is required to engage with staff, service users and partners, to ensure the new proposed name is clear and understandable. We shared our plans internally and externally via our website and social media. It is usual for a partnership Board to be established between the University and the Teaching Trust, and we are working to establish this, including agreeing Terms of Reference. A key role of this group initially will be establishing partnership agreements and formal human resource agreements amongst other aspects.
Recommendation:	**The Members' Council are asked to:** • **NOTE** the update on progress. • **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.

<table>
<tr><td>Mission/values:</td><td colspan="3">Good governance supports the Trust to deliver its mission and adhere to its values.</td></tr>
<tr><td>Strategic Objectives</td><td colspan="3"><table>
<tr><td>Live Our Values</td><td>✓</td></tr>
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• Best partner
• Best value
• Best place to work and learn</td><td>
✓
✓
✓
✓</td></tr>
<tr><td>Be ambitious</td><td>✓</td></tr>
</table></td></tr>
<tr><td>BAF Risk(s):</td><td colspan="3">All risks</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td colspan="3">The paper highlights the opportunities available to the Trust to work with academic partners to address shared ambitions for high quality teaching opportunities, in turn supporting a high calibre workforce and delivery of outstanding care.</td></tr>
<tr><td>Any background papers / previously considered by:</td><td colspan="3">An update on Teaching Trust status was received by Trust Board on 29 July 2025.</td></tr>
</table>

South West Yorkshire Partnership NHS Foundation Trust

Members' Council 2025
Agenda item 7.1
Teaching Trust Update

1. Introduction and context

As a large mental health, learning disability and community trust, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) play a significant role in developing the potential of our community through training of medical students, nurses and other allied health professionals. The Trust has established relationships with our local universities (University of Leeds, University of Huddersfield, University of Sheffield and University of Bradford) and commitment to training medical and nursing students and allied health professionals. The Trust not only offer a wide range of training placements, but collaborate closely with local universities across the region, nationally and internationally through research and innovation.

In order to reflect our commitment teaching and learning and delivery of innovative research and development, the Trust set an ambition to gain Teaching Trust status. This is in keeping with our Trust vision and values, and with our strategic aims.

In order to gain Teaching Trust Status, the Trust required the support of a university (medical school) with which we have a formal relationship and take undergraduate medical students and students from at least one other healthcare profession (nursing, or one or more of the allied health professions). The Trust has Associate Teaching Trust status with University of Leeds and offers placements to medical students, trainee physician associates, and clinical psychology students from University. The Trust has therefore worked with University of Leeds and submitted our application for Teaching Trust status to the University in September 2024. In April 2025, the University of Leeds confirmed that the Trust's application had been approved.

There are a number of governance implications of Teaching Trust status that the Trust has been working through. In addition, the Trust has considered impact on our Trust name.

2. Governance impact of Teaching Trust Status

2.1 Appointment of Appointed Non-Executive Director

The Trust has received advice on the governance requirements for Teaching Trusts and has discussed and agreed with the University that it will look to appoint an Appointed Associate Non- Executive Director from University of Leeds.

2.2 Trust name change

As a Foundation Trust, the change to a Teaching Trust is a change to the constitution. The amendment to the constitution to change the name needs to be approved by the Council of Governors and the Board of Directors (s37 of the NHS Act 2006).

NHS England has naming guidance that the Trust must adhere to. Trust names must:

- Be clear, logical and descriptive.
- For a Foundation Trust include a geographic reference (e.g. South West Yorkshire) followed by NHS Foundation Trust.
- NHS Foundation Trust must come at the end of the Trust name and not be broken up.
- Additional descriptor/s such as partnership and can also be included between the geographic reference and the words NHS Foundation Trust.
- The words Royal, University or Teaching can only be included with the required permission.

The Trust's internal Teaching Trust Steering Group considered options for name change to reflect our Teaching Trust status.

This was discussed with Trust Board and Members' Council. It was felt the Trust name should retain the 'partnership' element to reflect our collaborative approach and the focus of our services at place.

The proposed name change is South West Yorkshire Partnership Teaching NHS Foundation Trust.

NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust

NHSE, have confirmed the name meets NHSE naming standards, and that they are supportive of this change.

In terms of engagement on our name change, there is no statutory or other requirement to go out to the full SWYPFT membership to consult. The only requirement in this regard in respect of the membership is in the NHS Identity guidance - to "engage with your Foundation Trust members and wider patients and the public to check your proposed new NHS name is clear and understandable."

The Trust published a notice on its website to engage with members of the public, staff and patients on the proposed name change, and published this widely on social media.
In response to this, nine comments were received within the period for feedback. A further comment has been received via the value for money intranet page. Feedback related to:

- The length of the proposed name, whether the word 'partnership' is required in addition to 'teaching'.
- The positive impact of being a Teaching Trust and whether there will be more roles available in the Trust for those interest in a career in mental health.
- The use of 'South West Yorkshire' as a descriptor of the Trust's geography.
- The implications of name change on contracts/agreements.
- The impact of change of name on the Trust's value for money programme.

The change to the Trust's name will not affect the underlying legal / statutory identity of the organisation.. Therefore, there will not be need to change existing contracts or legal

documentation in place with suppliers to reflect the name change. Key agencies such as the CQC and the Charities Commission will need to be informed.

The financial impact of any name change has been a key focus of discussions in the Teaching Trust Steering Group. It is not proposed to change all signage across various media immediately. Following any name change, it is proposed that key signs would be changed but others would be changed over time in line with normal estates work. Digital changes that could be made immediately would be actioned, but other changes e.g. to materials would again be done over time. This therefore will keep cost to a minimum.

Should the proposed name change be agreed, the Trust will amend its constitution to reflect the new name.

2.3 Partnership governance arrangements

As described above, the Trust has an established internal Teaching Trust Steering Group chaired by the Trust's Chief Medical Officer, which has been responsible for overseeing the work to gain Teaching Trust Status.

Going forward, The Trust will be required to establish joint partnership governance arrangements with University of Leeds. A Joint Partnership Board will be established with the University.

2.4 Launch of Teaching Trust status.

Once governance arrangements are established, and appointment of the Associate NED confirmed, it is proposed to formally launch Teaching Trust status at the Annual Members' Meeting in September.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 7.2

Private/Public paper:	**Public**
Title:	**Appointment of Associate Non-Executive Director from University of Leeds**
Paper presented by:	**Izzy Worswick, Assistant Director of Corporate Governance**
Purpose:	The purpose of this report is to update the Members' Council on the process for the appointment an Appointed Associate Non-Executive Director (NED) from University of Leeds to support the Trust's Teaching Trust status and to approve the recommendation from the Nominations Committee.
Executive summary:	**Background** In April 2025, the University of Leeds approved the Trust's application for Teaching Trust status. The Trust has received advice on the governance requirements for Teaching Trusts. Advice from NHS England has been sought, supported by legal advice from Hill Dickinson with respect of representatives (Governor/NED/Associate NED) required from University of Leeds as part of the teaching trust partnership. The Trust has agreed with the University that it will look to appoint an appoint Associate Non-Executive Director from University of Leeds. **Associate Non-Executive Director role** The Trust has developed a bespoke job description and person specification for the Associate Non-Executive Director, based on our existing Associate NED Job Description with the addition of specific requirements of the role in relation to Teaching Trust Status. The University of Leeds has put forward Professor Mitch Waterman as nominated Associate NED. Prof Waterman is Head of the School of Psychology at University of Leeds. He has extensive experience of research and development across Yorkshire and Humber giving him knowledge of the communities we serve. Prof Waterman has met with the Trust Chair, Chief Executive and members of the Executive Management Team. The Nominations Committee supported the recommendation to appoint Prof Mitch Waterman at its meeting on 16 July 2025. In addition, the Committee supported the recommendation to approve the job description, and remuneration for the role.

<table>
<tr><td></td><td>Attached are:
CV of Professor Mitch Waterman
Job description for the Appointed Associate NED role.</td></tr>
<tr><td>Recommendation:</td><td>The Members' Council are asked 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).</td></tr>
<tr><td>Mission/values:</td><td>Good governance supports the Trust to deliver its mission and adhere to its values.</td></tr>
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✓
✓</td></tr><tr><td>Be ambitious</td><td>✓</td></tr></table></td></tr>
<tr><td>BAF Risk(s):</td><td>All risks</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td>Through the utilisation of a thorough and transparent recruitment process the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships.</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Nominations Committee 16 July 2025.</td></tr>
</table>

Curriculum Vitae (Leadership)

Name: **Mitch Waterman**

Educational and Employment History

Qualifications

B.Sc. (Hons) Psychology (Major) Biology (Minor), University of Lancaster, 1988
Ph.D. University of Keele, 'Cognitive Antecedants of Emotional Responses to Music'. 1995 (supervisor, Professor John Sloboda)

Employment

1989-1992	Departmental Demonstrator, Psychology, University of Keele
1992-1994	Temporary Lecturer in Psychology, University of Leeds
1994-1999	Lecturer in Cognitive Neuropsychology, University of Leeds
1999-	Senior Lecturer in Emotion and Cognition, University of Leeds
2001-2006	Director of Learning & Teaching, School of Psychology, University of Leeds
2008-2011	Pro-Dean for Learning and Teaching, Faculty of Medicine and Health, University of Leeds
2011-2018	Pro-Dean for Student Education, Faculty of Medicine and Health
2016-	Professor in Forensic Psychological Science, University of Leeds

Positions of Responsibility

Departmental (School of Psychology) Administrative Responsibilities at University of Leeds

1992-1994	Programme Manager BSc Cognitive Science
1994-1997	Electives Tutor
1995-1997	Teaching Assistance Co-ordinator (15 years in advance of University Policy to establish such roles – I defined this role, to act as mentor, moderator and trainer of all PhD demonstrators in the School, allocating teaching responsibilities and cutting the total costs by 50%).
1997-2001	Director of MSc Programmes (led development of three new MSc programmes)
2001-2006	Director of Learning and Teaching (DLT)
2007-2008	Joint Honours Tutor
2019-	Programme Manager, BSc (Hons) Psychology (intercalated programme)
2025 -	Interim Head of School

Faculty Leadership & Management Responsibilities 2008-18

Only major responsibilities are listed here, particularly for the University-level roles; more minor chairing and membership responsibilities can be detailed upon on request.

Pro-Dean for Student Education for the Faculty of Medicine and Health (April 2008 - September 2018)
Responsible for educational standards, quality assurance and review of all taught programmes (approximately 160) in the Schools of Medicine, Healthcare, Dentistry, and Psychology, with approximately 6,500 taught students. Competitive application in 2007, appointed. Competitive reapplication 2012, reappointed (five years).

Line management responsibilities: Through matrix management structures, I had local responsibility for the Faculty Education Service Manager (himself line manager for approximately 120 staff); Faculty Marketing Manager (line manager for seven staff); three Educational Outreach Officers; four School Directors of Student Education.

Chair:

Faculty Taught Student Education Committee; a committee of approximately 20 individuals, with school and student representatives, responsible for quality and standards and approval of all major programme modifications and all new programmes of study.

Programme Portfolio Review Group; I established the first group of this type, a model for what then became a formal part of University deliberative structures at faculty level and a steering group, purposed with determining and monitoring key sustainability metrics for all programmes of study. The work from this group informed some of the thinking of the Enhancing and Sustaining the Leeds Education Offer Project.

Widening Participation Group; first group of this type in the University, drawing together all Faculty and school colleagues tasked with WP responsibilities for the purpose of monitoring WP success, organising activities and evaluation thereof. The Group had representation from the student groups involved in educational outreach.

Taught Student Recruitment Committee; responsible for agreeing entrance requirements, overseeing initiatives to enhance recruitment and monitoring of new admissions processes, such as Multi-Mini-Interviews (MMIs) in the Schools of Medicine and Dentistry.

Faculty Employability Working Group; tasked with overseeing and approving activity aimed at enhancing employability of taught and research students. Given the clear career trajectories for almost all students in Medicine, Healthcare and Dentistry, focused balanced between employability of Psychology students, and securing the posts of choice for the health-related disciplines. As the focus was often on the School of Psychology, I relinquished the chair to the Director of Student Education in the School of Psychology.

Faculty Assessment and Standards Group; responsible for the schools' Codes of Practice on Assessment, acting as liaison between Standards Steering Group (I was a member) and Assessment Strategy Group (I was the chair).

Faculty OneWeb Project Steering Group; led, with budget responsibility, the group responsible for the complete renewal of the Faculty and School web presence, including introduction of new web platform.

Faculty Workload Planning Steering Group; led, with budget responsibility, the group tasked with introduction as a pilot for the University of the Strenton Workload Planning tool, determining workload headings, comparing workload tariffs etc.

Faculty Promotions Committee (2015 -18): at the request of the Executive Dean, assumed the role of Faculty Promotions Committee chair. With more than 2000 staff, the Faculty of Medicine and Health was required to hold monthly promotions committees, determining promotion outcomes for all grades of staff up to Grade 9.

Member: Faculty Executive (2008-18, 2025-), Research and Innovation Committee (2008-18), Equality and Inclusivity Committee (2008-18), Faculty Graduate School Committee (2008-18), Internationalisation Group (2008-18), Technology Enhanced Learning Working Group (which I established, 2008-18), Leeds Teaching Hospitals Trust Research, Education and Training Committee (2014-18), Faculty Education Strategy Committee (2025 -).

Additional activities (Faculty level):
Managed University's extensive Health Education North (formerly HEE Yorkshire and Humber and Strategic Health Authority) CPD contract, with strategic oversight of credit (funding) allocation to Schools or programmes (N= approximately 60). This contract was worth in excess of £3m per annum to the Faculty, reduced to approximately £1.6m over time due to cuts to NHS funding, though I managed to retain all CPD programmes despite the funding cuts, though diversification of income streams. I also managed to retain the University's position as CPD provider of choice for HEE (North).

Represented the Faculty on: University Taught Student Education Board; Education Steering Group; Portfolio Steering Group; Standards Steering Group; Metrics Steering Group; University Special Cases Committee, Senate, Progressing an Inclusive Taught Student Education Steering Group.

Interim Head of the School of Psychology 2025-
Responsible for all taught and research programmes of study within the School of Psychology, plus all research and knowledge transfer activity. Line manager for 60 academic staff, plus 17 dedicated research staff and 12 dedicated teaching staff. The School has approximately 900 students on taught and doctoral research programmes, and collaborates with the Leeds Institute of Health Sciences in the delivery of the D.Clin.Psychol programme, and the School of Education in the Psychology with Education BSc programme. Extensive research links exist with additional schools within the University in addition to major contributions for example to the local Patient Safety, Born in Bradford, Obesity and Health, and Child Mental Health and Development research collaborations.

University Leadership & Management Responsibilities 2008-2024

Curriculum Transformation: preparing all UGs for their future

Chair, University Curriculum Enhancement Project Research-Based Learning and Core Threads Sub-Group (2010-2015): Led the group tasked with defining and operationalising the central component of the Leeds Curriculum, research-based learning (RBL) and the Core Programme Threads (CPTs) for a major five-year strategic curriculum transformation project affecting all undergraduate programmes at the University of Leeds. This central component was designed specifically to align explicitly with the University's overarching vision, to integrate research with education for all programmes of study. My working group defined RBL for Leeds,

established the requirements and guidelines for the introduction of Final Year Projects for all UG students, and defined, with students, the three CPTs (Ethics and Responsibility, Global and Cultural Insight, Employability) which are should be present in all UG programmes. The project led to the Leeds Curriculum, launched formally in 2015, placed at the heart of the Gold award-winning Leeds TEF narrative (I was one of the authors), and Final Year Project work cited by Alistair McCall (Editor) when the University of Leeds was awarded University of the Year by the Times/Sunday Times in 2017. The Global and Cultural Insight CPT was the precursor to the University's De-colonising the Curriculum Project.

Chair, Curriculum Enhancement Project Systems and Process Group (2011-15): led the working group which identified systems and process requirements for the identification, maintenance and renewal of the Leeds Curriculum, including the requirements for the Curriculum Management System to maintain and report on the Leeds Curriculum. The Group concluded that for any institution-wide initiatives to be successful and universal, systems support, via for example, a Curriculum Management System, was essential. As a brief aside, I have been on the design team now for four exercises to develop a Curriculum Management System, either as an internally built system, or with an external partner, and yet, it seems, we still do not have such a system.

Deputy Chair of the Leeds Curriculum Enhancement Project Board (2012-2015): Invited by the Chair (Pro-Vice-Chancellor for Student Education) to assume the first and only Deputy Chair role, deputised for the Chair, when she was unable to attend.

Chair, Leeds Curriculum Evaluation Group (2014 - 2019): Established the Group to undertake a developmental realist evaluation of the Leeds Curriculum, to involve input from all internal and external stakeholders, to determine the LC's universality across the University, identify lessons learned and make recommendations for the Leeds Curriculum 2. The group had external representation: Prof Murray Saunders, University of Lancaster. The final formal evaluation report was considered by the Taught Students Education Board in the summer of 2019. I would note that the final evaluation reported that the (first) Leeds Curriculum was not fully established across all schools at that point.

Assessment Strategy and Standards

Chair, University Assessment Strategy Group (2015 - 2020): Tasked with development of a vision and strategy to improve assessment and feedback practice, confidence and rigour across the University. That vision and strategy are detailed in the Leeds Expectation for Assessment and Feedback (LEAF), based on my own research work (with Dr Siobhan Hugh-Jones) and the HEA Assessment Transformation Framework, then mandated by Taught Student Education Board, incorporated into the University's Code of Practice on Assessment, and then explicitly referenced in the University's Degree Outcomes Statement for the Office for Students. I was the principal author of LEAF, principal author of the LEAF Guidelines and LEAF Implementation Framework, which I started to action across the University, and which I understand has since been supported by the University's Academic Lead for LEAF. One of the critical elements of the first Expectation is Inclusivity; LEAF was the first institution-wide initiative to introduce Universal Design for Learning. A sub-group of the ASG was established – the Working Group on Marking and Classification – with Dr Simon Baines in the chair, to examine our Rules for Award, differential degree attainment (awarding gaps), options for a grade point average system for Leeds. I was a member. Later this group assumed responsibility for the University's Degree Outcomes Statement, and reported directly to both ASG and the Standards Steering Group.

Principal Chair, Committee on Applications (2009-2024): I was invited by the University Secretary in 2009 to assume the chair of the Committee on Applications, a Committee of Senate that hears all student appeals (taught and research), and investigates charges of plagiarism, academic malpractice and cheating (taught and research). A second chair (Dr Martin Purvis initially and later Professor Norma Martin-Clement) was appointed to lead on the typically more straightforward malpractice cases, whilst I focused on appeals. As chair, I have been instrumental working closely with the Student Cases Team in; 1. Expediting consideration of cases, moving Committee meetings to monthly; 2. Renewal of Appeals procedures; 3 consolidating taught and research appeals and malpractice cases under one set of procedures and a single committee of Senate; 4. revising the University's Mitigating Circumstances procedures and processes. I was also, as Chair, involved in the appointment of two Heads of the Student Cases team. To manage a growing caseload, there are now five chairs, though I remain the longest standing, and continued typically, to manage at least one day of cases per month until the end of the 2023-24 session. I stood down, after 15 years, for a number of reasons, not least the growing time commitment needed to manage cases.

Chair, University Teaching Excellence Framework NSS Metrics and Implementation Groups (2016-2017): Led on the collation and interpretation of TEF NSS metrics, and ran the Implementation Group which developed the operational processes, reporting to the TEF Steering Group.

University infrastructure: developing colleagues, future-proofing and income generation

Chair, Learning and Teaching Support Review Board (2009-11): tasked with scoping support activity for taught and research students across the University and making recommendations for the professionalization of the service, laying the initial foundations for, and leading to the development of the current centralised professional Student Education Service.

Chair, Leeds Enhancing Education Practice Network (LEEP) (2015 - 2019): After two years of preparatory work, I established LEEP, a network of approximately 100 academic and student education service staff, to capitalise on pedagogical research undertaken at Leeds. The Network served multiple purposes; to make the best use of our own research, to act as a test-bed for new ideas, to reduce the chances of duplication, and to provide a support forum for those wishing to undertake pedagogical research. From the outset it was discipline-agnostic, instead focusing on major educational themes, such as induction and transition, or assessment and feedback, under the aegis of a number of special interest groups (SIGs). It led to the launch of several discipline-level equivalents (e.g. PRISM in the STEM subjects, ULBERG in Biological Sciences) and served as the initial framework for the creation of the Leeds Institute for Teaching Excellence (LITE), the first director of which had been convenor, at my appointment, of the Employability SIG.

Co-Chair, Professional Development Steering Group (2017-2019): with University Director of Research Innovation, established a group tasked with drawing together all the University's credit-bearing and non-credit bearing provision designed to serve as continuing professional development. We designed new approval processes and requirements for lodging all the provision on a new University business development portal. The activity was principally aimed at significant income generation, and a major uplift in the University's HE-BCI return.

Member:
University's Procurement Team for the Universal Programme and Module Catalogue (2005-6);
Steering Group for Integrated Programme Administration System (2012-13);
University Windows 7 Implementation Steering Group (2010-12);
Key Information Set Working Group (2009-10);
Graduate Board's Programmes of Study and Audit Group (2010-18);
Pricing, Scholarships and Financial Support Steering Group (2010-2018);
Mature and Part-time Study Review Group (2012-14);
Progressing an Inclusive Taught Student Education Standing Group (2013 – 2015);
University Student Health and Safety Steering Group (2010 -12);
Senate (2008-18);
Student Education Lifecycle Programme Academic Advisory Group (2018 - 2020);
University Apprenticeships Steering Group (2016-17);
Leeds Institute of Teaching Excellence Board (2015 - 2018);
University Assessment Functional Managers Team (2015 - 2019).
Faculty Education Strategy Group (2025-)

SARS-COV-2 Planning
Academic representative, as chair of the Assessment Strategy Group on the Assessment Delivery Group workstream for Adapting the Curriculum 2020 to accommodate Covid-19 secure arrangements. Involved major amendments to the University's Code of Practice on Assessment, development of multiple volumes of operational guidance, and consideration of all matters associated with assessment from definitions to graduation.

Additional activities (University level):

I am one of a small panel of Senior Investigators, trained to lead on disciplinary and grievance investigations under our Statute VII.

External Pro-Dean on Quinquennial Development Exercises (five-yearly, whole School, L&T, R, E&KT activity) in other faculties. Chair, Student Academic Experience Reviews (Schools of Medicine, Healthcare, Dentistry, Law, Chemical Engineering, Transport Studies, Philosophy, History of Science and Religious Studies).

Delivered training sessions for Staff and Departmental Development Unit

Inaugural lecture to the Leeds Evaluation Network

Principal Investigator of the University's M.A.R.K. (Making Assessment Relationships Known) Project; led to the establishment of the Leeds Curriculum Enhancement Principles for Assessment and Feedback – which became referenced in all Codes of Practice on Assessment and later codified and mandated as the Leeds Expectations for Assessment and Feedback (LEAF).

Member of the Course Validation Committee of Leeds Trinity and All Saints College (former affiliated college of the University of Leeds, now Leeds Trinity University)

National/International Education activity

British Psychological Society Graduate Qualifications Accreditation Committee (2004-2011): a member of GQAC, occasional Deputy Chair, and in later years (longest serving member) seen as the Committee's 'troubleshooter' for HEIs 'at risk'. Responsible for approximately 30 HEIs as lead reviewer. In 2008-2011, I was also one of only two UG representatives on the BPS Working Group tasked with developing the new 'Accreditation through Partnership' accreditation model which is in place today, affecting many thousands of UG and professional PG students. The WG was also responsible for redrafting all UG and PG accreditation criteria.

CERTA, (an Access Validating Agency of the QAA) (2012-16): Chair of the Access to HE Committee, overseeing the introduction of 14 general new Access to HE Diplomas, operating across Yorkshire and the Humber Region, and a CERTA Trustee. Led on the QAA Review of Access to HE Diplomas for CERTA in 2015. As Trustee involved in decision-making about financial sustainability, possible mergers with other AVAs.

External Advisor for the development of international programmes between the University of East London and HELP in Malaysia.

Delivered keynote addresses on curriculum transformation and assessment and feedback at other HEIs, and served as disciplinary external advisor for periodic reviews for a number of HEIs and institutional external QA advisor for the University of Manchester (see External Activity below for details).

National/International Research leadership activity

NOTA (National Organisation for the Treatment of Abuse): (2015 - 2024): Elected Chair of the NOTA Research Committee, led the redefinition of the NOTA research priorities, reconfigured the NOTA Research Grants Scheme, introduced more research elements into the NOTA Annual International Conference, and annually led on the decision-making about the awarding of NOTA Research Grants. Reelected in 2018.

NOTA Board member (2015 - 2024), involved in NOTA strategic planning, including oversight of financial income and expenditure.

NOTA Conference Organising Committee member (2015 - 2024): involved in the design and selection of all conference components, and since 2015 have chaired all research sessions at the annual conference.

Learning and Teaching Responsibilities

Modules/Courses Taught with module leadership

Level 1(4): Cognitive Psychology
Level 2(5): Emotion (introduced to the UG curriculum), Neuropsychology (introduced to the UG curriculum)
Level 3(6): Cognitive Neuroscience (introduced to the UG curriculum), Criminological Psychology (introduced to the curriculum)

Contributions to Modules/Courses

Level 1(4): Introduction to Psychology, Forensic Psychology (introduced to the UG curriculum), Practical Courses
Level 2 (5): Research Methods, Research Skills 3
Level 3 (6): Issues and Applications (Forensic elements), Forensic Psychology
M level: designed and contributed to M Level Advanced Research Methods and M Level Systematic Research Review
D.Clin.Psychol: Biological Bases of Behaviour (Neuropsychology) Yr 1
Neuropsychology Special Option Yr 3

Teaching evaluations from students have always been positive, consistently averaging above 4, and often above 4.5 (5-point scale) on teaching effectiveness across all levels taught.

External Examining

External Examiner for the Psychology programmes at the Universities of Aston (2007-2010), Wolverhampton (2007-2012), and Hull (2011-2014).

External Activity

Invited External Reviewing

External Advisor for University of Aston's Psychology Periodic Review (2006-7).
External Advisor to the University of East London's validation (2006-7) of the dual award BSc Bachelor of Psychology, with HELP University College, Malaysia.

External Advisor for Leeds Metropolitan University's validation of a new Psychology programme with Sport and Exercise (2006-7).
External Advisor, University of Manchester's Annual Review of the Quality Framework, 19th November, 2008, and 16th November, 2009.
External Advisor for University of East London validation (26th January, 2009) of BSc (Hons) awards in Developmental Psychology, Forensic Psychology, Critical Psychology.
Invited to act as External Advisor for South bank University's validation of a Conversion Programme for Psychology (unable to accept due to prior commitments on the validation panel date).

Professional and Statutory Body activity (British Psychological Society)

Member of the Undergraduate Education (formerly Graduate Qualifications Accreditation) Committee (UEC/GQAC, 2004-2011) of the Psychology Education Board of the British Psychological Society.

Panel member, BPS Accreditation Working Group (2008 - 2011), which developed the Society's new Accreditation through Partnership model (now in its second implementation), and the new accreditation criteria for undergraduate and all professional postgraduate programmes accredited by the Society.

Memberships

Learned Societies

Associate Fellow of the British Psychological Society (BPS)
Member, International Society for Research on Aggression
Member of the Board UK National Organisation for the Treatment of Abuse (NOTA), 2015-
Chair, NOTA Research Committee and member of the NOTA Conference Organising Committee, 2015-
Member, Association for the Treatment of Sexual Abusers (ATSA)
Trustee, Certa (an access validating agency of the QAA), Chair, Certa Access to HE Committee (2012-2016)

Other Bodies

University Member of the Board of Governors for Agnes Stewart Church of England High School, Burmantofts, Leeds.

Research Activity

Interests

The common theme to my research interests are problems of inhibitory control and the attendant emotional and behavioural problems that result. Violent and sexual offending behaviour; Inhibitory control in children and adults; Emotional and behavioural problems and their measurement following traumatic brain injury; Emotion in speech; Denial in offenders, Self-harm and most recently, sexual thoughts, and specifically the similarities and differences which might exist between thoughts of offenders and thoughts of non-offenders.

Current research activity is focused on the NIHR Programme NIHR203681: The 6-STEP AMICABLE Programme: Addressing Mental health In Custody - A Brief Learning Environment. This programme (£2.2m) aims to introduce the peer-led scheme initially developed after an earlier NIHR RfPB grant (Perry, Waterman & House, 2015 and Perry et al. 2019a and b, Perry et al. 2021), running in two local prisons to four further prisons. The focus is to train groups of prisoners (Problem Support Mentors PSMs)) in problem solving skills which they can then impart to other prisoners, either self-identified as in need of support, or referred by staff to the mentors. The PSM Scheme aims to reduce self-harm, mental health problems, and issues of violence in prison; it is the first peer-led (i.e. prisoner-led) scheme aimed at addressing mental health problems in the UK, and if the intervention is deemed to be successful (work packages 2 to 4), HMPPS plans to introduce the Scheme across all prisons in England and Wales. I co-led work package 1, to identify existing provision within the four prisons, and establish the implementation toolkit for each prison; this was successful, and completed according to the agreed timescale. Further work packages involve whole prison surveys examining mental health and self-harm, an interrupted time series design to investigate scheme impact, and economic evaluation, a 'through the gate' package to 'follow' both mentors and mentees into the community on release.

The other major research activity is the Leeds Sexual Thoughts Project (Turner-Moore and Watermen, 2017, 2022); the world's most detailed, the only international, and one of the largest surveys of male sexual thoughts ever conducted. Training days have already been provided to practitioners and members of NOTA, three keynote lectures, a symposium at ATSA and direct work with key practitioners and policy makers (e.g. Head of Evidence, Her Majesty's Prison and Probation Service, Head of Community Sex Offender Treatment Programmes) to refine the Healthy Sexual Functioning module of accredited Sexual Offender Treatment Programmes. 'Think tanks' have been held twice with senior leaders in the HMPPS policy and practice domain, to explore how working with sexual thoughts can be refined. Some of this work fed directly into the latest version of offender behaviour programmes for those with sexual offence histories, known as Kaizen and Horizon. This work is now the basis of

a collaboration with Professor Elizabeth Letourneau, Director of the Moore Center for the Prevention of Child Sexual Abuse, Bloomberg School of Public Health, Johns Hopkins University.

Pedagogical research in the past has included the University-funded M.A.R.K. Project: we believe the largest multi-disciplinary (7 disciplines) project ever conducted to examine assessment practices in real-time, with the involvement of hundreds of staff and students (Hugh-Jones, Waterman &Wilson, 2009). This research led to what are now the Leeds Expectations for Assessment and Feedback. This was commended as 'ground-breaking' by the Head of Assessment and Feedback at the HEA (now Advance HE) in 2017.

Research Supervision

I have supervised to completion (part of a team, one of a pair, or single supervisor) 34 doctoral level students (PhD, D.Clin.Psychol) since the start of my academic career. I am currently involved in the supervision of four Doctoral students. Details are shown below with nature of supervision and funding body.

Completed PhDs

1994 Jason Halford (team): *Analysis of the behaviour associated with feeding in drug induced anorexia in the rat*
1996 Etsuko Ofuka (team, ESRC): *Acoustic and perceptual analyses of politeness in Japanese speech*
1999 Denise Fairhurst (primary supervisor of pair, School Scholarship)): *Cognitive deficits in Chronic Fatigue Syndrome*
2000 Tig Calvert (co-supervisor, School Scholarship): *Assessing emotional and behavioural change in brain injured adults*
2002 Paul Smith (sole supervisor, University Scholarship): *Cognitive, psychophysiological and self-reported correlates of aggression: towards a representational model*
2002 James Cruickshank (primary supervisor of pair, School Scholarship): *Methodological issues and neuropsychological outcomes following vascular and cardiovascular surgery*
2005 Suzanne Knowles (co-supervisor, School Scholarship)): *Association between life events and difficulties, and emotional and behavioural change following traumatic brain injury*
2009 Sarah Canning (co-supervisor, Rosalind Bolton Trust): *Premenstrual syndrome: Characterisation diagnosis and treatment.*
2009 Tamara Turner-More (primary supervisor, University Scholarship): *Relationships between sexual thoughts and sexual offending behaviours: The report of adult male sexual offender*
2010 Therese Shepherd (primary supervisor): *Characterising repressive coping.*
2011 Cara Featherstone (Primary, ESRC): *Sounding sparks Incongruities and aesthetics in music and language.*
2012 Charlotte Tompkins (Primary, Self-funded/Charity PT): *Male injecting drug users and the impact of imprisonment.*
2012 Suzanne Grant (Primary, Departmental): *Risk-taking behaviour : influences of incidental and integral emotions.*
2013 Mark Hopkins (Secondary, Self-funded): *Influence of body composition, metabolism and physical activity on mechanisms controlling energy intake.*
2014 Eleanor Longden (Primary, University Scholarship): *Dissociation, victimisation, and their associations with voice hearing in young adults experiencing first-episode psychosis.*
2014 Orla O'Donnell (co-supervisor, MRC): *The co-occurrence of aggression and self-harm*
2020 Emmanuel Nii-Boye Quarshie (co-supervisor, Leeds International Research Scholarship): *Self-harm in adolescents in Ghana.*
2022 Erika Shilling (primary supervisor, ESRC): *Emotional Influences on Practical Reasoning within Social Relationships; The Development of a New Deontic Selection Task*

Completed D.Clin.Psychols

(lead or co- academic supervisor – such students are required to have a field supervisor too)

1999 Dougal Hare: *A preliminary investigation of visuo-perceptual functioning in Asperger's syndrome*
2000 Ingram Wright: *Clinical utility of a Stroop-like measure of inhibitory function development*
2001 Rachel Domone: *Emotionalism after stroke : an exploratory study of provocations*
2003 Glenda Wallace: *Exploration of learning techniques and environment with the learning disabled*
2002 Jacqueline Sheppard: *Cognitive factors in traumatic brain injury rehabilitation : patient perceptions of stress, coping and adjustment*
2004 Niamh James: *Remembering events that never happened : what causes confabulation in psychiatric forensic populations?*
2006 Keith Whittle: *Facial responses to facial expressions in dangerous and severe personality disorder.*
2007 Rachel Attfield: *The experiences of caregivers following a child's traumatic brain injury*.
2009 Chris Harrop: *Early experiences and cognitive bias in adolescent aggressive behaviour*

2014 Thomas Mountjoy: *Do clinical psychologists working in early psychosis connect clients' experience of trauma with current presentation and does this inform therapy processes?*
2016 Alice Flint: *Neuropsychological outcomes following paediatric temporal lobe surgery for epilepsy : evidence from a systematic review*
2020 Katherine Grindheim: *Prisoner-Delivery of a Problem-Solving Intervention: An Analysis of the Experiences of the Intervention and its Sustainability.*
2022 Erica Milton: *The relationship between men's sexual thoughts of coercing others and their sexual victimisation and perpetration experiences*
2022 Zulaikha Ali: *Types and Characteristics of Challenging Sexual Behaviour Exhibited by Those with an Autism Spectrum Disorder Diagnosis: A Systematic Review*
2022 Sophie Tulley: *Young people, parent/carer, and professional experiences of harmful sexual behaviour assessment, intervention, and support: a qualitative evidence synthesis*
2024 Rosie Palmer: *Prisoners' accounts of internal change as part of their rehabilitation: a qualitive investigation of written entries within Inside Time*

Current PGRs
Tom Stein, Joseph Gausden, Louise Brittleton, Faye Bohen

Also external advisor for MSc in Cognitive Neuropsychology (Dr Kerry Hinsby: awarded), University of Nottingham.

Completed MScs by Research
2010 Christopher Ford PhD. (Primary, Self-funded PT) *Learning culture and gender; with a particular focus on boys' achievement*

Doctoral Examining
I have examined PhD candidates (Kevin Tansley, Tim Green, Kirsty Brown, Philipa Cauldwell, Kathy Hampson, Jacqui Bent, Ross Bartels, Rebecca Crago, Laura Harris), a D.Clin.Psychol candidate (Lisa Brown), two D.Counselling Psychology candidates (Sara Parry, Stacy Gandolfi), an MPhil candidate (Laura Turner), and a MSc by Research candidate (Rebecca Milner).

Grant Applications (Research/Learning and Teaching) most recent first

Successful
NIHR NIHR203681 Programme Title: The 6-STEP AMICABLE Programme: Addressing Mental health In Custody A Brief Learning Environment: A peer-led 6-step problem-solving intervention using an interrupted time series and integrated matched cohort study design. First co-applicant, leading on work package 1 (April 2023-May 2024), and co-supervisor of all research staff. PI: Prof. A. Perry (University of York), other co-applicants: Dr L. Sheard (York); Prof G.Richardson (York); Dr N Wright (Spectrum Community Health CIC); Ms C Fairhurst (York); Dr A van Zyl (HMPPS); Ms D.Gibson, (Firefly FSC Ltd); Mr T.Colman (Prison Radio Association); Prof C. Hewitt (York); Ms A.Dawson (Voluntary Action Leeds). £2.2m (start 1st April 2023)

NIHR Research for Patient Benefit Programme: Assessing the feasibility of implementing and evaluating a new problem solving model for patients at risk of self-harm and suicidal behaviour in prison. Joint Lead Applicant with Dr A Perry (University of York), co-applicants: Prof. A House (Leeds), Prof. R Pawson (Leeds), Dr G. Richardson (York), Ms. A Farrin (Leeds). £248,635 (start March 2014).

University of Leeds Academic Development Fund: The MARK Project: Making assessment relationships known. 2007 £88,316. (with Siobhan Hugh-Jones)

Faculty TQEF/Raising Professional Standards: Understanding the tacit and explicit marking criteria deployed by staff in assessing UG work. 2005 £4,942.87. (with Siobhan Hugh-Jones)

Faculty TQEF/Raising Professional Standards Fund: Effective Training of Personal Tutors. 2005 £6,000. (with Deborah Murdoch-Eaton, Lynne Veal, Michael Manogue/Rob Baker).

Rosalind Bolton Trust: Evaluation of the effectiveness of St.John's Wort as an intervention for PMS. 2004, £77,421. (with Louise Dye and Nigel Simpson).

United Leeds Teaching Hospitals Special Trustees Research Scheme: Neuropsychometric Outcome of Carotid Endarterectomy, 1996 £40,900. (with Michael Gough)

E.S.R.C. Research Grant: Emotion in Speech: A Corpus-Based Study. 1994. Project reference No.: R000 23 5285. £120,000 (with Peter Roach and Carol Sherrard).

Grant Applications (Research/Learning and Teaching) most recent first

Unsuccessful

NIHR Public Health Research: An implementation and feasibility cluster randomised controlled trial of a peer-led problem solving scheme to reduce incidence of self-harm in male and female prisoners. Lead applicant – Dr Amanda Perry (University of York), co-applicants: Prof M.Waterman, Prof A.House, Dr Cathy Brennan (University of Leeds), Prof. Sharon Grace, Eden Dyson (Community), Prof. Catherine Hewitt, Prof. Gerry Richardson, Dr. Janika Jayawickrama (University of York). £559,420.00 (submitted 19/02/2019) (Re-worked as NIHR203681 AMICABLE programme, successful – see entry above).

With Tamara Turner-Moore. E.S.R.C. Research Grant: Understanding men's sexual thoughts and their relationship to health, wellbeing and sexual crime. 2015. Project reference no. ES/M010643/1 £977,000.

With Pauline Kneale, Deborah Murdoch-Eaton, Christopher Butcher, Ian Hughes, George MacDonald Ross, Michael Manogue, Mick Wallis, Higher Education Academy 'Student Attitudes within Higher Education: Aligning expectations and developing a toolkit.'. Dec. 2006 £200,000

With Nic Ward, Bob Hockey, Louise Dye, and Lawrence Smith, DETR for project titled 'Fatigue and Alcohol' August 2000, £46,401.

With Allan House and Tig Calvert, NHS Research and Development for project titled 'Determining the reliability of a semi-structured interview to assess emotional and behavioural problems after brain injury in adults. Oct. 1998 £19,900.

With Michael Gough, British Heart Foundation for project titled 'An investigation of cerebral metabolism and neuropsychometric parameters in patients with carotid artery disease undergoing coronary artery bypass surgery'. Sept. 1998 £39,900.

With Allan House and Tig Calvert, Stroke Association for project titled 'Developing a psychological understanding of emotionalism which occurs after stroke'. July 1998 £61,090.

With Allan House, NHS Research and Development for project titled 'Evaluating a psychological treatment for emotionalism'. May 1998, £104,600.

With Allan House and Tig Calvert, Wellcome Trust 'Developing a standardised disorder-specific measure of emotional and behavioural problems following moderate and severe brain injury'. Dec. 1997 £64,110.

With Allan House and Tig Calvert , MRC for project titled 'Developing a standardised disorder-specific measure of emotional and behavioural problems following moderate and severe brain injury'. March, 1997 £242,830.

Recent Conference Presentations, Meetings and Proceedings

Invited

Keynote/Plenary

Turner-Moore, T.J. and Waterman, M.G. (2022). Is it time to question the assumptions about 'deviant' sexual fantasy in the DSM? Keynote delivered at the NOTA Annual Conference. Leeds. 4th-6th May, 2022.

Turner-Moore, T.J. and Waterman, M.G. (2015). Research on sexual offenders' sexual thoughts and practitioners' reflections on the implications for treatment. Keynote delivered at the NOTA Scotland Conference. Stirling. 24th-25th March, 2015.

Waterman, M.G. (2014). What were we thinking? Assessment relationships, curriculum review and learning outcomes: the impact of serendipity and design. Keynote delivered at the University of York Learning and Teaching Conference, York, UK. 18th June, 2014.

Turner-Moore, T.J. and Waterman, M.G. (2013). Making a difference: connecting Research and Practice in the Sexual Thoughts Project. Keynote delivered at the UK National Organisation for the Treatment of Abusers (NOTA) annual conference. Cardiff, UK. 25th-27th September, 2013.

Waterman, M.G. (2012). What are we doing when we assess? Insights, evidence and some solutions. Keynote delivered at the University of Plymouth, Vice-Chancellor's Learning & Teaching Conference. Plymouth, UK. 6th July, 2012.

Waterman, M.G. (2002). Learning, Language and the Brain. Plenary paper presented at the Annual Conference of the Swedish Association of Applied Linguistics, Karlstad, Sweden, November 3-6, 2002.

Invited Webinar (chair)
Co-production, problem-solving & digital animation: Service users in prison Webinar 28th April, 2021

NOTA Postgraduate Conference Webinar 21st May, 2021

NOTA Postgraduate Conference Webinar 15th September, 2020

Invited Lectures/Symposia/Workshops
Turner-Moore, T.J., Waterman, M.G. and Briggs, D. (2015). Men's Sexual Thoughts: New Insights and Practical Implications. Training Day to be delivered to NOTA members, Leeds Beckett University, Leeds, UK. 23rd November 2015.

Waterman, M.G. and Turner-Moore, T.J. (2015). The Development of 'Deviant' Sexual Interests: Research on sexual offenders' sexual thoughts and practitioners' reflections on the implications for treatment. Workshop delivered for NOTA Midlands Branch, Birmingham, UK. 19th November, 2015.

Turner-Moore, T.J., Waterman, M.G. and Erooga, M. (2015). Exploring treatment practices for sexual offenders' sexual thoughts and the practice implications of further findings from the Sexual Thoughts Project. Workshop delivered at NOTA Scotland Conference Stirling. 24th-25th March, 2015.

Turner-Moore, T., Waterman, M.G., and Biggs, D. (2013). Contextualising Sexual Offenders' Sexual Thoughts and Fantasies: Exploring the Nexus between Research and Practice. Advanced workshop at NOTA Annual Conference, Cardiff, UK. 25th to 27th September, 2013.

Turner-Moore, T and Waterman, M.G. (2011). A Closer Look at Sexual Thoughts. Invited Symposium, ATSA, November, Toronto, Canada.3rd November, 2011.

Nakabayashi, K. & Waterman, M.G. (2007). The contact hypothesis and recall of White and Japanese faces. SARMAC (The Society for Applied Research in Memory & Cognition) VII. Lewiston, Maine, USA. 27th July, 2007.

Smith, P., & Waterman, M.G. (2007). Alternatives to PPG – Assessing deviant interest with the Emotional Stroop. Paper presented at the Lucy Faithfull Foundation/University of Birmingham Tools to Take Home 3 Conference. Birmingham, UK. 7th April, 2007.

Waterman,M.G. (2005). Thoughts on the performance of boys: A neuroscientist's view. Paper presented at the Yorkshire and Humber Comenius CILT Conference: Every Child Matters: Including Boys. Leeds, UK. 16th May, 2005.

Smith, P., & Waterman, M.G. (2004). Cognitive bias for sexual and aggressive material in offenders using the Emotional Stroop task. Invited symposium, ATSA 23rd Annual Research and Treatment Conference. Albuquerque, New Mexico. USA. 28th October, 2004.

Waterman, M.G. (2000). Consciousness: A modern perspective. Paper presented at the Northern Neuropsychology Research Group's meeting, St. James's University Hospital, Leeds, UK. May 23rd, 2000.

Waterman, M.G. (2000). The Cat, the Monkey and the Child. Paper presented at the CiLT Learning and the Brain Conference, Bradford, UK. April 4th, 2000.

Uninvited (I have not listed all the presentations given at the University of Leeds Student Education Conference; I presented at all but the six most recent of the annual conferences since the Conference's inception)

Turner-Moore, T. & Waterman, M.G. (2011). Contextualising Sexual Offenders' Sexual Fantasies: When, How, Why and a Little Bit of What? ATSA, November 2nd-5th, Toronto Canada.

Turner-Moore, T. & Waterman, M.G. (2011). The sexual thoughts offenders think. NOTA Annual Conference, 27th-30th September, Brighton, UK.

Turner-Moore, T. & Waterman, M.G. (2010). The Computerised Interview for Sexual Thoughts: A tool to explore sexual fantasies. ATSA, October, Phoenix Arizona, U.S.

Turner-Moore, T. & Waterman, M.G. (2010). The sexual thoughts of adult male sexual offenders, non-sexual offenders and non-offenders. ATSA, October, Phoenix Arizona, U.S.

Featherstone, C., Morrison, C. & Waterman, M.G. (2010). Where weird is wonderful: Incongruities and aesthetics across music and language. International Conference on Music Perception and Cognition, August, Seattle Washington. U.S.

Waterman, M.G., Hugh-Jones, S.A., Wilson, I. (2009). If we knew, we'd be getting firsts! Workshop delivered at 6th Annual Learning and Teaching Conference, University of Leeds, January, 2009.

Waterman, M.G., Hugh-Jones, S.A., Wilson, I. (2008). Assessors' thinking: what goes through their minds when they mark undergraduate Psychology essays? Paper presented at Psychology Learning and Teaching Conference, July 2008, Bath, UK.

Hugh-Jones, S.A., Waterman, M.G., Wilson, I. (2008). The thoughts markers think: using metacognition to understand assessment practices. Paper presented at 5th Annual Learning & Teaching Conference, University of Leeds, January 2008.

Shilling, E., Sutherland, E.J. & Waterman, M.G. (2007). Affective Influences on Indicative Conditional Reasoning. British Psychological Society Cognitive Section Conference XXIV August 20-22, 2007, University of Aberdeen, UK.

Smith, P., & Waterman, M.G. (2004) Processing bias in forensic samples. *Proceedings of the British Psychological Society, 12* (2), 112.

Smith, P., & Waterman, M.G. (2002) Aggression and impulsivity in forensic and non-forensic populations. *Proceedings of the British Psychological Society*.10 (2) 100.

Greasley, P., Setter, J., Waterman, M.G., Sherrard, C., Roach, P.J., Arnfield, S., & Horton, D.N.L.. (1995). *Representation of Prosodic and Emotional Features in a Spoken Language Database*. 13th International Congress of Phonetic Sciences, Stockholm, August 1995.

Ofuka, E., Valbret, H., Waterman, M.G., Campbell, N., & Roach, P.J. (1994). The role of f0 and duration in signalling affect in Japanese: anger, kindness and politeness. *Proceedings of ICSLP 94*, Acoustical Society of Japan, Tokyo, Japan.

Waterman, M.G. (1994). Emotion in music: implicit and explicit effects in listeners and performers *Proceedings of the 3rd International Conference for Music Perception and Cognition*, Deliege, I. (ed) , ESCOM Publications, Liege.

Publications

Peer Reviewed Journal Publications

Turner-Moore, T. & Waterman, M. (2023) Deconstructing "Sexual Deviance": Identifying and Empirically Examining Assumptions about "Deviant" Sexual Fantasy in the DSM, *The Journal of Sex Research, 60*(4), 429-442, DOI: 10.1080/00224499.2022.2109568

Mountjoy, T., Cardno, A.G., Gupta, A. & Waterman, M.G. (2022) To what extent do clinical psychologists working in early psychosis routinely explore trauma with their clients?, *Psychosis*, *14*(4), DOI: 10.1080/17522439.2022.2131891

Quarshie E. N-B, Shuweihdi F, Waterman M, & House, A. (2021). Self-harm among in-school and street-connected adolescents in Ghana: a cross-sectional survey in the Greater Accra region. *BMJ Open* 2021;11:e041609. doi:10.1136/ bmjopen-2020-041609

Perry, A.E. Waterman, M.G., Dale, V., Moore, K., & House, A.O. (2021). The effect of a peer-led problem-support mentor intervention on self-harm and violence in prison:An interrupted time series analysis using routinely collected prison data. *EClinicalMedicine* (2020),https://doi.org/10.1016/j.eclinm.2020.100702EClinicalMedicine 000 (2020) 100702

Quarshie, E.N-B., Waterman, M.G., & House, A.O. (2020). Self-harm with suicidal and non-suicidal intent in young people in sub-Saharan Africa: a systematic review. *BMC Psychiatry*. *20*(234), 1-26. doi:10.1186/s12888-020-02587-z

Quarshie, E.N., Waterman, M.G. & House, A.O. (2020). Adolescents at risk of self-harm in Ghana: a qualitative interview study exploring the views and experiences of key adult informants. *BMC Psychiatry 20***,** 310. https://doi.org/10.1186/s12888-020-02718-6

Quarshie, E.N-B., Waterman, M.G., & House, A.O. (2020). Prevalence of self-harm among lesbian, gay, bisexual, and transgender adolescents: a comparison of personal and social adversity with a heterosexual sample in Ghana. *BMC Research Notes*. Published online 3rd June 2020. https://bmcresnotes.biomedcentral.com/articles/10.1186/s13104-020-05111-4

Quarshie, E.N-B., Waterman, M.G., & House, A.O. (2020). Adolescent self-harm in Ghana: a qualitative interview-based study of first-hand accounts. *BMC Psychiatry*. Published online 1st June 2020 https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-020-02599-9

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Reviewing

I am a regular reviewer for the British Journal of Psychology. Also for Radiography.
I have reviewed grant applications for the ESRC, BBSRC, EPSRC and AHRB.

Consultancy and Knowledge Transfer

Several 'training days' for Forensic Practitioners (prison, community, probation). Worked with National Offender Management Service to update Healthy Sexual Functioning module of Sex Offender Treatment Programmes.

'Think tanks' with senior policy makers and HMPPS practitioners to explore the application of the findings from the Leeds Sexual thought Project in practice. 2014

Bradford Education Authority Excellence in Cities Action Zone for Boys' Achievement – academic consultant and speaker on Authority-wide intervention programme (27, 28, 29th March, 2006, 19th, 20th October, 2006) to address boys' underachievement in schools.

Invited speaker at Bishop's College Gloucester, to discuss boys' underachievement with the whole staff team.

Delivered Research Methods training to psychology team at HMP Leeds.
Delivered one-day training workshop on denial to programmes team at HMP Hull.
Invited research consultant at HMP/YOI Wetherby.
Invited research consultant to Grampian Police, Aberdeenshire.

Personal and professional development

All mandated Health and Safety training (fire, manual handling, display screen use) (annual)
University Tomorrow's Leaders Programme 2000
University Senior Leaders Programme 2008
University's Excellence in Leadership Programme 2016
Unconscious Bias Training 2016
University Senior Disciplinary Investigators Programme 2019
Currently collating evidence to support an application for Principal Fellowship of the HEA.

Personal Interests

'Classical' music (approx 6500 CDs, approx 400 LPs), and a capable music reproduction system (CD and vinyl).
Played clarinet and piano in the past, and also sung (solo and in choirs).
Good food and drink, including formal wine tastings. I like to cook. I walk and row to remain fit.
Reading and gardening are also interests.

Mitch Waterman, October, 2024

Referees:

1. Professor Paul M. Stewart,
   Professor of Medicine and Health Policy Adviser to the Vice Chancellor and former Executive Dean of the Faculty of Medicine and Health,
   University of Leeds,
   Leeds
   LS2 9NL
   p.m.stewart@leeds.ac.uk

2. Professor Pauline Kneale,
Professor Emeritus and former PVC for Learning and Teaching,
University of Plymouth,
Drake Circus,
Plymouth,
Devon
PL4 8AA
p.kneale@plymouth.ac.uk

3. Professor John Blundell,
Emeritus Chair in Psychobiology and former Head of School,
School of Psychology,
University of Leeds,
Leeds
LS2 9JT
j.e.blundell@leeds.ac.uk

Job description- Associate Non- Executive Director

Roles: Associate Non-Executive Director
Time commitment: 2-3 days per month (approximately)
Remuneration: £8k per annum (arrangements to be agreed with the University of Leeds Executive Dean)
Tenure: 2 years

Background to Appointed Associate NED role

The Trust has recently been awarded Teaching Trust status by the University of Leeds (UoL).

The achievement of Teaching Trust status signifies that the Trust has a culture of excellence in student education. Through its Teaching Trust application, the Trust has made a commitment to maintain and enhance this culture by prioritising, valuing and investing significant resources in education.

Teaching Trust status denotes a special relationship between the Trust and the UoL. As strategic partners, the two organisations have committed to work in extremely close collaboration on the delivery, planning, ongoing improvement and innovation of education for the future NHS workforce and have agreed to work together to grow their joint research capacity and capabilities and to collaborate on other projects.

The UoL's Teaching Trust Protocol provides more detail and guidance on the adoption of strategic partnerships with Teaching Trusts by the University.

UoL Associate Non-Executive Director outline job description

In line with guidance for Teaching Trusts, an Associate Non-Executive Director (NED) will be appointed from the UoL. The individual will be nominated by University of Leeds (subject to Fit and Proper Person Checks) and approved by the UoL's Nominations and Governance Committee.

Their role is to support the creation, maintenance and development of the relationship between the partners. It is intended to cement the relationship between both organisations, by establishing a postholder who is closely aligned to the leadership of both organisations and therefore understands the challenges and opportunities facing both partners. The role description which follows outlines the unique focus of the UoL Associate NED role.

Responsibilities of Appointed Associate NED

The postholder will be a non-voting Associate NED of the Trust's Board and as such has a number of clear responsibilities outlined in the job description and in the standards expected of those undertaking public roles.

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who is a public-office holder in the UK.

The Trust will provide further materials (e.g. as part of induction) which will outline the responsibilities of NHS Associate NEDs in more detail.

Role Description

The UoL Associate NED is responsible for the strategic oversight of the relationship between the Trust and the University, and for the growth and successful development of that relationship. By its nature, the main focus will be on the education partnership, but depending on the strategic plan agreed between the partners, it may also encompass the growth and development of research collaboration.

Example of specific duties

- To attend and make a full contribution to public Trust Board meetings, and Board strategy/development sessions as appropriate, agreed with the Chair.

- To attend and make a full contribution to Members' Council meetings.

- To attend board sub-committees which are relevant to the purpose of this Associate NED role, as agreed with the Chair of the Trust.

- To gain assurance that appropriate governance is in place to provide oversight of the relationship between the two partners – e.g. a Joint Partnership Board or Collaborative Oversight Group. In most cases, this post holder will chair the Joint Partnership Board (or equivalent).

- To gain assurance that there is a joint strategic plan in place between the partners, and that this stays on track to deliver through regular monitoring and challenge at the Joint Partnership Board.

- To oversee the production of formal agreements between the parties, as necessary, designed to provide a transparent and professional approach to the management of the relationship – e.g. HR Agreement, Data Sharing Agreement.

- To gain assurance there is complete transparency to demonstrate that any placement tariff income received by the trust is spent, as intended, on education and training activity related to the students in clinical placements.

- To ensure transparency of communication between the parties, including early warning of any issues which may impact the reputation of both parties or either party.

- To ensure any relationship difficulties are managed professionally and to support both organisations to manage any points of contention or disagreement to satisfactory conclusion.

- To oversee a communications strategy aimed at promoting and celebrating the success of the partnership.

- To support clinical academics working across the partnership and to ensure a workforce plan is in place to deliver a pipeline of future leaders to sustain Teaching Trust status and/or build towards a university trust application.

- To actively engage in the formal strategic review of the partnership as described in the UoL Teaching Trust Protocol.

- To promote the success of the Trust to maximise the benefits for members and for the public.

- To commit to working to, and encouraging within the Trust, the highest standards of probity, integrity and governance, and contribute to ensuring that the Trust's internal governance arrangements conform to best practice and statutory requirements.

- To provide independent judgement and advice on issues of strategy, vision, performance, resources and standards of conduct and constructively challenge, influence and help the Executive Management Team develop proposals on such strategies.

- To assist fellow Directors and NEDs in setting the Trust's strategic aims, ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives, and that performance is effectively monitored and reviewed.

- To assist fellow Directors and NEDs in providing entrepreneurial leadership to the Trust within a framework of prudent and effective controls, which enable risk to be assessed and managed.

- To assist fellow Directors and NEDs in setting the Trust's values and standards and ensure that its obligations to its stakeholders and the wider community are understood and fairly balanced at all times.

- To engage positively and collaboratively in public board discussion of agenda items and act as an ambassador for the Trust in engagement with stakeholders including the local community.

- To monitor the performance and conduct of management in meeting agreed goals and objectives and statutory responsibilities, including the preparation of annual reports and annual accounts and other statutory duties.

- To obtain assurance that financial information is accurate and that financial controls and risk management systems are robust and defensible.

- To bring independent judgement and experience and apply this to the benefit of the Trust, its stakeholders and its wider community.

- Must be able to demonstrate a commitment to, and significant knowledge of, the communities the Trust serves.

Balancing the requirements and duties of being an NHS Associate NED with the duty to the University of Leeds

As outlined above, the main purpose of the role is to support and develop the partnership between the Trust and UoL, bringing the two organisations closer to each other. However, bearing in mind that the individual is representing the UoL in this role, it is important to also consider the duty that the member of staff holds to the University as its employer and vice versa.

The postholder is required to:

- Establish good, constructive working relationships between themselves and their fellow directors.

- Focus especially on a close working relationship with the CEO/Chair of the Board.

- Ensure appropriate and effective lines of communication to enable open and honest dialogue.

- Declare to the trust any vested interest that may arise from their role at the UoL or vice versa.

- Recuse themself from any discussions and decisions that may constitute a conflict of interest.

- Include the NHS Associate NED role in their annual declaration of interests made at the UoL and include their UoL role in the Trust declaration.

- Be aware of and promote any opportunities that may arise for joint working between the UoL and the Trust. The postholder will need to maintain a balance between working in the best interests of the Trust and the University. Equal attention must be given to ensuring the reputation of both the Trust and the University.

- The Trust and the UoL also have a responsibility to balance the requirements of the postholder to ensure that their defined role and responsibilities do not place them in an invidious position and/or result in an unsustainable workload.

Key relationships and support

In undertaking these duties, the postholder will have the support of the Chair of the Trust and the Executive Dean of the Faculty of Medicine and Health at UoL.

The Director of Health Partnerships of UoL will provide operational support. Support will be available from the Trust's Corporate Governance Team.

The Trust will provide business and administrative support for partnership governance meetings, such as the Joint Partnership Board or equivalent.

The postholder will be a member of a networking group within the University for colleagues acting as NHS NEDs/Associate NEDs and charity trustees.

Time Commitment

The usual advice given by the NHS to Associate NEDs joining Teaching Trust boards is that the role will require a time commitment of approximately three days per month. Practical experience suggests this is an under-estimation of the time required, and that the commitment can at times be unevenly spread across the month. On agreement, and on regular review of a UoL Associate NED duties, there therefore needs to be a clear focus on the specific responsibilities of the role, intended to promote and support the strategic partnership between the Trust and the University.

Person specification

The Trust has identified the following skills/expertise for these appointments:

- Is an employee of the UoL and agrees to undertake the role of Associate NED within the Trust, subject to the NHS fit and proper person test.

Plus:
- Experience of working in or with large complex organisations.

- Strong relationship management and influencing skills.
- Committed to quality and delivering excellence.
- Ability to engage positively and collaboratively in public Board discussions.
- Ability to act as an ambassador for the Trust.
- Strong commitment to promoting equality, inclusion and diversity.

In addition to the expertise detailed above, the appointed candidate will need to show that they have the competencies required to be effective in a board level role. They are:

Patient and community focus	A high level of commitment to patients, carers and the community, especially to disadvantaged groups, and the values of the Trust
Strategic direction	The ability to think and plan ahead, balancing needs and constraints.
Holding to account	The ability to accept accountability and probe and challenge constructively.
Effective influencing and communication	Be able to influence and persuade others.
Team working	Be committed to working as a team member.
Self-belief and drive	The motivation to improve NHS performance and confidence to take on challenges.
Intellectual flexibility	The ability to think clearly and creatively.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 7.4

Private/Public paper:	**Public**
Title:	**Care Quality Commission Inspection Reports - Action plan update for Must and Should Do Actions**
Paper presented by:	**Darryl Thompson, Chief Nurse / Director of Quality and Professions**
Purpose:	The purpose of the paper is to provide the Members' Council with an update and assurance regarding the Trust approach to CQC concerns, inspections and our own internal process for assuring ourselves that the identified actions are being responded to in an improvement focused and timely manner.
Executive summary:	On Wednesday 6 December 2023, following inspection visits, the Care Quality Commission (CQC) published the reports into the core services of acute wards for working age adults and psychiatric intensive care units (PICU), and forensic inpatient and secure wards. These inspection reports were presented to Trust Board in January 2024. This report contains an update on the Trust's progress with regards to the action plans against the 'must do' and 'should do' actions within the CQC inspection reports. The Care Groups have identified that 'should do' actions are being approached with a clear expectation of completion. Actions are signed off as completed at Care Group level before final sign off by the Chief Nurse / Director of Quality and Professions, where the evidence of assurance is reviewed. Of note, this is a live document under a process of continual review and update. There are a number of Trust-wide issues which are outlined within the report, and these are being approached on a Trust-wide basis rather than solely at Care Group level. These include: • Monitoring of essential to job role training • Oliver McGowan training, for staff working with people with a learning disability and autistic people, and access to the webinar to complete Level 1 of the training • Appraisal recording given the system changes • Roll out of alternative exit to seclusion and use of alternative injection sites, as part of the ambition of zero use of prone restraint • Supervision of courtyards/outside spaces • Checking of emergency equipment/defibrillators All of these actions are addressed through workstreams collaboratively with colleagues from Care Groups and the Nursing, Quality and Professions directorate.

Current progress
Sixteen Acute and PICU MUST and SHOULD DO actions:

- 11 must do actions are now complete
- two are complete but awaiting further evidence from the Care Group to enable them to be signed off
- two actions are now amber as they are off track for completion. There are Trust-wide actions which will support the completion of these actions.
- There were 12 Should do actions, all of these are now complete.
- Trajectories are being agreed with the executive management team for all actions yet to be completed.

Seven Forensic service MUST and SHOULD DO actions:

- Five are now complete
- One is complete but awaiting further evidence from the Care Group to enable it to be signed off
- Once action is off track, related to the checking of emergency equipment. Action has been escalated with an enhanced focus on this in the Care Group
- There were seven should do actions. Six of these are complete. One action is off track, relating to the use of blanket restrictions and unsupervised access to outside spaces. This has been reviewed and actions taken where possible. A Trust-wide response where limitations to access remains is under development.
- Trajectories are being agreed with the executive management team for all actions yet to be completed.

In addition to the above inspections Cheswold Park Hospital was inspected by the CQC prior to becoming part of the Trust on 1 October 2024. Work has commenced with supporting the senior leadership team on site to address the must and should do actions within the report that were received by the previous provider. There are 16 must do and three should do actions. At the time of reporting the actions taken to date give a position of:

- seven complete must do actions
- two must do actions are complete but awaiting further evidence from the Forensic Care Group to enable them to be signed off
- seven must do actions are in progress and on track.

Of the three should do actions, two of these are complete and one action is in progress and on track.

The Trust continues to take an improvement focused approach to these actions, with prioritisation around completion where there were clear safety concerns. The evidence sign-off process is underpinned by both a review of the evidence, a review of the plan to embed going forward, and the commitment to embed these improvements into practice, with a clear governance process to oversee as business as usual in the longer term.

Of note, it has been agreed at the executive management team, Quality and Safety Committee and Trust Board that an abridged version of this report will be submitted going forward, only including those actions that are not yet complete. This will include the Trust's progress around prone restraint reduction.

<table>
<tr><td>Recommendation:</td><td>The Members' Council is asked to:
• RECEIVE the Care Quality Commission Inspection Reports - Action plan update for Must and Should Do Actions.</td></tr>
<tr><td>Mission/values:</td><td>The report demonstrates commitment to all of the Trust values, which are fundamental to delivering safe and effective care.
- We put the person first and in the centre
- We know that families and carers matter
- We are respectful, honest, open and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow</td></tr>
<tr><td>Strategic Objectives</td><td><table>
<tr><td>Live Our Values</td><td>✓</td></tr>
<tr><td>Be the best we can be:
• Best quality
• Best partner
• Best value
• Best place to work and learn</td><td>
✓
✓
✓
✓</td></tr>
<tr><td>Be ambitious</td><td>✓</td></tr>
</table></td></tr>
<tr><td>BAF Risk(s):</td><td>1.1 Measures are not taken to identify and address discrimination across the Trust resulting in poor patient care and staff experience
1.2 Compassionate and diverse leadership and a values-based inclusive culture is not delivered resulting in a poor workforce and service user experience.
2.1 Services are not accessible to, nor effective, for all communities, especially those who are most disadvantaged, leading to inequality in health outcomes or life expectancy.
2.2 The increasing demand for actionable analysis based on robust information systems and staff/patient voice means there is insufficient high-quality management and clinical information to meet all of our strategic objectives.
2.3 Failure to create a learning environment leads to lack of innovation and to repeat incidents.
2.4 Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care and service user outcomes.
3.1 Inability to effectively recruit, train, support the wellbeing of, and retain a skilled and engaged workforce leads to poor service user and staff experience.
4.1 Financial pressures in our systems could result in less focus on mental health, learning disability and autism, community services and/or Place.
4.2 Differing roles and levels of influence across our places and systems could lead to inequity in service provision and service user outcomes across the Trust.
4.3 Lack of or ineffective co-production, involvement and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve</td></tr>
</table>

Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	Each provider Trust within the Integrated Care System is governed by regulatory bodies. It is important that regulatory activity is monitored, learning is taken from feedback, and action is taken to remedy any findings. Regulatory bodies also identify areas of strength and good practice. Being part of the Integrated Care System allows for opportunity to share learning, findings and best practice to ensure services are delivered to the highest standard. Understanding our current position, areas of strength and areas for improvement supports us to be an engaged member of the integrated care systems support and consider opportunities for economies of scale. The progress described in this report and the completion of these actions contributes directly to the quality and safety objectives of the integrated care systems.
Any background papers / previously considered by:	Previous versions of this paper have been shared with the executive management team, Quality and Safety Committee and Trust Board. Trust Board received this version of the report on 1 July 2025.

Care Quality Commission (CQC) Inspection Reports
Action plan update for Must and Should Do Actions
Members Council August 2025

This paper was last updated in June 2025 and was presented to Trust Board in July 2025. Therefore, some dates will be past dates and a further update is due at Trust Board in October 2025.

Executive Summary

This paper provides an updated position on progress against the Must and Should Do actions which were highlighted within the two CQC inspection reports, published on 6 December 2023 (acute mental health wards and forensic wards). It also includes monitoring arrangements to ensure that any actions are embedded in practice going forward.

The Cheswold Park Hospital action plan is also now included within this report.

Review meetings of outstanding actions and evidence took place on 12 May 2025 with the three Care Group action plan leads.

Acute/Psychiatric intensive care unit (PICU)

There were 16 Must do actions, of which 11 are now complete. Three are complete but awaiting further evidence from the Care Group to enable them to be signed off. Two actions are now amber as they are off track for completion. There are some Trust-wide actions which will support the completion of these actions**.**

There were 12 Should do actions, all of these are now complete.

Forensic and secure services

There were seven Must do actions, of which five are now complete. One is complete but awaiting further evidence from the Care Group to enable it to be signed off. One action is off track, which is related to the checking of emergency equipment. A specific action has been requested to address this.

There were seven Should do actions. Six of these are complete. One action is off track, this relates to the use of blanket restrictions and outside spaces. This is being reviewed and discussed more widely.

Cheswold Park Hospital

When Cheswold Park Hospital was owned by Riverside Healthcare, the CQC inspection reported resulted in 16 Must do actions, of which five are now complete. Four are complete but awaiting further evidence from the Care Group to enable them to be signed off. Seven actions are in progress and on track. There were three Should do actions. Two of these are complete and one action is in progress and on track. The Trust is responding to these actions to ensure all learning is captured and addressed from before we were the provider.

1. Purpose of the paper

This paper provides an updated position on progress against the Must and Should Do actions which were highlighted within the two CQC inspection reports, published on 6 December 2024 (acute wards and forensic wards). It also includes monitoring arrangements to ensure that any actions are embedded in practice going forward. The Cheswold Park Hospital action plan is also now included within this report.

Of note, this is a live document. Later versions of this report are in development and will be reviewed by the Executive Management Team and the Quality and Safety Committee prior to submission to Trust Board. Therefore, some dates due for completion might be in the past tense in the data in this report. Face to face meetings to review the evidence that underpins progress continue to be held regularly, chaired by the Chief Nurse / Director of Quality and Professions. The most recent review of action progress took place on 12 May 2025.

2. Background

Following receipt of the initial feedback from the inspections in May 2023 and on receipt of the draft reports in September 2023 the Care Groups (Acute and psychiatric intensive care units (PICU) and Forensic Services) several improvement actions were put into place. Some of these actions were already in progress in existing improvement work and others were added to plans.

On 21 December 2023, two action plans were submitted to the CQC, one for each of the inspection reports. These action plans detailed how each core service plans to address the Must Do actions / regulatory breaches, along with timescales and action owners. (See Appendix 1 of this paper to see the action plans in full).

Within the inspection reports are the following:

Forensic service – seven MUST DO and seven SHOULD DO actions

Acute and PICU service – sixteen MUST DO and twelve SHOULD DO actions

When the Trust acquired Cheswold Park Hospital in October 2024, the hospitals CQC action plan became redundant due to the actions being applied to the provider at the time (Riverside Healthcare). However, the Trust is treating the action plan as live and following the same process of evidence collection, review and sign off.

Cheswold Park Hospital – sixteen MUST DO and three SHOULD DO actions

3. Action plans, oversight and assurance

The overarching Trust wide action plan and detail is summarised below. This report is updated during monthly update and assurance meetings and is also used to provide updates to our Trust CQC inspector at monthly local engagement meetings.

The CQC actions and progress against them is being overseen and assured in the following way:

4. Sign off of actions

- Forensic actions

This is completed in line with a detailed process within the Forensic care group process, with explicit governance arrangements.

- Acute/PICU actions

Sign off of the actions for acute/PICU is through the inpatient performance and quality oversight meeting with Director of Service approval.
Monthly assurance meetings

- Cheswold Park Hospital

This is completed by the leadership team at Cheswold Park Hospital and reported via the Quality Improvement Group (Quality Assurance System – Intensive Level, chaired by a Non-Executive Director)

Bi-monthly assurance meetings are chaired by the Chief Nurse (Darryl Thompson). Progress against actions is shared as part of the meetings, following which final sign off takes place once actions are completed and evidence embedded.

A SharePoint site captures changes and information which provides assurance around completion of actions and embedding of these actions into practice. Evidence is uploaded and reviewed as part of the meetings with the Chief Nurse. The Quality Governance Manager (Liam Redican) is meeting regularly with each Care Group to review and add any additional evidence onto SharePoint.

- Evidence review meetings

In addition to the meetings with Care Group leads that have been taking place to receive updates around progress against actions, from August 2024, face to face meetings have taken place with the Chief Nurse / Director of Quality and Professions and other colleagues from the nursing, quality and professions (NQ&P) directorate, to review in detail the evidence which has been submitted to SharePoint, to provide assurance against completion of the actions.

The purpose of these evidence review meetings is:

- To review the uploaded evidence against the actions and to decide whether it provides robust assurance of action completion
- To review where further work is needed or further evidence required to provide required assurance
- To agree where actions cannot be completed or where there is Trust wide improvement work which is in progress or is needed to support delivery of the action (see below for examples)

Any escalations will be shared through EMT and Quality and Safety Committee.

5. Monitoring of the embedding of changes and improvements as a result of actions

Action completion is being monitored through the above process. There is a need to ensure that any changes or improvements made as a result of actions are embedded into practice long term and any learning shared more widely if required.

Alongside the review of the actions and evidence, an additional column has been added to the main table in Appendix 1, which outlines where reporting and monitoring is held as actions become business as usual. This column is still being completed and is designed to provide oversight of ensuring that improvements continue to be monitored.

6. Trust wide developments

There are several CQC actions which are supported by Trust wide programmes of work. Whilst there are specific actions for each Care Group, detailed in the tables below, some actions are progressing on a larger scale. These actions cover several of the MUST DO actions and include:

- Regulation 12 – safe care and treatment
  - Reduction in prone restraint, use of alternative injection sites, strategies for exit from seclusion and use of safety pods
- Regulation 9 – person centred care
  - Care plan and risk assessment improvement group and the introduction of a new care plan from January 2025
- Regulation 17 – good governance
  - Use of e-seclusion

Reporting of progress of these larger scale improvement plans occurs regularly through the Quality and Safety Committee, operational management group and executive management team.

7. Care Group action plan oversight and summary

The progress of actions is measured using a blue, red, amber, green (BRAG) key. These are defined as the following:

Blue	Action complete and assurance of improvement
Blue / Green	Action reported as complete by Care Group, awaiting evidence sign off
Red	Action not started
Amber	In progress but off track from expected
Green	On track for completion by date

Full details of action pans can be seen in Appendix 1. Below is a high-level summary which outlines where there are outstanding actions to be competed against the actions.

Acute/PICU

Sixteen Must do actions

Blue	11
Blue / Green	3
Green	0
Amber	2
Red	0

CQC requirement	Status	Outstanding actions	Embedded by target date
9.1 and 9.2- person centred care – care planning and service user and carer voice in care planning (2 actions)		Review of data for 7 months. This will be reviewed in July 25 and reported in August update. • Slippage due to roll out of new care plans.	31/03/25 Updated target date of 31/12/25
12.1 – safe care and treatment – prone restraint reduction		Prone restraint has reduced within care group since inspection in 2022 and there are several Trust-wide workstreams to support further reduction: • Alternative staff seclusion exit training -standalone training offered to all inpatient areas and introduced to 4-day full reducing restrictive physical interventions training • Options paper being developed for Executive Management Team (EMT) to reconfigure 2 -day refresher training to include alternative seclusion exit training • Alternative injection site training • Individualised care planning, including exploration of alternatives, where people may request prone position is used either for physical health reasons or because of previous trauma. Given the Trust's ambition for zero prone restraint, Trustwide work continues to be reported to the Quality and Safety Committee and within the integrated performance report to Trust Board.	Aligned with Trust-wide work Updated target date of 31/03/26, in line with the Trust's trajectory.
12.2 and 12.3 – safe care and treatment			
15.1 – premises and equipment			
15.2 and 15.3 – premises and equipment			
17.1 and 17.2 – good governance			
17.3 – good governance – reviews when a person is in seclusion		• Processes in place and improvements made • Will continue to monitor for 7 months, review in July and report in August 2025	31/08/25 Updated embedded by date 31/10/25
18.1 – staffing – sufficient numbers of appropriately qualified staff			
18.2 - staffing			

18.3 – staffing – use of bank and agency (reducing this)			• Interim establishment review completed and agreed which will support the reduction in use of bank and agency. • There is a significant reduction in agency use. The use of Trust bank staff is expected to reduce given the current focus on the recruitment of Healthcare Support Workers . • Rolling programme of healthcare support worker recruitment events in place until March 2026. • Expected final sign off will therefore be March 2026.	31/03/26
18.4 and 18.5 – staffing				

Twelve Should do actions

Blue	12
Blue Green	0
Green	0
Amber	0
Red	0

CQC action	Status	Outstanding actions	Embedded by target date
Training on door top alarms			
Information for agency staff on medicines management			
Records of medicines management training			
Records of when section 17 leave has been cancelled due to staffing			
Access to medical care as quickly as possible			
Physical health monitoring following medication start			
Blanket restrictions around access to certain areas of the wards			
Care plans for those at risk of deliberate self harm			

Planning meals which take into account dietary and cultural needs of patients	
Access to hot and cold drinks and snacks at all times	
Consider amending the cleaning records or The dales and Priestley unit	
Making the seclusion policy more accessible for staff to use in practice	

Forensics

Seven Must do actions

Blue	5
Blue / Green	1
Green	0
Amber	1
Red	0

CQC regulation	Status	Outstanding actions	Embedded by target date
09 – person centred care – people who require them have positive behavioural support plans		• Awaiting seven data points on primary nursing audit • Next audit will be reviewed for sign off in August 2025	31/10/25
10 – dignity and respect			
12 – safe care and treatment – Part 1	This is one action with the action below. This part is complete.		
12 – safe care and treatment – Part 2 – checking of emergency equipment		• Emergency equipment checks now rated as amber. Progress being made but not yet 100% each week of all wards, as is expected. Action being undertaken and escalation within the Care Group and to the Chief Nurse / Director of Quality and Professions	31/03/25 Updated embedded by target date 31/08/25

		• Next review date August 2025, with expected sign off as complete by September 2025.	
13 – safeguarding service users from abuse and improper treatment – proportionate use of restraint, and use of prone restraint only as a last resort			
17 – good governance			
20 – duty of candour			
18 – staffing			

Seven Should do actions

Blue	6
Blue Green	0
Green	0
Amber	1
Red	0

CQC action	Status	Outstanding actions	Embedded by target date
Range of activities across wards			
Section 17 leave supported, particularly when attending medical appointments			
Consider options for improving the provision of food for patients			
Staff wearing scrubs when escorting patients on leave			
One page profiles are easily accessible for staff			
Involvement of carers in loved one's care			
Restrictions should be individually assessed and that restrictions are proportionate to the risks posed		• A Trust-wide audit of restrictions across mental health and secure wards has been completed. All wards compliant with expected practice, aside from variance around access to outside space on some wards. Results	30/09/24 Updated reporting date of 31/10/25

		to be discussed at the Operational Management Group. Rationale for any blanket restrictions being reviewed within Care Groups, updated position to be presented to the executive management team in October 2025.	

8. Summary

The CQC actions, outlined above, are progressing across the two Care Groups and on a Trust-wide basis (where applicable). These actions vary in complexity, and the timescale for completion also varies depending on this complexity.

There are systems in place for the Chief Nurse / Director of Quality and Professions to maintain oversight and be provided with assurance and updates on progress, which in turn will allow assurance to be provided to the Board. Monthly meetings with the Care Group leads are established and challenge is provided where required.

Monitoring of the sustainability of improvements will be monitored through Care Group processes and through clinical governance group on a six-monthly basis. The embedded by dates will allow for monitoring of how the actions have impacted and supported change across each Care Group and across the Trust.

9. Cheswold Park Hospital CQC Action Plan:

Sixteen Must do actions

Blue	5
Blue Green	4
Green	7
Amber	0
Red	0

CQC requirement	Status	Outstanding actions	Embedded by target date
9.1 Access to appropriate and meaningful activities		• Implement 25 hours structured activity and associated recording on SystmOne	March 2026
9.1 Community meetings		• Evidence reviewed and signed off 03/06/2025	June 2025
12.1 Prescribing and administration of controlled drugs		• EPMA to address issues. However, due to being high risk, a position statement has been requested	March 2026
13.4 Section 17 leave			

14.4 Access to drinking water			
15.1 Keepmoat and Lakeside seclusion rooms		• Development of a SOP for using the rooms if required	Update to be provided September 2025
15.1 Door observation panels		• To be overseen as part of the door replacement programme, with timescales reported to the executive management team. Propose to close this as an action and progress as part of the planned estates work.	Proposal to close.
16.1 Complaints handling			
17.1 Blanket restrictions			
17.1 Clinical record keeping part 1 system fit for purpose			
17.1 Clinical record keeping part 2 records complete and up to date		• Audit data being reviewed for assurance and action.	March 2026
17.1 Clinical record keeping part 3 risk assessments		• Audit data being reviewed for assurance and action.	March 2026
17.1 Clinical record keeping part 4 PBS plans		• Audit data being reviewed for assurance and action.	March 2026
17.1 MCA audits and training		• Audit data being reviewed for assurance and action.	March 2026
17.1 Ligature audits		• All audits complete. Next step is planned review of evidence for sign off	November 2025
17.1 Policies		• Program of policy introduction underway, overseen within the senior leadership team	March 2026
18.1 Staffing part 1 enough staff		• Continue with staffing initiatives in line with Trust standards and new admission schedule	March 2026
18.1 Staffing part 1 staff required knowledge and experience		• Learning needs analysis for entire staff group planned	March 2026
18.2 Training, support, supervision and appraisal		• Transition to wider Trust systems	March 2026
20.1 Debriefs			

Three Should do actions

Blue	2
Blue Green	0
Green	1
Amber	0
Red	0

CQC action	Status	Outstanding actions	Embedded by target date
Hiring processes			
Windows not obscured in nurse stations			
Family and carer involvement		• Continue to develop system and processes in line with wider Trust and Triangle of Care principles	March 2026

The Cheswold Park Hospital leadership team continue to focus on the CQC report and action plan through internal governance meetings. The introduction of Trust policies will further support the improvement of patient care and family and carer involvement. This is overseen and monitored by the Quality Improvement Group.

Appendix 1: Full detail and updates

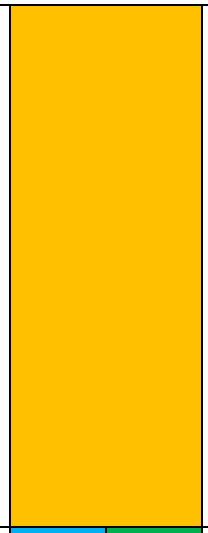
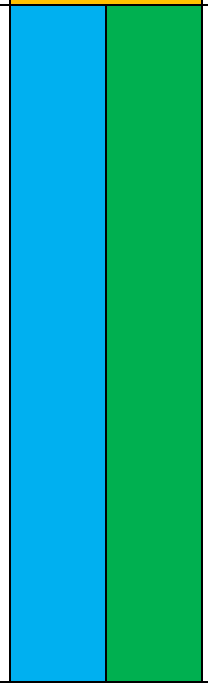
Acute and PICU MUST DO actions (evidence reviewed on 12 May 2025)

16 Must do actions

- 11 must do actions are complete (signed off in evidence review meetings)
- 3 must do actions have been reported as complete by the Care Group, and are awaiting evidence sign off
- 2 must do actions are off track due to passing the proposed initial completion date
- Evidence is regularly uploaded to SharePoint to provide assurance about action progress and completion

Regulation	How the regulation was not being met	Person responsible	Action completion date	Evidence	Status (BRAG)	Further evidence requested	Embedded by date	Ongoing monitoring
09 - Person centred care	9.1 The Trust must ensure that people have care plans in place to meet their needs and minimise any risks relating to their care, taking into account best practice	Care group senior leadership team the nursing, quality and professions (NQ&P) directorate	In line with Care plan and risk assessment improvement group and priority programme	4/3/25 – Care Plan programme (trust wide) timings slipped. New care plan now implemented from beginning of Jan. For 12 months – consistently over 90%. In Jan 25 – dip to 87.3%, due to changes in Care plan		Review of data for 7 months. This will be reviewed in July 25 and reported in August update	31/03/2025 Updated target date 31/12/25	KPI within Care Group – through performance meeting. IPR monitoring.

	guidance relating to their diagnosis and their individual circumstances including any protected characteristics (Regulation 9(1) and (3))			and roll out of new care plans. Feb – increase to 92% Metric on Tendable – considers care plan after 7 days. 1st person – service user voice.				
09 - Person centred care	9.2 The Trust must ensure that people (and, where relevant their relatives and/or carers) have the opportunity to be meaningfully involved in their care, are supported to access independent advocacy and are offered a copy of their care plans, unless this is not possible due to the person's individual circumstances (Regulation 9(1) and (3))	Care Group senior leadership team and NQ&P directorate	In line with care plan and risk assessment improvement group workstream	KPI moving forward 25/26 – questions about how the care plan has been developed collaboratively. Quality dip sample through the matron checks. Carer champions on the wards. New care plan monitoring and recording as above. Evidence: Benchmarking for Triangle of Care (ToC) and action plan Carers newsletter Advocacy monitoring on inpatient whiteboard and Tendable checks – weekly results Completion of the carer Friends and Family Testt		Similar to above action. Increase in compliance on SystmOne on sharing of care plans Review of data for 7 months.	31/03/2025 Updated target date 31/12/25	

				Care planning – as above with patient voice and involvement. Copy of care plan – on SystmOne – recent Business Intelligence dashboard and working on embedding. Compliance increasing – to embed over next 6 months. Delivered preceptorship training and a specific session about care planning.				
12 - Safe care and treatment	12.1 The Trust must ensure that action is taken to reduce the number of restraints in the prone position which are taking place on the acute and PICU wards, in line with the Mental Health Act Code of Practice and national clinical best practice guidance (Regulation 12(2)(b))	Care Group senior team and NQ&P directorate	September 2024	Training being rolled out on wards regarding seclusion exit and injection sites. RRPI team to visit wards to deliver training. This will be picked up by nursing team around trajectory and working closely with wards to deliver training locally. Evidence received shows stabilisation of data and reduction in prone restraint. Awaiting evidence review			Aligned with Trust-wide work Updated target date 31/03/26, in line with the IPR trajectory.	

12 - Safe care and treatment	12.2 The Trust must ensure that monitoring checks are carried out in line with national guidance to the greatest extent possible on each occasion following the administration of rapid tranquilisation and when patients are secluded (Regulation 12(2)(b))	Care Group senior team and NQ&P directorate	October 2024 with interim dates to submit progress against specific actions	Matron weekly Tendable checks as a baseline and to monitor against moving forwards. Changes to paperwork. Monitoring checks initiated and completed. Posters displayed in seclusion A-E document re-vamped Exploring using NEWS2 for rapid tranquilisation monitoring Metrics: Tendable Compliance audits for May, June, July – completed and demonstrated considerable improvement.			31/12/2024	
12 - Safe care and treatment	12.3 The Trust must ensure that staff receive regularly updated training on cardiopulmonary resuscitation and responding to violence and aggression (Regulation 12(2)(c))	Care Group senior team and NQ&P directorate	September 2024 with interim dates to submit progress against specific actions	CPR and RRPI training figures. Care group performance dashboards for monitoring. Metrics – overall performance for the care group Ward compliance RRPI – 83.5% overall in September Resus –			31/12/2024	

				ILS – 90.9% BLS – 90.2%				
15 - Premises and equipment	15.1 The Trust must ensure that action is taken to address the patient flow issues impacting on bed occupancy rates and admissions, particularly at Kendray Hospital, to reduce the reliance on leave beds for new admissions and prevent the need to admit patients to non-bedroom areas (Regulation 15(1)(c))	Care Group Senior Leadership Team, Estates Team, Executive Management Team (EMT) (capital allocation and sign off)		Evidence paper submitted. Local operating procedure. Clear governance process in place, including comms to SU, oversight by senior manager, ensuring risk assessments, ligature risks, privacy and dignity.			In line with CC2H programme	Normal routine business as usual. Robust processes and monitored through CCTH and Care group reporting and monitoring.
15 - Premises and equipment	15.2 The Trust must ensure that the planned refurbishment works at Kendray Hospital, Priestley Unit and The Dales are progressed as quickly as possible to ensure patients on these wards	Care Group Senior Leadership Team, Estates Team, EMT (capital allocation and sign off)		Clear dates for work completion to be determined and monitored until completion.			N/A	

	have access to a care environment which meets their needs, including those relating to any protected characteristic, and where they are not subject to avoidable restrictions on their freedom of movement within the ward (Regulation 15(1)(c))							
15 - Premises and equipment	15.3 The Trust must ensure that the care environment on all wards supports patients' privacy and dignity, particularly when wards are overlooked by areas accessed by patients of another gender or the general public (Regulation 15(1)(c))	Care Group Senior Leadership Team, Estates Team, EMT (capital allocation and sign off)	June 2024	Evidence review complete. This includes: Confirmation of installation of Integrated Blinds and statement regarding care planning when necessary to utilise specific bedrooms and Trust-wide bed base if required			N/A	

17 - Good governance	17.1 The Trust must ensure that, when a patient's capacity to consent to their treatment or to make another important decision is assessed, a record of this assessment and the outcome is kept within their care records (Regulation 17(2)(c))	Care Group Senior Leadership Team, Mental Health Act (MHA) Team, Directorate of Nursing, Quality and Professions		Tendable shows capacity assessments for individual decisions (finance etc.) Data collected by MHA office around capacity assessment completion. 2 metrics: • Consent to treatment – MHA colleagues – metrics reported in MHA Committee • Decision specific capacity assessments A manual audit has been completed and demonstrates assurance >90% that both capacity to consent to treatment and decision specific capacity assessments are undertaken and recorded. Routine monitoring is part of the weekly Matron Tendable check which includes a question about decision specific capacity assessments being documented if clinically indicated			31/03/25	
17 - Good governance	17.2 The Trust must ensure that record keeping	Care Group Senior Leadership	March 2024	Tendable data demonstrates 100%			30/09/24	

	in relation to environmental risks is kept up to date and is available for ward staff to refer to when needed. (Regulation 17(2)(b))	Team, MHA Team, Directorate of Nursing, Quality and Professions		compliance in April and May.				
17 - Good governance	17.3 The Trust must ensure that, when patients are secluded, they receive observations and medical, nursing and multi-disciplinary team reviews at the intervals stated in the Mental Health Act Code of Practice and clear records are kept to evidence this (Regulation 17(2)(c))	Care Group Senior Leadership Team, MHA Team, Directorate of Nursing, Quality and Professions	October 2024 in line with e-seclusion developments	Audits completed – good compliance. Junior medics within 1 hour completed. Independent review led by a medic – considerable improvement following discussions and training. Now sits with medical secretaries who organise independent review. E-seclusion audit.		Process implemented. Now evidencing embedding – until July. Data for Feb. Non-compliance with independent review but showing improvements (Jan and Feb). Will continue to review until July – for review in Aug	31/03/25 Updated target date 31/10/25	Monitored by care group performance meeting.
18 - Staffing	18.1 The Trust must ensure that sufficient numbers of appropriately qualified staff are available to meet	Care Group Senior Leadership Team and Directorate of Nursing, Quality and	November 2024 - (in line with annual workforce plan). This will be reviewed each month.	Evidence enough staff to facilitate leave – since May 24, <1% of cancelled leave due to staffing. Therapeutic activities – Sept-Jan – 13%	12/5/25		31/03/2025	

	people's holistic needs during their admission, including the provision of regular meaningful and therapeutic activities for patients both on the wards and away from the hospital if the patient is granted leave (Regulation 18(1))	Professions, People's directorate		Sept cancelled due to staffing, reducing month on month and Jan 3.5%. Reflecting successful recruitment into posts and improved staffing on wards.				
18 - Staffing	18.2 The Trust must ensure that there are sufficient numbers of registered nurses on each shift to meet patients' needs and provide an appropriate level of support to unqualified staff, in line with the established staffing ratios for each ward (Regulation 18(1))	Care Group Senior Leadership Team and Directorate of Nursing, Quality and Professions, People's directorate	November 2024 - (in line with annual workforce plan). This will be reviewed each month.	Monthly summary regarding safer staffing. Last 6 months data– shows meeting staffing rations for RN's. Trust target 80% - consistent over 80%.			31/3/25	Monitored through IPR monthly. Quality and performance meeting.
18 - Staffing	18.3 The Trust must ensure that action is taken to	Care Group Senior Leadership	November 2024 - (in line with annual	Continued use of bank staffing due to acuity.		Number of bank and agency staff	31/3/25	Weekly assurance meeting

	address the current high rates of bank and agency staff working on the acute and PICU wards and to ensure that the use of agency and bank workers does not negatively impact on the quality of patient care (Regulation 18(1))	Team and Directorate of Nursing, Quality and Professions, People's directorate	workforce plan). This will be reviewed each month.	Establishment review completed and agreed which will support the reduction in use of bank and agency.		used per month, since inspection (May 23)	Updated target date 31/12/26, in line with support worker recruitment plans	around use of bank and agency.
18 - Staffing	18.4 The Trust must ensure that staff receive regular appraisals in line with the requirements of the trust's appraisal policy (Regulation 18(2)(a))	Care Group Senior Leadership Team and Directorate of Nursing, Quality and Professions, People's directorate	August 2024	Now migrated across to ESR. Working on new process for documenting. Target threshold being reviewed to reduce to 90%. Ward level data through Care group dashboards. Not consistently >95% Alert system in place. Monitored through performance oversight 3 months of appraisal data to provide assurance.			30/09/2024	Trust wide action now – not for the Care Group. Appraisals monitored through OMG, IPR and Care Group performance group.
18 - Staffing	18.5 The Trust must ensure that staff receive training on	Care Group Senior Leadership Team and	New completion date of March 2025 in line	Continue to sustain e-learning element of Level 1 now above			To be aligned with Trust wide work	

	meeting the needs of people with a learning disability and autistic people at a level appropriate to their role (Regulation 18(2)(a))	Directorate of Nursing, Quality and Professions, People's directorate	with Oliver McGowan training programme	80% compliance for all wards. Awaiting rollout of webinar element of Level 1				

Acute and PICU SHOULD DO actions:

Blue and complete = 12

The Should Do action	Person responsible	Action completion date	Evidence	Status (BRAG)	Ongoing monitoring and oversight
The Trust should ensure that staff complete their training on door top alarms so these can be implemented across all acute and PICU wards as soon as possible	Care group leadership team	May 2024	Plan for door top alarm go live Implementation of door top alarm sign off		
The Trust should ensure that written information for agency workers at Kendray Hospital is reviewed and updated to include accurate information on the Trust's medicines management system	Care group leadership team	May 2024			
The Trust should ensure that more accessible records are kept of medicines management training and staff competency assessment to provide high level assurance that all staff who	Directorate of NQ&P, Pharmacy	31/03/24	4/3 – using e-rostering to record when staff have done medicines with respect oral and IM. This allows a report to be pulled		Monitor quarterly in Quality and performance meeting.

require these training updates are receiving them			and monitored. Face to face training.		Dashboard development around essential to job role training – review of training – mandatory training.
The Trust should ensure that clear records are kept on all wards of instances where Section 17 leave is cancelled due to staffing pressures and that action is taken to address any concerns identified from this data	Directorate of NQ&P	31/07/24	Data for monitoring of completion of section 17 leave and record of any cancelled leave and reasons		
The Trust should ensure that patients are able to access medical care as quickly as possible when this is needed, including out of hours	Care group leadership team	31/07/24	Ongoing process of monitoring incidents.		
The Trust should ensure that all patients who meet the criteria for enhanced physical health monitoring due to their medication start receiving these checks as soon as possible following the prescription of the medication	Care group leadership team, Pharmacy	31/12/24	Specific high dose anti-psych monitoring form. On tenable as a question. Data June-Oct 100% physical health monitoring. Monitoring and oversight added.		
The Trust should ensure that the restrictions on patients' access to certain areas of the wards at Kendray Hospital are kept under review and kept to the minimum level of restriction necessary to keep people safe from avoidable harm	Care group leadership team	30/09/24	Completion of works related to Clark ward		

The Trust should ensure that care plans for people at risk of deliberate self-harm include guidance for staff on how to support the person to minimise the risk of them resorting to self-harming behaviour as well as guidance on how to support them if self-harm does occur	Care group leadership team	30/04/24	Good practice guide. Weekly matron checks. Data for 7 months demonstrates good compliance. New care plan will enhance this.		
The Trust should ensure that patient feedback on the availability of food to meet dietary and cultural needs is taken into account when menus are planned for all wards	Catering Team	30/09/24	Terms of reference for nutrition steering group. Patient experience feedback on food Community meeting minutes where food was discussed.		
The Trust should ensure that patients are able to access hot and cold drinks and snacks at all times on all acute and PICU wards unless this has been individually risk assessed as unsafe	Care group leadership team	30/09/24	Confirmation of access to hot and cold drinks and snacks on acute wards		
The Trust should consider amending the cleaning records template for The Dales and Priestley Unit to align with the other Trust services and provide assurance that specific areas of the ward are being regularly cleaned in line with the Trust policies	Estates and Facilities	31/12/24	Cleaning reports from The Dales and Priestley unit		
The Trust should consider reviewing the seclusion policy to make this more accessible for staff to use in practice	Care group leadership team, Directorate of NQ&P	31/12/24	Update to seclusion policy which has been agreed at clinical policy group.		

			Full review of policy due in 2025.		

Forensic service MUST DO actions (evidence reviewed 12 May 2025)

7 Must do actions

- 5 must do actions are complete (signed off in evidence review meetings)
- 1 must do action has been reported as complete by the Care Group, and is awaiting evidence sign off
- 1 must do action is off track due to passing the proposed initial completion date
- Evidence is regularly uploaded to SharePoint to provide assurance about action progress and completion

Regulation	How the regulation was not being met	Person responsible	Action Completion date	Evidence	Current status (BRAG)	Further evidence requested	Embedded by date	
09 - person-centred care	The Trust must ensure patients, who require them, have relevant behavioural support plans that enable staff to meet their needs and provide person centred care. Regulation 9 (3)(a)(b)	Clinical manager, lead matron and NQ&P directorate	August 2024	PBS Pathway Service Delivery document now operational. Screening Tool live on SystmOne. Clarity on roles and responsibilities. Monitored on primary nursing audit (quarterly), overseen by the care groups quality governance leads		7 data points on primary nursing audit	31/03/25 Updated target date 31/10/25	
10 – dignity and respect	The Trust must ensure confidential spaces where service users share sensitive information are private and that conversations cannot be	Senior estates manager Forensic care group managers	January 2024	Uploaded to SharePoint: • One email thread around the strips being completed and any improvement noted • One email around increasing staff			November 2024	

	overheard by others. Regulation 10(1)(2)(a)			vigilance to areas where confidential information can be heard. • Copy of revised environment check paperwork • Audit work completed to check for noises in confidential spaces.				
12 – safe care and treatment 12- safe care and treatment **part 2**	The Trust must ensure ligature risk assessments are up to date and accessible for all staff Regulation12(d)(e)	Clinical lead for security Ward managers/governance team Clinical environment safety group	March 2024	Uploaded to SharePoint: • QI Action plan • Risk summary document • Ligature photos • All induction checklists • Bank leaflet • Risk handover document • Security update slide set • Ligature audit • Copy of yellow folder				
	That all equipment used has been checked to ensure it is safe to use.	As above	As above	Audits show some wards consistently achieving 100% compliance. Performance held for last 6 months, confidence required across all wards (96.5% correct checks across all wards, last 6		Requires 7 months evidence of compliance. Processes in place for oversight and monitoring of this.	31/03/25 Updated target date 31/08/25	Forensic governance meeting review report.

				months). 100% required. Will be reviewed in 3 months (August 2025) Further work required on consistency across the care group. Will be escalated to Care Group Governance Group for discussion and next steps. Ward Managers only to undertake checks on Mondays		Wider work looking at the policy and when checks are completed.		
13 – safeguarding service users from abuse and improper treatment	The Trust must ensure that the use of restraint is proportionate to the risks posed. This includes ensuring person centred attempts at de-escalation have been attempted in line with patients' care and positive behavioural support plans prior to restraint. The Trust must also ensure prone restraint is only used as a last resort and is carried out safely.	Care Group leadership team and NQ&P directorate	September 2024	Low prone Uploaded to SharePoint: • Blank highlight report • FISC March agenda • FISC March presentation • FISC March minutes - draft • Analysis of highlight reports so we can develop a report of themes at the end of July and end of September.	12/5/25			

	Regulation 13 (4)(b)							
17 – good governance	The Trust must ensure that it is accurately monitoring and managing the quality and safety of all wards and ensure it has effective oversight of the use of prone restraint and is managing this appropriately. Regulation 17(1)	Senior managers NQ&P directorate	September 2024, with interim dates to submit progress against specific actions	Uploaded to SharePoint: • Inpatient highlight report template • FISC Minutes Jan, March & May 2024 • FISC March presentation • FCG Governance framework • Forensic management structure • TOR for security committee. • TOR for inpatient governance. • Flow of FISC minutes into FCG - agenda			December 24	
20 – duty of candour	The Trust must ensure that all staff understand the duty of candour and follow this correctly. Staff must send a letter following a verbal apology. Regulation 20	Lead Matron	December 2023	Uploaded to SharePoint: • Inpatient quality governance report template • Incident monitoring agenda • DoC incidents Jan-May 24			31/12/25	
18 – staffing	The Trust must ensure all staff are receiving the	Senior management team NQ&P directorate	March 2024	Uploaded to SharePoint:			31/03/25	

	required level of supervision and training in accordance with trust policy. The Trust must ensure all staff receive appropriate training to enable them to meet the needs of people with a learning disability and autistic people. 18(2)a		New completion data: March 2025 – in line with target completion date for OM training	• Highlight report template, • Minutes from management team meeting, • 2 x Oliver McGowan training compliance • Copy of dashboard to show uptake and stats. • 23-24 Q4 commissioner highlight report (adult secure inpatient) • Supervision and training stats from dashboard				

Forensic service SHOULD DO actions

- Seven should do actions
- Blue and complete = six
- Amber and off track = one

The Should Do action	Person responsible	Completion date	Evidence	Status (BRAG)	Embedded by date
The Trust should ensure that patients are able to engage in a range of activities across all wards	Care group leadership team	31/10/24	25 hours activity. 100% compliance for few years. Activities on board, record who has taken part and who has declined. IT training on induction.	12/5/25	Forensic KPI – reported to commissioners.

The Trust should ensure patients are supported to take Section 17 leave, particularly when this involves patients attending medical appointments	Care group leadership team	31/07/24	Section 17 leave recording of completed and cancelled leave		
The Trust should consider its options for improving the provision of food for patients	Care group leadership team and Catering Team	31/10/24	Catering meeting minutes Forensic care group process You said we did poster		
The Trust should ensure patients privacy and dignity is considered when staff accompany them on section 17 leave in relation to wearing of scrubs	Care group leadership team	31/10/24	Auditing of staff escorting service users whilst wearing scrubs June and September 24		
The Trust should ensure that all patient's one-page profiles are easily accessible for all staff	Care group leadership team	30/04/24	One page profile template and review of completed profiles		
The Trust should ensure where appropriate carers have opportunities to be involved in their loved one's support	Care group leadership team	30/09/24 S1 template to record carer involvement.	Carers bags Carers involvement Carers noticeboard Triangle of care action plan Audit of carer involvement	12/5/25	To send data.
The Trust should ensure that restrictions are individually assessed and blanket restrictions are a proportionate response to risks posed	Care group leadership team	4/3 – review of blanket restrictions and how these are recorded. Including a review of the use of restrictions in courtyard/outside spaces. For discussion at EMT. Blanket restrictions are reviewed monthly. Review dates being updated to add into recording template. Patients are individually risk assessed 30/09/24	Forensic blanket restrictions information and community meeting minutes		Updated target date 31 10 25.

		Evidence uploaded to SharePoint A Trust-wide audit of restrictions across mental health and secure wards has been completed. All wards compliant with expected practice, aside from variance around access to outside space on some wards. Results to be discussed at the Operational Management Group. Rationale for any blanket restrictions being reviewed within Care Groups, updated position to be presented to the executive management team in October 2025.			

Cheswold Park Hospital MUST DO actions (evidence reviewed 12 May 2025)

The service received 16 MUST DO actions:

- 5 must do actions are complete (signed off in evidence review meetings)
- 4 must do actions have been reported as complete by the Care Group, and are awaiting evidence sign off
- 7 must do actions are in progress and on track
- Evidence is regularly uploaded to SharePoint to provide assurance about action progress and completion

Regulation	How the regulation was not being met	Person responsible	Action completion date	Evidence	Status (BRAG)	Further evidence requested	Embedded by date
09 – Person Centred Care	The provider must ensure that patients have access to appropriate and meaningful activities 7 days a week, on and off the ward and that this is documented (9.1)	Associate Director of Nursing, Quality and Professions (EC)	November 2025	Activities are offered daily Continued review of the variety of activities available and access to external support through Creative Minds		Implement 25 hours structured activity and associated recording on SystmOne	March 2026

09 – Person Centred Care	The provider must ensure that all wards at the hospital hold regular ward community meetings with the patients and they are documented (9.1)	Service Manager (EB)	June 2025	All community meetings now minuted, and minutes are submitted for assurance purposes You said, we did in place Acknowledged in most recent CQC report Evidence reviewed and signed off 03/06/2025		Example minutes saved to folder	June 2025
12 – Safe care and treatment	The provider must ensure that all regulations relating to the prescribing and administration of controlled drugs are followed (12.1)	Associate Director of Nursing, Quality and Professions (EC) / Chief Pharmacist (KD) / Clinical Lead (JP)	March 2026	High risk, ongoing issue QI task and finish group commenced Dec 24 Meeting held with Speeds Pharmacy 31/1/25 All learning from medication incidents to be shared at the newly formed Patient Safety and Quality forum from Feb 25 EPMA to address (likely October) Position has improved with strong leadership oversight (quality and medical)		Need a position statement on action currently being taken whilst awaiting implementation of EPMA	March 2026
13 – Safeguarding	The provider must ensure that all Section 17 leave is based on patient need as required by the MHA Code of Practice (13.4)	Associate Director of Nursing, Quality and Professions (EC)		Very low numbers of S17 leave cancelled Recorded as an incident on Datix if necessary	18/3/25		
14 – Nutrition and Hydration	The provider must ensure that patients always have free access to drinking water (14.4)	Associate Director of Nursing, Quality and		Water fountains moved following inspection	18/3/25		

		Professions (EC)					
15 – Premises and Equipment	The provider must ensure that the Keepmoat and Lakeside seclusion suites are fit for purpose and maintain the privacy and dignity of patients (15.1)	Associate Director of Nursing, Quality and Professions (EC) / Head of Estates (NP)	June 2025 for mitigation statement Longer term regarding estate changes	Audit of the seclusion environments undertaken in Feb 2025 using the new CQC Brief Guide. Update report to be provided to the executive management team in line with estates timescales in September 2025.		A SOP to be developed	Update to be provided September 2025
15 – Premises and Equipment	The provider must ensure that all doors in rooms used by patients have observation panels with integrated blinds/obscuring mechanisms (15.1)	Associate Director of Nursing, Quality and Professions (EC) / Senior Planning Manager (SI)	Being reviewed in line with the broader door replacement programme.	Door replacement works underway which include integrated observation panels			Propose to close this as an action and progress as part of the planned estates work.
16 – Complaints	The provider must ensure that their complaints process and accompanying processes and policies are fit for purpose and ensure all complaints can be reviewed appropriately (16.1)	Associate Director of Nursing, Quality and Professions (EC) and (SW)	May 2025	CPH policy reviewed as part of the due diligence process and continued review with a plan to introduce the Trust process from April 2025 All complaints to be back dated to recorded on Datix (1/10/24 to present date) Oversight of complaints now with the Associate Director of Nursing, and Service Director	12/5/25		

17 – Good governance	The provider must ensure that all blanket restrictions are reviewed and documented whilst complying with the MHA (17.1)	Associate Director of Nursing, Quality and Professions (EC)	May 2025 for the audit, align with Trustwide work regarding blanket restrictions	The blanket restrictions have been reviewed and updated CPH will transfer to Trust policy Q1 25/26	12/5/25		
17 – Good governance The provider must ensure that: the hospitals care record system is fit for purpose and all patient care records, risk assessments and positive behaviour plans are completed and updated as needed (17.1)	The provider must ensure that the hospitals care record system is fit for purpose	Associate Director of Nursing, Quality and Professions (EC) / Head of Nursing (AB)		SystmOne introduced in April 2025			
	all patient care records are completed and updated as needed	Associate Director of Nursing, Quality and Professions (EC)	December 2025	Record keeping training and the Trust care plan and risk assessment training will be introduced in Q1 25/26		Evidence from audits	March 2026
	risk assessments are completed and updated as needed	Associate Director of Nursing, Quality and Professions (EC)	December 2025	Record keeping training and the Trust care plan and risk assessment training will be introduced in Q1 25/26		Evidence from audits	March 2026
	positive behaviour plans are completed and updated as needed	Associate Director of Nursing, Quality and Professions (EC)	December 2025	Record keeping training and the Trust care plan and risk assessment training will be introduced in Q1 25/26		Evidence from audits	March 2026
17 – Good governance	The provider must ensure that the use of the MCA is audited, and staff are provided with	Associate Director of Operations (ER)	December 2025	The Trusts MHA team provide support to CPH including a review of systems, processes and roles		Training in line with Trust standards	March 2026

	effective training on its use (17.1)			Training remains with CPH with 99% compliance rate Plan to introduce Trust training and policies in 25/26		MCA audit results	
17 – Good governance	The provider must ensure that all hospital areas have up to date ligature risk assessments in place (17.1)	Associate Director of Nursing, Quality and Professions (EC)	July 2025	All wards complete. Awaiting two seclusion rooms currently occupied (will be audited ASAP)		All complete, require evidence	November 2025
17 – Good governance	The provider must ensure that all policies relating to the safe care and treatment of patients have been reviewed and updated as required (17.1)	Associate Director of Nursing, Quality and Professions (EC) / Associate Director of Operations (ER)	March 2026	All clinical policies reviewed as part of the due diligence A trajectory of the introduction of Trust Policies is to be presented to EMT 20/2/25		Program of policy introduction saved to folder	March 2026
18 – Staffing The provider must ensure that there is enough staff, with the required knowledge and experience, to keep patients and staff safe (18.1)	The provider must ensure that there is enough staff	Associate Director of Operations (ER)	October 2025	Implemented MHOST Staffing RAG tool Escalation procedure in place Transitioned to e-rostering to support more robust planning and to ensure oversight of skill mix Utilising Trust-wide bank			March 2026

	with the required knowledge and experience, to keep patients and staff safe	Associate Director of Operations (ER)	October 2025	A scheduled learning needs analysis for whole staff group is planned There is a programme of work for ward manager development underway All staff to transition to Trust mandatory training to ensure a competent and well-informed workforce			March 2026
18 – Staffing	The provider must ensure that all staff receive appropriate training, support, supervision and appraisal in line with the providers policy (18.2)	Associate Director of Nursing, Quality and Professions (EC) / Associate Director of Operations (ER)	March 2026	Training figures good (99% compliance on mandatory) Supervision figures good Appraisal figures good Introducing Trust mandatory training Planned introduction of Trust Supervision Policy Review of supervision structure underway Planned move to the Trust appraisal process			March 2026
20 – Duty of Candour	The provider must ensure that all staff and patients receive appropriate debriefs following incidents and that these are recorded (20.1)	Associate Director of Nursing, Quality and Professions (EC) / Head of Nursing (AB)	May 2025	Improved and further strengthened following the introduction of PSIRF and Datix Overseen by Local Patient Safety Oversight Group	12/5/25		

Cheswold Park Hospital SHOULD DO actions:

The service received 3 SHOULD DO actions, alongside the MUST DO actions:

- X actions are complete
- X actions has been reported as complete by the Care Group, and are awaiting evidence sign off.
- X actions are in progress and on track
- X actions is off track due to passing the proposed initial completion date.

The Should Do action	Current position as at March 2025	Person responsible	Action to be taken	Completion date	Status (BRAG)	Embedded by date
The provider should consider reviewing the hiring processes of the hospital to ensure newly employed staff have the knowledge and experience to complete their roles effectively	The Trust recruitment processes have been introduced to CPH	Associate Director of Operations (ER)			18/3/25	
The provider should ensure that windows are not obscured in the nurses' station on each ward	Removed at the time of inspection and continues to be monitored in the environmental checks	Associate Director of Nursing, Quality and Professions (EC)			18/3/25	
The provider should ensure that they consider the needs of patients' families and carers and involve them in the patients care where possible	The Trust values have been introduced and collaboration with family and carers in the patients care is communicated in leadership meetings The social work team and the family liaison lead are currently reviewing the family and carer leaflet and introducing the FFT Designated family and carer role and links to the wider Trust offer Beginning to explore Triangle of Care	Associate Director of Nursing, Quality and Professions (EC) / Social Worker (LM)		March 2026		March 2026

11. Understanding the impact of changes

A number of the actions are part of ongoing improvement work across Care groups and Trust wide. The impact of changes made as a result of these improvement programmes is reviewed on an ongoing basis and using the following data and intelligence:

- Complaints/concerns raised – for example this is being monitored as the Triangle of Care work progresses and through the dashboard that is reviewing the impact of this work on carers experience
- Friends and family test, service line patient experience surveys and carers feedback
- A reduction in the use of prone restraint through the improvement work on exit strategies from seclusion, safety pods and alternative injection sites. This is reported on a monthly basis through RRPI trust action group and within the integrated performance report
- The number of ligature related incidents monitored and reviewed through clinical environment safety group
- Staff culture and retention of staff, reported through Care group quality and governance meetings, annual staff survey, leavers surveys and oversight of supervision recording, mandatory training compliance and appraisal completion are monitored through Care Group dashboards reviewed at operational management group
- Improvement in the quality of care plans, monitored through audit processes within the service
- Reduction of the use of out of area beds and the provision of care closer to home. Monitoring and reporting of this will include understanding how this reduction has impacted on the holistic care, pathway and journey of the individual patients. This programme monitored and reported on through mental health inpatient performance and quality oversight group
- Improved seclusion experience for patients through the development of and improvement to the use of e-seclusion, monitored through audits of seclusion records, patient experience information and reduction in Datix incidents

Sarah Whiterod – Associate Director of Nursing, Quality and Professions

Liam Redican – Quality Governance Manager

Glossary of terms

Acronym	Full version
BLS	Basic Life Support Training
BRAG	Blue Red Amber Green
CC2H	Care Closer to Home
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
DoC	Duty of Candour
EMT	Executive Management Team
EPMA	Electronic Prescribing and Medicines Administration
FISC	Forensic Inpatient Security Committee
FCG	Forensic Care Group
ILS	Immediate life support training
LD	Learning Disability
MCA	Mental Capacity Act
MHA	Mental Health Act
NEWS2	National Early Warning Score 2 – a tool to identify physical health deterioration
NQ&P	Nursing, Quality and Professions
OM	Oliver McGowan training for people with a learning disability and autistic people
OMG	Operational Management Group
OPP	One Page Plan
PBS	Positive Behaviour Support planning (a therapeutic approach for learning disability)
PICU	Psychiatric Intensive Care Unit
PSOG	Patient Safety Oversight Group
RRPI	Reducing Restrictive Physical Interventions
SOP	Standard Operating Procedure
SPC	Statistical Process Control
TBC	To Be Confirmed
ToC	Triangle of Care
ToR	Terms of Reference
QI	Quality Improvement

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 7.5

Private/Public paper:	**Public**
Title:	**Assurance from Members' Council Groups and Nominations Committee (to be taken as read)**
Paper presented by:	**Andy Lister, Head of Corporate governance**
Purpose:	The purpose of the paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality, Inclusion and Involvement Committee (EIIC).
Executive summary:	The current vacancies are as below: <u>Members' Council Co-ordination Group (Two vacancies)</u> Vacancy - Appointed governor Vacancy - Public governor - Wakefield <u>Members' Council Quality Group</u> No vacancies <u>Nominations Committee</u> No vacancies <u>Equality, Involvement and Inclusion Committee</u> No vacancies
Recommendation:	The Members' Council is asked to: • **RECEIVE** the update.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Strategic Objectives	Live Our Values ✓ Be the best we can be: • Best quality ✓ • Best partner ✓ • Best value ✓ • Best place to work and learn ✓ Be ambitious ✓
BAF Risk(s):	All BAF risks

<table>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td>Through the utilisation of a thorough and transparent appointment processes, the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships.</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Background
1. The Members' Council has the following process for appointing governors to the Members' Council groups and committees (full process is attached):

<table><tr><td>Step 1</td><td>When a vacancy arises, governors are invited to self-nominate, supported by a brief verbal or written statement about why they are putting themselves forward.
If only one self-nomination is received, they will automatically fill the vacancy, otherwise the process will move to Step 2.</td></tr><tr><td>Step 2</td><td>If more than one self-nomination is received for a vacancy, the Members' Council Co-ordination Group will discuss the self-nominations, supported by input from the Chair, and make a recommendation to the full Members' Council.</td></tr></table>
It is expected that governors are a member of only one group to allow opportunities for more governors to be involved. However, if sufficient membership is not reached through the self-nomination process this would be extended to two. It is noted that the one group rule does not apply to the Lead Governor, Deputy Lead Governor and the representative for the Rest of Yorkshire and the Humber representatives.</td></tr>
</table>

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 7.6

<table>
<tr><td>Private/Public paper:</td><td>Public</td></tr>
<tr><td>Title:</td><td>Assurance from Members' Council Groups and Nominations Committee (to be taken as read)</td></tr>
<tr><td>Paper presented by:</td><td>Marie Burnham, Chair</td></tr>
<tr><td>Purpose:</td><td>The purpose of this paper is to provide assurance to the Members' Council that their Co-ordination Group, Quality Group and the Nominations Committee are fulfilling their remit and meeting their terms of reference through the quarterly assurance update (below).</td></tr>
<tr><td>Executive summary:</td><td>Members' Council Co-ordination Group (MCCG)
The Co-ordination Group co-ordinates the work and development of the Members' Council and:
• With the Chair, develops and agrees the agendas for Members' Council meetings.
• Works with the Trust to develop an appropriate development programme for governors (both ongoing development and induction for new governors).
• Acts as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

<table>
<tr><td>Date</td><td>24 June 2025</td></tr>
<tr><td>Presented by</td><td>John Laville, Lead Governor (Chair)</td></tr>
<tr><td>Key items for Members' Council to note</td><td>• The group received an update on the updated Governor Handbook.
• Governors approved appointments to the Members' Council and Trust Board sub-groups.
• The Group received an update for governor attendance at Members' Council meetings.
• The group received the annual training programme for 2025/26.
• The Group received the action log of the Members' Council Biennial Evaluation.
• The Group received a verbal and paper update of the progress against Members' Council Objectives.
• The Group received updates and feedback from governors only meetings.
• The Group discussed and approved the Members' Council agenda for 19 August 2024 and agreed on the deep dive topic.
• The Group received a verbal update on the Trust Annual Members' meeting
• The Group received a verbal update on the PLACE visits schedule.</td></tr>
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	• Governors received the Quality Assurance System visits quarterly schedule. • The Group received an update on the Trust's ambition to achieve Teaching Trust status. • The group received the Members' Council Co-ordination Group work programme 2025/26.
Approved notes of previous meeting to be received	Approved notes of the meeting held on **23 March 2025** *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Members' Council Quality Group (MCQG)

The Quality Group supports the Trust in its approach to quality through the Trust's quality priorities and:

- Has high-level discussions on quality of care (using the quality performance report to lead the discussion).
- Monitors the quality of care and facilitates discussion on patient experience, patient safety and clinical effectiveness.
- Supports the production of the Trust's Quality Account.

Date	**14 July 2025**
Presented by	Phil Shire, Public Governor Calderdale (Chair)
Key items for Members' Council to note	• The group received and discussed the Integrated Performance Report (IPR). • The group received an update on the Care Quality Commission (CQC) action plan. • The group received an update on the Quality Assurance System (QAS). • The group received a copy of the final Quality Account. • The group received the Patient Safety Oversight Annual Report. • The group received the Patient Experience Annual Report. • The group met with the ADHD/ASD Team based at the Manygates Clinic in Wakefield. • The group reviewed the Members' Council Quality Group work programme for 2025/26.
Approved Minutes of previous meeting to be received.	**Approved notes of the meeting held on 22 April 2025.** ***Please note these notes may be redacted if they contain personal, sensitive or confidential information.***

Nominations Committee

The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the:

- Identification, nomination and appointment of the Chair and Non-Executive Directors of the Trust.

<table>
<tr><td></td><td>

Identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board.
Identification, nomination and appointment of the Lead Governor and Deputy Lead Governor of the Members' Council.

<table>
<tr><td>Dates</td><td>16 July 2025</td></tr>
<tr><td>Presented by</td><td>Marie Burnham, Chair</td></tr>
<tr><td>Key items for Members' Council to note</td><td>

The Committee approved the job description for an Appointed Associate Non-Executive Director from the University of Leeds.
The Committee supported the recommendation to the Members' Council to appoint an Appointed Associate Non-Executive Direction from the University of Leeds.
The Committee received the Nominations Committee work programme for 2025/26.

</td></tr>
<tr><td>Approved Minutes of previous meetings for receiving</td><td>Approved notes of the meeting held on:

11 April 2025
30 April 2025

Please note these notes may be redacted if they contain personal, sensitive or confidential information.</td></tr>
</table>
</td></tr>
<tr><td>Recommendation:</td><td>The Members' Council are asked to:

RECEIVE the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee.

</td></tr>
<tr><td>Mission/values:</td><td>Good governance supports the Trust to deliver its mission and adhere to its values.</td></tr>
<tr><td>Strategic Objectives</td><td>
<table>
<tr><td>Live Our Values</td><td>✓</td></tr>
<tr><td>Be the best we can be:

Best quality
Best partner
Best value
Best place to work and learn

</td><td>✓
✓
✓
✓</td></tr>
<tr><td>Be ambitious</td><td>✓</td></tr>
</table>
</td></tr>
<tr><td>BAF Risk(s):</td><td>All BAF risks</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td>The Trust regularly reviews that its own objectives are aligned to those of our systems and places as well as taking account of national guidance and requirements.</td></tr>
</table>

Any background papers / previously considered by:	Previous quarterly and annual reports to the Members' Council.

Notes of the Members' Council Co-ordination Group
26 March 2025 09.30 – 11:30
Meeting held virtually by Microsoft Teams

Present:	John Laville (JL)	Public Governor – Kirklees (Lead Governor) Chair of the Group
	Marie Burnham (MBu)	Chair of the Trust
	Bob Clayden (BC)	Public Governor - Wakefield
	Bob Morse (BM)	Public Governor - Kirklees
	John Lycett (JLy)	Public Governor - Barnsley
In attendance:	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Gemma Lockwood (GL)	Corporate Governance Manager
	Izzy Worswick (IW)	Assistant director of corporate governance
Apologies (members):	Leonie Gleadall (LG)	Staff Governor – Non-clinical support
	Adam Jhugroo (AJh)	Public Governor – Calderdale
	Natalie McMillan (NMc)	Non-Executive Director
	Fatima Shahzad (FS)	Public Governor - Rest of Yorkshire and the Humber. Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire
	Claire Den Burger-Green (CDBG)	Deputy lead governor/ publicly elected governor – Kirklees
Apologies (in attendance):	Andrew Betteridge (AB)	Corporate Governance Administrator (author)
	Deborah Beynon-Fisher	Corporate Governance Officer

1. Welcome, introductions and apologies (agenda item 1)
John Laville (JL) welcomed everyone to the meeting. Introductions were made and apologies, as above, were noted. The meeting was noted at quorate.

2. Declarations of interest (agenda item 2)
There were no declarations of interest.

3. Notes of the previous meeting held on 11 December 2024 (agenda item 3)
The notes of the meeting which was held on 11 December 2024 were agreed as a true and accurate record.

4. Action log from previous Co-ordination Group meetings (agenda item 4)
The group reviewed the outstanding and completed actions. The completed actions had been removed from the list, because of this Andy Lister (AL) went through those for the group.

Action 5.6 Calendar of Trust events - AL informed the group that Andrew Betteridge (AB) had created a calendar showing all upcoming meetings and events to be sent to the governors. JL advised he was happy with this and found it very helpful. Bob Clayden (BC) advised he would like to see fewer acronyms and some of the dates and times had already been changed. AL advised

he would check the dates and times and look at removing the times from the calendar and removing the acronyms. This will be sent out once updated.

Item 5.2. Governor attendance at Members' Council meetings - AL stated that follow ups had been done by AB and that those governors who had missed three or more meetings had been followed up, and valid reasons for missing meetings had been received.

Izzy Worswick (IW) raised a technical question about the current meeting as staff governor Leonie Gleadall (LG) did not have it in her calendar. Gemma Lockwood (GL) stated that she had sent the meeting link to LG and that this was an ongoing issue with Microsoft calendars with people dropping off links.

Item 5.6. It is becoming difficult to access creative and cultural activities due to restrictions on Forensic wards – AL informed the group that he was still following up with this question stating that the person he will be speaking to is currently on leave. AL advised he was hoping to have an answer by next week.

5. Members' Council Development (agenda item 5)

5.1. Governor appointments to the Members' Council and Trust Board Groups and Committees (agenda item 5.1)
AL updated the group on vacancies in Members' Council groups and committees; The Trust for the first time in some time has no vacancies in any of the groups. AL advised this will change as of the first of May 2025 as some governors will be stepping down.

5.2. Governor attendance at Members' Council meetings (agenda item 5.2)
JL advised this was covered in Action Log Item 5.2.

5.3. Governor training - update (agenda item 5.3)
AL updated the group on the additions to the training schedule. JL asked if the community connectors section should be removed as there is a financial benefit attached to these roles, and governors are unpaid roles. AL agreed and advised that section would be removed from the training. JL stated that the community connecters were a good thing, but that it would not be appropriate for unpaid governors to be involved in areas that had financial gain. Bob Morse (BM) advised he would like some more clarity on these roles as governors do connect within the community. JL and AL agreed that there was need to avoid a conflict of interest, and this could be an issue with governors if they were community connectors. JL stated that this was to ensure that governors are not seen as working for the Trust, and are independent. AL offered to get more information regarding this area for governors.

Action: Corporate Governance Team

BM asked for a list of training that governors have attended and training courses that have not been completed yet. AL will investigate this information for governors.

Action: Corporate Governance Team

5.4. Members' Council Co-ordination Group action log from the Biennial Evaluation and Members' Council engagement session (agenda item 5.4)
AL presented the paper to the group, highlighting the updates.

BC raised section 9 in the evaluation which states meetings are too long, which does not look like it has been addressed as meeting times haven't reduced. AL confirmed this would be looked at in item 6 in the agenda, but was difficult due to the volume of what needs to be addressed in meetings. JL stated that there have been many improvements in timings from when he started, but there have been a lot of meetings recently that are business heavy. JL stated governors would like more focus on items.

5.5. Members' Council Objectives 2023 – 2025 - update (agenda item 5.5)
JL presented the paper to the group and pointed out the updates.

BC stated that point 1.5 should be removed as governors were no longer looking at establishing a young person's forum. AL agreed to update the narrative and remove this.

Action: Corporate Governance Team

BC raised point 1.8 and asked if the Trust has accreditation to a triangle of care. JL advised that we are still waiting for confirmation in community settings which is due in July this year. The Trust have the first star in inpatients and July will see us get our second star in community.

JL advised he was pleased with governors are working through the objectives and progress being made. MBu advised she was also happy with the work being completed and asked when the Objectives will be updated. AL stated that new objectives will be looked at starting in November's Members Council meeting.

5.6. Governor feedback – issues emerging from governor forums (agenda item 5.6)
JL updated the group on the feedback from the governor virtual meetings. The issues raised were:

- Discharge from the Trust back to GPs and the ongoing issues. It was raised at the last Members' Council meeting and Adele Fox (AF) was going to investigate this.
- The notes from the last Members' Council have not been available yet.
- BC gave some experiences of working with Health Watch.
- Warren Gillibrand renewed his offer to show governors round the National Health Innovation Campus at Huddersfield.

AL asked if the information from experience of discharges was being fed into anywhere, stating that if this was sent to himself, he could get it added to the Insight Report. AL also raised the notes from Members' Council would not be seen by governors until the following meeting when they would be agreed as a true and accurate record.

5.7. Governor Handbook - annual update
AL update the group that the Handbook will require extensive updates, and he would like to have this ready for the new intake of governors. AL asked the group if they would be willing to check the updated document and ok track changes which the group agreed to.

6. Members' Council agenda, discussion items for consideration (agenda item 6)
AL presented the draft Members' Council meeting agenda for the May 2025 meeting and highlighted the updates to the group.

AL raised item 7.3, the Fit and Proper Person Test (FPPT) for Board members. The timing will be reduced to 10 minutes. BC asked that the slide for this item be easy to read.

JL raised item 7.4, asking if it was possible to see if there are any trends and common themes within the quality visits. MBu would like the process of assurance to be explained to governors with the different levels of assurance to be explained. BC asked if the annual report could be moved to after the focus on item as they are linked. AL will move this in the agenda.

Action: Corporate Governance Team

BC asked if the names of the new governors will be shared in advance within the meeting letter as an introduction to existing governors. AL advised this will be part of MBu's introduction.

IW asked about including an update in regards to discussions about Teaching Trust Status, IW asked if we could arrange for Subha Thiyagesh (ST) to deliver a brief update. AL we will have this added to the agenda.

Action: Corporate Governance Team

7. Members' Council Coordination Group Annual Report (agenda item 7)
AL asked the group to approve the annual report and the group approved.

BC raised that the membership paragraph had the wrong information and needed editing. AL asked BC if he would like this to reflect the section in the terms of reference. BC was happy with this.

8. Review of Members' Council Coordination Group Terms of Reference and effectiveness (agenda item 8)
AL asked the group to approve the Terms of Reference and the group approved.

9. QAS visits quarterly schedule (agenda item 9)
AL presented the current visits quarterly schedule which has all visits up to September 2025.

BC raised the overuse of acronyms within the document which AL acknowledged and stated that it had been noticed and would be updated.

JL advised he was very happy with this document which allows governors to see all upcoming visits. JL asked that when the PLACE visits are announced that there is as much notice as possible. AL stated that there is a window for these visits but the actual visits come from NHS England which, with the recent news, might have an effect.

10. Members' Council Co-ordination group work programme 2024 – 2025 (agenda item 10)
AL presented the work programme, nothing raised on this area.

11. Any other business (agenda item 11)
Nothing raised.

12. Date of future Co-ordination Group meetings for 2025 (agenda item 12)
- 4 June 2025, 10.00 – 12.00, virtual, MS teams
- 8 October 2025, 10.00 – 12.00, virtual, MS teams
- 3 December 2025, 10.00 – 12.00, virtual, MS teams

JL closed the meeting.

Notes of the Members' Council Quality Group
Held on 22 April 2025 from 15:00 to 17:00
Hybrid – Cheswold Park Hospital and Microsoft Teams

Present:	Phil Shire (PS)	Public Governor – Calderdale (Chair)
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Bob Morse (BM)	Governor (publicly elected Kirklees)
	John Lycett (JLy)	Governor (Public elected Barnsley)
	Nesar Rafiq (NR)	Public governor - Wakefield
	Sarah Whiterod (SW)	Associate Director of nursing, quality and professions
	Melanie Wood (MW)	Head of Performance & Business Intelligence
In attendance:	John Laville (JL)	Lead Governor / Public governor (Kirklees)
	Amy Hartley (AH)	Deputy Chief Nurse and Deputy Director of Quality and Professions
	Sue Threadgold (ST)	Director of Services / Forensic and LD Care Groups, Operational Directors
	Emma Robinson (ER)	General Manager / Kirklees and Calderdale Community Mental Health Services
	Izzy Worswick (IW)	Associate Director of Corporate Governance
	Andrew Betteridge (AB)	Corporate governance Administrator (author)
Apologies (members):	Emma Cox (EC)	Associate Director of Nursing, Quality and Professions
	Daniel Goff (DG)	Public Governor – Barnsley
	Susan Spencer (SS)	Governor (Appointed Barnsley Hospital NHS foundation trust)
	Elaine Lane (EL)	Governor (Staff elected Allied Health Professionals)
	Claire Den Burger-Green (CDBG)	Public Governor – Kirklees (Deputy Lead Governor)
	Fatima Shahzad (FS)	Governor (publicly elected Rest of Yorkshire and the Humber)
Apologies: Attendance	Gemma Lockwood (GL)	Corporate governance manager

1. Welcome, introductions and apologies (agenda item 1)
Phil Shire (PS) welcomed everyone to the meeting. Introductions were made and apologies, as above, were noted. The meeting was deemed to be quorate.

2. Declarations of interest (agenda item 2)
Nothing Declared.

3. Notes and actions of previous meeting held on 3 February 2025 (agenda item 3)
The notes were agreed as a true and accurate record of the meeting.

The group reviewed the outstanding and completed actions. The completed actions had been removed from the list and, because of this, PS went through those for the group.

Action 4: 03 February 2025 - Deep dive topic about the increase in the demand for

mental health services. Looking at wait times around ADHD and ASD services. PS advised he would pick this up again at the end of the meeting.

Action 4: 03 February 2025 – If governors have any questions regarding the IPR they can send them in to the Corporate Governance team before the meeting and these will be shared within the meeting. PS asked if any questions had been sent in regarding the IPR and Andrew Betteridge (AB) informed the group that no questions had been received and confirmed that this was optional as questions can still be asked within the IPR update.

Action 10: 03 February 2025 – For Governors to be updated on the new terminology around visits to reduce confusion. Sarah Whiterod (SW) informed the group that some informal training sessions around visits would be held in July. This would cover the terminology around the quality visits.

Action 4: 15 August 2024 – Monitor delays between moving services users from Acute Hospitals to Mental Health Hospitals. - Darryl Thompson (DT)

4. Deep Dive - Cheswold Park (agenda item 9)

PS introduced Sue Threadgold (ST) and Emma Robinson (ER) who delivered the deep dive into Cheswold Park Hospital (CPH). ST gave the following information:

- Cheswold Park Hospital (CPH) was previously managed by Riverside Healthcare Ltd.
- There were ongoing quality concerns regarding provision or services at Cheswold Park Hospital.
- CPH was subject to intensive Quality Oversight, led by NHS England (NHSE), following the Care Quality Commission (CQC) visit to the Hospital in July 2023 which rated the Hospital as Inadequate in all domains.
- The Hospital has been closed to new admissions and subject to two Regulatory Notices.
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) was asked by NHS England to consider taking on the provision of services at Cheswold Park Hospital.
- At the same time plans were developed in case the hospital was required to close.
- Our Trust has significant experience in providing low and medium secure services at scale and is the largest NHS provider of medium secure services across Yorkshire and the Humber.
- In addition, the Trust is Lead Provider for the South Yorkshire and Bassetlaw Adult Secure Provider Collaborative (Horizon).
- CPH is a 113 bed low and medium secure mental health hospital in Doncaster which provides services to male and female patients with a diagnosis of mental illness, personality disorder or neurodevelopmental disorders, primarily from across Yorkshire and Humber but also nationally.
- CPH is part of the South Yorkshire and Bassetlaw Adult Secure Provider Collaborative (Horizon) for which SWYPFT is the Lead Provider.
- The approach to integration has had pace but has been methodical.
- Ongoing implementation of transition and integration plans have been overseen by a weekly Programme Group. This is attended by senior representatives from clinical and operational services (including multi-disciplinary representation), estates, workforce, quality and safety, governance, IM&T, procurement, comms, and legal services.
- The Group reports fortnightly into the Trust's Executive Management Team (EMT) and EMT provides onward reporting to Board.
- Reporting to the Programme Group are a number of accountable workstreams.
- The Trust has worked to get Cheswold Park integrated and 'business as usual' at pace. Cheswold Park sits within the forensic care group, but with discrete leadership structure and reporting to allow understanding of Cheswold Park.
- A roadmap captures the work that will take place to support integration and when it will take place.
- Trust has planned for new admissions due to service users planned to be discharged.
- The work to date has given a real insight into challenges associated with new admissions.

- Contract meetings are in place with the SYB Commissioning Hub (these had previously not been in place prior to transfer to the Trust) which are now supporting greater commissioner confidence, and positive working relationships.
- There is focus on building relationships with other partners within the provider collaborative.
- Service users and staff have shared feedback on their experience of new admissions.
- CPH has been stepped down from enhanced monitoring from the SYB Commissioning Hub. NHSE has asked the Trust to complete a self-assessment tool with the view to stepping down their enhanced surveillance of CPH.
- An annual quality review took place last week with no immediate actions identified.
- Work has taken place to promote physical health e.g. access to dentistry and opticians.
- The Trust has implemented Datix and System One at CPH in line with the rest of the Trust.
- A number of measures have supported focus on culture e.g. regular FTSU presence on site, senior leadership presence, regular comms.
- There is a positive pace of change, positivity of staff, relationships with commissioners.
- Some challenges have been pace of change, medical recruitment and work to address culture.

PS then opened the floor to question.

Nesar Rafiq (NR) thanked ST for the presentation, which picked up the passion and commitment of staff. He asked about the age ranges and ethnicities of inpatients. ST advised certain ethnicities are often overrepresented in forensic services and this is taken very seriously. Most service users at CPH are directed from elsewhere due to the nature of services.

NR suggested it would be good to share a message from the group regarding the positivity. PS suggested this is fed back to Members' Council on 7 May. Izzy Worswick (IW) suggested that a message could also be captured in the weekly comms to all staff at CPH to advise them that a visit had taken place from the Members' Council Quality Group and to thank staff involved in the visit.

PS asked about culture, and changes since the transfer of CPH to the Trust. ST advised that the leadership team are committed to a really positive workforce culture.

Bob Morse (BM) remarked on the positive attitude of staff who had been met at CPH, and proactive approach. Staff were creatively considering what activities support people to be well.

John Laville (JL) asked what a sustainable number of patients is going forward. ST advised that at the current time, there are 70 patients, with the need to increase to 87 by March 2027. ER advised that governors will be invited back when Brook ward opens.

JL stated he was astounded that the hospital environment reflected elements of life outside the hospital like the shop, gym, activities etc. He reflected that everyone he had come across were positive.

PS asked about staff turnover and ST advised that pre transfer turnover was very high and has reduced following transfer. PS asked about capital investment and ST advised there was capital investment, for example into ward refurbishments. CPH is following Trust processes for capital prioritisation.

PS asked if MCQG could come back in 12 months to revisit and see the progress that has been made. PS raised that he wished to feed back to positivity from the visit to Members' Council.

5. Quality Assurance System (agenda item 5)

Sarah Whiterod (SW) opened the discussion on the Quality Assurance System, asking to take the paper as read.

JL raised that he had expected that the number of quality visits would have been greater than the number of visits outlined in the report. SW explained the Trust would like there to be more visits and are working on plans to be able to do this within capacity.

PS raised the quality concerns trigger tool and asked if the purpose of this is to decide which services require more monitoring. SW advised this was the case. PS asked about the quality risk profile and SW advised that this was only for services on intensive monitoring so would only be used in exceptional circumstances.

JL raised that he would like the Trust to try to ensure carers are included in the quality monitoring visits as the visits he has done to date have not provided opportunity to speak to carers. PS advised that carers had been available to speak to on one of his visits.

PS advised that he had carried out an evening visit.

6. Quality Account – update (agenda item 7)

DT opened the discussion on the Quality Account, advising for the paper to be taken as read.

PS asked who the target audience was for the account and JL suggested a document that captures the key points would be useful. DT advised that an easy read version would be available.

SW advised the final version quality account would be available in several weeks. JL fed back positively on the quality account and advised he had no further questions.

7. Care Quality Commission (CQC) update (agenda item 6)

DT opened the discussion on the CQC update, asking for the paper to be taken as read. DT advised that actions in relation to CPH that were given to the previous provider had been discussed in detail by the Trust to make sure actions were in place to address these.

NR raised that initially due to being new he had not realised that the Trust had recently been asked to take over CPH. He asked that this be reflected on the CQC website. DT advised that on the CQC website all previous reports in relation to CPH are aligned to Riverside Healthcare. CPH is now listed under the Trust's registration.

JL raised the issue that the papers printed in black and white loses context of some of action progress. JL raised that there are several dates where timescales appear to be delayed. He stated he understood this but would want to see this reflected in the report. JL asked if the glossary of terms could be at the front of the report rather than the back. He stated it was very useful to have the glossary.

PS asked how changes are embedded and made permanent. DT advised that the process the Trust has to embed actions is very positive. This is measured by looking at evidence over a period to evidence embeddedness. Melanie Wood (MW) advised this is supported by use of SPC charts to monitor performance over a period of time.

PS asked about prone restraint and what is being done to reduce this particularly on Walton PICU. DT advised the cases on Walton are due to the level of acuity on this ward. He advised that CQC has advised the use of prone in several areas of Trust is higher than would be expected. DT advised that there are occasions when traditionally would have used prone e.g. use of injected medication or when exiting seclusion.

Amy Hartley (AH) advised that there have been a number of trials of use of alternative injection sites to avoid use of prone in injection of medications. The Trust has also rolled out alternative methods of exit of seclusion.

8. Quality Strategy update (agenda item 8)

DT advised that an update of improvement work against several elements of the quality strategy.

DT advised that as part of the quality account there is need to identify quality priorities for the coming year. These will come out of engagement from the Trust Strategy.

9. Integrated Performance Report (IPR) (agenda item 4)
MW opened the discussion on the Integrated Performance Report (IPR) taking the paper as read.

10. MCQG Annual report (agenda item 10)
PS has taken the paper as read, with no questions raised. This was approved by the Members' Council Quality Group.

11. MCQG Terms of Reference (agenda item 11)
PS advised that these remain largely unchanged.

PS raised that attendance figures show that three people who were on the group during the year have not attended the meeting and that there is a need that governors who are representatives on these meetings attend. JL advised there are circumstances which have prevented governors attending. PS would like to have representatives that attend. Action - JL to raise at Members' Council coordination group.

12. Members' Council Quality Group Work Programme 2025/26 (agenda item 12)
- Sickness absence and report back from people directorate to come back in July.
- PS asked if Edenfields should still be on the agenda.
- Deep dives - in July it was planned to look at increase in ADHD and ASD referrals. PS asked if this would be possible through the team leading this presenting. PS advised the focus would be adults.
- DT advised therefore we would need Prof Marios Adamou to present on this. DT suggested that a visit to Manygates could be arranged.
- Action - to arrange presentation and visit to the service. DT will do introductory email for Marios
- Other deep dive - inpatients and will look outside of Wakefield for this.

13. Any other business (agenda item 13)
None.

14. Items to raise at Members' Council meetings (agenda item 14)
None.

15. Future dates for 2024/25 (agenda item 15)
- 14 July 2025 (hybrid –Hospital)
- 15 October 2025 (hybrid –Hospital)

PS closed the meeting.

South West Yorkshire Partnership NHS Foundation Trust

Extraordinary Nominations Committee
11 April 2025 09:30
Virtual meeting via Microsoft Teams

Present: Marie Burnham (MBu) - Trust Chair (Chair)
Mark Brooks (MBr) – Chief Executive
John Laville (JL) - Lead Governor, Publicly Elected Governor, Kirklees Governor
Phil Shire (PS) – Public Governor – Calderdale
Andrea McCourt (AMc) - Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust

Apologies: Jacob Agoro (JA) – Staff governor – Nursing support

In attendance: Eleanor Lawrence (EL) – Gatenby Sanderson
Emma Pickup (EP) – Gatenby Sanderson
Richard Butterfield (RB) – Head of recruitment and resourcing
Andy Lister (AL) - Head of Corporate Governance (Company Secretary)
Debbie Beynon-Fisher (DBF) – Corporate Governance Officer (Author)

NC/25/12 Welcome, introductions and apologies (agenda item 1)
Marie Burnham (MBu) introduced herself and welcomed everyone to the meeting. Introductions were made and apologies were noted. The meeting was declared to be quorate and could proceed.

Andy Lister (AL) reported that Claire Den Berger Green has made the decision to step down as Deputy Lead Governor, creating a vacancy on this committee. Expressions of interest will be requested to appoint a replacement.

NC/25/13 Declarations of Interests (agenda item 2)
Marie Burnham (MBu) declared that she had met Rokaiya Khan previously when she was a candidate for the post of associate non-executive director for the Trust.

John Laville (JL) also stated that Jo Gander was a Trust governor for a short time previously.

NC/25/14 Minutes of the previous Nominations Committee meetings held on 15 January 2025 and 28 February 2025 (agenda item 3)
The minutes of the meeting held on 15 January 2025 and 28 February 2025 were accepted as an accurate record.

It was RESOLVED to APPROVE the minutes as a true and accurate record of the meeting held on 15 January 2025 and 28 February 2025

NC/25/15 Action log and matters arising from the meeting on 15 January 2025 and 28 February 2025 (agenda item 4)
AL provided an update on the previous actions from the meeting in January and confirmed that the actions were closed and there were no outstanding actions.

It was RESOLVED to RECEIVE the action log.

NC/25/16 Recruitment of Non-Executive Directors shortlisting (agenda item 5)

Emma Pickup (EP) from Gatenby Sanderson introduced herself and advised that Gatenby Sanderson has been providing support to the Trust in the recruitment of the 2 non-executive director posts. This involved looking for a particular skill set with Trust Board experience and a focus on digital, housing, education, health and social care, experience of environmental sustainability and potential legal expertise. 33 applications were received with a number of candidates identified to take forward for consideration. It was proposed that the interviews will take place on 28 April 2025 for 2 appointments.

MBu thanked Gatenby Sanderson for their support which resulted in a number of impressive candidates. A review of group B took place first in order to move potential candidates into group A.

AL confirmed that the Constitution of the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) states that a person cannot be a director on Trust Board if they are already a member of another NHS body however approval from Trust Board can be obtained if necessary. This has been done previously therefore is an option, dependant on the candidate if they are felt to be outstanding.

A review of the candidates from Group A took place.

Following the review of candidates, 5 candidates were shortlisted for interview with questions raised around 3 candidates.

Richard Butterfield (RB), head of recruitment and resourcing, confirmed that as one candidate had applied under the disability scheme, the Trust would be required to offer her an interview.

EP added that this would only apply if they met the essential elements of the person specification. The committee agreed that they should be shortlisted.

RB added that another candidate had also applied under the disability scheme but did not meet the essential criteria therefore would not be offered an interview.

EP provided a summary of the shortlisted candidates and their skills.

MBr advised that the day of the interview would be a long day with 6 candidates however it would be possible to extend the shortlisting to 7 candidates if necessary.

JL noted that the interview date of 28 April 2025 clashed with the Extraordinary Members' Council meeting and Quality Systems Celebration Day.

AL confirmed that the Extraordinary Members Council meeting was scheduled for 9am to 9.30am however if this is an issue then the extraordinary meeting could be moved.

EP confirmed that the interviews would be held in person and the Stakeholder meetings will be held online and will take place week commencing 21 April 2025.

A discussion took place regarding having reserve candidates should any of the shortlisted candidates drop out.

KP suggesting holding three candidates as reserves should any of the shortlisted candidates change their mind.

AM stated the shortlisted candidates comprised 4 candidates with housing/social experience and 2 candidates with digital experience. Therefore should 1 of the candidates with digital experience decline an interview, then one of the reserves with digital experience should be invited for interview.

PS agreed and stated that should 1 of the candidates with housing/social experience decline the interview then one of the reserves should be offered an interview. The committee agreed with these suggestions, and the decision was made to progress to interview with 6 candidates.

Gatenby Sanderson will undertake follow up calls with the candidates early next week to confirm they are still happy to proceed, go through the time commitment requirements and access to the Trust in order to help them to prepare. Due diligence will also be carried out in terms of social media, adverts and character references however references will not be sought until after the appointment offer has been made.

MBu thanked EP and EL for their help and support with the application process.

EP and EL left the meeting.

It was RESOLVED to RECEIVE the recruitment of Non-Executive Directors shortlisting.

NC/25/18 Deputy lead governor appointment (agenda item 6)
AL confirmed that in line with process Bob Morse (BM) Daz Dooler (DD) have been invited to attend the Nominations Committee meeting to present their application to the committee in order to help the committee make an informed decision.

As non-members of the Nominations Committee, RB, DBF and MBr left the meeting.

MBu advised that expressions of interest were requested, and 2 nominations were received from DD and BM.

It was agreed that the nominees would be asked to describe what they would bring to the role of deputy governor role and the reason for their application.

DD joined the meeting

MBu thanked DD for applying for the post and requested that he provide an explanation of his reason for applying for the role.

DD outlined his reasons for applying for the role.

MBu thanked DD for his application and for his interest in applying for this role.

Bob Morse joined the meeting

MBu thanked BM for applying for the role and requested that he provide an explanation of his reason for applying for the role.

BM outlined his reasons for applying and thanked the committee for their time and consideration of his application.

Bob Morse left the meeting

There was a discussion as to the strengths of each candidate. Following the discussion it was agreed DD should be offered the role.

Committee agreed for AL to speak to BM and DD initially with a follow up call from JL later.

Action: Andy Lister

AL asked for clarification as to whether it was useful to have candidates present to the committee. It was agreed that this process was useful. It was agreed to follow this process for any future appointments.

It was RESOLVED to RECEIVE the deputy lead governor appointment.

NC/25/17 Review of Nominations Committee annual report (agenda item 7)
The Nominations Committee annual report was noted and approved.

It was RESOLVED to APPROVE the review of Nominations Committee annual report.

NC/25/19 Review of Nominations Committee terms of reference (agenda item 8)
AL confirmed that the Nominations Committee terms of reference will be updated following approval at Members Council on 7 May 2025. The update will include the appointment of the deputy lead governor and the chief people officer.

It was RESOLVED to APPROVE the Nominations Committee terms of reference.

NC/25/20 Work programme for 2025/26 (agenda item 9)
The Nominations Committee were happy to receive the work programme for 2025/26.

It was RESOLVED to RECEIVE the work programme for 2025/26

NC/25/21 Any other business (agenda item 10)
JL noted the clash with the non-executive director interviews with the extra ordinary Members' Council meeting and the Quality Systems Launch and Celebration event. It was agreed to move the extra ordinary Members' Council meeting to another date.

Action – Andy Lister

MBu confirmed the interview panel for the non-executive director interviews as MBu, MBr, Jon Head, ICB representative, Erfana Mahmood (non-executive director).

NC/25/22 Issues and items to bring to the attention of Trust Board / Members'' Council (agenda item 11)
Nil.

NC/25/23 Dates of future Nominations Committee Meetings (agenda item 11)
9 July 2025, 10.00 – 12.00
1 October 2025, 10.00 – 12.00
1 January 2026, 10.00 – 12.00

South West Yorkshire Partnership NHS Foundation Trust

Extraordinary Nominations Committee
30 April 2025 10.30pm
Virtual meeting via Microsoft Teams

Present: Marie Burnham (MBu) - Trust Chair (Chair)
Jacob Agoro (JA) – Staff governor – Nursing support
Christine Brereton (CB) – Interim Chief People Officer
John Laville (JL) – Lead Governor, Publicly Elected Governor, Kirklees Governor
Phil Shire (PS) – Public Governor – Calderdale

Apologies: Mark Brooks (MBr) – Chief Executive
Andrea McCourt (AMc) – Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust

In attendance: Claire Den Burger Green (CDBG) – Publicly Elected – Kirklees
Sandy Stones – HR Manager
Andy Lister (AL) – Head of Corporate Governance (Company Secretary)
Gemma Lockwood (GL) – Corporate Governance Manager (Author)
Andrew Betteridge (AB) – Corporate Governance Administrator

NC/25/18 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) welcomed everyone to the meeting and introductions were made. Apologies were noted as above and the meeting was declared to be quorate and could proceed.

MBu explained that the purpose of this extraordinary meeting was to discuss the candidates for the non-executive director roles.

NC/25/19 Declarations of Interests (agenda item 2)
There were no declarations of interest.

NC/25/20 Non-Executive Director recruitment (agenda item 3)
Sandy Stones (SS) reported that following the recruitment process, as confirmed at the last Nominations Committee, two candidates have been identified to be recommended to Members' Council to fill the roles of Non-Executive Director.

SS stated that the first candidate is Martin Neeson who has experience in industry in different facets including housing. SS explained that the interview panel was unanimous in its view that Martin was an outstanding and credible candidate who will bring value to the role due to his previous experience and would effectively challenge the Board.

SS confirmed that the second preferred candidate is Rokaiya Khan who demonstrated her excellent connections with local communities whilst also holding a national presence for women's rights. Rokaiya is likely to be a strong service user voice on the Board. SS highlighted that the Panel agreed that Rokaiya will be supported through an established development plan to further develop her capabilities as a first time Non-Executive Director in the NHS.

MBu confirmed that Martin Neeson will start with the Trust in June pending fit and proper person checks and Rokaiya Khan will start in August when Erfana Mahmood has left the Trust.

It was RESOLVED to SUPPORT the recommendation from the final interview panel that Members' Council APPOINT Martin Neeson and Rokaiya Khan to the role of Non — Executive Director for an initial three year term.

NC/25/21 Any other business (agenda item 4)
None.

NC/25/23 Dates of future Nominations Committee Meetings (agenda item 5)
9 July 2025
1 October 2025
14 January 2026

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report Quarter 1 - 2025/26

Members' Council

19 August 2025

With **all of us** in mind.

Agenda

South West Yorkshire Partnership NHS Foundation Trust

- Quality and Safety
- People
- National Metrics
- Finance

With **all of us** in mind.

Quality & Safety

South West Yorkshire Partnership NHS Foundation Trust

KPI	Strategic Objective	CQC Domain	Target	Apr-25	May-25	Jun-25
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	9		
Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	95.4%	99.5%	98.9%
Compliance with statutory requirements (Water, Gas, Electricity, Refrigeration, Pressure, Loler and Asbestos)	Best Quality	Well led	100%	100.0%	100.0%	100.0%
% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	Best Quality	Well led	100%	77.8%	100.0%	100.0%
Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	95.7%	94.4%	93.3%
Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	52.7%	52.0%	51.1%
Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	57.2%	56.3%	55.1%
Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.5%	99.6%
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Best Quality	Responsive	Service timely completion - 75% Policy - 95%	100% Service	88.2% Service	100% Service
				100% Policy	100% Policy	100% Policy

Quality & Safety cont….

South West Yorkshire Partnership NHS Foundation Trust

KPI	Strategic Objective	CQC Domain	Target	Apr-25	May-25	Jun-25
% on community active caseload at month end with a care plan which has been reviewed within the last year	Person first and in the centre	Caring	Interim trajectory 75-80%	55.3%	57.7%	65.4%
% with care plan that includes service user input/views	Person first and in the centre	Caring		67.9%	70.0%	70.1%
% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		94.9%	97.2%	92.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		82.5%	86.6%	78.3%
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		83.0%	88.9%	88.8%
Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	April and May – 12 June and July – 10	8	11	7
% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.9%	6.1%	5.4%
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	Best Quality	Effective	55%	Due August 2025		

With **all of us** in mind.

Quality Update 2025/26 – Quarter 1

NHS South West Yorkshire Partnership NHS Foundation Trust

Patient Experience – Friends and Family Test (FFT)

- 95% of respondents in June 2025 would recommend community health services
- 86% of respondents in June 2025 would recommend mental health services
- We continue to explore other creative ways of gaining feedback on our services

Out of area placements

- Continued use of out of area beds but at a lower level than last year. Reasons for continued use include staffing pressures across the wards, increased acuity, outbreaks and challenges to discharging people in a timely way.
- The inpatient improvement programme continues to work through impacting issues including workforce challenges.
- The Trust had 6 people placed in out of area beds at the end of June 2025 due to increased acuity and challenges to timely discharge.

With **all of us** in mind.

Quality Update 2025/26 – Quarter 1 cont…

NHS South West Yorkshire Partnership NHS Foundation Trust

Safer Staffing (inpatient wards)

• The overall fill rate had a decrease of 2.6% to 119.4%.
The day fill rate for registered nurses decreased by 2.1% to 96.9%. Three wards during the month, fell below the 90% for registered nurse day fill rate. The wards were supported through local escalation plans during this time.

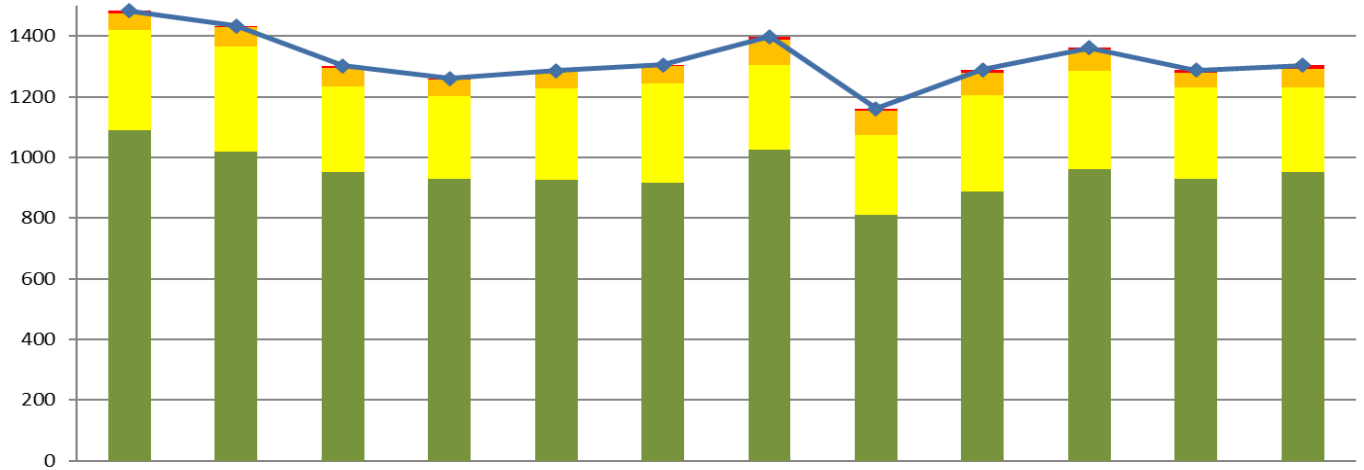
The fill rate figures (%) for June 2025:

- Registered staff – Days 96.9%
- Registered staff - Nights 109.2%
- Registered average fill rate – Days and nights 97.5%
- Overall average fill rate all staff – 119.4%
- Fill rate does not provide blunt assurance as it might not reflect acuity.
- Where gaps cannot be filled by registered staff, we will utilise unregistered colleagues where possible to maintain safety.
- These fill rates reflect the acuity and challenges that clinical areas are facing.

Quality Update 2025/26 – Quarter 1 cont…

Incident Reporting

South West Yorkshire Partnership NHS Foundation Trust



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Red (should not be compared with SIs)	7	5	6	4	5	5	11	6	11	5	8	10
Amber	57	65	61	56	54	58	83	82	72	72	51	62
Yellow	331	344	284	272	300	326	280	262	318	324	300	278
Green	1088	1020	951	929	927	916	1024	811	888	961	929	953
Total	1483	1434	1302	1261	1286	1305	1398	1161	1289	1362	1288	1303

- All serious incidents investigated using route cause analysis techniques.
- The weekly risk panel scans for themes that require further review or enquiry.
- 96% of incidents reported in June 2025 resulted in no harm or low harm or were not under the care of SWYPFT.
- No never events reported in June 2025.
- The 10 red incidents in June may be subject to regrading as more information becomes available and will be updated in next report as appropriate.

With **all of us** in mind.

Our people

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Metric	Strategic Objective	CQC Domain	Threshold	Apr-25	May-25	Jun-25
Turnover external (12 months rolling)	Best place to work and learn	Well led	>12% - <13%	9.4%	9.2%	9.4%
Sickness absence - Rolling 12 month			<=5%	4.7%	4.7%	4.8%
Appraisals - rolling 12 months	Best place to work and learn	Well led	April 87% May 88% June 89%	88.9%	90.8%	89.9%
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	66	72	74
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%		-0.4%	
Mandatory Training - Reducing Restrictive Practice	Best place to work and learn	Well led	>=80%	82.1%	84.3%	83.4%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led		80.9%	82.7%	84.9%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		96.6%	97.3%	97.5%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	90.7%	91.9%	93.2%
ndatory Training - Information Governance (Data Secur	Best place to work and learn	Well led	>=95%	92.4%	95.8%	97.8%

With **all of us** in mind.

Our people cont…

South West Yorkshire Partnership NHS Foundation Trust

- Our Turnover at the end of the first quarter remains low at 9.4% but has increased slightly from 2024/25
- Agency spend continues to be less than planned with costs for June in line with April and May. Individual action plans continue to be followed.
- Substantive workforce growth to end June 2025 was -0.4%, against a year end target of -2%.
- The sickness absence rate for the month of June 2025 was 4.9% and 4.8% for the rolling 12-month period.

National metrics

NHS
South West Yorkshire Partnership
NHS Foundation Trust

A new NHS Oversight Framework was published by NHS England in June 2025 which will give all NHS organisations a segmentation score. *Trust performance against these metrics is expected to be published in September and segmentation score expected to available in the next report to Members Council.*

DOMAIN	Metric
Access	Percentage of people waiting over 52 weeks for community services score
	Annual change in number of children and young people accessing NHS-funded MH services score
Effectiveness & Experience of care	Community mental health survey satisfaction rate
	Percentage of inpatients with >60 day length of stay
	Urgent community response 2-hour performance
Patient Safety	NHS Staff Survey - raising concerns sub-score
	CQC safe inspection score (if awarded within the preceding 2 years)
	Rate of restrictive interventions use
	Percentage of patients in crisis to receive face-to-face contact within 24 hours
People & Workforce	Sickness absence rate
	NHS staff survey engagement theme
Finance & Productivity	Variance year-to-date to financial plan

National metrics

South West Yorkshire Partnership NHS Foundation Trust

Additional measures have been added to the full Trust integrated performance report for 2025/26 to reflect operational planning guidance and priorities. Further detail can be seen in the full IPR.

National metrics

Access standards and outcomes – Trust Performance

South West Yorkshire Partnership NHS Foundation Trust

KPI	Threshold	Apr-25	May-25	Jun-25
Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	97.1%	97.2%	97.8%
% Admissions Gatekept by Crisis Response Teams	95%	97.8%	97.9%	100%
% Service Users followed up within 72 hours of discharge	80%	88.6%	95.7%	90.6%
NHS Talking Therapies - Treatment within 6 weeks of referral	75%	99.7%	99.8%	99.8%
NHS Talking Therapies - Treatment within 18 weeks of referral	95%	100%	100%	100%
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	60%	88.2%	88.0%	97.2%
Maximum 6 week wait for diagnostic procedures	99%	35.7%	51.3%	60.4%
NHS Talking Therapies – Proportion of people completing treatment who move to recovery	50%	51.0%	53.5%	49.8%
Community health services two hour urgent response standard	70%	90.3%	91.0%	91.3%
Inappropriate out of area bed placements (days)	0	144	148	158
Number of children and young people aged under 18 supported through NHS funded mental health servcies recieveing at least one contact - rolling 12 months	Place based target	14898 137	14962	15169
Community services waiting list over 52 weeks	0	0	0	0

With **all of us** in mind.

Finance

NHS South West Yorkshire Partnership

Performance Indicator	Strategic Objective	CQC Domain	Target	Year to Date	Narrative
Surplus / (Deficit)	Best Value	Well Led	(£2m)	£0m	The financial performance for June 2025 is a deficit of £0.6m which is £0.1m (16%) better than plan. This means that the year to date deficit is £2.0m (£0.1m - 5% worse than plan). A number of mitigations, as managed through the Trust Value For Money group, have been identified but the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.
Agency Spend	Best Value	Well Led	£1.1m	£3.4m	Agency spend continues to be less than planned with costs in line with April and May. Individual action plans continue to be followed.
Bank Spend	Best Value	Well Led	£6.1m	£23.1m	Bank expenditure has continued in June with an increase of £50k compared to the previous month. This is required to support safer staffing requirements and action plans continue through the Trust temporary staffing management group.
Corporate Spend	Best Value	Well Led	£16.4m	£67.2m	National guidance, and as part of the Trust Value for Money programme, identified corporate expenditure as a key performance indicator. This value is total corporate expenditure with the RAG rating as a comparison against plan following agreed budgetary reductions. In June spend is £0.4m less than planned.

Finance cont…

NHS South West Yorkshire Partnership

Performance Indicator	Strategic Objective	CQC Domain	Target	Year to Date	Narrative
Financial sustainability and efficiencies	Best Value	Well Led	£3.9m	£24.9m	The value for money programme is £1,009k behind plan for the year to date. This is primarily due to workforce and temporary staffing (bank). The run rate has continued to improve when compared to April and May. Further mitigations (both recurrent and non-recurrent) have been identified which will help to deliver the Trust financial targets.
Cash	Best Value	Well Led	£58.7m	£54m	Cash continues to be monitored to ensure effective management of the Trust working capital position. At June 2025 this remains better than planned.
Capital Spend	Best Value	Well Led	£0.5m	£14.2m	Spend on capital is less than planned for the year to date. The main driver is leased properties which, following the annual revaluation exercise, are significantly lower than previously estimated. The main Trust capital schemes are profiled to commence later in the year.
Better Payment Practice Code	Best Value	Well Led	96%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

With **all of us** in mind.


With all of us in mind.

Members' Council annual work programme 2025/26

Key
O – take as read submit questions in advance
✘ - statutory item
- deferred

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**14 Feb 2025**	**7 May 2025**	**13 Aug 2025**	**17 Sept 2025**	**14 Nov 2025**	**13 Feb 2026**
Declaration of interests	✘	✘	✘		✘	✘
Minutes of the previous Members' Council meeting	✘	✘	✘		✘	✘
Matters arising from the previous meeting and action log	✘	✘	✘		✘	✘
Chair's report and feedback from Trust Board	O	✘	O		✘	O
Chief Executive's comments on the operating context	✘	✘	✘		✘	✘
Governor feedback and appointment to groups and Committees	O	✘	O		✘	O
Assurance from Member's Council groups and Nominations	O	O	O		O	O

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**14 Feb 2025**	**7 May 2025**	**13 Aug 2025**	**17 Sept 2025**	**14 Nov 2025**	**13 Feb 2026**
Committee						
Integrated performance report	✘	✘	✘		✘	✘
Appointment / Re-appointment of Non-Executive Directors and Associate Non-Executive Directors *(if required)*		✘				
Ratification of Chief Executive appointment *(if required)*						
Review of Chair and Non-Executive Directors' remuneration (subject to NHSE guidance and appraisal)	✘					✘
Evaluation / Development session *(will take place outside MC meetings through the year)*						
Annual report unannounced / planned visits		✘				
Care Quality Commission (CQC) action plan - update		✘	✘		✘	✘
Private patient income (against £1 million threshold) *not required if under threshold						
Annual report and accounts				✘		
Quality account and external assurance		✘				
Freedom to Speak Up – Annual survey results and planning tool					✘	

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**14 Feb 2025**	**7 May 2025**	**13 Aug 2025**	**17 Sept 2025**	**14 Nov 2025**	**13 Feb 2026**
Patient Experience annual report					✘	
Incident Management annual report					✘	
Strategic meeting with Trust Board					✘ **PM**	
Annual update against the Trust Equality, Inclusion and Diversity Strategy (next update May 2026)						
Trust annual plans and budgets, including analysis of cost improvements						
Fit and Proper Person Test (FPPT) for Board members (annual – May)		✘				
Members' Council elections	✘ *update	✘ *outcome	✘ (mid year election – process)		✘ *process	✘ *update
Chair's appraisal	✘ *process	✘ Appraisal input from governors (private)	✘ Final appraisal (private)			✘ *process

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**14 Feb 2025**	**7 May 2025**	**13 Aug 2025**	**17 Sept 2025**	**14 Nov 2025**	**13 Feb 2026**
Biennial evaluation (2023) *Next evaluation will be scheduled for autumn 2025 with results to be presented in Feb 2026.*						✘
Review and approval of Trust Constitution	✘					✘
Consultation / review of Audit Committee terms of reference		✘				
Members' Council Co-ordination Group annual report		✘				
Members' Council Quality Group annual report		✘				
Nominations' Committee annual report		✘				
Appointment of Lead Governor (every three years)		✘				
Appointment of Trust's external auditor – to review 2025						
Review of Members' Council objectives (three yearly due Autumn 2025)					✘	
Review of Members' Council declaration and register of interests (including gifts and hospitality policy) (review May 2027)						
Members' Council meeting dates and annual work programme	✘					✘
Focus on items to be discussed and agreed at Co-ordination	✘	✘	✘		✘	✘

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**14 Feb 2025**	**7 May 2025**	**13 Aug 2025**	**17 Sept 2025**	**14 Nov 2025**	**13 Feb 2026**
Group meetings to ensure relevant and topical items are included.	**(1 item)**	**(1 item)**	**(2 items)**		**(1 item)**	**(2 items)**

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
19 August 2025
Agenda item 12

Private/Public paper:	**Private session – governors only**
Title:	**Chair's appraisal**
Person Presenting:	**Izzy Worswick- Assistant Director of Corporate Governance**
Purpose:	The purpose of this paper is to share the Chair's annual appraisal for 2024/25.
Executive summary:	The framework for conducting annual appraisals of NHS Chairs was updated by NHS England (NHSE) in April 2025. The document incorporates the NHS leadership competency framework and the fit and proper person test framework. The NHS Leadership Competency Framework contains six domains: 1. Driving high-quality, and sustainable outcomes 2. Setting strategy and delivering long-term transformation 3. Promoting for equality and inclusion, and reducing health inequalities 4. Providing robust governance and assurance 5. Creating a compassionate, just and positive culture 6. Building a trusted relationship with partners and communities The new multisource assessment template consists of themed statements grouped according to the six competency clusters. Collectively, the competencies associated with each domain represent a success profile against which the Chairs' impact and effectiveness is assessed. Marie Burnham has been Trust Chair since December 2021. Marie's appraisal for 2024/25 was facilitated by Nat McMillan, Senior Independent Director/ Deputy Chair. As with previous Chair appraisals, a number of stakeholders were included in the Chair's appraisal process including external provider Chair's, system Chair's, Executive and Non-Executive Director members of Trust Board, and the Members' Council. The Chair also undertook a self-assessment. Stakeholders completed the same multi-source assessment. As agreed last year, Members' Council feedback via the multi-source assessment was completed by the Lead Governor, Deputy Lead Governor and a member of the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee. A meeting took place on the 24 April 2025 and the multi-source assessment was completed. Following collation of responses, the Senior Independent Director/Deputy Chair and the Chair discussed the feedback and agreed objectives for the next 12 months and any areas of professional / personal development.

<table>
<tr><td></td><td>The Chair’s appraisal was submitted to NHS England (NHSE) on 26 June 2025, in advance of the deadline of 30 June.

Shared is the final appraisal document which was submitted to NHS England on 26 June 2025. New objectives for 2025/26, and areas of development agreed with the Chair are outlined within this.</td></tr>
<tr><td>Recommendation:</td><td>Members’ Council is asked to:
• RECEIVE the report on the Chair’s appraisal which has been submitted to NHS England on 26 June 2025.</td></tr>
<tr><td>Mission/values:</td><td>The report demonstrates the Trust’s commitment to all the Trust’s values, which are fundamental to delivering safe and high-quality health care:
• We put the person first and, in the centre,
• We know that families and carers matter
• We are respectful, honest, open and transparent
• We improve and aim to be outstanding
• We are relevant today and ready for tomorrow</td></tr>
<tr><td>Strategic Objectives</td><td><table>
<tr><td>Live Our Values</td><td>✓</td></tr>
<tr><td>Be the best we can be:
• Best quality
• Best partner
• Best value
• Best place to work and learn</td><td>
✓
✓
✓
✓</td></tr>
<tr><td>Be ambitious</td><td>✓</td></tr>
</table></td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Previous annual papers to the Members’ Council in relation to the Chairs’ Appraisal.</td></tr>
</table>

South West
Yorkshire Partnership
NHS Foundation Trust

26 June 2025

Confidential

Robert Cornall
NHS England

Sent via email to:
england.chairsappraisal@nhs.net

Corporate Governance Team
Block 8, Fieldhead Hospital
Ouchthorpe Lane
Wakefield
WF1 3SP

Tel: 01924 316310
Email address: andrew.lister@swyt.nhs.uk

Dear Robert,

Chair's appraisal 2024/25

Further to your correspondence regarding the Chair's appraisal process for 2024/25, I write to share a copy of the appraisal documentation for our Chair, Marie Burnham.

The appraisal was conducted by our Senior Independent Director, Natalie McMillan, with input from members of the Trust Board, Members Council and system and partner stakeholders.

Marie has been successful in her performance against her objectives for 2024/25 and this has been formally documented through our internal appraisal system.

Attached with this letter is a copy of the NHS provider chair appraisal reporting template. If you require any additional information, please let me know.

Yours sincerely,

Andy Lister
Head of Corporate Governance (Company Secretary)

Board Member Appraisal Summary

This form is optional and editable and should be adapted dependent on the role. Alternatively, organisations may wish to develop their own appraisal forms, incorporating the principles of the Board Member Appraisal Framework. Please refer to the Board Member Appraisal Guidance for further details on how to use this form.

Name	Marie Burnham
Role	Chair
Organisation	South West Yorkshire NHS Partnership Trust
Appraiser name	Natalie McMillan
Appraiser role	Senior Independent Director
Appraisal reference period	1st April 2024 – 31st March 2025
Appraisal date(s)	4th June 2025

Part 1: Summary using Leadership Competency Framework

Appraisee and appraiser summary:

Summary:

1. Driving high quality and sustainable outcomes:
   Marie's focus on performance and outcomes for patients is evidence with the board discussions and the overall trust performance through the Integrated Performance Report. Marie continues to strive for the board and organisation to have an ambition to be outstanding for the people who use our services and should experience high quality care and outcomes.
2. Setting strategy and delivering long-term transformation:
   The Trust has refreshed its strategy over the last year with significant input through the board and by Marie as the Chair ensuring it is genuinely co-designed and co-created. A key area to highlight is the achievement of 'Teaching' status as a trust which Marie has been the driving force behind and led from the start.
3. Promoting equality and inclusion, and reducing health inequalities

Marie was identified in the multi-source feedback as a key ally and sponsor of the equality and inclusion agenda at the trust and specifically in her role chairing the Equality Involvement and Inclusion Committee. The inequality experienced across our communities is an area that Marie regularly challenges and leads board discussions on how we reduce this.

4. <u>Providing robust governance and assurance</u>
   The annual effectiveness of committees demonstrated Marie's performance in this area with positive feedback and evaluation. Marie has identified those committees which she feels need development and taken action e.g. changed the chair of the People Committee in response to the risk around this agenda and the FIP committee in response to evaluating a need for improvement regarding the chairmanship and outputs.
   The multi-source feedback supports my view, that she has a focus at board on assurance and oversight and holds to account and challenges with a motivation that is centred on patients and service users.
5. <u>Creating a compassionate, just and positive culture</u>
   The values of SWYPFT are very important to Marie and she is passionate about these being lived by herself and the board. Marie has demonstrated leadership and ownership as a board around some areas and pockets of issues being raised around culture such as sexual safety and racism ensuring open and honest conversations to learn and act.
6. <u>Building a trusted relationship with partners and communities</u>
   Marie is a very active Chair in the wider ICB and ICS across West Yorkshire and South Yorkshire. She is very visible and proactive including attendance at the Chairs meeting alongside key meetings in different localities such as Barnsley and South Yorkshire.

Highlighted areas of strength:

Marie is a strategic thinker which has proved to be an asset to the board and its discussions. She is regularly ahead of the curve and ensures we are relevant and forward looking.

- Passion and enthusiasm
- Knowledgeable across the NHS and being up to date including specific feedback about 'being ahead of the curve!)
- Supportive: Marie is seen as being very supportive on both a personal level and organisation. It was consistent that people spoke about how supportive she had been with them and how much this was appreciated.
- Personable and warmth – this was consistent feedback about how Marie engaged with people and made them feel valued. A strength of Marie as a person and as a Chair.
- Strategic thinker – this was identified as a significant strength of Marie's, and it has been an asset to the board and organisation. Examples include the ambition to be a teaching trust, Cheswold Park and the changes in the NHS landscape.
- Relationship with the CEO – this is viewed positively and feedback from the CEO confirmed this with a relationship that has a balance between support and healthy disagreement and challenge. Other board members concurred on this healthy relationship and the positive impact it has had.
- Members Council were very positive about Marie in her role as Chair including her passion, values, 'a strong chair', enthusiasm and their relationship with her.
-

Identified opportunities to increase impact and effectiveness:

Multi source feedback summary.

Content to be provided by appraiser:

Summary:

Very positive feedback from all sources with highlights around her personal style and knowledge and how she brings this to her leadership at board level.

Highlighted areas of strength:

- Personable and warmth – this was consistent feedback about how Marie engaged with people and made them feel valued. A strength of Marie as a person and as a Chair.
- Supportive: Marie is seen as being very supportive on both a personal level and organisation. It was consistent that people spoke about how supportive she had been with them and how much this was appreciated.
- Passion and enthusiasm
- Knowledgeable across the NHS and being up to date including specific feedback about 'being ahead of the curve!)
- Relationship with the CEO – this is viewed positively and feedback from the CEO confirmed this with a relationship that has a balance between support and healthy disagreement and challenge. Other board members concurred on this healthy relationship and the positive impact it has had.
- Members Council were very positive about Marie in her role as Chair including her passion, values, 'a strong chair', enthusiasm and their relationship with her.
- Strategic thinker – this was identified as a significant strength of Marie's and it has been an asset to the board and organisation. Examples include the ambition to be a teaching trust, Cheswold Park and the changes in the NHS landscape.

Identified opportunities to increase impact and effectiveness:

- The Members Council had two 'asks' for Marie for this year; firstly around continued visibility across the trust and secondly, continuing to help the wider community understand what SWYPFT offers. Marie will continue to keep proactively doing both.
- Balancing operational and NED/chair role – Marie is very conscious of this and has worked hard on getting the balance right having had feedback on this before and taken it on board. It has been noticed at Board that Marie will explicitly state that it is not for her to get into the operations. This is always a difficult balance to achieve as a NED and overall, the feedback is that Marie is getting this right.
- Continue with the Board development programme and aligning its aims with the board priorities and risks.

Part 2: Objectives

Review of previous year

Objective (SMART format)	Summary discussion about objective	Objective outcome
Financial position and break-even position	Has led the board discussions, strengthened the FIP committee and oversight at Board heading into 25/26	Fully achieved
Performance with development of the IPR and provision of care group analysis	Marie has provided expertise around this area to ensure the board are sighted at care group level.	Exceeded

Strategy – a refresh of the strategy and socialised by 31st March 2025	Marie has led the board sessions on strategy with the Director of Strategy. The strategy has been very positively received and genuinely co-designed.	Exceeded
Cheswold Park	Marie has navigated and led the board through difficult and challenging discussions ensuring due diligence, governance and leadership in doing the right thing for our wider community. Of note is Marie's leadership of the board bringing her expertise and strategic thinking to discussions and supporting the CEO and his executive team in achieving this.	Exceeded
Members Council	Marie has continued to have an effective and good working relationship with our governors and invests significant time in supporting them and valuing their inputs. This is evidenced by the quarterly Members Council meeting with challenge and robust debate ensuring that the governors' input into discussions. They have been involved in strategy development and given feedback about the positive experience of this.	Exceeded
Board development programme	This has been delivered and achieved with an ambition to continue into this year and build on it. The programme has been well received, and Marie has led the content with the facilitator.	Fully achieved.

Overall summary of performance: please indicate one of the following:							
Improvement needed	☐	**Satisfactory**	☐	**Good**	☐	**Outstanding**	☒

Partially meets performance standards	Meets performance standards	Partially exceeds performance standards	Exceeds performance standards

Part 3: Agreed Development Plan

Your plan for development could incorporate a blend of learning methods, for example; board development workshops, conferences/webinars, coaching/mentoring or self-directed learning.

What	How	Why	By When
Leadership	1. Ongoing board development programme 2. Cheswold Integration 3. Lead the board through the 'new NHS' world and changes	The leadership of the board is an essential part of the role of Chair. Developing the board and its key issues is essential to delivering quality and care.	31st March 2026
Strategy	1. Achieve financial goals and lead the board through this. This will be measured by the Trust achieving its break even budget as planned. 2. Well-led organisation. Consider a deeper dive and more robust well-led development review with learning for the board and organisation implemented. This will be measured by the outcome of a CQC well-led review if it takes place this year. 3. More focus on strategic risks in the context of the changes across the NHS.	The Trust is required to be financially stable to ensure it can deliver high quality care. There is an ambitious efficiency plan which will need to be delivered. To ensure the Trust continues to develop through its board leadership and become a board with high maturity levels and outstanding well-led board. The landscape is in a period of change regionally, nationally and the model of NHS services. The board needs to be sighted on its strategic goals and risks at this time. There is a need to learn from this with themes identified and assurance around	31st March 2026

	4. Learning from serious incidents	actions taken and evidence to support to this to continue to minimise the risk of harm to those in our care.	
Transformation	1. Neighbourhood Care Model 2. Forensic services for Yorkshire 3. Older People's transformation	The positive impact and benefits of the work done in Wakefield to roll out across CKW. A need for strategic leadership and advocacy on this as the Chair as SWYPFT. The consultation has concluded and the need is for delivery of this and board leadership and oversight.	31st March 2026
Improvement and Innovation	1. Digital agenda 2. Sustainability	Use of technology such as AI to improve services and outcomes. Support the Cost Improvement plan and efficiency. Green Plan delivery and ensure board does not lose oversight or focus with other risks and demands	31st March 2026
Performance	Effective performance management through the board governance structure and systems	Leading the board in holding the CEO and executive team to account on delivery of performance and maintaining it during this period of change and challenge. Develop the IPR to provide qualitative indicators alongside quantitative	31st March 2026
The appraisal discussion included conversation about career development and planning. ☒			

Part 4: Declaration of suitability for appointment:

The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)

Appraisee declaration: Yes/No If no, please provide details
Yes
Appraiser declaration: Yes/No If no, please provide details
Yes

Part 5: Confirmation

Appraisee confirmation **The above is an accurate reflection of the appraisal discussion.** Please enter name and date below
Marie Burnham 19th June 2025
Appraiser confirmation **The above is an accurate reflection of the appraisal discussion.** Please enter name and date below.
Natalie McMillan, 18th June 2025
Date of next conversation
Mid-year review will take place around December 2025.
Human Resources/People/Senior Appointments team confirmation of receipt. Please enter name and date below