South West Yorkshire Partnership Teaching NHS Foundation Trust

Minutes of the Joint Trust Board and Members' Council meeting
14 November 2025, 10.10 – 13.00

Hybrid meeting
Microsoft Teams and Large Conference Room, Learning and Development Centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield

Present:	Natalie McMillan (NMc)	Chair Non-Executive Director/ Deputy Chair
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Keith Stuart-Clarke	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Daniel Goff (DG)	Public – Barnsley
	Bob Morse (BM)	Public – Kirklees
	Nesar Rafiq (NR)	Public – Wakefield (via Microsoft Teams)
	Sara Javid (SJ)	Public – Kirklees (via Microsoft Teams)
	Farida Ali (FA)	Public – Kirklees (via Microsoft Teams)
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Sarah Leason – Hurley (SLH)	Staff – Social workers
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Anne Magee (AM)	Appointed – Staff side (via Microsoft Teams)
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust (via Microsoft Teams)
	Cllr Duncan Smith (DS)	Appointed – Wakefield Council (via Microsoft Teams)
In attendance:		
	Mark Brooks (MBr)	Chief Executive
	Gary Ellis (GE)	Non-executive director
	Mike Ford (MF)	Non-executive director
	Martin Neeson (MN)	Non-executive director (via Microsoft Teams)
	Christine Brereton (CB)	Interim Chief People Officer
	Margaret Kitching (MK)	Non-executive director
	Dawn Lawson (DL)	Executive director of strategy and change/Deputy Chief Executive
	Adrian Snarr (AS)	Executive Director of Finance, Estates and Resources
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Izzy Worswick (IW)	Assistant Director of Corporate Governance
	Andy Lister (AL)	Head of Corporate Governance / Company Secretary
	Estelle Myers (EM)	Freedom to Speak Up Guardian (Item 7.3 only)
	Gemma Lockwood (GL)	Corporate governance manager
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
Apologies:	Marie Burnham (MBu)	Chair
	Adele Fox (AF)	Chief Operating Officer
	Professor Subha Thiyagesh (ST)	Chief Medical Officer
	Mitch Waterman (MW)	Appointed Associate Non-Executive Director for the University of Leeds
	Rokaiya Khan (RK)	Non-executive Director

MC/25/49 Welcome, introductions and apologies (agenda item 1)

Nat McMillan (NMc) formally welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

NMc 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.

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

MC/25/50 Declarations of interest (agenda item 2)

No declarations of interests were declared.

It was RESOLVED to RECEIVE the individual declarations from governors.

Joint Trust Board and Members' Council meeting

MC/25/51 Focus on item (agenda item 3)

Ten year plan update

Dawn Lawson (DL) provided an update on the strategic and national context, noting ongoing publication of national guidance. She emphasised the organisation's clear strategic direction and priorities via our Trust Strategy.

DL explained that The Ten Year Plan, discussed in August, remains a key guide and is organised into nine chapters. Its "three shifts," grounded in the July 2024 Darzi report, are: moving care from hospitals to communities, moving from analogue to digital systems, and moving from focusing on sickness to prevention. Ambitions include expanding community services, using digital technologies and Artificial Intelligence (AI) for greater efficiency, and increasing preventive initiatives such as weight loss and smoking cessation.

It was noted that locally, the Trust operates over two hundred service lines across four places and two Integrated Care Boards (ICBs), with approximately eighty five thousand direct patient contacts monthly. DL stressed the importance of using national context to inform future improvements.

Nesar Rafiq (NR) expressed concerns about "sickness to prevention" language, highlighting that some disabilities can't be prevented and stressing the need for support for those living with conditions. NMc clarified that this language is from national policy, rather than language chosen by the Trust. Sara Javid (SJ) explained the term refers to various levels of prevention and offered to discuss this further with NR outside the meeting to provide additional reassurance and explanation.

DL advised that the Trust is an active partner in place-based provider alliances which ultimately will have delegated authority from Integrated Care Boards (ICBs) to design and deliver care differently, focusing on innovative models and genuine community engagement to meet neighbourhood care expectations. The neighbourhood model is linked to the Trust's strategy, which prioritises helping people reach their potential in their communities.

The importance of engaging with communities was noted, highlighting the need for feedback to inform service improvement. DL also referenced research which shows that frontline colleagues and communities hold most organisational knowledge and stressed the Trust's commitment to continuous improvement through inclusive engagement.

DL emphasised the role of Governors as a voice for our communities and asked the meeting to break out into separate groups to consider two questions before providing feedback and responses.

Question 1: What do you need, as a Governor, to be able to support the Trust to engage with our neighbourhoods over the coming year?

Question 2: How can Governors support the Trust to engage with communities, both now and in the future, particularly in the context of the neighbourhood model and the Trust's strategic objectives?

Izzy Worswick (IW) provided the feedback from group one:

To be able to support the Trust to engage with our neighbourhoods over the coming year support needed was:

- Governors having a clear understanding of the services provided by the Trust in order communities and how to access them to support sharing knowledge of services within communities.
- Governors having clear understanding of what services do to support people - clear understanding of our offer.
- That we are realistic about how much time our Governors have as volunteers.

Mike Ford (MF) provided the feedback from group two. Support needed highlighted by this group was:

- A clear understanding of the message Governors convey to communities. It was noted that this can be difficult as governors may not always have full clarity on service offers and changes making it challenging to communicate consistently and confidently.
- The need for better support and information for Governors was highlighted to help them engage with communities and represent the Trust accurately.

Martin Neeson (MN) provided the feedback from group three:

- Understanding of interface between acute and mental health services.
- Clear alignment of roles between acute and mental health services.
- Promote awareness among acute Governors of available mental health services within their communities.
- Ensure Governor capacity and realistic expectations for their time.

Gary Ellis (GE) provided the feedback from group four:

- Clear communication plans to support Governors in engaging with communities and ensuring feedback loops are effective.
- Emphasis on making Governors' work meaningful by providing structure, clarity on expectations, and opportunities for impactful involvement in Trust initiatives.
- Clear messaging identified as essential for aligning Governors, staff, and communities around Trust objectives and ensuring everyone understands their role and the intended outcomes.

Margaret Kitching (MK) provided the feedback from group five:

- Support for Governors ensuring values drive their involvement.
- To understand the plan and have flexibility in their roles.
- Suggested that Governors' strategic role should include holding the Trust to account and linking with neighbourhoods.
- Recommended balancing Governors' time spent on strategic objectives versus neighbourhood engagement, and providing more capacity for meaningful involvement.

DL confirmed that all feedback received will be used to develop an offer of support for Governors to support engagement with our communities, aiming for continuous improvement. DL highlighted the importance of using feedback loops from communities to inform how services are delivered and to identify areas for future improvement helping to shape future plans and strategies.

The future of the Members' Council and Members Council Objectives

Izzy Worswick (IW) outlined the Trust's annual planning process. She explained that the Trust approach to planning is considered in context of national guidance. Nationally, the Medium Term Planning Framework has been published. This sets out performance targets and requirements for NHS organisations over the next three and five years.

Using learning from our strategy refresh process, the Trust has co-designed our planning approach with colleagues to have an aligned, clear focus across the organisation so that we are intentionally planning to be the Best we can be.

The key focus of our approach has been engagement across the organisation, to ensure our plans are informed by all of us, and to support ownership of plans. IW explained that part Governors are a key part of this engagement.

Our plan will clearly define our priorities and delivery plans so that we will use our collective energy to work towards common goals.
The approach is designed to provide assurance that we will meet national and local planning requirements, whilst living our values and, being ambitious for the communities we serve and our colleagues.

Following IW's presentation, the meeting was invited to separate once again into breakout groups to consider the following question and provide feedback to the meeting:

Question 1: What can you do to support us to develop and deliver the best possible plan in line with our values?

Question 2: Can you suggest some Governor Objectives to cover the next twelve months that will help us deliver the plan and have a positive impact for the people of Barnsley, Calderdale, Kirklees and Wakefield?

Izzy Worswick (IW) provided the feedback from group one:

- Governors are a "critical friend" and are able to give "fresh eyes" to plans.
- Ensure that Governor involvement is meaningful and contributions are being used going forward.

Mike Ford (MF) provided the feedback from group two:

- Governors bring diverse strengths and expertise. Setting clear objectives for each Governor could better utilise their skills to help deliver the plan.

Martin Neeson (MN) provided the feedback from group 3:
- Communication to be built around Trust values and be clear and simple.
- Service users to have the opportunity to contribute to the plan.

Gary Ellis (GE) provided the feedback from group four:
- Governors' local knowledge was acknowledged as positive in terms of planning as well as recognising local nuances and ensuring Governors are involved in defining these.
- Service user needs must be met regardless of the service provider, and clarity of messaging was noted to be crucial.
- Accessibility and equity were noted as key areas for Governors to contribute towards as part of their objectives.
- Governors expressed willingness to be part of the planning process.

Margaret Kitching (MK) provided the feedback from group five:
- Understand the plan.
- Capacity and expectations on our Governors.
- Statutory duties holding non-executive directors to account. If this changes does this give them more capacity to focus on neighbourhoods?
- Need to be flexible to enable Governors to support this more and ensure they continue to drive our values.
- Objectives
- Consider the statutory role of Governors to free up capacity to be more proactive in developing the neighbourhoods.
- Become an integral part of our community developments to ensure our values are driving our objectives.

DL acknowledged Governors' expertise and limited availability as volunteers. DL stressed the importance of targeted, meaningful involvement that aligns with priorities and the annual plan. DL advised a draft plan will be developed in three to four weeks. It was suggested this was shared with John Laville (JLa), and with Governors at the next meeting.

Members Council Main meeting

MC/25/52 Minutes of the previous Members' Council meeting held on 19 August 2025 and extraordinary Members' Council meeting held on 16 September 2025 (agenda item 4)

The minutes of the previous Members' Council meeting held on 19 August were accepted as an accurate record of the meeting.

The minutes of the Extraordinary Members' Council meeting held on 16 September 2025 were also accepted as accurate record of the meeting.

Phil Shire (PS) asked if Artificial Intelligence (AI) was being used to support minute taking. He noted the quality and accuracy of minutes.

Andy Lister (AL) confirmed that the Artificial Intelligence (AI) was used to draft the meeting minutes. However, he advised the minutes had been through the usual review process in order to check them for accuracy.

It was RESOLVED to APPROVE minutes of the Members' Council meeting on 19 August 2025 and 16 September 2025 as a true and accurate record.

MC/25/53 Matters arising from the previous meeting held on 19 August 2025 (agenda item 5)

The matters arising and action log were reviewed, with completed actions marked in blue and accepted by the Members Council.

MC/25/36 – Meeting between NR and MBu. It was noted that the meeting scheduled for 4 November 2025 was rearranged.

Members' Council confirmed satisfaction with the completed actions and the current status of the action log.

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

MC/25/54 Chair's report and feedback from Trust Board (agenda item 6)

NMc presented the Chair's report and noted the extensive work undertaken by the Chair, Marie Burnham (MBu) and the non-executive directors. MBu's contributions in particular were noted to be substantial, and it was agreed that her efforts should be formally noted and appreciated.

NR acknowledged the complexity of the organisation and the significant number of meetings and connections required and raised a query regarding the support available for the Chair, Non-executive Directors and senior staff, particularly in relation to mental health and well-being, given the demanding nature of their roles. NMc thanked NR for raising this issue and confirmed that staff well-being, including that of senior leaders, is regularly reported through the People and Remuneration Committee. NMc expressed personal confidence in the support provided to Non-executive Directors and the support provided by the Chair.

Daniel Goff (DG) raised a question about Rokaiya Khan's (RK) involvement in appeal training and hospital manager hearings, seeking clarification on whether this related to hospital managers' appeals or human resources processes. It was clarified that the reference was specifically to a human resources process.

Margaret Kitching (MK) confirmed that Non-executive Director's support hospital managers' appraisals.

It was RESOLVED to NOTE the Chairs' report.

MC/25/55 Chief Executive's comments on the operating context (agenda item 7)

Mark Brooks (MBr) advised that the Chief Executive report provided a summary of the current operating environment and recent developments affecting the Trust including updates on the provider capability assessment, NHS structural changes and the implications of recent national announcements.

Andy Lister (AL) confirmed questions had been received ahead of the meeting. He advised a question had been raised regarding the Provider Capability Assessment.

Izzy Worswick (IW) advised that the questions were specifically about the scope of the provider capability assessment, the publication timeline and whether there would be a regional tier for benchmarking.

IW clarified that the provider capability assessment is a national requirement for NHS Boards to assess their capability across a number of different domains (strategy, planning, quality, people, access, productivity, finance).

The Trust has submitted the assessment which will be shared with Members' Council following its publication in December 2025. Following the publication, it will be possible to review how the Trust benchmarks against other providers. IW advised there was not a regional tier.

Phil Shire (PS) stated that his question in relation to the regional tier was related to a regional tier within the new NHS structure.

NMc stated that the structure is a national decision and not within the Trust's control.

PS reiterated his question stating that given the announcement from the Government of £1billion funding for redundancies in NHS England and Integrated Care Boards (ICBs), what impact can be foreseen when these changes are implemented and what role will the regions play?

MBr clarified that the £1billion is not additional funding. The NHS has been allowed to overspend this year. The funding is intended to support restructuring, particularly related to redundancies within NHS England and Integrated Care Boards (ICBs). Recent publications outline a new strategic commissioning framework for ICBs and a model for regional roles, leading to ongoing structural changes. Responsibilities are expected to shift from ICBs to Provider Alliances, with neighbourhood care models being developed and commissioned by strategic ICBs but structured by Provider Alliances. The changes will result in significant job losses, risking loss of organisational knowledge and affecting established relationships.

MBr added that the restructuring process is iterative, with further updates expected as national decisions and legislation progress. Further updates will be provided as more information becomes available from national bodies.

NR asked how the Trust will maintain capacity and avoid setbacks amid national cuts and restructuring, expressing concern about losing experienced managers and the impact on service delivery.

MBr responded that while the situation is challenging, maintaining service quality relies on strong financial controls, efficient use of temporary staffing, and productivity improvements, including digital solutions. MBr emphasised ongoing efforts to prioritise patient safety and access despite reduced resources.

Anne Magee (AM) provided reassurance regarding the ongoing changes to the ICB structure, emphasising that the Trust is actively engaged in Provider Alliances and maintaining a strong position in regional discussions.

AM noted that while there are significant organisational changes and many staff at risk, all organisations within the West Yorkshire footprint are working collaboratively to retain skilled NHS staff by identifying opportunities in other organisations and doing their best to manage the transition and support affected staff.

DG raised a question regarding cyber security as a risk for the Trust, how it is measured, and what practical steps are taken to mitigate it.

MBr confirmed cyber security is a high risk for all organisations and advised that the Trust has regular staff training, phishing exercises and a dedicated IT team. In addition, the Board has recently received training on cyber security.

Mike Ford (MF) added that the Audit Committee receives six-monthly updates, conducts annual audits and reviews guidance to ensure ongoing focus and mitigation of cyber risks. It was also noted that while the Trust is doing as much as possible to mitigate against this risk, cyber threats continually evolve and require ongoing vigilance and investment.

In response to a question submitted in relation to progress with the flu vaccination programme, Darryl Thompson (DT) provided an update and reported that the figures presented were taken at a point in time and that uptake had reached 35%, which is above last year's performance at this time in the campaign and is in line with partner organisations. Peer vaccinators are active across clinical areas, clinics are available, and team-level data is shared to encourage further uptake.

Ian Gray (IG) suggested that, given the announcement in the news yesterday of an earlier national spike in flu cases, an additional communication should be sent to staff to encourage timely vaccination.

DT confirmed there are ongoing communications sent out to staff and there is a process in place for staff to inform the Trust if vaccinated externally. DT also clarified that the national program is flu-only, with Covid vaccinations managed separately by the Public Health Service.

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

Members' Council business items (agenda item 8)
MC/25/56 Patient Experience Annual Report (agenda item 8.1)
The Patient Experience Annual Report was taken as read.

DT noted a 26% increase in the number of complaints without a corresponding rise in patient contacts, and highlighted increased complexity in complaints, reflecting a national trend since the pandemic.

John Laville (JLa) suggested reporting complaints per thousand contacts for better context.

DT agreed this could be useful, especially for identifying trends in specific services.

MBr added that some service areas, such as ADHD (Attention Deficit Hyperactivity Disorder), have seen a significant rise in the number of complaints due to access issues and lack of new investment, while other areas have remained stable or decreased. It was noted that most of the complaints related to ADHD services focused on long wait times and access to medication.

MK, Quality and Safety Committee Chair, emphasised the importance of tracking reopened complaints to assess investigation quality and response satisfaction, noting ongoing committee discussions on this issue.

DT added that the complexity of complaints has increased, and the Trust's process for handling complaints was recently audited and found to be comprehensive and appropriate in

terms of tone and language. The top three complaint themes are Trust values (often relating to staff interactions), communication, and access to medication.

DT provided assurance that the Trust continues to monitor the number of reopened complaints to assess the quality of investigations and responses and is tracking learning and actions at both care group and organisational levels. The Trust is committed to exploring the causes of increased complaints and ensuring responses are comprehensive and lead to service improvements.

It was RESOLVED to RECEIVE the Patient Experience Annual Report.

MC/25/57 Patient Safety Oversight Annual Report (agenda item 8.2)

The Patient Safety Oversight Annual Report was asked to be taken as read.

DT confirmed that the report had been presented to the Quality and Safety Committee and Trust Board and the Patient Experience Report was also presented to the Members' Council Quality Group where Governors had the opportunity to review and comment.

Phil Shire (PS) noted the technical nature of the Patient Safety Oversight Annual Report and stated that it is a challenging read. A question was raised regarding how key safety messages are communicated to staff in a digestible format. DT confirmed that learning slides are shared with staff, and monthly team briefs include accessible summaries of patient safety learning.

PS also asked about the embedding of patient safety culture.

DT reported high rates of low/no harm incident reporting (95–96%) as a positive indicator and described ongoing evaluation of the Patient Safety Review Framework with frontline staff, to embed patient safety with the organisation with results to be shared with the Executive Management Team and Quality and Safety Committee.

John Laville (JLa) noted the increase in self-harm incidents and asked whether the trend had continued or returned to previous levels. DT explained the spike was due to a small number of individuals and expected rates to reduce as these individuals are discharged. DT agreed to provide an updated position for the next meeting.

Action – Darryl Thompson

NR noted that some patients may self-harm frequently due to their condition, and the measure of success is preventing fatal outcomes rather than the number of incidents. NR asked whether the statistics account for patients with repeated self-harm and suggested considering how such cases are represented in reporting.

DT confirmed that all self-harm incidents are captured in reporting structures.

JLa raised a further question regarding what specific actions and learnings were taken in response to the spike in self-harm incidents.

DT stated that the learning identified from the spike was due to a small number of individuals, and actions focused on their specific clinical care.

DG raised a question about how medication errors come to light.

DT explained that the Trust relies on frontline staff to report errors they make or observe. All incidents, including near misses, are recorded and responded to at the care group level.

IG added that the Electronic Prescribing and Medicines Administration (EPMA) system has improved transparency and helps identify and address errors. Pharmacy technicians robustly oversee prescribing and medication stock, and the team continually seeks improvements to prevent errors.

DG questioned whether the actual number of medication errors might be higher due to unrecognised mistakes, especially for patients on multiple medications, and suggested involving service users more in managing their own medications.

DT responded that self-management is encouraged where appropriate, and safeguards such as pharmacy technician oversight and stock checks are in place to detect errors.

DT provided a definition of a medication error and advised that it is defined as any preventable event that may cause or lead to inappropriate medication use of patient harm during the medication process and includes near misses.

It was RESOLVED to RECEIVE the Patient Safety Oversight Annual Report.

MC/25/58 Care Quality Commission (CQC) Action Plan Update (agenda item 8.3)
DT presented the Care Quality Commission (CQC) action plan and advised that the update focused on the progress of remaining open actions, with the goal to complete all actions by 31 March 2026. Some actions, such as unsupervised access to outside areas, are more complex and require specific approaches.

DT confirmed that the CQC are satisfied with the progress and timelines, especially noting improvements in forensic services, clear metrics, and robust governance for monitoring sustained improvement. The Trust has received positive feedback from the CQC and from visits to services, with ongoing efforts to maintain transparency and safety. The action plan is regularly reviewed at Committee and Board.

MK added the CQC seek assurance through regular six-monthly reviews of forensic services, focusing on improvement work and safety and are also supportive of the Trust's progress and the positive feedback received from service visits.

It was RESOLVED to RECEIVE the Care Quality Commission (CQC) Action Plan update.

MC/25/59 Freedom to Speak Up – Annual Report and Planning and Reflection Tool (agenda item 8.4)
Estelle Myers (EM) joined the meeting to provide an update on Freedom to Speak Up and the Annual Report and Planning and Reflection Tool was taken as read.

IW advised that a question had been received regarding whether staff are feeling more confident in raising concerns through Freedom to Speak up?

IW advised that the report highlighted an increase in Freedom to Speak Up concerns during 24/25, an increase of 29 since the previous year. This was partly attributed to the acquisition of Cheswold Park Hospital in October 2024, with 16 cases in 24/25 from Cheswold Park.

IW stated it was positive that Cheswold Park Hospital staff were using the Freedom to Speak Up process. She noted EM had spent a lot of time at the hospital, ensuring staff were familiar with the process and knew how to raise any concerns.

IW advised that in addition to number of cases received, staff survey responses are used to monitor confidence of staff in speaking up, which indicates staff do feel confident in raising concerns.

Anne Magee (AM) highlighted that, prior to joining the Trust, Cheswold Park staff did not use the Freedom to Speak Up process or have recognised trade union representation. Building trust in the Freedom to Speak Up mechanism has required significant effort from both the Guardian and trade unions, as staff previously feared jeopardy for raising concerns. Staff are now beginning to trust the process, seeing that concerns are addressed without risk to themselves, and that the Trust is delivering on its commitments.

AM emphasised the importance of open and honest conversations, and that staff are now more willing to report issues, supported by improved mechanisms and encouragement from the Trust.

It was noted that lower numbers do not always reflect positive outcomes, as they might suggest people are hesitant to report issues.

IW confirmed that benchmarking indicates the Trust has lower numbers of Freedom to Speak Up cases compared to other Trusts, but staff survey results show high confidence in speaking up. Both metrics are monitored to ensure a healthy reporting culture.

EM confirmed that a temporary increase in Freedom to Speak Up reporting was observed in quarter three and quarter four 2024/25 however levels have subsequently returned to expected levels.

A further question was presented regarding the reasons why there are so many staff safety concerns being raised.

IW advised that concerns are categorised using national categories one of which is worker safety and wellbeing. Many of the concerns raised fall into this category. Staff are encouraged to use informal routes first, with Freedom to Speak Up available if other avenues are exhausted.

EM confirmed that a lot of work goes into supporting staff, particularly in helping them feel safe to report issues and in encouraging resolution at managerial level where possible.

It was RESOLVED to receive the Freedom to Speak Up Annual Report and Planning and Reflection Tool.

MC/25/60 Members' Council business items (agenda item 9)

MC/25/61 Appointment to Members' Council Groups (agenda item 9.1)

Andy Lister (AL) advised that there were no vacancies on the Members' Council at the time the paper was issued, however a new vacancy has since arisen in the Coordination Group and this will be advertised in the usual way.

It was RESOLVED to receive the appointment to Members' Council Groups.

MC/25/62 Assurance from Members' Council groups and Nominations Committee (to be taken as read and submit questions in advance) (agenda item 9.2)

The Members' Council were asked to receive assurance from the notes and minutes of its groups and the Nominations Committee.

The Members' Council Quality Group notes from 14 July 2025 and the Members' Council Coordination Group notes from 24 June 2025 were received and approved.

It was noted that the Nominations Committee did not meet in October as planned. As the previous meetings had already covered necessary business, the next meeting will take place in January 2026.

It was RESOLVED to NOTE and RECEIVE the Assurance from Members' Council groups and Nominations Committee

MC/25/63 Members' Council elections 2026 – process update (agenda item 9.3)

AL advised that the 10 Year Plan states that going forward the requirement for Foundation Trusts to have governors will be removed, and that there will new arrangements to take account of patient, staff and stakeholder insight.

He reported that this will take time to enact and that current legislation regarding Governors will remain in place until at least April 2027. Therefore, the Trust will continue with the current model until it is clear on the impact of planned changes.

AL advised that there is uncertainty about the election process for the next eighteen months in the context of national changes. It is likely that elections will proceed as usual, as the Trust cannot simply extend current Governors' terms by constitutional addendum. Approximately seven staff and public Governors are due to retire by rotation at the end of April 2026, and AL will provide further details on managing the process as information becomes available.

AL assured the Members' Council that all necessary steps will be taken to ensure continuity and compliance with legal requirements.

JLa raised concerns about the practicality of recruiting new Governors for only a 12 month term, given the proposed legislative changes that could end Governor roles by April 2027.

JLa noted that new Governors would be required to undergo induction and training but may have little time to contribute before their term ends.

AL acknowledged these concerns, explaining that leaving positions vacant could risk quoracy and decision-making, and that the Trust must balance operational challenges with legal requirements.

The Members' Council agreed to monitor the situation and ensure continued recognition of Governors' contributions, regardless of future legislative changes.

It was RESOLVED to RECEIVE the Members' Council elections 2026 – process update

MC/25/64 Governor feedback from virtual meetings (agenda item 9.4)

JLa provided feedback from recent virtual meetings and the pre-meeting session, highlighting several key points:

- Suggestion to recruit young connectors through local colleges and Student Unions.
- Positive reports from Governors participating in quality walkarounds.
- An incident was noted where police were unable to contact the Barnsley Crisis Team directly and had to use 111, which was noted as an exception.
- Staff Governors expressed that some training feels service-driven rather than focused on individual development needs.
- It was felt by governors that ongoing financial constraints are impacting staffing, with vacancies often filled internally, leading to gaps and increased pressure on remaining staff.
- Community mental health staffing levels have remained static for twenty years despite rising demand, raising the question of implementing safer staffing standards in the community.
- There is an increase in student nurses, particularly in mental health, and concerns were raised about whether the Trust can offer roles to all trainees upon qualification.
- Current industrial action was raised as a national issue.

JLa questioned whether the Trust is able to offer ongoing roles to nurses and doctors after their training, or if there is a risk that the Trust is training them without jobs being available at the end.

DT reported that the Trust works closely with universities to ensure student nurse roles are accessible and that, currently, all student nurse positions are fully recruited. The Trust is collaborating with regional partners to help place student nurses from other areas if required, aiming to retain qualified staff within the region.

NMc added that the People and Remuneration Committee have undertaken a deep dive on workforce, job planning activity and demand which has provided additional assurance and oversight with Subha Thiyagesh leading on this work. Work is also underway to review working conditions, annual leave and rosters which are within the Trusts gift to change.

A discussion took place around the challenges faced by community mental health teams in maintaining safer staffing levels, noting increased demand and workforce pressures. Concerns were raised about the impact of staffing on patient safety, access to services, and the well-being of both staff and service users.

DT emphasised ongoing efforts to monitor staffing, prioritise patient safety, and implement measures to address workforce gaps, including productivity improvements and resource allocation. The importance of transparent communication with staff and service users regarding staffing levels and service changes was highlighted and the Trust reaffirmed its commitment to maintaining safe and effective services despite ongoing challenges, with plans for an establishment review to assess clinical requirements and inform future recommendations. The issue remains a standing agenda item at both the Quality and Safety Committee and the People and Remuneration Committee, ensuring continued oversight and accountability.

It was RESOLVED to RECEIVE the Governor feedback from virtual meetings

MC/25/65 Integrated Performance Report (to be taken as read and submit questions in advance) (agenda item 10)

Mike Ford (MF) provided an overview of the Trust's Integrated Performance Report and noted that the Trust continues to perform well across most metrics despite a challenging environment.

Key areas of focus included:

- Clinically ready for discharge: 25 patients remained in beds despite being ready for discharge, with ongoing efforts to secure appropriate placements.
- Prone restraints: Four incidents were reported, all under three minutes, with targeted training underway to achieve zero incidents.
- Out-of-area placements: Seven cases reported, with the Trust remaining one of the best performers regionally.
- Safer staffing: Ongoing monitoring, with a noted link to patient acuity.
- Incident reporting: The Trust continues to receive a significant number of incident reports each month, with the overall trend showing slight improvement. No major concerns regarding incident reporting.
- Sickness rates: Slightly above target, particularly in forensics and estates, with management reviews in progress.
- Appraisal compliance: Slight decrease due to system issues, but improvement actions are in place.
- Workforce: Positive trend in workforce growth, with a reduction in workforce turnover in quarter two. Work to reduce workforce turnover by 2% by year-end is on track, and the Trust continues to monitor workforce metrics closely to ensure sustained progress.
- MF stated that the Trust measures itself against the new NHS oversight framework published in June 2025 and is performing very well against national metrics, despite ongoing challenges.
- The Trust continues to perform strongly against national metrics. There continues to be challenges related to diagnostic procedures, specifically in Paediatric Audiology due to staffing issues and commissioning constraints.
- The Trust's national ranking was temporarily affected by a minor financial deficit, but this is expected to improve in future assessments.
- Agency spend: Continued focus to reduce reliance and meet reduction targets.
- Capital spend: The only area of concern in capital spend is timing, with current expenditure lagging behind the planned schedule. The Trust is taking necessary actions to ensure the full capital allocation is spent by year-end. No long-term risks to capital delivery were identified at this stage.

The questions listed below were submitted in advance of the meeting:

Question 1: Is the Trust's drive to tighten staffing levels, leading to an increase in out of area bed days?

Adele Fox (AF) had provided a written response in advance of the meeting stating that staffing is not being tightened but managed more wisely. Out of area placements have reduced to three people, attributed to improved patient flow over the past eight weeks. A recent spike in out of area placements was explained as a result of a temporary, system-wide pressure lasting two weeks, not due to staffing changes.

John Laville (JLa) acknowledged the positive performance in relation to appraisals compared to previous years and is now at 88%, which is seen as a positive indicator of a good workplace.

Ian Grace (IG) stated that the transition from the previous appraisal system (WorkPAL) to a new system was initially challenging, with some users finding the new system less intuitive and more complex.

MBr confirmed that ongoing improvements to the appraisal process are planned to make it more streamlined and user-friendly. The sustained improvement in appraisal rates was acknowledged and staff were thanked for their efforts.

MF also noted that mandatory training compliance remains very strong, even under current pressures, and highlighted this as another positive aspect of the Trust's performance.

Question 2: What is the financial override in the NHS oversight framework?

AS confirmed the financial override means that if a Trust has a deficit plan for the year or reports an in-year deficit (even a small variance from plan), the highest oversight rating it can achieve is three, regardless of other performance. This is a strict, pass/fail measure with no tolerance for variance. The Trust experienced a minor variance in month three, which triggered the override for that quarter, but expects to recover in subsequent quarters.

Question 3: Is the year-end financial target achievable given the need to deliver £20 million in efficiencies?

AS advised that the efficiency programme is ambitious, with some schemes off track (notably temporary staffing), but others are overachieving. The Trust is tracking all schemes and using non-recurrent measures to mitigate shortfalls. AS expressed confidence that the year-end plan will be met, though the reduction in temporary staffing will fall short and be offset by other savings.

GE added that, compared to other providers in the ICB, the Trust's year-end financial plan is among the most credible in the region.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/25/66 Closing remarks and annual work programme 2025/26 (agenda item 11)
The annual work programme for 2025–2026 was presented to Members' Council and outlines the planned activities and areas of focus for the upcoming year.

NMc thanked members for their ongoing involvement, critical review and challenge, which are valued as part of the programme's success.

It was RESOLVED to RECEIVE the work programme for 2024/25.

MC/25/67 Members' Council meeting 2026 (confirmed) (agenda item 12)
Friday 13 February 2025 hybrid/Large Conference Room, Fieldhead Hospital, Wakefield.

It was RESOLVED to RECEIVE the dates of the next Members' Council meeting.

MC/25/68 Any Other Business (agenda item 13)
No further business.

It was RESOLVED to NOTE any other business.

12.50 - Close of public meeting

Private Members' Council Meeting – held to approve the previous Private Members' Council meeting minutes.

The minutes from the private Members' Council meeting held on 19 August 2025 were approved as an accurate record.

MC/25/69 Minutes of the previous Private Members' Council meeting held on 19 August 2025.

Approved.

It was RESOLVED to APPROVE the Private Members' Council meeting minutes of the meeting held on 19 August 2025.