South West Yorkshire Partnership Teaching
NHS Foundation Trust

1 May 2026

Chair's Office
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Fieldhead
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Wakefield
WF1 3SP

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 – 6 May 2026

The next Members' Council meeting will be held on Wednesday 6 May 2026. The meeting is hybrid, Microsoft Teams link and in-person at the Large Conference Room, Fieldhead Hospital, Ouchthorpe Lane, Wakefield.

The governors pre – meeting will start at 09.30 until 10.00.
The formal meeting will start at 10.05 and finish at 13.00.

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 5 - Chair's report and feedback from Trust Board
Item 9.5 – Integrated Performance Report

The focus on item, 8.4, will be presented on the day and sent out after the meeting.

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 Tuesday 4 May 2026.

Sandwiches, snacks and hot food will be available from the restaurant at Fieldhead, and expense forms will be available to claim this cost back.

Chair: Marie Burnham Chief executive officer: Mark Brooks

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With **all of us** in mind.

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I hope you can join us on 6 May 2026.

Yours sincerely

Marie Burnham
Chair

Chair: Marie Burnham Chief executive officer: Mark Brooks

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South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council meeting
6 May 2026 from 10.05 – 13.00

Microsoft Teams/
Large Conference Room, Fieldhead Hospital, Wakefield

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 13 February 2026	Marie Burnham, Chair	**Paper**	To approve	2
4.	10.12	Matters arising from the previous meetings held on 13 February 2026 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)**				

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
7.1	10.30	Members' Council elections – outcome	Andy Lister, Head of Corporate Governance	**Paper**	To receive	5
7.2	10.35	Appointment of Lead Governor and Quality Group Chair	The Chair	**Paper**	To approve	5
7.3	10.40	Audit Committee Terms of Reference (annual item)	Mike Ford, Non-Executive Director	**Paper**	To receive	5
7.4	10.45	Fit and Proper Person Test (FPPT) for Board Members	Andy Lister, Head of Corporate Governance	**Paper**	To receive	5
7.5	10.50	Assurance from Members' Council groups and Nominations Committee	The Chair	**Paper**	To receive	5
8	10.55	**Focus on Item 1 – Members Council Structure including sub-groups and committees:**				
8.1	10.55	Appointment to Members' Council groups	Andy Lister, Head of Corporate Governance	**Paper**	To receive	5
8.2	11.00	Members' Council groups and Nominations Committee annual reports (annual item): • Members' Council Co-ordination Group annual report 2025/26 including update to the Terms of Reference • Members' Council Quality Group annual report 2025/26 including update to the Terms of Reference • Nominations Committee annual report 2025/26 update to the Terms of Reference	Marie Burnham, Chair	**Paper**	To receive/ approve	5
8.3	11.05	Members Council Structure including Coordination Group, Quality Group and Nominations Committee	Andy Lister, Head of Corporate Governance		To receive	15
	11.20	*Break*				*10*
8.4	11.30	**Focus On Item 2 - Members' Council – What does the future look like** - includes small working groups	Andy Lister, Head of Corporate Governance			30

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
9.	12.00	**Members' Council Business items continued (including annual items**				
9.1	12.00	Quality Assurance System Annual Report 2024-25 (annual item)	Caroline Johnson, Chief Nurse Director of Nursing, Quality and Professions	**Paper**	To receive	5
9.2	12.05	Care Quality Commission (CQC) action plan	Caroline Johnson, Chief Nurse Director of Nursing, Quality and Professions	**Paper**	To receive	5
9.3	12.10	Quality Account update (annual item)	Caroline Johnson, Chief Nurse Director of Nursing, Quality and Professions	**Paper**	To receive	10
9.4	12.20	Governor feedback	John Laville, Lead Governor	**Verbal**	To receive	10
9.5	12.30	Integrated Performance Report (to be taken as read and questions to be submitted in advance)	TBC, Non-executive Director	**Presentation**	To receive	10
10.	12.40	**Closing remarks and annual work programme** Work programme 2025/26	Marie Burnham, Chair	**Paper**	To receive	2
11.	12.42	**Any other business**	Marie Burnham, Chair	**Verbal**	To note	3
		Private meeting				
12.	12.45	Appointment of External Auditors	Mike Ford, Non-Executive Director	**Paper**	To approve	5
13.	12.50	Chair's appraisal	Nat McMillan, Deputy Chair and Senior Independent Director	**Presentation**	To receive	10

Item	Approx. Time	Subject Matter	Lead	Action	Minutes allotted
	13.00	*Close*			

South West Yorkshire Partnership Teaching NHS Foundation Trust

Minutes of the Joint Trust Board and Members' Council meeting
13 February 2026, 10.10 – 13.00
MS Teams meeting

Present:	Marie Burnham (MBu)	Chair
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Keith Stuart-Clarke	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Bob Morse (BM)	Public – Kirklees
	Emma Hall (EH)	Appointed - Mid Yorks Teaching NHS Trust
	Valentina McParland	Public – Kirklees
	Farida Ali (FA)	Public – Kirklees
	Donna Kemp (DK)	Appointed – University of Huddersfield
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
In attendance:	Natalie McMillan (NMc)	Deputy Chair/Senior Independent Director
	Gary Ellis (GE)	Non-executive director
	Mike Ford (MF)	Non-executive director
	Martin Neeson (MN)	Non-executive director
	Rokaiya Khan (RK)	Non-executive Director
	Christine Brereton (CB)	Interim Chief People Officer
	Margaret Kitching (MK)	Non-executive director
	Mark Brooks (MBr)	Chief Executive
	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
	Adele Fox (AF)	Chief Operating 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 (author)
Apologies:	Sarah Leason – Hurley (SLH)	Staff – Social workers
	Elaine Lane (EL)	Staff – Allied Health Professionals
	Claire Den Burger-Green (CDBG)	Public – Kirklees
	Leonie Gleadall (LG)	Staff – Non-clinical support
	Fatima Shahzad (FS)	Public – Rest of Yorkshire
	Amaina Elzoubir (AE)	Public – Wakefield
	Sara Javid (SJ)	Public – Kirklees
	Rosie King (RS)	Public – Wakefield
	Nesar Rafiq (NR)	Public – Wakefield
	Daniel Goff (DG)	Public – Barnsley
	Daz Dooler (DD)	Public - Wakefield
	Anne Magee (AM)	Appointed – Staff side
	Jacob Agoro (JA)	Staff – Nursing
	Nik Vlissides (NV)	Staff – Psychological Services
	Cllr Dorothy Coates (DC)	Appointed – Barnsley Council
	Cllr Duncan Smith (DS)	Appointed – Wakefield Council

Cllr Adam Zaman (AZ)	Appointed – Kirklees Council
Professor Subha Thiyagesh (ST)	Chief Medical Officer

MC/26/01 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) formally welcomed everyone to the meeting, apologies were noted as above. Mbu reported the meeting was being held virtually due to forecast severe weather conditions, and expressed thanks to attendees for adapting to Teams at short notice.

MBu offered condolences following the recent passing of Geraldine Carter, a valued Governor from Calderdale Council, and acknowledged her positive contribution to the Members' Council and the Trust.

MBu acknowledged Phil Shire's (PS) final Members' Council meeting after three terms and thanked him for his commitment and impact on the Members' Council Quality Group.

MBu expressed thanks to the governors who are retiring by rotation for their valued input. MBu encouraged eligible Governors to reapply and wished success to all in the upcoming elections, emphasising the importance of maintaining a full governing body.

Donna Kemp (DK) was welcomed as the new appointed Governor from Huddersfield University, replacing Warren Gillibrand. MBu thanked Warren for his long-standing service.

MBu acknowledged Darryl Thompson's (DT) retirement as Chief Nurse and Director of Nursing, Quality and Professions. MBu thanked DT for his service, leadership and contribution to the Members' Council Quality Group.

Caroline Johnson was welcomed as the Chief Nurse and Director of Nursing, Quality and Professions designate, who will formally assume the role after DT's retirement at the end of March 2026.

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

MC/26/02 Declarations of interest (agenda item 2)

There were no new declarations of interest.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/26/03 Minutes of the previous Members' Council meeting held on 14 November 2025 (agenda item 3)

The minutes of the Members Council meeting held on 14 November 2025 were reviewed.

Mike Ford (MF) requested a correction on page 15 to change "management training compliance" to "mandatory training compliance."

John Laville (JLa) noted that Helen Dale was incorrectly listed as present, as she had previously stood down.

Subject to the amendments noted above, the minutes of the previous Members' Council meeting held on 14 November 2025 were accepted as an accurate record of the meeting.

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

MC/26/04 Matters arising from the previous meeting held on 14 November 2025 (agenda item 4)

The matters arising and action log were reviewed, with completed actions marked in blue.

MC/25/38g (1) Andy Lister (AL) reported that Daniel Goff has received information about membership and is being connected with the Equalities Team to further engage young members; this work is ongoing.

No other matters arising or issues were raised.

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

MC/26/05 Chair's report and feedback from Trust Board (agenda item 5)

AL presented the Chair's report and asked for it to be taken as read. AL advised that the report provides a summary of the activities of the Chair and all Non-Executive Directors since the previous meeting, noting their high level of engagement and busy schedules.

MBu highlighted the importance of the report for accountability and its use in Non-Executive Director one-to-ones and appraisals, noting that Non-executive Directors are actively involved in the Trust and committed to their roles.

No questions or concerns were raised by Governors regarding the report.

It was RESOLVED to RECEIVE the Chairs' report.

MC/26/06 Chief Executive's comments on the operating context (agenda item 6)

Mark Brooks (MBr) introduced the Chief Executive's report, confirming it had been circulated in advance and invited questions from the group.

Phil Shire (PS) asked for clarification on the Trust's segmentation status, specifically what segmentation means and its implications.

MBr explained that segmentation is a national NHS performance rating system, with league tables, and SWYPTFT has achieved the highest rating (segmentation one). This high rating will position the Trust well for future freedoms under the new Advanced Foundation Trusts framework and means the Trust is not subject to NHS England intervention.

MBr clarified that while segmentation one does not immediately grant additional freedoms, it is a prerequisite for applying for Advanced Foundation Trust status, which could provide more operational flexibility in the future.

JLa asked about the Trust's involvement in developing neighbourhood care and provider partnerships, questioning whether SWYPTFT is part of a pilot?

MBr responded that the Trust is operating in "shadow" form for a year, developing place-based provider partnerships as part of NHS structural changes, with SWYPTFT is acting as host for Kirklees. This work is in line with national policy and is designed to reduce demand on hospitals.

JLa raised concerns about delays in capital projects, specifically the older people's transformation and works at the Priestley unit.

AS explained that the delays were due to new fire safety legislation following the Grenfell disaster, which had resulted in a six-month delay in the capital programme, with the bulk of delivery now expected in the 2026/27 financial year.

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

MC/26/07 Members' Council business items (agenda item 7)

MC/26/07a Appointment to Members' Council groups (agenda item 7.1)

AL presented the paper detailing current vacancies on Members Council groups:

- Members' Council Coordination Group - one appointed Governor and two public Governors for Barnsley and Calderdale).
- No vacancies were reported for the Members' Council Quality Group, Nomination Committee or Equality Involvement and Inclusion Committee.

AL emphasised that the paper reflects the position as at today and will be reviewed after the upcoming election process in May, as group composition may change.

The Corporate Governance Team will continue to circulate vacancies and seek volunteers over the coming months.

MBu encouraged Governors to consider volunteering for the vacant positions, highlighting the importance of filling these roles.

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

MC/26/07b Assurance from Members' Council groups and Nominations Committee (agenda item 7.2)

MBu introduced the assurance report and summarised activities and minutes from the Coordination Group, Quality Group and Nominations Committee, with all relevant papers and meeting minutes provided.

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

MC/26/07c Review of Chair and Non-Executive director remuneration (agenda item 7.3)

Christine Brereton (CB) provided an update on the remuneration of Chair and Non-Executive Director roles, confirming the Trust remains aligned to the NHSE framework and at this time there is no change.

It was RESOLVED to RECEIVE the review of Chair and Non-Executive director remuneration.

MC/26/07d Care Quality Commission (CQC) Action Plan Update (agenda item 7.4)

Darryl Thompson (DT) presented the update on progress against the CQC action plans, including actions inherited from the previous provider at Cheswold Park Hospital. The report

had been reviewed by the Executive Management Team, Quality and Safety Committee and Trust Board prior to this meeting.

DT noted that while some actions remain open for an extended period, this reflects the complexity of the issues and the need to ensure changes are fully embedded before closure. He emphasised the importance of not closing actions prematurely and confirmed that the Trust maintains ongoing informal and quarterly meetings with the CQC, who are satisfied with current progress.

JLa queried the pace of closing actions and asked whether the Trust and CQC was content with progress. DT reiterated the Trust's approach of thoroughness over speed and described a positive, collaborative relationship with the CQC, including regular updates and shared understanding on challenging actions such as access to outside areas.

MK provided additional assurance from the Quality and Safety Committee, confirming that Non-executive Directors regularly scrutinise the timeliness and effectiveness of action closure, with a focus on ensuring changes are sustainable and evidenced in practice. MK highlighted the ongoing quality improvement work at Cheswold Park has received positive feedback from the CQC.

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

MC/26/07e Chairs' appraisal – process (agenda item 7.5)

AL outlined the appraisal process for the Trust Chair for 2025/26, confirming it will follow the NHS England appraisal framework for Provider Chairs.

The process includes four strands: a pre-appraisal meeting between the Chair and Senior Independent Director (Nat McMillan), consultation with external stakeholders, governor consultation via a meeting and survey and consideration of specific areas such as meeting chairing, leadership style, corporate understanding, strategic awareness, personal style, independence, self-development, and impact.

MBu's objectives for the year were agreed in consultation with the Members Council and are highlighted in the paper. Executive and non-executive directors will complete questionnaires, and MBu will undertake a self-assessment. The governor feedback will be discussed at the May meeting, the appraisal submitted to NHS England in June, and the final report presented to the Members Council in August.

It was RESOLVED to AGREE the Chairs' appraisal process.

MC/26/07f Lead Governor and Quality Group Chair Appointment process (agenda item 7.6)

AL reported that John Laville's (JLa) second term as Lead Governor concludes on 30 April 2026, and JLa is eligible to reapply.

The Nominations Committee is responsible for appointments to Lead Governor, Deputy Lead Governor, Chair, Non-Executive Directors, Deputy Chair and Senior Independent Director.

The process for Lead Governor and Deputy Lead Governor is to invite self-nominations from publicly elected Governors, supported by a brief written statement.

The Nominations Committee will review nominations, invite presentations and make a recommendation to the Members Council. An extraordinary Members Council meeting may be arranged if required to complete the process before the term ends.

In terms of the Quality Group Chair, AL confirmed that Phil Shire's (PS) term ends on 30 April 2026. It is proposed to the Member's Council that the appointment process mirrors that of the Lead Governor, with public governors invited to self-nominate. PS offered to speak with any public governors interested in the Quality Group Chair role.

JLa expressed thanks to PS for his significant contribution and leadership of the Members' Council Quality Group, noting the positive transformation of the group's function and the value of site-based quality meetings.

The Members Council approved the proposed appointment process for both roles.

It was RESOLVED to APPROVE the process for the nomination and appointment of the Lead Governor and Chair of the Members' Council Quality Group.

MC/26/07g Members' Council elections – update (agenda item 7.7)

AL provided an update on the Members Council election process, confirming that nominations opened on 11 February 2026 and the process is managed by Civica.

Public seats available:

- Barnsley – two
- Calderdale - three
- Kirklees - two
- Wakefield – two
- Rest of Yorkshire – one

Staff seats available:

- Non-clinical support
- Medicine
- Pharmacy
- Nursing
- Nursing support

AL outlined the election timetable and advised that nominations close on 11 March 2026. Withdrawals are permitted until 16 March 2026 and voting (if required) opens 1 April and closes 29 April with results announced on 30 April 2026. New terms of office will begin on 1 May. Uncontested seats will not require an election.

AL noted there has been a publicity campaign in Calderdale to support recruitment and reported an increase in membership numbers.

AL invited Governors to contact him with any election-related queries.

It was RESOLVED to RECEIVE the Members' Council elections update.

MC/26/07h Governor feedback from virtual meetings (agenda item 7.8)

JLa provided feedback from Governors, highlighting ongoing concerns about discharge processes.

JLa reported cases where service users were unaware of their discharge and received medication changes without proper follow-up.

Adele Fox (AF) explained that discharge audits are part of the improvement programme and requested more specific information, such as dates and times, in order to enable the Trust to investigate further.

Dawn Lawson (DL) suggested working with the Involvement Team to collect feedback confidentially. JLa agreed to try to obtain more details.

JLa described an incident at Folly Hall in Huddersfield where two sons were denied access to a consultation, despite parental consent. AF requested a date and time so that the Trust can investigate. DL proposed a process for gathering such information without exposing identities.

Issues were raised following a recent quality group visit to Ward 19, including staff requests for more ensuite bathrooms as part of the older people's transformation programme.

JLa has been informed there are no ensuite bathrooms due to draining issues and/or reducing the number of beds.

AF and AS confirmed there have been delays in the capital programme due to fire safety regulations and agreed to review staff suggestions and communicate updates to JLa**.**

Action – Adele Fox/Adrian Snarr

Phil Shire (PS) questioned the clarity and imminence of the transformation programme, noting staff uncertainty about retraining and timelines.

AS confirmed a six-to-nine-month delay..
AF assured Members' Council that staff have been informed about delays and would revisit communicating clinical modelling and needs.

JLa relayed staff governor concerns about tight staffing levels and difficulties justifying bank staff usage.

Ian Grace (IG) described challenges in maintaining safe staffing and the need to balance financial constraints with service safety.

MBu emphasised that safety would not be compromised for financial reasons and encouraged ongoing communication about staffing issues.

JLa asked about rumours of relocating the well-being suite from the Priestley Unit to Beckside Court, causing some disquiet, and asked if staff were aware or involved.

AS stated he was not aware of such plans but would investigate further, confirming Beckside Court is primarily an administrative base which will become the North Kirklees Hub.

Action – Adrian Snarr

Farida Ali's (FA) upcoming participation in a roundtable on drug and alcohol abuse in the Muslim community was noted and her intention to report back to the Members' Council.

Concerns were raised regarding digital connectivity, specifically the NHS app not reflecting recent hospital stays etc.

IG reported encouraging progress with new system links to acute hospitals and AS confirmed ongoing phased rollout of diagnostic connectivity.

It was RESOLVED to RECEIVE the Governor feedback from virtual meetings

MC/26/07i Integrated Performance Report (to be taken as read and submit questions in advance) (agenda item 7.9)

Martin Neeson (MN) provided an overview of the Trust's Integrated Performance Report, asking for it to be taken as read and noted the following:

- There is continued improvement in reducing prone restraints, with numbers decreasing with the Trust aiming for zero incidents.
- There has been significant progress in patient flow and bed management. The number of patients clinically ready for discharge remains above target, equating to 21 people at the end of December 2025. Efforts are ongoing to create bed space and facilitate community or safe housing placements.
- Out-of-area placements were reported as two for December 2025, totalling 76 bed days.
- Patient experience metrics showed strong performance, with 93% recommending mental health services and 96% recommending community health services.
- Incident reporting levels were within expected boundaries, and transparency in reporting was encouraged.
- Sickness absence rates increased to 5.96%, reflecting national and regional trends, with active management of long-term absence.
- Substantive staff numbers increased by 1.2%, attributed to transferring staff from bank and reducing agency spend.
- Statutory and mandatory training compliance remained above local thresholds.
- Appraisal rates were at 88.1%, close to the 90% target.
- Staff turnover rates are positive and continue to be monitored.
- The Trust achieved a surplus run rate, with agency spend reducing and bank/locum spend higher than planned, reflecting conscious decisions to maintain service safety.
- The Value for Money programme focused on corporate expenditure, with delivery back in line with plan.
- Delays in capital expenditure for older people's services have been noted as per earlier discussion, with the forecast cash position expected to reduce as capital spending increases.

In discussion, IG commented that sickness rates were encouraging given the early flu season. NMc added that benchmarking showed SWYPTFT's rates were lower than other NHS organisations, with targeted support for specific services.

JLa requested clarification of the metric "percentage admissions gate kept by crisis response teams".

AF explained it refers to response times for seeing people, typically within four hours, and confirmed the Trust was meeting the target.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/26/08 Focus on item: Biennial Evaluation (agenda item 8)

AL advised that a survey was sent to all governors via Microsoft Forms

AL presented the results of the biennial evaluation survey and highlighted the following:

- Out of 27 governors, responses were received from 16 Governors, eight public, five staff, three appointed, with most responses being from new Governors with 0–3 years' experience.
- High levels of understanding were reported for the Trust's missions and values, with good awareness of the services the Trust provides, however, engagement was noted to be lower in the Trust Strategy and Equality, Diversity and Inclusion (EDI) membership strategy, but this was possibly due to the timing of the survey and governor turnover.
- Governors showed strong knowledge of their own and non-executive director roles, with areas for development identified in understanding the lead governor and company secretary roles.
-
- Training and meeting access were rated positively, though access to GovernWell events and Place visits was lower.
- Hybrid meetings were viewed as effective and inclusive, with requests for shorter paper summaries, however papers are noted to be clear.
- 13% of Governors who responded expressed a need for further training. The governor handbook access was flagged, with paper copies to be made available at in-person meetings to avoid rising postage costs.
- The evaluation also raised the idea of changing the name "Governor" in light of upcoming constitutional changes.AL and MBu confirmed this will be considered as part of future planning with involvement from Members Council.

DL expressed disappointment at perceived low engagement in strategy and EDI following extensive involvement at Members' Council and across the Trust, seeking feedback on improving involvement. Farida Ali and AL agreed this could be related to the timing and induction for new governors who joined after these sessions were held. AL advised that refreshing strategy information should be included in future induction processes.

Action: Corporate Governance

JLa praised DL for how governor involvement has been driven and suggested better "closing the loop" on governor input to strategy, so feedback is visibly reflected in outcomes. AL agreed to look at this for future joint Trust Board Members Council meetings about strategy.

Action – Andy Lister

AL advised that an action plan will be put together and presented through Members Council Co-ordination group.

AL reiterated that the corporate governance team are always available to speak with and share any ideas or suggestions.

It was RESOLVED to RECEIVE the Biennial Evaluation.

MC/26/09 Members' Council Objectives (agenda item 9)

Izzy Worswick (IW) provided an update on the Trust's planning process, emphasising a coordinated approach involving staff, communities and Governors to ensure plans are informed by broad engagement and support ownership across the organisation.

IW confirmed that the final plan was submitted on 12 February 2026, forecasting a balanced financial position for the coming year, though achieving this will require continued efficiency and value for money initiatives.

Workforce planning focuses on reducing temporary staffing, particularly bank usage and activity plans are compliant with national provider metrics except for children and young people's neurodevelopmental waits, which remain a national challenge.

Six key priorities for the Trust were identified:
- Improving clinical pathways (including waiting times, access, and flow)
- Maximizing resources
- Reducing inequalities
- Leading integrated neighbourhood care and place provider partnerships
- Enabling digitally supported care
- Ensuring a future-fit workforce.

Quality, safe care and trauma-informed care remain areas of focus and each priority is supported by specific actions, timelines and measurable outcomes, with ongoing work to cascade the plan throughout the organisation and align individual objectives with overall Trust priorities.

JLa presented the Members' Council Objectives for 2026/27 and commended the Trust's bottom-up planning process, highlighting broad engagement and alignment with organisational priorities. Continuity in Members' Council objectives was noted, with some repetition from previous years reflecting their ongoing relevance and effectiveness.

JLa provided a summary of the objectives:
- The first objective addresses the future transition, focusing on co-producing with the Trust a new structure that maintains and improves current Members' Council functions in light of the anticipated NHS constitutional changes. The 10-year plan still refers to three cohorts as public, staff and partners and how to be equipped for the future.
- The second objective centres on involvement and ensures members and communities understand the Trust's work, promoting Governor roles, encouraging young people's participation, identifying inequalities and supporting the Triangle of Care and carer engagement.
- The third objective is quality and supporting the Trust's aspiration to be outstanding, maintaining transparency through the Members Council Quality Group, continuing quality walkarounds and PLACE visits, and reinvigorating feedback mechanisms for Governors to raise community concerns.
- The fourth objective is effectiveness and holding Non-executive Directors to account, maximising opportunities for Governors to gain insight into Trust operations and ensure robust induction and training for new Governors, especially given upcoming vacancies. Staff Governors were encouraged to develop mechanisms to represent their constituencies fully.

JLa confirmed these objectives are set for 2026–27 but may be adapted as NHS legislation evolves.

It was RESOLVED TO APPROVE the Members' Council Objectives.

MC/26/10 Closing remarks and annual work programme 2025/26 (agenda item 10)

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. MBu confirmed it continues to support the Board and Members' Council in meeting statutory and governance requirements, ensuring all necessary business is scheduled and tracked.

No comments or concerns were raised by attendees regarding the current work programme. The programme was received and noted as fit for purpose.

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

MC/26/11 Any Other Business (agenda item 11)

JLa thanked Darryl Thompson on behalf of the Members' Council for his contribution over the years, especially with Members' Council Quality Group.

Keith Stuart-Clarke (KSC) raised a query regarding the qualifications of the Trust's fire safety trainer, seeking assurance that the trainer holds an appropriate rank and experience.

AL and AS confirmed that the fire safety trainer is a retired fire officer with substantial experience and has been employed by the Trust for several years as a trainer.

No further items of other business were raised.

It was RESOLVED to NOTE any other business.

MC/26/12 Next Members' Council meeting (agenda item 12)

Wednesday 6 May 2026 hybrid/Large Conference Room, Fieldhead Hospital, Wakefield.

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

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council 13 February 2026
Action log

= completed actions

Minutes ref	Action	Lead	Timescale	Progress
Actions from 13 February 2026				
MC/26/07h	John Laville raised the issue of a lack of ensuite bathrooms on Ward 19, especially given this will be part of the older people's transformation work. Reasons included poor draining and a reduction in beds if ensuite bathrooms were installed. Adele Fox and Adrian Snarr agreed to get the views of ward staff and communicate any updates.	Adele Fox/ Adrian Snarr		On Ward 19, the building has been altered so much that the Trust currently spend a lot of time on drain issues and, as well as the issues mentioned, there is the ability of the building to accept anymore drainage which will involve cutting up the structural floor slab. Additionally, there is no funding to undertake this in current plans.
MC/26/07h	John Laville has been made aware of rumours that the well-being suite at the Priestley Unit is being relocated to Beckside Court, causing some disquiet, and asked if staff were aware or involved. AS advised he is not aware of this but will look into where this could have come from and confirm what is happening.	Adrian Snarr		The plan to have Beckside Court as a hub site means that at this early stage all ancillary non ward accommodation will be reviewed and no decisions have been made. The lack of space on the wards is exacerbated by the non ward accommodation that has slowly made its way onto Priestley so in some ways these are linked.
MC/26/08 (1)	Strategy information to be refreshed at the point of induction of new members, along with any other documents that have recently been refreshed to ensure governor knowledge.	Corporate Governance	May 2026	The induction process for new governors will cover strategies and recently updated documents.

With all of us in mind.

Minutes ref	Action	Lead	Timescale	Progress
MC/26/08 (2)	JLa praised DL for how governor involvement has been driven and suggested better “closing the loop” on governor input to strategy, so feedback is visibly reflected in outcomes. AL agreed to look at this for future joint Trust Board Members Council meetings about strategy	Andy Lister	November 2026	

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
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 **14 February 2026 to 5 May 2026**. 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 13 February 2026. • 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 13 February 2026. (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). **Key updates and events** Since the last Members' Council meeting Caroline Johnson has formally taken over the role of Chief Nurse and Director of Quality and Christine Brereton has been successfully appointed as the Trusts Chief People Officer Marie Burnham, who has been the Trust Chair since 1 December 2021, has announced she will be leaving the Trust to take up the role of Chair of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). Therefore, a recruitment campaign to appoint a new chair is in progress with interviews being held on 12 May 2026. A number of governors are involved in the stakeholder panels and interviews.

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 attended the following from **14 February 2026 to 5 May 2026.**

Natalie McMillan, Senior Independent Director / Deputy Chair

- Quality & Safety Committee (14 February, 10 March and 15 April)
- Audit Committee (14 February and 15 April 2026)
- People and Remuneration Committee agenda setting meeting (23 February 2026)
- Trust Board (24 February, 31 March and 28 April 2026)
- NEDs meeting (24 February and 28 April 2026)
- Nat / Caroline Johnson, Chief Nurse induction call (25 February 2026)
- Chair arrangements discussion Izzy / Nat (2 March 2026)
- Extraordinary Nominations Committee (3 March 2026)
- Governance Process re Appointments/Recruitment (3 March 2026)
- Extraordinary Trust Board (10 March 2026)
- People Remuneration Committee (17 March and 5 May 2026)
- Private People Remuneration Committee (17 March 2026)
- Chief People Officer Shortlisting (18 March 2026)
- Nat / Emma Gatesby Sanderson catch up (18 March 2026)
- Members Council Co-ordination Group (18 March and 24 March 2026)
- Improvement Networks (24 March 2026)
- Izzy / Nat Chair Transition Arrangements discussion (25 March 2026)
- People Remuneration Committee Pre Meet (7 April 2026)
- Trust Board Briefing (15 April 2026)
- Chief People Officer Candidate Call 1 (17 April 2026)
- Chief People Officer Candidate Call 2 (17 April 2026)
- Chief People Officer Recruitment catch up (20 April 2026)
- Nominations Committee (27 April 2026)
- Nat / Marie Appraisal (30 April 2026)

Mike Ford, Non-Executive Director

- External Audit Services Tender Moderation (17 February 2026)
- Audit Committee oversight of assurance framework and assurance risks (18 February 2026)
- Caroline Johnson, Chief Nurse and Mike Ford Introduction (18 February 2026)
- 131 with Chair (18 February and 18 March 2026)
- NEDs meeting (24 February, 31 March and 28 April 2026)
- Trust Board (24 February, 31 March and 28 April 2026)
- Audit Committee Q&A with governors (26 February 2026)
- Charitable Funds Committee (3 March 2026)
- Call re 2026/27 plans with 360 Assurance (4 March 2026)
- Mental Health Act Committee (4 March 2026)
- Discussion re Chair transition arrangements (6 March 2026)
- Extraordinary Trust Board (10 March 2026)
- Quality and Safety Committee (10 March and 15 April 2026)

	• Equality, involvement and Inclusion Committee (11 March 2026) • Audit Committee Agenda setting (11 March 2026) • Good Governance Institute Webinar (18 March 2026) • South Yorkshire Audit Committee Chairs Network (18 March 2026) • Questionnaires catch up and risk appetite statement (20 March 2026) • Freedom to Speak up Guardians 6 weekly meetings (23 March 2026) • CQC Well led session (24 March 2026) • Governance Process re Appointments/Recruitment (3 April 2026) • Appraisal with the Chair (15 April 2026) • Trust Board Briefing (15 April 2026) • Audit Committee (15 April 2026) • Chief People Officer Interviews Stakeholder Panel (20 April 2026) **Martin Neeson, Non-Executive Director** • External Audit Services Tender Moderation (17 February 2026) • NHS England AI workshop part 1 (20 February 2026) • NEDs meeting (24 February, 31 March and 28 April 2026) • Trust Board (24 February, 31 March and 28 April 2026) • NHS England AI workshop part 2 (25 February 2026) • Fraud Detection workshop, with 360 Assurance (26 February 2026) • Governance Process re Appointments/Recruitment (3 March 2026) • NHS AI Ambassadors Event (4 March 2026) • Discussion re Chair transition arrangements (6 March 2026) • Masterclass: How NHS board members can use AI to improve productivity in the NHS (11 March 2026) • Risk appetite Statement discussion (16 March 2026) • 121 with Adrian Snarr, Finance Director (17 March 2026) • Private People Remuneration Committee (17 March 2026) • People Remuneration Committee (17 March 2026) • CQC Well led session (24 March 2026) • NED induction with NHS, Leeds (30 March 2026) • Future Workforce Solutions workshop (1 April 2026) • Audit Committee / Auditors call (15 April 2026) • Meeting Martin / Vinaya Bhagat, Sheffield Children's NHS Foundation Trust (15 April 2026) • Audit Committee (15 April 2026) • Trust Board Briefing (15 April 2026) • Appraisal with the Chair (15 April 2026) • Quality Monitoring Visit: Fieldhead - Newton Lodge Hepworth (16 April 2026) • AI Ambassadors Network & Proud to Ops collaboration meeting (21 April 2026) **Gary Ellis, Non-Executive Director** • Finance, Investment and Performance Committee (16 February 2026) • Caroline Johnson Chief Nurse, introduction call (19 February 2026) • NEDs meeting (24 February, 31 March and 28 April 2026) • Trust Board (24 February, 31 March and 28 April 2026) • Governance Process re Appointments/Recruitment (3 March 2026) • Mental Health Act Committee (4 March 2026) • Discussion re Chair transition arrangements (6 March 2026)

	• Extraordinary Trust Board (10 March 2026) • Extraordinary Nominations Committee (12 March 2026) • Risk appetite statement call (13 March 2026) • Finance, Investment & Performance Committee (16 March and 21 April 2026) • Interviews: Pre and post Interview Discussion - Consultant in Adult Intensive Home-Based Treatment Psychiatry, Kirklees (17 March 2026) • Interview Panel for Consultant in Adult Intensive Home-Based Treatment Psychiatry, Kirklees (17 March 2026) • CQC Well led session (24 March 2026) • Appraisal with the Chair (26 March) • Extraordinary Nominations Committee (30 March 2026) • Commissioning Committee (1 April 2026) • Finance, Investment and Performance Committee agenda setting (7 April 2026) • Quality Monitoring Visit Fieldhead - Newton Lodge Forensic Community teams (13 April 2026) • Audit Committee meeting (14 April 2026) • Health on the High Street meeting (14 April 2026) • Clinical Ethics Advisory Group (22 April 2026) • 121 with the Chair (23 April 2026) **Margaret Kitching, Non-Executive Director** • Trust Board (24 February, 31 March and 28 April 2026) • NEDs Meeting (24 February, 31 March and 28 April 2026) • Governance Process re Appointments/Recruitment (3 March 2026) • Discussion re Chair Transition Arrangements (6 March 2026) • Pressure Ulcers Meeting (9 March 2026) • 121 with the Chair (10 March 2026) • Margaret / Darryl, Chief Nurse 121 (10 March and 27 March) • Quality & Safety Committee (10 March 2026; 15 April 2026) • Agenda Prep Cheswold (24 March 2026) • CQC Well Led Session (24 March, 7 April and 5 May 2026) • Margaret / Adrian Snarr, Finance Director catch up (26 March 2026) • Risk & Personal Reviews – Carly & Margaret (27 March 2026) • Commissioning Committee (1 April 2026) • Mental Health Act Committee (4 April 2026) • Audit Committee (15 April 2026) • Caroline Johnson, Chief Nurse and Margaret – Risk Framework and Trust Governance (15 April 2026) • Margaret / John Laville, Lead Governor Call (16 April 2026) • Caroline and Margaret Kitching – Quality Assurance System and detailed review of the Quality and Safety Committee Workplan (17 April 2026) • Cheswold Park Quality Improvement Group (23 April 2026) • Margaret / Caroline Johnson, Chief Nurse 121 (22 April 2026) **Rokaiya Khan, Non-Executive Director** • Caroline Johnson, Chief Nurse and Rokaiya Khan Introduction call (17 February 2026) • Introduction to Creative Minds with Alex Feather (24 February 2026) • Trust Board (24 February, 31 March and 28 April 2026)

	• NEDs meetings (24 February, 31 March and 28 April 2026) • Governance process – appointments and recruitment (3 March 2026) • Charitable Funds Committee (3 March 2026) • Mental Health Act Committee (4 March 2026) • Discussion re Chair transition arrangements (6 March 2026) • Extraordinary Trust Board (10 March 2026) • Equality, Involvement & Inclusion Committee (11 March 2026) • Finance, Investment and Performance Committee (16 March and 21 April 2026) • 121 with the Chair (18 March 2026) • NHS Chair & NED Facilitated Learning Event – Leeds (30 March 2026) • Charitable Funds Q&A for Governors (2 April 2026) • CQC Well-Led sessions (7 April and 5 May 2026) • Rokaiya Khan / Subha Thiyagesh, Chief Medical Officer 121 (13 April 2026) • Audit Committee / Auditors call (15 April 2026) • Chief People Officer Interviews (20 April 2026) **Marie Burnham - Chair** • Why Not I Advisory Board Meeting 2026 (18 February 2026) • Marie / Dawn Lawson / Christine Brereton – Meeting with Katie Tootill, Health Procurement Liverpool (19 February 2026) • Trust Board (24 February, 31 March and 28 April 2026) • NEDs Meeting (24 February, 31 March and 28 April 2026) • Marie / Mike 121 (18 February and 18 March 2026) • Marie / Mark Brooks, CEO 121 (23 February, 9 March and 24 March 2026) • Marie / Sara Javid, Governor Call (25 February 2026) • South Yorkshire Integrate Care Board & Trust Chairs Monthly Catch-up (25 February 2026) (14 April 2026) • National Institute for Health and Care Excellence (NICE) Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD) Pre-GC 06 (27 February and 17 April 2026) • Aspiring Chairs Talent Programme – Assessment Centre (2 March 2026) • Trust Board – Agenda Setting (3 March and 29 April 2026) • Charitable Funds Committee (3 March 2026) • Catch-up with Fatima Khan Shah (4 March 2026) • Discussion re Chair Transition Arrangements (6 March 2026) • Mental Health, Learning Disability and Autism Provider Collaborative Chair's Pre-Meet (10 March 2026) • Marie / Margaret Kitching 121 (10 March 2026) • South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board meeting (11 March 2026) • Applied Research Collaboration Workshop (13 March 2026) • People & Remuneration Committee (17 March 2026) • Chief People Officer Short-Listing (18 March 2026) • Mental Health Chairs Conference Call (18 March 2026) (29 April 2026) • Members' Council Co-ordination Group (24 March 2026) • Marie/John Laville, Lead Governor – Catch-up (25 March and 21 April 2026) • Marie / Gary, Ellis 121 (26 March 2026) • MASLD Lay Member Interviews (27 March 2026) • Mental Health Supply Side Review Working Group (1 April 2026)

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

Charitable Funds Q&A for Governors (2 April 2026)
Mike Ford Appraisal (14 April 2026)
Margaret Kitching Appraisal (14 April 2026)
Trust Board Briefing (14 April 2026)
Marie / Izzy / Andy – Catch-up (15 April 2026)
Martin Neeson Appraisal (15 April 2026)
Rokaiya Khan Appraisal (16 April 2026)
Chair’s appraisal pre meet (17 April 2026)
Finance, Investment and Performance Committee (21 April 2026)
Gary Ellis Appraisal (23 April 2026)
(NICE) MASLD GC 06 (24 April 2026)
Nominations Committee (27 April 2026)
Barnsley Alliance Committee (29 April 2026)
Nat McMillan appraisal (30 April 2026)

Mitch Waterman – Appointed University of Leeds Associate Non-Executive Director

Trust Board (31 March 2026)
Chaired South West Yorkshire Partnership Teaching NHS Trust and University of Leeds Joint Partnership Board Meeting (27 April 2026)

</td></tr>
<tr><td>Recommendation:</td><td>Members’ Council is asked to:

NOTE the report and raise any questions or comments in advance of the meeting.

</td></tr>
<tr><td>Mission/values:</td><td>State how the report supports delivery of the Trust’s, vision and 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>
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</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 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</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Chair’s report to Members’ Council 13 February 2026</td></tr>
</table>

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 6

Private/Public paper:	Public
Title:	**Chief Executive's Report**
Lead Director:	**Mark Brooks - Chief Executive**
Purpose:	To provide the strategic context for the Trust Board conversation.
Executive summary:	The results of the NHS staff survey for 2025 have now been published. The results for our Trust are very similar to last year and based on limited review at the time of writing this report, compare positively to similar trusts nationally and favourably to many other trusts in our region. I would like to reiterate my thanks to all colleagues who took the time to respond to the survey, and we are committed to using the results to continue to improve, particularly in those areas where scores have not been as positive. Since the January Trust Board, the Trust has submitted its medium-term plan to NHS England in line with the parameters agreed by Trust Board members. There is clearly a focus on delivery in 2026/27 for which a break-even financial plan is targeted. Overall, the Trust's plan is 'near compliant' with the main issue preventing full compliance being the target for reducing 104 week waits for children and young people to zero. This is projected to be possible in 2027/28. It is important to also retain focus on the development of medium-term priorities such as the development of neighbourhood care. The Trust has been informed of its segmentation within the NHS Oversight Framework (NOF) for quarter 3. I am pleased to report that segmentation of 1 has been maintained in the quarter. Our position in the 'league table' has slipped from 4 to 12 and once we have further detail on the individual metrics this will be assessed further to determine improvement efforts can be focused. Correspondence has been received from NHS England regarding a 'fairer deal for nurses'. Following constructive engagement with the Royal College of Nursing (RCN) and NHS Staff Council, the Government has announced a series of measures to recognise the significant value of the nursing profession and ensure nurses receive the pay and support they deserve. These commitments include a banding review, making graduate pay a priority, and launching a national nursing preceptorship to ensure every nurse has the best start to their career. The focus of this work with the RCN is on band 5 nursing roles and any pay outcomes will continue to be determined through the fair and proper application of the Job Evaluation Scheme. From a Trust Board perspective oversight will be provided via the People & Remuneration Committee. The current lead provider contracts for specialised mental health, learning disability and autism services end on 31 March 2027 and cannot be extended under the provider selection regime. Future options are being assessed and engagement with providers on opportunities, risks and implications of potential

	approaches is commencing. Our Trust is currently the lead provider for adult secure services in both South and West Yorkshire. Adrian Snarr is representing our Trust in initial conversations and Trust Board members will be kept up-to-date as the direction of travel for future commissioning arrangements emerges. Trust Board members were fully engaged in the development and submission of our provider capability assessment. Following submission, NHSE's regional team reviewed our submission statements and evidence, which was triangulated with other relevant regional data/intelligence, our historical track record of delivery, any recent regulatory history, and relevant third-party information (including ICB and CQC) to support them in reaching a holistic view across the six domains and to assign a single overall capability rating. These ratings were then subject to review and final ratification by NHSE's Executive Board. This resulted in a capability rating of Amber-Green for 2025/26. As a learning organisation we have requested further feedback so we can understand where we need to focus in order to improve this rating to Green. Our financial position remains on track to deliver our break-even target for the year. This has been achieved through much hard work, constructive engagement, and involved difficult decisions particularly regarding recruitment. The focus now needs to shift to 2026/27 when there are further efficiency and productivity improvements required to maintain financial balance. Capital expenditure remains a challenge given the timescales associated with our major scheme. Alternative schemes have been brought forward from next year where that has been possible. Several national bidding opportunities for digital capital have recently been launched, and the Trust has made submissions for a number of such bids. These programmes need appropriate match funding to be made available. The government's Education and Health and Social Care Committees have announced a joint inquiry into children and young people's mental health. This complements the recent Health Committee's inquiry into adult community mental health services. This inquiry will consider what mental health support is available to children and young people up to the age of 25 in community, health and education settings, how this support is integrated with NHS services, such as specialist Child and Adolescent Mental Health (CAMHS) services, and what support is available throughout the education system, including for children with special educational needs and disabilities (SEND). In outlining spending plans for 2026-27 the Secretary of State has acknowledged that the proportion of the NHS budget spent on mental healthcare will be cut for the third year in a row. The proportion allocated to mental health in 2026-27 is forecast to be 8.4 per cent, which is lower than the 8.7% planned for this current year and 9% the year before. Absolute mental health spending is expected to reach £15.7 billion in 2025–26, and for 2026–27 is forecast to reach £16.1 billion. The organisational restructuring at our Integrated Care Boards (ICB) has moved to a very significant phase in March. Following on from the staff consultation processes comments have been taken into account regarding the final structures the ICBs will move forward with. Within West Yorkshire a further two weeks consultation has been added into the process to consider recruitment processes into the new structure. High numbers of staff from the first phase of voluntary redundancy are leaving their posts at the end of March

	or early April. In our regular interactions with ICB colleagues we have continued to experience high levels of commitment and professionalism in what are clearly very challenging circumstances for them and their colleagues. Recruitment into the new structure will take place in the first quarter of 2026/27. We have worked closely with our ICB colleagues to minimise disruption as far as possible, but clearly the scale of staff exits and therefore capacity and loss of organisational memory in the ICBs is significant. The development of place provider partnerships continues and we remain fully engaged in these developments in all four places in which we provide care. Within West Yorkshire there will not be any formal delegation of responsibilities from the ICB in 2026/27, but the place provide partnerships for Calderdale, Kirklees, and Wakefield will be operating in shadow. Within Barnsley the place provider partnership will be focusing on driving the shift to increasing out of hospital care as outlined in the 10-year plan for health. NHS England has recently published its Neighbourhood Health Framework. This framework is intended to set out the steps local areas will need to take in 2026/27 to develop local neighbourhood health plans for 2027/28 and beyond. There is strong focus in the document on joint working between ICBs and local government via health and wellbeing boards to • Agree neighbourhood footprints around natural communities for the future development of integrated neighbourhood teams • Agree plans to establish integrated neighbourhood teams focused on high priority cohorts • Confirm intentions to use pooled funding under the Better Care Fund • Confirm organisational ownership of planned deliverables • Confirm plans for appropriate data-sharing arrangements The document will be reviewed in full within the Trust and our place provider partnerships and updates will be provided to the Trust Board. The final position for flu vaccinations given to our front-line staff during the winter is 53%. I would like to thank all those colleagues who took up the offer of a vaccine to keep themselves and others safe and also those colleagues who managed the process and provided the vaccines. We will continue to build on what worked well this year and what we can learn from for next year's programme. There are many positives within the Integrated Performance Report (IPR) against a backdrop of continuing high demand for services. This was particularly the case for a period during March for our mental health inpatient wards when OPEL 4 was declared for these services. Our teams worked tirelessly to support our service users, and we are also grateful to partners for their help. Ongoing focus on helping people who are clinically ready for discharge move on to an appropriate placement will be maintained. As highlighted at the January meeting, sickness absence is higher than recent averages and further work is taking place to better understand and improve upon this. Training and appraisal compliance remain positive. The membership bodies of the NHS Confederation and NHS Providers have announced their merger following on from discussions that took place in 2025.

	The new organisation will be known as the NHS Alliance and will be led by Sir Ciarán Devane. Our Trust excellence awards event will take place on Thursday 14th May at the Wakefield Trinity Stadium. Once again, the standard of nominations has been extremely high and we look forward to welcoming colleagues to what will be a very enjoyable evening. Our annual learning and long service awards will take place on the same day at the same venue. Following on from the resignation of Claire Murdoch last year, Dr Nick Broughton has been appointed as the new National Priority Programme Director for Mental Health, Learning Disability and Neurodevelopmental Conditions. Nick is a forensic psychiatrist by background and has previously been chief executive of mental health providers and is currently an ICB chief executive. It has been confirmed that our former chief executive Rob Webster who had previously announced his resignation from his role of chief executive of the West Yorkshire Integrated Care Board (ICB) will leave his role mid-April. Jonathan Webb, the current ICB chief finance officer will be the interim chief executive until a permanent appointment is made. Mark Chamberlain has been appointed as the new Chair for NHS West Yorkshire ICB. He will start his role in April 2026. Mark was previously a non-executive director with NHS Humber and North Yorkshire ICB and previously with Leeds Teaching Hospital NHS Trust Pearse Butler, the chair of the South Yorkshire ICB has announced he is not seeking to extend his term of office and will therefore leave the organisation at the end of June. Recruitment to the chief executive role in the ICB is scheduled to take place towards the end of March. Bill McCarthy has been appointed as NHS England North East and Yorkshire regional chair and will start in this role from early April. Bill has a wealth of experience after long career in public service including director general at the Department of Health, chief executive at City of York Council and at Yorkshire and the Humber Strategic Health Authority. He has also been the chair of two NHS foundation trusts. As Trust Board members are aware our Chair Marie Burnham has been offered and accepted the role of Chair at Tees Esk & Wear Valley NHS Foundation Trust. A transition plan has been agreed which will see Marie continuing to fulfil her Chair obligations with the Trust until May. We all recognise the huge role Marie has played in our Trust during her tenure, and she will prove a hard act to follow. A recruitment process for a new chair has been initiated. We are grateful to Marie for her flexibility to ensure a smooth a transition as possible. Nationally and locally there has been an NHS Talking Therapies campaign running in February and March. The campaign has encouraged people struggling with obsessions and compulsions, social anxiety, flashbacks of a traumatic event, panic attacks, obsessing about their appearance, or a phobia to seek help through NHS Talking Therapies.

	In terms of national guidance NHS England has recently updated its children and young people's (CYP) eating disorder guidance which aims to ensure eating disorder provision best meets the needs of CYP and their families. On a similar theme the National Autism Programme, which focuses on improving care for autistic children, young people, and adults with eating disorders and disordered eating, has developed draft guidance for services providing treatment and support in this area. A white paper setting out reforms to schools and the special educational needs and disability (SEND) system was published recently. This was accompanied by a consultation on the proposed reforms. The headline message from the plans is a shift towards a tiered approach that reserves specialist capacity for those that need it most while ensuring that all schools are able to meet the needs of children with less pronounced needs Given safety concerns at St Andrew's Northampton site, NHS England has made the decision to start identifying alternative placements for the 287 patients receiving inpatient care there. Through our adult secure provider collaboratives, we will engage with this work and identify if there are any opportunities for us to support. There are two West Yorkshire service users currently receiving care at St. Andrew's and the quality of their care is being overseen by the commissioning hub. An unannounced CQC inspection took place towards the end of 2025 at HMYOI Wetherby where the Trust provides mental health services and the final report was published recently. The feedback regarding the CAMHS service was positive 'The integrated CAMHS provision operated seven days a week and comprised a highly skilled, competent and child-focused team. The service offered a wide range of therapeutic and clinical interventions, with staff working within specialist pathways that promptly identified the appropriate care for the child. The team had strong leadership and management, a clear structure and defined pathways'. In line with previous reports, I am providing a sample of positive achievements by our colleagues who continue to provide outstanding care in what can often be challenging circumstances. • We held our annual connecting people event, celebrating the diverse and reflective voice of our communities and the people we serve. The session raised awareness and celebrated the achievements from our connecting people programme over the past year. • Trust non-executive director Rokaiya Khan authored and shared a blog to reflect on why race equality matters in our organisation, and what we can do to ensure we continue to make progress, during Race Equality Week (2 – 8 February). • Throughout National Apprenticeship Week (9 – 15 February), we shared details of our range of apprenticeship programmes, enabling our existing and new staff to enhance their skills and creating opportunities for people to step into learning. • Our Trust became part of a £1.3 million study funded by the National Institute for Health and Care Research (NIHR). The PIONEER-MH study is underway to understand how changes to police involvement in mental health crisis responses are affecting people, services and staff across England.

- In February, the Mayor of Barnsley, Cllr David Leech, paid a visit to the Goldthorpe stroke drop-in café, joining stroke survivors, carers and staff from the Barnsley community stroke team. This gave attendees the chance to share experiences, access practical support and take part in health checks aimed at reducing future stroke risk.
- We marked significant cultural events, including Lent, Ramadan, Chinese New Year and Holi.

Cheswold Park Hospital held a physical health event in March. Over 30 service users attended and received direct advice and support to improve their physical health.

The chief executive of NHS England (NHSE), Sir Jim Mackey has written to all trusts and integrated care boards (ICB) to reflect on the achievements of 2025/26 and to also focus on attention on deliverables for the new year and beyond. Commissioners and providers have been asked to determine

- What strategic commissioning means in our local systems and how we intend to develop this over the next 3 years
- How we intend to develop neighbourhood care, what our strategic ambition is and how this links to our key challenges
- Whether we would like NHSE to agree changes to financial flows and/or payment systems to help deliver this and, specifically, what these changes are
- Whether there is anything further NHSE need to do at the centre to help accelerate the pace of change locally

Industrial action has been taken by resident doctors as part of their ongoing national dispute. The timing of this action immediately following the Easter public holidays has been challenging. Once again, our colleagues have worked tirelessly to plan for this action and to enable service provision to continue and I thank everyone concerned for this.

Whilst clearly moving from a low base position it is pleasing that the latest British Social Attitudes survey has shown an improvement in satisfaction with the NHS. This showed an increase of six percentage points to 26% and the level of dissatisfaction decreased by eight percentage points to 51%.

South Yorkshire is one of two locations nationally that will see NHS England appoint a new NHS ICB Chair who will also serve as the Mayor's Health Commissioner. This trial is a first of its kind with the intention of shifting local decision-making out of Whitehall into regions. These new leaders will be tasked with driving improvements that directly improve people's health.

Our year-end processes are now underway. It is encouraging that our financial target of a break-even position has been slightly exceeded and much credit must go to the way this has been approached responsibly across the Trust. The challenge on capital expenditure has been recognised for some time given the enforced delays to our major scheme. A number of other smaller programmes were brought forward as a result, but we ultimately spent lower than plan.

Our Board papers include several annual governance reports including annual committee effectiveness surveys, terms of reference and a draft annual

	governance statement. Thanks are recorded to our corporate governance and finance teams who play such a key role in our year-end accounting and governance processes. The first shadow place provider partnership (PPP) meetings have taken place in both Kirklees and Wakefield, with the Calderdale meeting planned for the end of the month. This is a new way of working for partners as we strive to deliver the ambitions highlighted in the ten-year health plan for England, particularly the delivery of neighbourhood care. All PPPs will operate in shadow form with statutory decision-making and accountability remaining with ICB Place Committees under existing ICB delegations. The shadow year will focus on testing new ways of working, completing due diligence, finalising organisational, contracting and financial arrangements, and transitioning existing programmes and alliances, to support readiness for formal establishment from April 2027. In Barnsley working is taking place with partners to develop a PPP. A substantial number of staff have left, or are due to leave, our ICBs through voluntary redundancy in the coming weeks. The appointments process for their new organisational structures and operating models will take place during late spring and early summer. With such notable and rapid change there is clearly a risk of significant disruption which we are working closely with partners to mitigate. The April Trust Board meeting has a focus on business and risk. As is regularly discussed at our Trust Board it is acknowledged the services we provide and the current operating landscape come with inherent risk. During the most recent quarter since we have previously focused on risk at Trust Board the organisational changes in our ICBs have moved to the next stage with many colleagues having now left the NHS. Risks associated with these significant changes are emerging and being developed. We are also focusing on the development of more specific quality and safety risks compared to generic risks. Our performance metrics are still largely positive although challenges with high demand persist. Our mental health inpatient services entered OPEL 4 for a short period recently given the high demand for inpatient beds. Whilst there is intense focus on identifying appropriate placements for service users who no longer require a mental health inpatient bed, the availability of specialist placements can prove challenging. Focus is also applied to specific wards where performance metrics are not as strong as others. From a workforce perspective training levels remain positive and both appraisal and supervision compliance remain encouraging. NHS England has published Fit for the Future: towards population health delivery models. This publication sets out a shift towards population health approaches, focusing on prevention, reducing health inequalities and improving outcomes across communities, with greater emphasis on neighbourhood care, service integration and designing care around population need. This will form a key part of the work ICBs and place provider partnerships carry out in the future. The conflict in the Middle East is concerning and may have personal impact on some colleagues, particularly those with family, cultural or lived connections to the region. It comes alongside the ongoing war in Ukraine and the recent conflict in Gaza. We have written to colleagues reminding them of the support available.

	Public hearings for the UK Covid-19 Inquiry concluded on 5 March 2026, with final reports and recommendations to be published on a rolling basis throughout 2026. Findings to date highlight national under-preparedness, including, workforce pressures, and unequal impacts across different population groups. The Inquiry reinforces the profound impact on the health and care workforce, including safety concerns, moral injury and long-term effects on wellbeing and retention. With local elections taking place across West Yorkshire on 7 May, we are now in the pre-election period. This is the period of time immediately before elections when restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants, and local government officials. Across the NHS and wider public sector during this period proactive media and social media will be limited to essential health information and business as usual activity. As Board members are aware the government launched an independent review into the prevalence, trends and inequalities associated with mental health conditions, ADHD and autism in children, young people and adults. The interim findings have now been published, which largely focus on common mental disorders, ADHD and autism. Broadly, they validate the reality of increasing need, particularly for younger people, while highlighting that diagnosis is too frequently seen as a gateway to support, and that non-clinical support also plays a vital role. Recommendations will be made in the final report which is expected in the summer. The CQC has launched its consultation on four new sector-specific assessment frameworks with initial draft frameworks published, following its initial consultation last year. This approach moves away from a 'one-size-fits all' assessment framework, Our Quality & Safety Committee will have oversight of how this develops and what it may mean for the Trust on behalf of the Trust Board. The CQC has published the results of its survey of people who accessed community mental health services in 2025. The findings show some improvement with more people reporting better experiences of care although the overall performance remains challenged particularly in experience for younger people and disabled or autistic people. The report also highlights the importance of ensuring physical health care for people with a mental health need. The Trust is reviewing the results and how we benchmark to identify potential areas of improvement. April has been World Autism Acceptance Month which when considering the above report acts as a timely reminder to consider what acceptance really means in practice. We have a key role to play in ensuring that autistic people are supported and understood and that meaningful change is not just about awareness, but about positive actions we can take every day to make our services and our interactions the best they can be for autistic people and their families. It has been confirmed that Chris Edwards has been appointed as chief executive of the South Yorkshire ICB. Chris has been interim chief executive since October. We look forward to continuing to work with Chris.

<table>
<tr><td></td><td>The recruitment process for a substantive chief people officer took place on 20 April 20. Should it be possible, a verbal update will be provided at the Trust Board meeting.

In line with previous reports, I am providing a sample of positive achievements by our colleagues who continue to provide outstanding care in what can often be challenging circumstances.
• In Black Maternal Health Week UK (11 – 17 April), and West Yorkshire maternal mental health service Paths launched a year-long project to help Black women get the care and support they need.
• The research and development team are working with the National Poetry Centre on a third anthology of poems, inviting submissions on four topics - silence, shadow, trace and longing.
• We are working on a replacement for i-hub. Many colleagues have already shared initial feedback and we're now looking for volunteers to act as 'super-users', helping test and refine the platform before launch and supporting colleagues once it goes live.
• We marked Eid, Easter, Passover and Vaisakhi.
• We encouraged our staff to 'be curious with research' at an event was services and staff who are or have been previously involved in research studies, or who would like to be involved.
• In March, our Trust dietitians visited The Glassworks in Barnsley to share tips on good nutrition and hydration</td></tr>
<tr><td>Recommendation:</td><td>Members' Council are asked to:
• NOTE the Chief Executive's report.</td></tr>
<tr><td>Mission/values:</td><td>As an all-encompassing report this reports aligns fully with the Trust mission and all of 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 risks.</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td>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.</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>This cover paper provides context to several of the papers in the public and private parts of the Trust Board meeting and also external papers and links.</td></tr>
</table>

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 7.1

Private/Public paper:	**Public**
Title:	**Members' Council Elections – outcome**
Paper presented by:	**Andy Lister, Head of Corporate Governance**
Purpose:	The purpose of this paper is to update the Members' Council on the outcome of the election process for 2026.
Executive summary:	**Background** When the Trust was working towards Foundation Trust status, a decision was made by the Trust Board to stagger the terms of office for the governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year. The election process was presented to the Members' Council meeting on 14 November 2025 and an update provided at the meeting on 13 February 2026. Election process Civica Election Services (CES) manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution. The Nominations process opened on 11 February 2026 and closed on 11 March 2026. Nominations were received as follows:

Constituency	Number of vacancies	Number of nominations
Public, Kirklees	2	1
Public, Wakefield	2	1
Public, Calderdale	3	1
Public, Barnsley	2	3
Rest of Yorkshire	1	1
Staff non clinical support	1	6
Medicine and Pharmacy	1	1
Nursing	1	5
Nursing support	1	2

Outcome
As a result of the nominations process, the following were elected unopposed from 1 May 2026 for a period of three years. (See uncontested report attached from CES).

	<table><tr><th>Constituency</th><th>Elected Governor/s</th></tr><tr><td>Public, Wakefield</td><td>Tony Lawson</td></tr><tr><td>Public, Calderdale</td><td>Richard Prince</td></tr><tr><td>Public, Kirklees</td><td>Bob Morse</td></tr><tr><td>Public, Rest of Yorkshire</td><td>Temilade Agunbiade</td></tr><tr><td>Staff, Medicine and Pharmacy</td><td>Ian Grace</td></tr></table> The election process took place between 1 April 2025 and 29 April 2026. The results of the election are as follows (report of voting attached): <table><tr><th>Constituency</th><th>Elected Governor/s</th></tr><tr><td>Public, Barnsley</td><td>Anne Rolfe</td></tr><tr><td>Public, Barnsley</td><td>Daniel Goff</td></tr><tr><td>Staff Non-Clinical Support</td><td>Alex Feather</td></tr><tr><td>Nursing</td><td>Emma Cox</td></tr><tr><td>Nursing support</td><td>Esther Aluko</td></tr></table>
Recommendation:	**The Members' Council are asked to:** • **RECEIVE** the update.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Strategic Objectives	<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>
BAF Risk(s):	N/A
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	N/A
Any background papers / previously considered by:	Previous elections outcome papers.

UNCONTESTED REPORT

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

ELECTION TO THE MEMBERS' COUNCIL

CLOSE OF NOMINATIONS: 5PM ON 11 MARCH 2026

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: CALDERDALE 3 TO ELECT
The following candidate is elected unopposed: Richard Prince *2 vacancies remain*

PUBLIC: KIRKLEES 2 TO ELECT
The following candidate is elected unopposed: Bob Morse *1 vacancy remains*

PUBLIC: REST OF YORKSHIRE 1 TO ELECT
The following candidate is elected unopposed: Temilade Agunbiade

PUBLIC: WAKEFIELD 2 TO ELECT
The following candidate is elected unopposed: Tony Lawson *1 vacancy remains*

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STAFF: MEDICNE AND PHARMACY 1 TO ELECT
The following candidate is elected unopposed: Ian Grace

Ciara Hutchinson
Returning Officer
On behalf of South West Yorkshire Partnership NHS Foundation Trust

Report of Voting

SOUTH WEST YORKSHIRE PARTNERSHIP NSH FOUNDATION TRUST

ELECTION TO THE MEMBERS' COUNCIL

CLOSE OF VOTING: 5PM ON 29 APRIL 2026

CONTEST: Public: Barnsley

The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):

ELECTED
Anne Rolfe
Daniel Goff

Number of eligible voters		1,344
Votes cast by post:	18	
Votes cast online:	15	
Total number of votes cast:		33
Turnout:		2.5%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		33

CONTEST: Staff: Non-Clinical Support

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
Alex Feather

Number of eligible voters		1,070
Votes cast online:	254	
Total number of votes cast:		254
Turnout:		23.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		254

CONTEST: Staff: Nursing

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
Emma Cox

Number of eligible voters		1,757
Votes cast online:	187	
Total number of votes cast:		187
Turnout:		10.6%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		187

CONTEST: Staff: Nursing Support

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
Esther Aluko

Number of eligible voters		1,202
Votes cast online:	100	
Total number of votes cast:		100
Turnout:		8.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		100

The result sheet for the election form the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stages at which the successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of South West Yorkshire Partnership NHS Foundation Trust

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Members' Council
6 May 2026
Agenda item 7.2

Private/Public paper:	**Public**
Title:	**Appointment of Lead Governor and Members' Council Quality Group Chair**
Presented by: **Prepared by:**	Andy Lister, Head of Corporate Governance (Company Secretary) Gemma Lockwood, Corporate Governance Manager
Purpose:	To seek support of the Members' Council for the recommendation from Nominations Committee re-appointment Lead Governor, John Laville and appoint Bob Morse as Chair of the Members' Council Quality Group
Executive summary:	1. The role of the Nominations' Committee is to ensure the right composition and balance of the Board and, secondly, to oversee the process for the identification, nomination and appointment of the Chair and Non-Executive Directors (NEDs), Deputy Chair / Senior Independent Director, and the Lead Governor / Deputy Lead Governor and Members' Council Quality Group Chair. 2. John Laville was re-appointed as Lead Governor on 1 May 2023 for three years and his current term ended on 30 April 2026. 3. Phil Shire reached the end of his third and final term on 30 April 2026 and stood down as Chair of the Members' Council Quality Group. 4. The Members' Council has previously agreed that the Lead Governor and Quality Group Chair should be appointed from the publicly elected governors and that the process should be overseen by the Nominations' Committee. 5. The agreed process is as follows: Step 1 — Publicly elected governors are invited to self-nominate supported by a brief written explanation of why they are putting themselves forward and evidencing how they would be able to fulfil the role. Step 2 — The Nominations' Committee will review and shortlist the self-nominations and invite shortlisted candidates to make a brief presentation answering questions based on their 'application'. Step 3 — The Nominations' Committee will then consider the self-nominations and make a recommendation to the full Members' Council. 6. The Head of Corporate Governance wrote to all governors on 16 February 2026 inviting them to self-nominate for the role of Lead Governor and Quality Group Chair. John Laville self-nominated for the role of Lead

<table>
<tr><td></td><td>Governor. Following a second communication Bob Morse self-nominated for the position of Chair of the Members' Council Quality Group and

7. John Laville addressed the Nominations Committee on 27 April 2026 explaining why he would like to continue in the role, how he will fulfil the role and what support he would need. John confirmed he would only undertake the role for 12 more months.

8. Bob Morse addressed the Nominations Committee on 27 April 2026 explaining why he would like to carry out the role, how he will fulfil the role and what support he will need.

9. The committee considered both self-nominations and has made a recommendation to the Members' Council to re-appoint John Laville as lead governor for a term of one year and Bob Morse to be the Chair of the Members' Council Quality Group for three years.

10. Details of the role are attached for information.</td></tr>
<tr><td>Recommendation:</td><td>The Members' Council is asked to:
• APPROVE the recommendation from Nominations Committee to re-appoint John Laville as Lead governor for a term of office of one year from the 1 May 2026 to 30 April 2027 and Bob Morse as the Chair of the Members' Council Quality Group from 1 May 2026 to 30 April 2029.</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>
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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>N/A</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td>N/A</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Nominations Committee 27 April 2026.</td></tr>
</table>

Lead Governor arrangements

Approved by Members' Council 3 May 2019

Since October 2009, the Trust has been required by its regulator, NHS Improvement (previously Monitor), to appoint a Lead Governor. The role of a nominated lead governor is outlined in Monitor's The NHS Foundation Trust Code of Governance (Appendix B). The main duties of the Lead Governor are to:

1. Act as the communication channel for direct contact between NHS Improvement and the Members' Council
2. Chair any parts of Members' Council meetings that cannot be chaired by the person presiding (that is, the Chair or Deputy Chair of the Trust) due to a conflict of interest in relation to the business being discussed
3. Be a member of Nominations' Committee (except when the appointment of the Lead Governor is being considered)
4. Be involved in the assessment of the Chair and Non-Executive Directors' performance;
5. Be a member of the Quality Group to support the Trust in the development of its Quality Accounts
6. Chair the Co-ordination Group to assist in the planning and setting of the Members' Council agenda and governor development
7. Support new governors
8. Support the Trust / Members' Council Chair in dealing with governor conduct issues
9. Liaise with the Chair of the Trust / Members' Council.

The individual appointed should be confident they can undertake the duties outlined above and be able to deal with senior personnel at NHS Improvement should the need arise. The individual should also:

- have the confidence of governors and of Trust Board
- be able to commit the time necessary should the need arise, which may be at very short notice
- have effective communication skills, including the ability to influence and negotiate
- be able to present a well-reasoned argument
- be committed to the success of the Trust and to its mission, vision, values and goals
- have the ability to chair both large and small meetings effectively
- be able to act as an ambassador for the Members' Council and the Trust
- have the ability to work with others as a team and to encourage participation from less experienced governors
- demonstrate an understanding of the Trust's Constitution and how the Trust works with other organisations.

<u>Time commitment - meetings</u>

In addition to attendance at Members' Council meetings (held quarterly), the Lead Governor will be **required** to:

- undertake induction on appointment
- attend one-to-one meetings with the Chair of the Trust (held quarterly)
- act as chair for items at Members' Council meetings where the Chair of the Trust has a conflict of interest
- be the chair of and attend Members' Council Co-ordination Group meetings (held quarterly on MS teams)

- be a member of and attend Members' Council Quality Group meetings (held quarterly in differing locations)
- be a member of and attend Nominations' Committee (held as required on MS Teams)
- act as chair for items at Nominations' Committee meetings where the Chair of the Trust has a conflict of interest
- attend and represent the governors at the Annual Members' Meeting (held annually in different locations within the Trust's geography)
- take part in any Chair or Non-Executive Director (NED) recruitment processes
- attend an annual one-to-one review meeting with the Chair of the Trust.

The Lead Governor **may** also:
- attend training and development sessions, both internal and external to the Trust, including the NHS Providers Annual Governor conference
- attend Trust events appropriate to the role.

Process for appointment

The Members' Council has previously agreed that the Lead Governor should be appointed from publicly elected governors and that this process should be overseen by the Nominations' Committee. The process agreed is as follows.

Step 1	Publicly elected Council Members are invited to self-nominate supported by a brief written explanation of why they are putting themselves forward and evidencing how they would be able to fulfil the role.
Step 2	The Nominations' Committee will review and shortlist the self-nominations and invite shortlisted candidates to make a brief presentation answering questions based on their 'application'.
Step 3	The Nominations Committee' will then consider the self-nominations and make a recommendation to the full Members' Council.

Quality Group Chair arrangements

The first public governor became the co-chair of the Members' Council Quality Group in January 2021 following approval by the Members' Council. At this time, the co-chair role was shared with the Chief Nurse/Director of Nursing Quality and Professions.

In May 2025 the Members' Council approved a change in the Members' Council Quality Group terms of reference, agreeing the group should be chaired independently by a public governor.

The main duties of the Members' Council Quality Group Chair are to:

- Make sure the Quality Group operates effectively and understands its terms of reference and compliance with its workplan.
- Set the Quality Group agenda in partnership with the Chief Nurse and Director of Quality and Professions that adheres to the group's annual workplan, including site visits of Trust locations as required for team visits as part of meetings.
- Ensure the group receives relevant, accurate, high quality, timely and clear information, that enables the group to feedback to the Members' Council on a quarterly basis on the activities of the group.
- Ensure the group has the correct membership and is effective.
- Lead on the process to develop an annual report to the Members' Council each year, including a review of the terms of reference and workplan.

<u>Time commitment - meetings</u>
In addition to attendance at Members' Council Quality Group meetings (held quarterly), the Chair will be required to:

- Attend agenda setting meetings with the Chief Nurse and Director of Quality and Professions
- Travel to Trust sites as required to conduct team visits as part of quality group meetings

<u>Process for appointment</u>
The Members' Council has previously agreed that the Members' Council Quality Group Chair should be appointed from publicly elected governors and that this process should be overseen by the Nominations' Committee. The process agreed is as follows.

Step 1	Publicly elected Council Members are invited to self-nominate supported by a brief written explanation of why they are putting themselves forward and evidencing how they would be able to fulfil the role.
Step 2	The Nominations' Committee will review and shortlist the self-nominations and invite shortlisted candidates to make a brief presentation answering questions based on their 'application'.
Step 3	The Nominations Committee' will then consider the self-nominations and make a recommendation to the full Members' Council.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 7.3

Private/Public paper:	**Public**
Title:	**Review of Audit Committee terms or reference**
Paper presented by:	**Mike Ford – Chair of the Audit Committee**
Purpose:	The purpose of this item is to update the Members' Council on the updates to the Audit Committee's Terms of Reference. These updates were approved by the Trust Board at their meeting on 28 April 2026.
Executive summary:	Trust Board Committees are responsible for scrutiny and providing assurance to Trust Board on key issues within their Terms of Reference. Since the last presentation to the Members' Council the Audit Committee Terms of Reference have been updated to reflect the following: • The internal audit section has been updated to reflect the change from "Public Sector Internal Audit Standards" to "Global Internal Audit Standards in the UK Public Sector" Members' Council should note that the Audit Committee terms of reference align fully to the Healthcare Financial Management Association Model Audit Committee terms of reference released in 2024. Alignment has been tested by 360 Assurance (Trusts internal auditor) and approved by Audit Committee.
Recommendation:	**The Members' Council are asked to:** • **RECEIVE** the updates to the Terms of Reference for the Audit Committee.
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 risks
Contribution to the objectives of the	The Audit Committee provides assurance to Trust Board on matters included in its duties, as part of its terms of reference, so that the Trust ensures its

With all of us in mind.

Integrated Care System/Integrated Care Board/Place based partnerships	effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the Integrated Care Partnerships and Integrated Care Boards, and place-based partnerships.
Any background papers / previously considered by:	The Audit Committee terms of reference continue to be reviewed on an annual basis to ensure they remain fit for purpose as part of the Committee's annual report to Trust Board, which is presented in April each year. Historically provision C.3.2b stated in NHS Improvement / Monitor's Code of Governance for foundation trusts that "*The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly*". In the Code of Governance for NHS Provider Trusts (October 2022) applied in April 2023, this provision has been removed. However, the Assistant Director of Corporate Governance and the Company Secretary believe the Audit Committee's Terms of Reference should continue to be presented to the Members' Council on an annual basis to demonstrate best practice.

AUDIT COMMITTEE
Terms of Reference
Approved by Trust Board 28 April 2026

All Trust Board Committees are responsible for the scrutiny, monitoring and provision of assurance to Trust Board on key issues set out in their terms of reference and/or allocated to them by the Board. Agendas are set to enable Trust Board to receive assurance that scrutiny and monitoring processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Audit Committee was established in June 2002. The Terms of Reference of the Committee are reviewed annually and, if appropriate, amended to reflect any changes to the Committee's remit and role, any changes to other committees and revised membership. The Audit Committee is a non-executive committee of the Board and has no executive powers other than those specifically delegated in these terms of reference and, as appropriate, by Trust Board. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

Purpose
The Audit Committee's prime purpose is to keep an overview of the systems and processes that provide controls assurance and governance within the organisation as described in the Annual Governance Statement on behalf of Trust Board and that these systems and processes used to produce information taken to Trust Board are sound, valid and complete. This includes ensuring independent verification on systems for risk management and scrutiny of the management of finance. On behalf of the Trust Board, it will have an oversight of related risks, providing additional scrutiny of any such risks which are outside the Trust's Risk Appetite, giving assurance to the Board around the management of such risks.

Membership
Taking guidance from the code of governance for NHS provider trusts (October 2022) and the Department of Health into consideration, neither the Chair of the Trust or the Chief Executive attends this Committee unless invited to do so. The Chair of the Committee is appointed by Trust Board and the Chair of the Committee cannot be the Chair of the Trust. The Chair of the Committee should not be the Deputy Chair or Senior Independent Director.

The Committee is always chaired by a Non-Executive Director of the Trust and the membership consists of a minimum of two other Non-Executive Directors. At least one Non-Executive member of the Committee should have recent and relevant financial experience.

Membership as at 1 April 2026
Chair – Non-Executive Director – Mike Ford
Non-Executive Director – Nat McMillan
Non-Executive Director – Martin Neeson

Attendance
The Director of Finance and Resources is in attendance (as lead Director) at meetings. The Company Secretary also attends meetings. Representatives of internal and external audit are also invited and expected to attend. The local counter fraud specialist is required to attend a minimum of two meetings a year.

The Chair of the Trust, the Chief Executive, other Directors, and relevant officers attend the Audit Committee by invitation. Administrative support is provided by the Personal Assistant to the Director of Finance and Resources.

The accounting officer (Chief Executive) should be invited to attend meetings and should discuss at least annually with the audit committee the process for assurance that supports the governance statement. They should also attend when the committee considers the draft annual governance statement and the annual report and accounts.

Quorum
The quorum will be two Non-Executive Director members. Members are expected to attend all meetings. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the chair.

Frequency of meetings
The Committee will meet a minimum of four times per year to reflect best practice. The Audit Committee will meet with the External Auditor and Head of Internal Audit in private, on at least one occasion, per year. The Chair of the Committee, External Auditor or Head of Internal Audit may request a meeting if they consider one is necessary. The External Auditor and Head of Internal Audit have the right of direct access to the Audit Committee Chair. There will also be an additional annual meeting to approve the annual report, accounts and Quality Accounts.

It is the responsibility of the Lead Director to ensure items are identified for the Committee's agenda in line with the Committee's terms of reference, its work programme agreed at the beginning of each year and the current risks facing the organisation, and to agree these with the Chair of the Committee.

Authority
The Committee is authorised by Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed by Trust Board to co-operate with any request made by the Committee. The Committee is also authorised by Trust Board to obtain external legal or other independent professional advice and to secure the attendance of external bodies or individuals with relevant experience and expertise if it considers this necessary.

Sub-committees
To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Committee will receive reports from identified sub-committees.

Health and Safety - (moved across from Quality and Safety Committee 1st April 2022)

Duties
<u>Governance, risk management and internal control</u>
The Committee shall review the establishment and maintenance of effective systems and processes that provide internal control within the organisation. In particular, the Committee will review the adequacy of:

- All risk and control related disclosure statements, in particular, the Annual Governance Statement and declarations of compliance with value for money assessments together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by Trust Board.
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of management of principal risks and the appropriateness of the above disclosure statements. This includes assessing the fitness

for purpose of the assurance framework including risk appetite and providing assurance that action plans are in place to address significant control issues.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications, including the NHS Code of Governance and NHS Provider licence
- The systems for internal control including the risk management strategy, risk management systems and the risk register.
- The policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHSCFA.
- The work of other committees whose work can provide relevant assurance regarding the effectiveness of controls and governance arrangements.

In carrying out its work, the Committee will primarily utilise the work of Internal and External Audit; however, it will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. The Committee will use the Trust's Assurance Framework to guide its work and that of the audit and assurance functions reporting to it.

The Committee will also review arrangements that allow Trust staff (and other individuals where relevant) to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Committee will ensure that:
- Arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.
- Ensure safeguards for those who raise concerns are in place and that these safeguards operate effectively.
- Such processes enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure valid concerns are promptly addressed.
- These processes reassure individuals raising concerns that they will be protected from potential negative repercussions.

<u>Internal Audit</u>
The Committee shall consider the appointment of the Internal Auditor (for approval by Trust Board) and ensure there is an effective internal audit function established by management that meets Global Internal Audit Standards in the UK Public Sector, that provides appropriate independent assurance to the Audit Committee, Chief Executive, Chair and Trust Board. This will be achieved by:
- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation or dismissal.
- Review and approval of the Internal Audit approach, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between internal and external auditors to optimise audit resources.
- Ensure the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- Annual review of the effectiveness of internal audit.

<u>External audit</u>

The Committee shall review the work and findings of the External Auditor appointed by the Members' Council and consider the implications and management's responses to its work. This will be achieved by:

- Consideration of the appointment and performance of the External Auditor, as far as NHS England rules permit.
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual audit plan and ensure co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the External Auditors of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- Review of External Audit reports, including agreement of the annual audit letter before submission to Trust Board and any work carried on outside of the annual audit plan, together with the appropriateness of management responses.
- Review of each individual provision of non-audit services by the External Auditor in respect of its effect on the appropriate balance between audit and non-audit services.

The Committee will also advise the Members' Council with regard to the appointment and removal of the Trust's external auditors and, to inform this advice, carry out a market testing exercise for the appointment of the external auditor at least every five years.

Counter fraud

The committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHSCFA's standards and shall review the outcomes of work in these areas.

With regards to the local counter fraud specialist it will review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans and discuss NHSCFA quality assessment reports. In particular:

- Consider the appointment of the Trust's Local Counter Fraud Specialist, the fee and any questions of resignation or dismissal;
- Review the proposed work plan of the Trust's Local Counter Fraud Specialist ensuring that it promotes a pro-active approach to counter fraud measures;
- Receive and review the annual report prepared by the Local Counter Fraud Specialist;
- Receive update reports on any investigations that are being undertaken.
- Have a responsibility to refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority

Management

The committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The committee may also request specific reports from individual functions within the organisation (for example, compliance reviews or accreditation reports).

Financial reporting

The Committee has responsibility for approving accounting policies. It reviews the Trust annual report and financial statements, in order to make a recommendation to the Chair and Chief Executive on the signing of the accounts and associated documents prior to submission to NHS England, Trust Board and the Members' Council.

In particular, the Committee shall focus on:

- Changes in, and compliance with, accounting policies and practices.

- Major judgemental areas.
- Significant adjustments arising from the annual audit.
- The wording in the annual governance statement and other disclosures relevant to the terms of reference of the Committee.
- Unadjusted misstatements in the financial statements.
- Letters of representations.
- Explanations of significance variances.

Committee members will review the Charitable Funds annual report and accounts, prior to submission to the Charitable Funds Committee.

The Committee also ensures that the systems for, and content of, financial reporting to Trust Board, including those of and for budgetary control, are subject to review so as be assured of the completeness and accuracy of the information provided to Trust Board.

The Committee also:
- Reviews proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation before these are laid before Trust Board;
- Examines the circumstances associated with each occasion Standing Orders are waived.
- Reviews schedules of losses and compensations on behalf of Trust Board.
- Reviews 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.
- Receives the Freedom to Speak Up Strategy and action plan and review in detail relevant performance indicators.
- Receives assurance from the Quality and Safety Committee that clinical audit is receiving sufficient oversight.
- 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.
- Receives digital system development update reports
- Receives cyber security system updates

Other Compliance
1. To provide assurance that the Trust has effective arrangements for the management of safety and emergency response including through the receipt of assurance reports provided by the Health and Safety TAG.
2. To provide assurance that the Trust has effective arrangements in place to demonstrate compliance with the accessible information standard (AIS) through the receipt of a bi-annual update report.

Other Assurance Functions
The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include any reviews by the Department of Health and Social Care, arms-length bodies, or regulators/inspectors (e.g. Care Quality Commission and NHS England, NHS Resolution, etc) professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

In addition, the committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the audit committee's own areas of responsibility. In particular, this will include any committees covering safety/quality, for which assurance from clinical audit can be assessed, and risk management.

Governance regulatory compliance
The committee shall review the organisation's reporting on compliance with the NHS Provider Licence, NHS code of governance and the fit and proper person's test.

The committee shall satisfy itself that the organisation's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the policy and procedures relating to conflicts of interest.

Behaviours and Conduct
Trust values
Members will be expected to conduct business in line with the trust values and objectives.

Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, and standards of business conduct policy.

Equality and diversity
Members must demonstrably consider the equality and diversity implications of decisions they make.

Relationship with the Members' Council
To reflect best practice, Trust Board will consult with the Members' Council annually on the Audit Committee's terms of reference. At the discretion of the Chair of the Committee and/or the Chair of the Trust, governors may be invited to attend meetings of the Committee to support the Members' Council in meeting its duty to hold Non-Executive Directors to account for the performance of the Board.

Monitoring
The Committee will monitor its performance both in terms of providing assurance to Trust Board and in terms of ensuring it meets the remit as set out in its terms of reference through agreement of an annual work plan, inclusion in the work plan of any items delegated to the Committee by Trust Board and through the Assurance Framework, monitoring implementation of the annual work plan, assessment of the Committee's performance through an annual self-assessment, and an evaluation of the Committee's performance through an annual report to Trust Board.

The Committee will assess, measure and evaluate its impact, both quantitatively and qualitatively, and include the outcome of this in its annual report to Trust Board.

Reporting to Trust Board
Trust Board will receive the minutes of Committee at the Trust Board meeting following the Committee meeting.

The chair of the audit committee shall draw to the attention of the board any issues that require disclosure to the full board or require executive action.

- The committee will report to the board at least annually on its work in support of the annual governance statement, specifically commenting on the:
  - fitness for purpose of the assurance framework
  - completeness and 'embeddedness' of risk management in the organisation

- effectiveness of governance arrangements
- appropriateness of the evidence that shows that the organisation is fulfilling regulatory requirements relating to its existence as a functioning business.

- This annual report should also describe how the committee has fulfilled its terms of reference and give details of any significant issues that the committee considered in relation to the financial statements and how they were addressed.

An annual committee effectiveness evaluation will be undertaken and reported to the committee and the board.

All Trust Board Committees have a responsibility to ensure they foster and maintain relationships and links between Committees and Trust Board. Each Committee also has a responsibility to ensure action identified and agreed is placed within the organisation either through the Executive Management Team or other internal groups, such as Trust-wide Action Groups.

Secretariat and administration
The committee shall be supported administratively by its secretary. Their duties in this respect will include:

- agreement of agendas with the chair and attendees
- preparation, collation and circulation of papers in good time
- ensuring that those invited to each meeting attend
- taking the minutes and helping the chair to prepare reports to the board
- keeping a record of matters arising and issues to be carried forward
- arranging meetings for the chair: for example, with the internal/ external auditors or local counter fraud specialists
- maintaining records of members' appointments and renewal dates and so on
- advising the committee on pertinent issues/ areas of interest/ policy developments
- ensuring that action points are taken forward between meetings

Approved by Trust Board: 28 April 2026
Next review due: 1 April 2027

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Fit and Proper Persons Process for Board Members

Members Council
6 May 2026

Fit and Proper Persons Test for Board members

Introduction

The revised Fit and Proper Persons framework came into effect on 30 September 2023 in response to recommendations made by the Kark review (2019).

The Kark review looked at the effectiveness of the fit and proper person test as it applies to Board directors in the NHS.

NHS organisations are expected to use it for all new Board level appointments or promotions, and for annual assessments for all Board members going forward from that date.

The Framework introduced a requirement for, and means of, retaining certain information relating to testing the requirements of the FPPT for Board members, a set of core elements for the FPPT assessment of all Board members, and a new way of completing references.

Fit and Proper Persons Test for Board members

Purpose

The purpose of the new Framework is to strengthen individual accountability and transparency for Board members, thereby enhancing the quality of leadership within the NHS.

It is a core element of a broader programme of Board development, effective appraisals and values-based (as well as competency-based) appointments – all of which are part of the good practice required to build a 'healthy' Board.

The Framework will help Board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

Fit and Proper Persons Test for Board members

South West Yorkshire Partnership NHS Foundation Trust

Trust process

In March each year, all members of the Board make a declaration in relation to their interests, fit and proper person requirement and where applicable their declaration of independence

In addition, the corporate governance team oversee the following checks:

- Registers
  - Bankruptcy and Insolvency Registers
  - Disqualified Directors Register
- Google searches – the websites searched are www.google.com, www.bing.com, www.theconsultanthub.com,www.linkedin.com,www.facebook.com, www.twitter.com, using the following:
  - “name” plus the word “complaint”
  - “name” plus the word “scandal”
  - “name” plus the word “fraud”
  - “name” plus the word “suspended”
  - “name” plus the word “healthcare”

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Fit and Proper Persons Test for Board members

Trust process

- Professional registration check – note, this is only required if a specific qualification was needed for the role
- Good Conduct and Character Reference – including checks for disciplinary/grievance/whistleblowing processes
- Date and outcome of current DBS check
- The annual Trust Board fit and proper test attestation, declaration of interest, and declaration of independence self-declaration forms
- The last annual appraisal – date of completion
- Recording of all information on the NHS electronic record system (ESR)

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Fit and Proper Persons Test for Board members

Trust process and outcome

The Chair is accountable for ensuring for taking all reasonable steps to ensure the FPPT process has been properly undertaken.

The following table shows the fit and proper persons test has been undertaken for all members of the Board.

The Chairs FPPT outcome is undertaken by the senior independent director/deputy chair (Nat McMillan).

The outcome of the process is that no issues have been identified that impact on any member of the Board and their ability to perform their duties.

Board Members	DBS Check	Registering Professional Body	Date of Last Annual Appraisal	Training & Development	Annual Self Attestation signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media Search
Marie Burnham	✓	N/A	30.06.25	✓	✓	✓	✓	✓	✓
Natalie McMillan	✓	N/A	30.04.26	✓	✓	✓	✓	✓	✓
Mike Ford	✓	Member of the Institute of Chartered Accountants in England and Wales	14.04.26	✓	✓	✓	✓	✓	✓
Rokaiya Khan (started 4 August 2025)	✓	N/A	16.04.26	✓	✓	✓	✓	✓	✓
Gary Ellis	✓	N/A	12.04.26	✓	✓	✓	✓	✓	✓
Margaret Kitching	✓	N/A	14.04.26	✓	✓	✓	✓	✓	✓
Martin Neeson (started 9 June 2025)	✓	N/A	15.04.26	✓	✓	✓	✓	✓	✓
Mitch Waterman (started 6 October 2025)	✓	N/A	30.04.26	✓	✓	✓	✓	✓	✓

Board Members	DBS Check	Registering Professional Body	Date of Last Annual Appraisal	Training & Development	Annual Self Attestation signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media Search
Mark Brooks	✓	Member of the Chartered Institute of Management Accountants	15.04.26	✓	✓	✓	✓	✓	✓
Dawn Lawson	✓	N/A	13.05.24	✓	✓	✓	✓	✓	✓
Adrian Snarr	✓	Member of the Chartered Institute of Management Accountants	01.05.26	✓	✓	✓	✓	✓	✓
Dr Subha Thiyagesh	✓	Registered with the General Medical Council	01.05.26	✓	✓	✓	✓	✓	✓
Caroline Johnson (started 1 April 2026)	✓	Registered with the Nursing and Midwifery Council	TBC	✓	✓	✓	✓	✓	✓
Adele Fox	✓	Registered with the Nursing and Midwifery Council	20.05.26	✓	✓	✓	✓	✓	✓
Christine Brereton (started 20 April 2025)	✓	Member of Chartered Institute of Personnel and Development	22.05.26	✓	✓	✓	✓	✓	✓
Darryl Thompson (retired 31 March 2026)	✓	Registered with the Nursing and Midwifery Council	25.03.26	✓	✓	✓	✓	✓	✓

With **all of us** in mind.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 7.5

<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>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.
• 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>Date</td><td>3 March 2026</td></tr>
<tr><td>Presented by</td><td>Marie Burnham, Chair (Chair of Committee)</td></tr>
<tr><td>Key items for Members' Council to note</td><td>• The group approved the recruitment process for a new Non-Executive Director/Audit Committee Chair and a new substantive Trust Chair.
• The approved the job description and person specification for a new Non-Executive Director/Chair of Audit Committee and a new substantive Trust Chair.
• The group received the transition arrangements for the Trust Chair.</td></tr>
<tr><td>Date</td><td>12 March 2026</td></tr>
<tr><td>Key items for Members' Council to note</td><td>• The group approved the preferred supplier for the recruitment of both a new Non-Executive Director/Audit Committee Chair and new Trust Chair.</td></tr>
<tr><td>Date</td><td>30 March 2026</td></tr>
<tr><td>Key items for Members' Council to note</td><td>• The group received the recruitment timeline for a new NED/Chair of Audit Committee and new Trust Chair.
• The group approved the format of the formal interview panel.
• The group noted the progress so far on the supporting stakeholder panel.</td></tr>
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Date	27 April 2026
Key items for Members' Council to note	• The group approved the shortlist for a new substantive Trust Chair. • The group approved the recommendation for the re-appointment of the Lead Governor to Members' Council. • The group approved the recommendation for the new Chair of Members' Council Quality Group to Members' Council. • The group approved the Terms of Reference for Nominations Committee. • The group approved the Nominations Committee Annual Report for 2025/26. • The group received the work programme for 2026/27
Approved Minutes of previous meeting to be received.	Approved notes of the meeting held on **3 March 2026.** ***Please note these notes may be redacted if they contain personal, sensitive or confidential information.***

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.

Date	24 March 2026
Presented by	John Laville, Lead Governor (Chair)
Key items for Members' Council to note	• 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. • The Group received an update of the Members' Council Objectives and considered future objectives. • The Group received updates and feedback from governors only meetings. • The Group discussed and approved the Members' Council agenda for 6 May 2026 and agreed on the deep dive topics. • Governors received the Quality Assurance System visits quarterly schedule. • The group received the Members' Council Co-ordination group Annual Report. • The group reviewed the Members' Council Co-ordination group Terms of Reference and effectiveness.

		• 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 **17 December 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	**15 April 2026**
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 in relation to the Quality Assurance System. • The group received an update on the CQC must and should do actions. • The group received an updated on the Quality Account and the Quality Strategy. • The group approved the Members' Council Quality Group Annual Report and Terms of Reference. • The group met with staff and service users at Cheswold Park Hospital. • The group reviewed the Members' Council Quality Group work programme for 2026/27.
Approved Minutes of previous meeting to be received.	**Approved notes of the meeting held on 2 February 2026.** ***Please note these notes may be redacted if they contain personal, sensitive or confidential information.***

Recommendation:	**The Members' Council are asked to:** • **RECEIVE** the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group.
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		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	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:	Previous quarterly and annual reports to the Members' Council.		

Nominations Committee
3 March 2026 14:00
Virtual meeting via Microsoft Teams

Present: Nat McMillan – Deputy Chair/Senior Independent Director (Chair)
John Laville (JL) - Lead Governor, Publicly Elected Governor, Kirklees
Phil Shire (PS) – Public Governor – Calderdale
Andrea McCourt (AMc) - Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust
Christine Brereton – Interim Chief People Officer

Apologies: Jacob Agoro (JA) – Staff governor – Nursing support
Marie Burnham (MBu) - Trust Chair

In attendance: Mark Brooks (MBr) – Chief Executive
Andy Lister (AL) – Head of Corporate Governance (Company Secretary)
Izzy Worswick – Assistant Director of Corporate Governance
Gemma Lockwood (GL) – Corporate Governance Manager (Author)

NC/26/11 Welcome, introductions and apologies (agenda item 1)
Nat McMillian (NMc) welcomed everyone to the meeting and explained she would be chairing the meeting in light of the meeting being about recruitment of a new Chair.

Introductions were made and apologies were noted. The meeting was declared to be quorate and could proceed.

NC/26/12 Declarations of Interests (agenda item 2)
There were no declarations of interest.

NC/26/13 NED Recruitment Process (agenda item 3)
Christine Brereton (CB) explained that Mike Ford is coming to the end of his tenure as a Non-Executive Director and Chair of the Audit Committee, on 31 August 2026. It was noted that Nominations Committee had previously discussed the need to initiate the recruitment process and to develop a timeline for both a new Non-Executive Director and a new Chair of the Audit Committee.

CB set out the proposed next steps, including engaging an external recruitment agency to support this appointment and the forthcoming Chair recruitment. A detailed timeline for the recruitment and selection process will be provided once the agency is appointed.

CB clarified that the purpose of the item was to seek agreement on the overall recruitment process and to review and approve the draft job description and person specification for the new Non-Executive Director and Audit Committee Chair.

Phil Shire (PS) queried if any of the other NEDs are currently a qualified accountant.

Mark Brooks (MBr) stated that the Audit Committee member does not need to be a practicing accountant, just have maintained their membership with a professional body. Therefore, the Chair could be retired or not practicing, as long as they have membership. Gary Ellis is a retired accountant who no longer holds membership.

John Laville (JL) asked if Mike Ford could stay on as a Non-Executive Director for another year.

NMc advised that the other Non-Executive Directors has also raised this question, as it would be favourable for Mike to stay on to keep stability of the Board in light of the Chair leaving as well.

MBr advised that NHS England are encouraging Trusts to recruit new NEDs at the end of their maximum terms. He advised he had spoken to NHS England Regional Director, and that an extension would not be granted.

Andrea McCourt (AMc) asked what the recruitment process and timeline would be.

CB advised that this would be covered in the next item, along with the process and timeline for the Chair recruitment.

It was RESOLVED to APPROVE the job descriptions and person specification for a new Non-Executive Director.

NC/26/14 Chair Recruitment Process (agenda item 4)

CB reported that Marie Burnham, who has been in the role of Trust Chair since 1 December 2021, has been appointed as the Chair of Tees Esk and Wear Valley NHS Foundation Trust (TEWV) and would be leaving the Trust. CB explained that there will be a transition period before Marie leaves the Trust.

CB reported that the recruitment process to replace Marie as Chair would need to be agreed and commence at pace. She explained it was proposed to seek the involvement of an external recruitment agency with experience of recruiting non-executive directors and chairs and a procurement exercise was underway to find a suitable recruitment agency. The process requires approaching a minimum of three agencies and the Trust has gone out to five.

CB explained that given the importance of the role of the Chair the Trust was looking to recruit this post as soon as possible and confirmed there will be another Nominations Committee when the recruitment agencies have returned their quotes.

CB confirmed that the role of Chair will be prioritised. She acknowledged that August will come around quickly and there is need to get in front with the recruitment of a new Non-Executive Director and Audit Committee Chair.

MBr advised that an external recruitment agency had not been used for the last two Executive Director vacancies, however the role of the Chair is different, and it was felt that an external agency would have a wider reach for candidates.

JL asked if the hope was to be at the end of the recruitment process for the Chair position by the end of April/beginning of May and CB confirmed this is the hope, and once a recruitment agency had been engaged, they would put together a realistic timeline.

JL highlighted that anyone appointed would have a notice period and mentioned that Marie would not be able to hand over to a new Chair. CB advised that notice periods can sometimes be negotiated and expressed that there may be the opportunity for a handover with Marie, as well as with Natalie McMillan and the other experienced NEDs.

JL highlighted the importance of a separate recruitment process for each role in order to attract the best candidates and asked to avoid recruitment overload in terms of holding stakeholder panels etc to avoid any confusion between the roles.

CB reiterated that the role of the Chair would be prioritised and the process would be staggered between to the two roles as there is more time to recruit a NED and Audit Committee Chair. She advised that the recruitment of the two roles would be kept separate.

AMc asked if it was clear in the papers that any new NED or Chair would need to have a connection to the local community and also highlighted bringing diversity to the Board.

AL confirmed that it is part of the constitution that NEDs have to be able to demonstrate a connection to communities as part of the recruitment process. AMc suggested this should be more obvious in the job description/person specification.

MBr added that it has previously been agreed that a NED or chair would need to live in our geography or a neighbouring county and this information had been clearly provided to the recruiters, as has the requirement to have a diverse set of candidates. He advised this wasn't in the person specification but was in the core brief to recruiters.

AMc queried how quickly the transition would be and added that governors would need assurance that the role is covered.

NMc highlighted that whilst there is a need for pace there also needs to be a robust and effective process to ensure the right person is recruited into the role of the Chair.

MBr repported there is a plan to have a transition period where Marie will be Chair for both organisations for a period of time. MBr added that it is not uncommon for Trusts to share a chair.

MBr confirmed that work is ongoing to identify what commitments Marie has with SWYPFT with the expectation that Marie will be available until at least the end of April with a further plan in place for May onwards.

JL advised that Marie has spoken to him when she accepted the role at TEWV and confirmed to him what she has to do before she can leave the Trust which had provided him with assurance.

NMc added that the NEDs had expressed concerns around ensuring the organisation is not put at risk during the transition period. NMc reiterated that as a Board, SWYPFT is the priority and expressed the need for clarity with the transition period.

NMc confirmed there would be another Extraordinary Nominations Committee the following week to discuss the shortlist for recruitment agencies.

NMc expressed thanks to the group for the quick turnaround of this meeting and the papers and for everyone making time to attend at short notice.

It was RESOLVED to APPROVE the proposed process to recruit a new substantive Trust Chair, APPROVE the job description and person specification and NOTE the transition arrangements that are being established.

NC/26/15 Issues and items to bring to the attention of Trust Board / Members' Council (agenda item 5)
No issues to note.

NC/26/16 Dates of future Nominations Committee Meetings (agenda item 6)
Meetings to be arranged as required

8 April 2026 10.00
8 July 2026 10.00
6 October 2026 10.00
13 January 2027 10.00

Notes of the Members' Council Co-ordination Group
17 December 2025, 9.30am – 11.30am
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
	Leonie Gleadall (LG)	Staff Governor – Non-clinical support
	Bob Morse (BM)	Public Governor – Kirklees
In attendance:	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Gemma Lockwood (GL)	Corporate Governance Manager
	Andrew Betteridge (AB)	Corporate Governance Administrator (author)
Apologies (members):	Daz Dooler (DD)	Deputy lead governor/ publicly elected governor – Wakefield
	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
Apologies (in attendance):	Izzy Worswick (IW)	Assistant director of corporate governance

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

2. Declarations of interest
No declarations were made and JL confirmed there were no conflicts to note.

3. Notes of the previous meeting held on 8 October 2025
The notes of the meeting held on 8 October 2025 were agreed as a true and accurate record.

4. Action log from previous Co-ordination Group meetings
JL raised the only outstanding item, item 6 which relates to how Members' Council agendas can be reorganised to move through the business part to allow more time for the focus on items in a way that works for all.

Andy Lister (AL) stated that the new biennial evaluation survey will be discussed at February's Members' Council meeting and will be an opportunity to look at ways meetings and agendas can be improved.

5. Members' Council Development (agenda item 5)

5.1. 5.1 Governor appointments to the Members' Council and Trust Board Groups and Committees
AL gave an overview of Members' Council and Trust Board Groups and Committees and highlighted the following vacancies.

- **Vacancies:**
  - Coordination Group: Barnsley (1), Calderdale (1).

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- Only active Calderdale governor is already chairing another group.
- Vacancies likely to remain open until New Year elections.

- **Action:** Andrew B to request availability from Keith and Daniel.
- **Quality Group:** Appointed governor vacancy due to Sue Spencer stepping down. Recruitment to be initiated.

JL and AL agree that the current lack of governors is creating pressures within the groups.

5.2. 5.2 Governor attendance at Members' Council meetings

AL gave a brief overview. There are a couple of people that are on the radar who will be flagged in the usual way and, dependant on attendance to the Members Council meeting in February, any issues will be raised with John Laville and Marie Burnham (MBu) following that meeting.

5.3. 5.3 Governor training – annual training programme

AL gave an update on the training programme.

Training confirmed for 2026 (first half):

- Governor role in NED appointments – **March**
- Intro to NHS finance – **April**
- Performance report session – **June**
- Quality Assurance System session – **May**

Code of Conduct refresher requested for all governors, including:

- Reminders around boundaries when acting as a governor vs. acting as a member of the public.
- Governors must not use their role to access preferential treatment.

JL would like some clarification around the governor role and thought it would be useful to underline to governors that they can gather intelligence, can say who they are, but don't need to expect any preferential treatment for being a governor.

5.4 5.4 Members' Council Biennial Evaluation

AL updated the group, stating that it is important to know that the decision has been taken that, until further information is received, it will be business as usual for the Members' Council. AL confirmed that the biennial evaluation survey will be sent out in December and highlighted the following:

- The questionnaire has been redesigned due to previous concerns about the quality of questions.
- The questionnaire will cover: Trust understanding, statutory duties, holding NEDs to account, engagement, quality monitoring, and meeting effectiveness.
- Will be issued via **Microsoft Forms** (SurveyMonkey has been discontinued).
- The survey will remain open for a three-week window early in the New Year.
- Results will be reviewed at February Members' Council, forming the new Action Plan.

Once responses have been collated they will be presented to the Members' Council meeting in February for a discussion about the outcomes and then used to form the biennial evaluation action plan which this group holds.

JL and Bob Morse (BM) agreed they are happy with the plan and will both test this feedback option.

5.5 Members' Council Objectives update and consideration of future objectives

JL advised that, working within the uncertainty of the 10 year plan, the governors had created a list of suggested topics for future objectives through the virtual meetings.

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Proposed core objectives:

1. Support development of future public/staff involvement structures post April 2027.
2. Members' Council to ensure that robust processes are in place when service users are discharged from the community.
3. Embed the governor role in strategy development.
4. Improve discharge processes (raised repeatedly by governors).
5. Highlight health inequalities.
6. Continue involvement in Mental Health Act reform consultation.
7. Continue to engage with young people.
8. Maintain focus on service gaps, dual diagnosis, and patient experience.
9. Strengthen community engagement and Triangle of Care.
10. Maintain scrutiny of NEDs and Board assurance.

Additional suggestions from virtual meetings:

- Stronger role in neighbourhood health models and ICB changes.
- Strengthening partnerships with police, ambulance, and community providers.
- Ensuring there are holistic plans for community health in Barnsley, as the Trust is not just mental health.

MBu raised that the Trust needs to be careful of expecting too much of governors and that this is a lot. However, when things like neighbourhood health and ICB's, etc are listed, that is probably more like the community engagement role governors play or the insight role. MBu suggested an objective about maintaining the governor voice (or members voice) in place through the neighbourhood.

5.6 Governor feedback – issues emerging from virtual meetings (including review of governance process)

Concerns were raised regarding ongoing issues with discharge letters not being received by GPs, particularly for service users discharged from Folly Hall. The group discussed potential issues with postal and electronic communication. Andy Lister will forward these concerns to Margaret Kitching, Chair of the Quality and Safety Committee, for further investigation. MBu requested as much detail as possible to facilitate a review and determine if the issue relates to a specific GP practice or is a broader operational failure.

5.7 Focus on items – Two topics

Two main agenda items agreed:

1. Biennial Evaluation results & Action Plan formation
2. Members' Council Objectives 2026–28

MBu and BM supported these proposals.

6. Members' Council agenda, discussion items for consideration

AL presented the annual training programme for 2026 is scheduled as follows:

- Governor Role in Non-Executive Appointments – March
- Introduction to NHS Finance – April
- Performance Report – June
- Development Session on Quality Assurance System – May

New governors will receive code of conduct training at their first induction meeting. The importance of governors recognising their official role and not using their position for preferential treatment was emphasised. AL agreed to draft a reminder for circulation to governors regarding the appropriate conduct.

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7. Members Council Workplan 2026/27 (agenda item 7)

AL confirmed that the 2026 work plan will be refreshed and brought to the March Coordination Group for approval.

8. Members' Council Elections (agenda item 8)

AL gave a verbal update on the elections which will take place as usual in the New Year. AL confirmed the following vacancies:

Public

- Barnsley – 2 seats
- Calderdale – 3 seats
- Kirklees – 2 seats
- Wakefield – 1 seat
- Rest of Yorkshire and the Humber – 1 seat

Staff

- Non clinical support – 1 seat
- Medicine and pharmacy – 1 seat
- Nursing – 1 seat
- Nursing support – 1 seat

AL advised that there are some specialised comms going out in Calderdale given that there will not be a governor in Calderdale after April.

9. QAS visits quarterly schedule (agenda item 9)

GL confirmed that all quality walkarounds scheduled until March 2026 now have governor representation. JL commended the improved engagement and noted the value of these visits in understanding service user and staff experiences.

Leonie Gleadall (LG) queried her allocation status, and Andrew Betteridge (AB) will confirm and circulate the updated list once available. It was acknowledged that changes or cancellations of visits do occur and flexibility is required.

Action – Andrew Betteridge

10. Members' Council Co-ordination group work programme 2025 – 2026

The workplan was noted.

11. Any other business (agenda item 11)

No further business was raised.

12. Date of future Co-ordination Group meetings for 2026 (agenda item 12)

- 18 March 2026, 10.00am – 12.00pm, Microsoft Teams

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Notes of the Members' Council Quality Group
2 February 2026 from 10.00am
Hybrid meeting held at Priestley Unit, Dewsbury

Present:	Phil Shire (PS)	Public Governor – Calderdale (Chair)
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Elaine Lane (EL)	Governor (Staff elected Allied Health Professionals)
	John Laville (JL)	Lead Governor / Public governor (Kirklees)
	Daniel Goff (DG)	Public Governor – Barnsley
	Amy Hartley (AH)	Deputy Chief Nurse and Deputy Director of Quality and Professions
In attendance:	Gemma Lockwood (GL)	Corporate governance manager
Apologies (members):	Nesar Rafiq (NR)	Public governor - Wakefield
	Melanie Wood (MW)	Head of Performance & Business Intelligence
	Claire Den Burger-Green (CDBG)	Public Governor – Kirklees (Deputy Lead Governor)
	Fatima Shahzad (FS)	Governor (publicly elected Rest of Yorkshire and the Humber)
	Bob Morse (BM)	Governor (publicly elected Kirklees)
	Sarah Whiterod (SW)	Associate Director of nursing, quality and professions
Apologies: Attendance	Izzy Worswick (IW)	Associate Director of Corporate Governance

1. Deep Dive Topic – Visit to Ward 19, Dewsbury (agenda item 1)

2. Welcome, introductions and apologies (agenda item 2)
Phil Shire (PS) welcomed everyone to the meeting. Introductions were made, and apologies, as noted above, were recorded. The meeting was confirmed to be quorate.

The group acknowledged a successful visit to the ward and thanked the team for hosting.

PS highlighted that this is Darryl Thompson's (DT) last meeting before he retires from the Trust. PS commended DT for his commitment and investment into MCQG and acknowledged that he always answers all questions and has vast knowledge or SWYPFT and services.

3. Declarations of interest (agenda item 3)
No declarations of interest were made.

4. Notes and actions of the previous meeting held on 23 October 2025 (agenda item 4)
The notes were agreed as a true and accurate record of the meeting.

PS acknowledged that there is now a summary with the IPR which is helpful.

In relation to action around delays between moving service users from acute hospitals to mental health hospitals, DT advised that this is a challenge around "best partner" and supporting service users through any moves. John Laville (JL) advised that one of the KPIs is that service users who are clinically ready for discharge but can't be for various reasons and the question is, is there a

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log of how many people are ready to move into SWYPFT from an acute provider and we are not creating a space for them. Are we looking into how this affects acute services?

DT advised there is a patient flow report and explained there is a live dashboard (which cannot be shared due to patient identifiable information) which shows exactly how many people are clinically ready for discharge, how many people are waiting to enter services and where they currently are. There are multi agency meetings in place including social care services and other agencies. DT explained that out of area bed usage has decreased and that there are currently no people waiting to enter SWYPFT services.

Amy Hartley (AH) agreed to look into a patient around patient flow and clinically ready for discharge.

Action – Amy Hartley

Daniel Goff (DG) queried if service users would receive support whilst waiting for a bed and DT explained that there is support from the mental health liaison team whilst in A&E or the home based treatment team if at home, with an assessment around if a service user would benefit from being in hospital.

5. Integrated Performance Report (agenda item 5)

PS praised the summary report as excellent and very useful.

JL highlighted that the tables seemed to show a lot of red and not a lot of green. DT confirmed that there are a lot of ongoing conversations about the main report. SWYPFT is seen as a high performing organisation but shows a lot of red in the IPR. DT confirmed that these are areas of focus and not overall performance, with the acknowledgement that this may misrepresent the hard work of teams by portraying this in an unhelpful way.

JL added that the Trust is performing well but this report does not reflect that.

DT highlighted that the quality dashboard on page 12 is more reassuring and advised that green means above the threshold of expected performance, red is beyond 5% adrift the wrong way and amber is within 5% of the target metric.

PS highlighted that under risk assessments a safety plan is mentioned and queried if this is new and if it has led to an improvement in risk assessments and the timeliness of them. AH confirmed that it has and there has been some external feedback from a local Trust after some cross learning and records auditing, with positive feedback received around risk assessments. AH explained that the biggest change is the move away from risk assessments/safety plans/care plans that are written about people by professionals into that more personalise care and support and moving towards the people who know the service user best who should be leading on the documentation. The collaborative care is reducing the risk much more than what is written in a document.

PS raised the diagnostics for paediatric audiology and how the metrics are well below the national threshold. DT explained there is a very small team with very high demand, with a hearing test being part of tests for autism. DT advised there is ongoing work with commissioners and there has been recruitment into the team, however it is a persistent challenge, acknowledging that if a hearing problem is not identified in a child this could affect their development.

DT reported that now the Trust is a teaching trust, there are audiology students coming through from the University of Leeds which is a promising development.

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JL highlighted on page 10 around the changes in Kirklees and the loss of Northorp Hall. JL advised that Kirklees is behind with their plan and asked if there was any further information around this and if there is a recovery plan.

DT advised that with all the changes within the ICBs this is a difficult question to answer. DT confirmed the closure has had a direct impact on the team and advised that there is a focus on CAMHS waiting times, including a deep dive which was recently presented to Trust Board. DT advised it is a work in progress with a discrepancy between the demand being faced and the demand commissioned for.

JL reported that he and other Kirklees governors met with Vicky Dutchburn and Kirklees Council and were promised some KPIs which have not materialised.

PS referred to ADHD triage and a new step that has been introduced to ensure that only clinically appropriate cases are assessed and asked what this means, people who are suffering ill health? DT advised that it would be an understanding of what the core aspects of symptom presentation that would warrant further exploration, rather than how well the person is functioning.

DT added that the most common complaints received are from people who have been declined an ADHD or autism assessment. DT mentioned the national direction of travel and how a different approach is needed as diagnostic thresholds are now too low.

6. PLACE visit report (agenda item 6)

Elaine Lane (EL) highlighted that the report is an old report. GL advised this is due to the flow of reporting and is the latest report. It was agreed to look at the work plan to ensure this is presented in a more timely manner.

DT advised this may have happened in the transition from Quality and Safety Committee to Audit Committee and a change in reporting flow.

Action – Corporate Governance

PS highlighted that the Trust are significantly outperforming other comparable services nationally and are consistently good with no results below 90%.

Daniel Goff (DG) advised that he had carried out a PLACE visit on the Stroke Unit in Barnsley which was very positive. DG confirmed that there was an opportunity to taste the food which the service users would receive.

It was agreed that the report is very comprehensive and an important area to look at.

7. QAS Update (agenda item 7)

PS felt that quality walkarounds are a lot more superficial than the quality monitoring visits that used to be carried out, and appreciated that there is a lot of data sitting behind the visits which will determine which service requires a quality walkaround.

PS asked if the current quality assurance system is delivering in terms of targeting services that need looking at?

EL reported that she carried out her first quality walkaround recently and advised that she found the process assuring. EL highlighted that as a peer, there were things identified that could be better. The QAS process has a lot of data and then a drill down into services. EL added that there were key questions from staff, service users and carers leading to a more rounded sense of the service.

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EL highlighted that the quality walkarounds are part of a much bigger process.

AH advised that walkarounds are discussed in the NQY Quality and Business meeting in the nursing and quality directorate with the quality governance team who lead on visits and also safeguarding, patient safety, customer services and other teams that feed into the conversation.

DT advised that if there is a cluster of complaints, incidents of staffing challenges this can trigger an enhanced quality walkaround to give an additional layer of depth to that conversation.

DT reported that Margaret Kitching, Non-Executive Director, introduced the regional oversight model which the SWYPFT model is based on with support from Margaret and there is still learning ongoing.

JL admitted he was sceptical about quality walkaround to begin with but is now a convert, mainly due to being able to speak with service users and staff which didn't happen with previous visits. JL has previously advised that he would like to speak with carers as well. JL has reservations that service users and staff could possibly be specially selected to speak with people carrying out the visits.

JL asked what would generate an enhanced quality walkaround? DT explained that as well as the data, an enhanced walkaround can be triggered by local intel or an incident that has happened that may require some support for the team.

JL highlighted that walkarounds do tend to be cancelled "easily" and DT advised that this isn't done lightly as they can be challenging to rearranging, so there will be clinical reasons for a cancellation.

PS asked if there are so few services under enhanced visits because the trust is providing excellent services to service users. DT confirmed that overall a good service is provided across the patch with some teams who are under pressure, but questioned whether moving them onto an enhanced structure be a benefit as they will already be part of an improvement structure.

DG asked about community meetings and whether if there is assurance that these take place on wards. DG also asked if these meetings would be picked up by the CQC if there is evidence they weren't happening?

AH advised that this is picked up as part of embedding safe wards and improving he quality of care and experience of people on mental health inpatient wards, with community meetings being a key part of this.

DG added that he has been on Beamshaw for around 6 weeks and never been invited to a community meeting, and when asking questions to staff will get signposted to a poster etc.

PS queried if the data would capture this or if it would need to be picked up by asking people. JL added that this could be added as a question for quality walkarounds.

8. Quarterly Patient Safety Report (agenda item 8)

DT advised that this report shows progress throughout the year and is presented to Quality and Safety Committee and then Trust Board.

PS feels like there is a lot of reporting of process and not much about the incidents that happen and what they tell us about the safety of services. How can we therefore read into how safe services are and are there any hotspots where there are issues?

EL stated that she would like to know about hydration and low intake dehydration in relation to

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inpatient falls and pressure ulcers to see if there is any link.

PS queried if the Trust is focussing on process rather than substance in the report.

DT confirmed that this report is assurance that the Trust is fulfilling all of its duties as a provider around the sight of incidents and deaths. The SPC charts help to understand if there are any significant changes and there are specifically clinically focussed reports. DT highlighted the learning library at the end which highlights all the learning from incidents which has been shared across the organisation.

DT added that the report receives a lot of scrutiny at committee to ensure the trust is discharging its responsibilities appropriately.

PS highlighted the high numbers of low harm incidents. DT emphasised the safety culture and the percentage of reported incidents of low or no harm which shows a positive approach to reporting culture.

DG challenged this and advised that there are no metrics relating violence and aggression incidents against staff. AH confirmed that this would not be reported within patient safety but something else within the IPR.

DG advised that he has heard comments whilst being on wards where there has been incidents against staff, that previously the service user would have secluded but the incidents are not even inputted onto Datix now, which shows that some staff just accept these incidents now.

DT confirmed that, nationally, staff are much more exposed to racism and staff are invited to report it, with some staff stating that it would be all they ever do.

DT added that if a service user assaults a member of staff and I put in seclusion is this then used as a punishment or it clinically required? There would be concerns if someone was secluded purely because they had assaulted a member of staff.

DG clarified that incidents are under reported. DT agreed.

9. Bi-annual Safer Staffing Report (agenda item 9)

PS queried if “safe care” is attempt to objectify what counts as acuity when additional staff are needed and asked if this is being rolled out and is making an impact?

AH advised that there is a mixed picture. There are places where it has been rolled out and has been implemented really well with staff finding it helpful in terms of being able to articulate acuity and other places where there is more of a variance with people more reluctant to embrace change.

AH emphasised it is an evidence based tool which if properly used, helps to bring triangulation to look at safer staffing to ensure there are the right numbers of people and the right skill mix on inpatient wards to meet patient need and to keep people safe.

PS queried the reluctance to use it and EL advised there are many reasons, for example paper being easier to read than a screen and it being different to what people are used to.

PS asked about the establishment review which was carried out in 2023 which led to an increase in staffing by 63.15 WTE to meet safer staffing requirements and reduce bank and agency use which is a big additional investment and asked if this was having a beneficial impact on reducing the cost of agency and bank?

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AH responded that it is a mixed picture. The majority of those roles were unregistered nursing roles, for example healthcare support worked roles which, due to national changes in visas etc, can bring their own challenges. AH added there are some particular service areas which are a real challenge to recruit and retain staff to, to build up a skilled ward team. There are trustwide pieces of work to look at how to improve this in all areas, developing and upskilling the workforce with collaboratively planned care.

DG observed that the IPR shows sustained inpatient workforce pressure and the QAS update shows routine monitoring and escalation thresholds. DG noticed there were a lot of cancelled breaks on acute wards which suggests that safety is being maintained through active management and staff resilience and how assured are we that this pressure is genuinely reducing rather than being absorbed and how would the system identify the balance?

DT advised that the pressure may not be reducing. Demand is quieter with an awareness that staff work really hard and not to underestimate how hard they have to work to keep a calm environment. DT is aware of cancelled breaks and section 17 leave which is being seen as an indicator. Given the direction of travel, the fundamental expectation as a provider to break even means there are no financial options therefore the main focus is to reduce temporary staffing whilst maintaining safety, however there will not be the experience on wards.

DT added that there is a “break glass” in place for managers on call to ask for approval for agency healthcare support workers in order to maintain safety. DT further added that there are better systems and process in place to keep an eye on culture.

Both AH and DT explained that there are opportunities and forums for ward managers to speak freely and openly to them about anything they wish.

AH explained that the whole of the exec team are acutely aware of the change in society and the conflict and extreme views which can play out on inpatient wards and the impact it can have on staff. AH advised there are specially trained staff in restorative supervision who can work with and support clinical teams.

PS asked where staff wellbeing and safety sits within the quality agenda and should it be something the Quality Group should be concerned about?

10. Members’ Council Quality Group Work Programme 2026/27 (agenda item 10)

PS advised that the group needs to consider deep dive topics and to let PS know if there is anything they would like to raise for discussion.

PS advised for the deep dive topic for April could be another visit to Cheswold Park Hospital to see the changes, improvements and developments which have been put in place since the last visit last year, and how these are impacting patients and staff.

11. Any other business (agenda item 11)

No additional topics were raised under Any Other Business.

12. Items to raise at Members’ Council meetings (agenda item 12)

- Staff wellbeing, people experience and people metrics.

13. Date of the next Co-ordination Group (agenda item 13)

Wednesday 15 April 2026, 13.00pm at Cheswold Park Hospital.

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South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 8.1

Private/Public paper:	**Public**
Title:	**Appointment to Members' Council Groups**
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 (three vacancies)</u> Publicly elected governor – Barnsley Publicly elected – Calderdale Publicly elected – Rest of Yorkshire and the Humber Staff Governor Appointed Govenor <u>Members' Council Quality Group</u> Publicly elected – Calderdale Publicly elected – Rest of Yorkshire and the Humber Appointed governor <u>Nominations Committee</u> Publicly elected governor Staff governor
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):	N/A
Contribution to the objectives of the	Through the utilisation of a thorough and transparent appointment processes, the Trust ensures its effectiveness, efficiency and economy, as well as the

<table>
<tr><td>Integrated Care System/Integrated Care Board/Place based partnerships</td><td>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>

Members' Council Co-ordination Group
Members' Council Co-ordination Group Annual Report 2025/26
To be approved by Members' Council 6 May 2026

Purpose of the Report

This report provides the Members' Council with an update on the work of the Co-ordination Group over the past year.

Overall aim

The Co-ordination Group's primary purpose is to co-ordinate the work and development of the Members' Council.

Duties

The Co-ordination Group will:

a) In conjunction with the Chair of the Trust, develop and agree the agendas for Members' Council meetings.
b) Work with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
c) Act as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.
d) Consider advice and feedback from other Members' Council working groups as appropriate.

Membership

Membership consists of governors (with representation from public, staff and appointed governors) plus the Chair and Deputy Chair of the Trust. The Head of Corporate Governance (Company Secretary) and Deputy Lead Governors also attends meetings of the Co-ordination Group.

The Members' Council policy is that the term of office for any new members of the Group is three years to allow for consistency of membership. If a governor wishes to stand down from the group or is not re-elected/re-appointed as a governor on the Members' Council during the three years, the individual taking their seat does not automatically take the place on the Group.

The membership of the Co-ordination Group from 1 April 2025 to 31 March 2026 was as follows:

- Chair of the Trust – Marie Burnham
- Deputy Chair of the Trust – Nat McMillan (until 31 October 2027)
- Lead Governor (publicly elected, Kirklees) – John Laville (Chair)
- Governor (publicly elected, Barnsley) – John Lycett (until 4 November 2026)
- Governor (publicly elected, Calderdale) – Vacant
- Governor (publicly elected, Kirklees) – Bob Morse
- Governor (publicly elected, Wakefield) – Nesar Rafiq
- Governor (publicly elected, publicly elected Rest of Yorkshire and the Humber, Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire) – Fatima Shahzad
- Governor (staff elected) – Leonie Gleadall
- Governor (appointed) – Geraldine Carter (until February 2026)

All governors continue to be welcome to attend meetings of the Co-ordination Group, even if they are not formal members.

What the Co-ordination Group has done

Agenda setting

The Co-ordination Group has met on a regular basis throughout the year, approximately six weeks prior to each Members' Council meeting and has worked with the Chair of the Trust to develop and agree the agenda for Members' Council meetings. This has allowed sufficient time for agenda planning and given the opportunity for members to suggest items for inclusion. The Co-ordination Group has also reviewed and inputted to the Members' Council work programme and also considered what discussion topics to focus on, including consideration of items suggested by governors.

In agreeing the Members' Council agenda for each meeting, the Co-ordination Group takes the following into account:

- Feedback received from governors on the last Members' Council meeting and from governor forums
- Items from the Members' Council work programme
- Items from the Members' Council Quality Group
- Items from the Nominations' Committee
- Items from the Trust Board and committees
- Items requested by individual governors
- Items deferred from previous Members' Council meetings

Members' Council and governor development

The Co-ordination Group has:

- Monitored and contributed to the development of the governor training programme.
- Reviewed and made recommendations to the Members' Council for membership on Members' Council groups.
- Reviewed governor attendance at Members' Council meetings and identified if and where additional support was required to enable governor attendance.
- Agreed the Members' Council Objectives for 2026 – 2028 and recommended to Members' Council for approval.
- Proactively ensured governor engagement in Trust strategies including the Trust strategy refresh and the new equality, diversity and inclusion strategy (including membership)
- Received summaries and issues emerging from governor forums
- Contributed to the development and update of the governor handbook.
- Contributed to the work plan of governors holding non-executive directors to account
- Contributed to the planning of the Annual Members' Meeting.
- Discussed the consultation process with governors in regard to Members' Council workplan, Members' Council meeting days, face to face meetings and hybrid meetings.
- Received updates regarding the Members' Council election process

Forum for discussion

The Co-ordination Group regularly considers other issues relevant to the Members' Council. The following examples give an indication of the range of discussion. The Co-ordination Group has:

- Worked in conjunction with the Company Secretary to consistently review the Members' Council work programme to ensure statutory business items are included and discussion items are included .
- The workplan prioritises focus items for discussion by taking items as read on a rotational basis. The Co-ordination Group takes decisions on priority areas for forthcoming focus on presentations in the Members' Council meetings.

- Continued to promote opportunities for governors to observe Trust Board Committees, following their approved guide.
- Played a key role in the continuing development and update of the Trust website in relation to the Members' Council including providing videos of their experience as a governor on the Members' Council and updating the webpage information relating to governors elections

How have we done

The Co-ordination Group considers that it has carried out its remit over the past year, as demonstrated by the activity outlined above. The Co-ordination Group is aware that other governors may wish to comment on the work undertaken or to suggest further issues the Co-ordination Group could focus on.

The Co-ordination Group is supported effectively by the Corporate Governance Team, who prepare agendas and papers, take, and distribute minutes, organise governor training sessions, enable the setting up and running of governor forums, maintain effective communications with and between governors, and answer queries. The Co-ordination Group would like to thank the Corporate Governance Team for their professional support throughout the year.

The Co-ordination Group's sincere thanks are also extended to previous members for both for their support and contribution.

To be approved: Members' Council 6 May 2026
Next review due: May 2027

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South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council Co-ordination Group
Terms of Reference
To be approved by Members' Council on 6 May 2026

Purpose
The Members' Council Co-ordination Group's prime purpose is to co-ordinate the work and development of the Members' Council.

Duties
a) In conjunction with the Chair of the Trust, develop and agree the agendas for Members' Council meetings.
b) Work with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
c) Act as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.
d) Consider advice and feedback from other Members' Council working groups as appropriate.

Membership
Membership consists of:
- Eight governors: the Lead Governor, one representative from each public constituency, one staff governor, and one appointed governor.
- The Chair
- Deputy Chair

Governors are appointed to the Co-ordination Group by the Members' Council, on the recommendation of the Members' Council Co-ordination Group. The normal term of office is three years. If an individual resigns or is not re-elected / re-appointed onto the Members' Council during the three-year period, the seat becomes vacant and the individual taking their governor seat does not automatically take the place on the Group.

Governors are invited to self-nominate to vacancies on the group on a quarterly basis.

Membership at 1 May 2026:
John Laville, Lead Governor (publicly elected governor – Kirklees) (Chair of the group)
Vacant (publicly elected governor – Barnsley)
Vacant (publicly elected governor – Calderdale)
Bob Morse (publicly elected governor – Kirklees)
Nesar Rafiq (publicly elected governor – Wakefield)
Vacant (publicly elected governor – Rest of Yorkshire and the Humber. Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire)
Vacant (Staff elected governor)
Vacant (appointed governor) (until February 2026)
Marie Burnham (Chair of the Trust)
Nat McMillan (Deputy Chair / Senior Independent Director of the Trust)

In attendance:
Andy Lister, Head of Corporate Governance (Company Secretary)
Deputy Lead Governor

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Attendance

All governors are welcome to attend meetings of the Co-ordination Group, even if they are not formal members. The Head of Corporate Governance (Company Secretary) and Deputy Lead Governor are in attendance at meetings. The Chief Executive, Directors, and relevant officers will be invited to attend as appropriate.

Administrative support is provided by the Corporate Governance team.

Quorum

Meetings are chaired by the Lead Governor. In the unusual event that the Lead Governor is absent from the meeting, the Deputy Lead Governor will chair the meeting.

The quorum will be a minimum of three Members' Council representatives (including the Lead Governor or Deputy Lead Governor as Chair of the Group) plus a member of Trust Board. Members are expected to attend all meetings.

Frequency of meetings

The Group will meet four times per year approximately six weeks prior to formal Members' Council meetings. Additional meetings will be arranged as needed.

Reporting to the Members' Council

The Group minutes will be received by the Members' Council once approved, and the Group will report to the Members' Council on any issues it feels should be escalated to the full Members' Council. The Group will provide an annual report on its activities each year.

To be approved by Members' Council: 6 May 2026
Next review due: May 2027

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Members' Council Quality Group
Members' Council Quality Group Annual Report 2025/26
To be approved by Members' Council on 6 May 2026

Purpose of the Report

This report provides the Members' Council with an update on the work of the Quality Group over the past year.

Overall aim

The Members' Council Quality Group's primary purpose is to support the Trust in its approach to quality through the Trust's quality priorities.

Duties

The Quality Group will:

a) Review the content of the Trust's performance report to gain a more in depth understanding of the quality and safety of services and provide high level scrutiny on behalf of the Members' Council.
b) Support the Trust in developing its annual Quality Accounts.
c) Raise any concerns with the Trust, through the Deputy Director Corporate Governance, who is responsible for the production of the performance report.
d) Invite Executive Directors and or Senior Officers of the Trust to provide greater understanding of quality items identified by the group.
e) To support the Members' Council with an understanding of system working and how it impacts on quality of care.
f) Support governors to visit services as appropriate.

The Members' Council Quality Group will help to implement the following Members' Council Objectives:

- Endeavour to ensure continuous improvement throughout the Trust by providing feedback and constructive challenge from the communities that they serve.
- Increase Governor opportunities to see the Trust at work through planned visits to services, Quality Improvement and Care Groups (CG) visits in order to gain a wider perspective, understanding and knowledge of the Trust's services and that they are appraised of actions and follow up.
- Have access to patient experience intelligence and insight and to understand corrective action and follow up.
- The Groups objectives will be reviewed annually to reflect any changes to Members' Council Objectives.

Membership

Membership consists of:

- Eight governors: one representative from each public constituency, Deputy Lead Governor, one staff governor, and one appointed governor.
- The Assistant Director of Corporate Governance
- Head of Performance and Business Intelligence
- Chief Nurse and Director of Quality and Professions

The Members' Council Quality Group is chaired by a publicly elected governor.

The Members' Council policy is that the term of office for any new members of the Group is three years to allow for consistency of membership. If a governor wishes to stand down from the group or is not re-elected/re-appointed as a governor on the Members' Council during the three years, the individual taking their seat does not automatically take the place on the Group.

The Quality Group membership from 1 April 2025 to 31 March 2026 was as follows:

- Phil Shire Governor (publicly elected, Calderdale) – Co-chair of the group
- Darryl Thompson - Chief Nurse and Director of Quality and Professions (Lead Director and co-chair)
- Daz Dooler - Deputy Lead Governor (publicly elected, Kirklees)
- Daniel Goff - Governor (publicly elected, Barnsley)
- Bob Morse - Governor (publicly elected, Kirklees)
- Nesar Rafiq - Governor (publicly elected, Wakefield)
- Fatima Shahzad - Governor (publicly elected, Rest of Yorkshire & the Humber)
- Elaine Lane - Governor (staff elected)
- Vacant - Governor (appointed)
- Izzy Worswick - Assistant Director of Corporate Governance
- Mel Wood - Head of Performance and Business Intelligence

In attendance:

- Associate Director for Nursing, Quality and Professions – Sarah Whiterod
- Lead governor and public governor for Kirklees – John Laville

All governors continue to be welcome to attend meetings of the Group, even if they are not formal members.

What the Quality Group has done

The Quality Group has met on a regular basis throughout the year to consider quality issues and other issues relevant to the Members' Council. The following examples give an indication of the range of discussion. The Quality Group has:

- Reviewed the content of the Trust's quality performance report (Integrated Performance Report) at all meetings of the Quality Group and provided high level scrutiny on behalf of the Members' Council.
- Supported the Trust in developing its annual Quality Accounts.
- Raised and discussed any areas of quality concerns with the Chief Nurse and Director of Quality and Professions, including review of the annual Patient Experience Report, the Incident Management Annual Report, the Falls Annual Report, Patient Safety Annual Report, the biannual safer staffing report and the Care Quality Commission (CQC) action plans. It has also followed up specific quality issues raised by governors.
- Continued to discuss updates for the quality assurance system (formerly quality monitoring visits), including visits from April 2025 to March 2026. The Quality Group have emphasised the importance of reviewing feedback from the quality assurance system and the messages the process conveys about quality as a whole.
- The Quality Group has also received presentations as follows:
    - Met with the ADHD/ASD Team at the Manygates Clinic in Wakefield
    - Met with the Calderdale Community Mental Health Team at the Laura Mitchel Centre in Calderdale.
    - Had a tour and met staff on Ward 19 of the Priestley Unit in Dewsbury.
    - Updates on the Quality Strategy
    - Updates on the Quality Assurance System

How have we done

The Quality Group considers that it has carried out its remit over the past year effectively, as demonstrated by the activity outlined above. Meetings have been held in person at a location in the Trust's footprint with a hybrid option. However, it has proved difficult to achieve sufficient attendance from governor colleagues, particularly in relation to offering the opportunity to visit services as part of the meetings. The Quality Group is aware that other governors may wish to comment on the work undertaken and suggest further issues the Quality Group could focus on.

The Quality Group's thanks are extended to previous members for both for their support and contribution.

To be approved: Members' Council 6 May 2026

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South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council Quality Group
Terms of Reference
To be approved by Members' Council on 6 May 2026

Purpose

The Members' Council Quality Group's prime purpose is to support the Trust in its approach to quality through the Trust's quality priorities.

Duties

The Quality Group will:

a) Review the content of the Trust's performance report to gain a more in depth understanding of the quality and safety of services and provide high level scrutiny on behalf of the Members' Council.
b) Support the Trust in developing its annual Quality Accounts.
c) Raise any concerns with the Trust, through the Deputy Director Corporate Governance, who is responsible for the production of the performance report.
d) Invite Executive Directors and or Senior Officers of the Trust to provide greater understanding of quality items identified by the group.
e) To support the Members' Council with an understanding of system working and how it impacts on quality of care.
f) Support governors to visit services as appropriate.

The Members' Council Quality Group will help to implement the following Members' Council Objectives:

- Endeavour to ensure continuous improvement throughout the Trust by providing feedback and constructive challenge from the communities that they serve.
- Increase Governor opportunities to see the Trust at work through planned visits to services, Quality Improvement and Care Groups (CG) visits in order to gain a wider perspective, understanding and knowledge of the Trust's services and that they are appraised of actions and follow up.
- Have access to patient experience intelligence and insight and to understand corrective action and follow up.
- The Groups objectives will be reviewed annually to reflect any changes to Members' Council Objectives.

Membership

Membership consists of:

- Eight governors: Deputy Lead Governor, one representative from each public constituency, one staff governor, and one appointed governor.
- The Deputy Director of Corporate Governance
- Chief Nurse and Director of Quality and Professions

The Members' Council Quality Group is chaired by a publicly elected governor.

Governors are appointed to the Quality Group by the Members' Council, on the recommendation of the Members' Council Co-ordination Group. The normal term of office is three years. If an individual resigns or is not re-elected / re-appointed onto the Members' Council during the three-year period, the seat becomes vacant and the individual taking their governor seat does not automatically take the place on the Group.

Governors are invited to self-nominate to vacancies on the group on a quarterly basis.

Membership as at 1 May 2026:

Caroline Johnson, Chief Nurse and Director of Quality and Professions (Lead Director)
Bob Morse, Governor (publicly elected Kirklees) (Chair of the group)
Daz Dooler, (Deputy Lead Governor)
Daniel Goff, Governor (publicly elected, Barnsley)
Vacant (publicly elected, Calderdale)
Nesar Rafiq, Governor (publicly elected, Wakefield)
Vacant, Governor (publicly elected Rest of Yorkshire and the Humber, Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire)
Elaine Lane, Governor (staff elected)
Vacant, Governor (appointed)
Mel Wood, Head of Performance and Business Intelligence

In attendance:

John Laville, Lead Governor (publicly elected Kirklees)
Sarah Whiterod- Associate Director for Nursing, Quality and Professions
Executive Directors, Non-Executive Directors and or Senior Officers to be in attendance as required by workplan.

Attendance

All governors are welcome to attend meetings of the Quality Group, even if they are not formal members. Executive Directors, Non-Executive Directors and or Senior Officers are to be in attendance as required by workplan to ensure the Members' Council responsibilities in relation to the Quality Accounts are met. Administrative support is provided by the Corporate Governance team.

Quorum

Meetings are chaired by a governor. In the unusual event that the chair is absent from the meeting, another governor will be asked to chair the meeting.

The quorum will be a minimum of three Members' Council representatives, plus the Deputy Director of Corporate Governance (performance) and Chief Nurse and Director of Quality and Professions. Members are expected to attend all meetings. In the unusual event that the Deputy Director Corporate Governance (performance) and/or Chief Nurse and Director of Quality and Professions are absent from the meeting, a deputy will be in attendance.

Frequency of meetings

The Group will meet four times per year prior to formal Members' Council meetings. Additional meetings will be arranged as needed to ensure the timescales for approval of the Quality Accounts are met.

Reporting to the Members' Council

The Group minutes will be received by the Members' Council once approved, and the Group will report to the Members' Council on any issues it feels should be escalated to the full Members' Council. The Group will provide an annual report on its activities each year.

To be approved by Members' Council: 6 May 2026
Next review due: May 2027

Nominations Committee
Nominations Committee Annual Report 2025/26
To be approved by Members' Council on 6 May 2026

Purpose of report
The purpose of the report is to provide a summary of the Committee's activities during the financial year 2025/26 to provide assurance and evidence to the Members' Council of its effectiveness and impact through compliance with its Terms of Reference.

Background
The Nominations Committee was established in May 2009 to allow Members' Council to exercise its statutory duties. These include the appointment of:

- The Chair of the Board
- Non-Executive Directors of the Board
- Associate Non-Executive Directors of the Board
- Deputy Chair of the Board
- Senior Independent Director
- Lead Governor of the Members' Council
- Deputy Lead Governor of the Members' Council

The Nominations Committee has no executive powers. The authority of the Nominations Committee is limited to those powers specifically delegated to it in the Committee's terms of reference and, as appropriate, by the Members' Council.

Overall aim
The Nominations Committee's purpose is to ensure the right composition and balance of the Board and to oversee the process for the identification, nomination and appointment of the following roles stated above.

Duties
The Nominations Committee will:

a) Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.
b) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, which fit the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.
c) Give full consideration to succession planning in respect of the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, taking account the challenges and opportunities facing the Trust and the skills and expertise required by the Board.
d) Make recommendations to the Members' Council on the appointment of the Chair, Non-Executive Directors and Associate Non-Executive Directors ensuring all information, such as job descriptions, person specifications and process, are available to Members' Council to make an informed decision.
e) Make recommendations to the Members' Council regarding any uplift to the Chair's remuneration, in line with NHSE England framework and the pay spine point. Progression through the spine points is dependent on the outcome of the Chair appraisal process through the Members' Council.

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f) Make recommendations to the Members' Council regarding any uplift to Non-Executive Directors' remuneration based on the NHS England framework. Associate Non-Executive Directors remuneration will based on national benchmarking information.
g) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee.
h) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor, Deputy Lead Governor and Quality Group Chair for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.
i) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair of Members' Council Quality Group, which fits any criteria set out by the Committee and meets the requirements of a recruitment process.

Changes to Committee terms of reference

From the 1 April 2025 until the 31 March 2026, changes to the Terms of Reference included membership detail and the addition of the nomination of the Quality Group Chair. The terms of reference include reference to alignment to the NHS England framework for the Chair's and Non-Executive directors' remuneration.

Reporting to Members Council

Under its Terms of Reference, the Committee is required to produce a brief annual report on its activities, which is presented formally to the Members' Council. The Committee's minutes are presented to the Members' Council once ratified.

Membership

Membership consists of governors (with representation from public, staff and appointed governors) and the Chair of the Trust.

Regular attendees are the Head of Corporate Governance (Company Secretary), the Chief Executive and the Chief People Officer.

The Members' Council policy is that the term of office for any new members of the Committee is three years to allow for consistency of membership. If a governor wishes to stand down from the Committee or is not re-elected/re-appointed as a governor on the Members' Council during the three years, the individual taking their seat does not automatically take their place on the Committee.

The Nominations Committee membership from 1 April 2025 to 31 March 2026:

Name / role	**Attendance 2025/26**
Chair of the Trust – **Marie Burnham**	4/4
Lead Governor (publicly elected, Kirklees) – **John Laville**	7/7
Deputy Lead Governor (publicly elected, Kirklees) – **Daz Dooler**	0/7
Governor (Appointed - Calderdale and Huddersfield NHS Foundation Trust) **Andrea McCourt**	6/7
Governor (publicly elected, Calderdale) – **Phil Shire**	6/7
Governor (Staff – nursing) **Jacob Agoro**	1/7

Review of Committee activities

The activities during 2025/26 have been cross-referenced to the purpose of the Committee as outlined in the Terms of Reference below:

Activities	Progress
Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.	The Committee reviewed the structure, size and composition of the Trust Board as part of the following items: The recruitment of two Non-Executive Directors in April 2025 and an Associate Non-Executive Director from the University of Leeds in July 2025. Review of Chair and NED remuneration in January 2026. Reviewed the skills and expertise required on the Board, including Chair and Non-Executive Director terms of office in January and 2026.
Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, which fits the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.	The Committee oversaw the recruitment process for two new Non-Executive Directors. The shortlist meeting was held on 11 April 2025 and the recommendation for appointment was made to the Members' Council and approved in May 2025. The Nominations Committee agreed the job description and person specification for a new Non-Executive Director and Chair, and agreed the appointment of an external recruitment agent to assist the Trust in the recruitment of future candidates. The Nominations Committee agreed recruitment timelines for both positions including shortlisting, stakeholder panels and interviews.
Give full consideration to succession planning in respect of the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, taking account of the challenges and opportunities facing the Trust and the skills and expertise required by the Board.	Succession planning was fully considered by the Committee through the following items: The recruitment of two Non-Executive Directors in April 2025 and an Associate Non-Executive Director from the University of Leeds in July 2025. Reviewed the skills and expertise required on the Board, including Chair and Non-Executive Director terms of office in January and 2026.
Make recommendations to the Members' Council on the appointment of the Chair, Non-Executive Directors and Associate Non-	The Committee made the following recommendations to the Members' Council which were duly approved:

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Activities	Progress
Executive Directors ensuring all information, such as job descriptions, person specifications and process, are available to Council Members to make an informed decision.	The appointment of two Non-Executive Directors approved in May 2025. The appointment of an Associate Non-Executive Director from the University of Leeds approved in August 2025. Reviewed the skills and expertise required on the Board, including Chair and Non-Executive Director terms of office in January and 2026.
Make recommendations to the Members' Council regarding any uplift to the Chair's remuneration based on benchmarking information as applicable and the pay spine point, and dependant on the outcome of Chair appraisal process through the Members' Council.	The Chairs remuneration is aligned to the NHSE framework (2019). The Trust Chair is now at the top level of the framework for remuneration. As the Trust has agreed alignment to the NHSE framework any change to the Chair's remuneration will be subject to guidance from NHSE.
Make recommendations to the Members' Council regarding any uplift to Non-Executive Directors' and Associate Non-Executive Directors remuneration based on benchmarking information as applicable.	Non-Executive remuneration is broadly aligned to the NHSE framework (2019). As the Trust has agreed alignment to the NHSE framework any change to the NED remuneration will be subject to guidance from NHSE.
Ensure there is a formal, rigorous and transparent procedure for the appointment of the Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee as a result of its regular review (as above).	There has been no change to the Deputy Chair or Senior Independent Director in the period.
Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.	The lead governor remains in post at the time of the writing of this report. A new deputy lead governor was appointed in April 2025 and approved at Members' Council in May 2025.

Review of Committee administrative arrangements
The Committee met **six** times in 2025/26 and has been quorate at each meeting. The requirement to send papers out five working days has been met throughout the year in the main. There have been some instances where individual papers have been submitted outside of this timeframe due to the timescales relating to recruitment processes.

To be approved by Members' Council: 6 May 2026
Review: May 2027

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South West Yorkshire Partnership Teaching NHS Foundation Trust

Nominations Committee
Terms of Reference

To be approved by Members' Council 6 May 2026

Purpose

Under the terms of the Trust's Constitution as a Foundation Trust, the Members' Council may not delegate any of its powers to a committee or sub-committee; however, it may appoint committees consisting of its members, Directors, and other persons to assist it in carrying out its functions.

The Nominations Committee is, therefore, a standing Committee of the Members' Council set up to assist with exercising their statutory duties to appoint the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, to appoint the Deputy Chair, Senior Independent Director of the Board and to appoint the Lead Governor and Deputy Lead Governor of the Members' Council.

The Nominations Committee was established in May 2009. It has no executive powers. The authority of the Nominations Committee is limited to those powers specifically delegated to it in these terms of reference and, as appropriate, by the Members' Council. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

Duties

a) Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.
b) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, which fits the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.
c) Give full consideration to succession planning in respect of the Chair, Non-Executive Directors and Associate Non-Executive Directors of the Board, taking account of the challenges and opportunities facing the Trust and the skills and expertise required by the Board.
d) Make recommendations to the Members' Council on the appointment of the Chair, Non-Executive Directors and Associate Non-Executive Directors ensuring all information, such as job descriptions, person specifications and process, are available to Council members to make an informed decision.
e) Make recommendations to the Members' Council regarding any uplift to the Chair's remuneration, based on the NHS England framework (2019), and dependant on the outcome of the Chair appraisal process through the Members' Council.
f) Make recommendations to the Members' Council regarding any uplift to Non-Executive Directors' and Associate Non-Executive Directors remuneration, based on the NHS England framework (2019).
g) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee as a result of its regular review.

h) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor and Deputy Lead Governor for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.
i) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair of Members' Council Quality Group, which fits any criteria set out by the Committee and meets the requirements of a recruitment process.

Membership
Membership consists of:

- Five governors: the Lead Governor, Deputy Lead Governor, one publicly elected governor, one staff governor, and one appointed governor.
- The Chair

Governors are appointed to the Nominations Committee by the Members' Council, on the recommendation of the Members' Council Co-ordination Group. The normal term of office is three years. If an individual resigns or is not re-elected / re-appointed onto the Members' Council during the three-year period, the seat becomes vacant and the individual taking their governor seat does not automatically take the place on the Committee.

Governors are invited to self-nominate to vacancies on the Committee on a quarterly basis.

Membership as at 1 May 2026:
Marie Burnham, Chair of the Trust (Chair of the Committee)
John Laville, Lead Governor (publicly elected governor – Kirklees)
Daz Dooler, (Deputy Lead Governor)
Vacancy (publicly elected governor)
Vacancy, (staff governor)
Andrea McCourt, Governor (appointed - Calderdale and Huddersfield NHS Foundation Trust)

In attendance:
Andrew Lister, Head of Corporate Governance (Company Secretary)
Mark Brooks, Chief Executive
Christine Brereton, Interim Chief People Officer

Attendance
The Head of Corporate Governance (Company Secretary) is in attendance at meetings. The Chief Executive and the Chief People Officer (or Deputy) may also be asked to attend meetings to offer specialist or expert advice to the Committee. Administrative support is provided by the Corporate Governance team.

Quorum
The Nominations Committee is chaired by the Chair of the Trust.
The quorum will be three members of the Committee. Members are expected to attend all meetings.
In the absence of the Chair of the Trust or when the Committee is considering matters relating to the appointment of the Chair, the Committee will be chaired by the Lead Governor.
If the Lead Governor is unavailable, the Committee can either ask the Deputy Lead Governor or Deputy Chair / Senior Independent Director to chair the meeting if there is no

conflict of interest or agree one of its members to act as Chair for that meeting, again if there is no conflict of interest.

Frequency of meetings
The Committee will meet as necessary to ensure a timely and efficient process is in place to appoint a Chair, Non-Executive Director, Associate Non-executive Director, Deputy Chair / Senior Independent Director, and Lead Governor or Deputy Lead Governor for the Members' Council and will always meet following the resignation of an individual from one of these posts from the Board or Members' Council. In the absence of any other meetings, the Committee should meet a minimum of once per year to ensure a regular review of the structure, size and composition of the Board is undertaken, at a time which fits with the business cycle of the Trust Board.

Authority
The Committee is able to seek any information it requires from any employee in relation to the duties of the Committee and all employees should co-operate with any request made by the Committee. The Committee is also able to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary to fulfil its duties.

Reporting requirements into the Committee
The Nominations Committee receives reports on and discusses the skill mix and expertise of the Board, Board recruitment planning and processes, and remuneration for the Chair, Non-Executive Directors, Associate on-Executive Directors and recruitment.

Reporting to the Members' Council
The Members' Council will receive the minutes of the Committee. The Committee will also report to the Members' Council annually on its work.

Approved by Members' Council: 6 May 2026
Next review due: May 2027

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 9.1a

Private/Public paper:	**Public**
Title:	**Quality Assurance System Annual Report 2024/25**
Lead Director:	**Caroline Johnson, Chief Nurse and Director of Quality and Professions**
Purpose:	The purpose of the paper is to present to development, monitoring and achievements of the quality assurance system during 2024/25.
Executive summary:	The Quality Assurance System (QAS) has been designed to provide the Trust with a robust system for monitoring and assuring the quality of services and to support early identification of increasing or persistent risks, allowing actions to be put into place to prevent further deterioration. The QAS consists of three distinct levels: • Routine monitoring- Default for all services • Enhanced monitoring- Where there are persistent or increasing concerns • Intensive monitoring- In exceptional circumstances or, where there are significant concerns, failure to improve or where a service is rated inadequate by the Care Quality Commission (CQC) In 2024/25 there were: • seven services placed on intensive monitoring. • three services placed on enhanced monitoring. • 193 services placed on routine monitoring • there were 38 quality walkarounds completed, with a variety of people being part of the visit teams. The QAS implementation group, with representation from across the Trust, is in place and this is supporting continued review and development of the QAS. A number of developments have been made during 2024/25 including: • developing the QAS toolkit • testing the intensive monitoring level at Cheswold Park hospital • officially launching the QAS • setting up the implementation group Throughout 2025/26 the QAS will continue to develop, in a collaborative and co-produced way, to ensure it works to support assurance and oversight of quality of care.

<table>
<tr><td>Recommendation:</td><td>Members Council is asked to:
• RECEIVE and REVIEW the Quality Assurance System annual report 2024/25</td></tr>
<tr><td>Mission/values:</td><td>The report demonstrates 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>
✓
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✓</td></tr><tr><td>Be ambitious</td><td>✓</td></tr></table></td></tr>
<tr><td>BAF Risk(s):</td><td>The Quality Assurance System annual report 2024/25, supports a number of BAF risks, including:
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.
2.2 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.</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td><td>Each provider Trust within the ICS 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.

Understanding the quality of care we provide and utilising intelligence to support improvements is integral to enabling our services to grow and develop. The quality assurance system supports collaborative working across our partnerships and our contribution to system wide discussions and developments in a meaningful way.</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Quality Assurance System reports are shared with quality and safety committee on a bi-annual basis. These are then shared with Members Council Quality Group.</td></tr>
</table>

	This annual report was presented to Quality and Safety Committee in September 2025 and covers Quality Assurance System activity in 2024/25.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Quality Assurance System Annual Report 2024/25

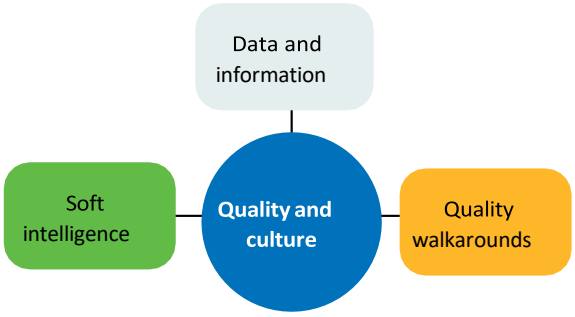
Contents

Executive Summary

Our quality assurance system (QAS)

Our quality assurance system (QAS) is a framework that uses data, information and feedback to provide an oversight of quality and culture across Trust services.

It has been designed to provide the Trust with a robust system for monitoring and assuring the quality of services, and to identify risks early so that actions can be put into place.



The quality assurance system has three levels:

Routine monitoring	Default for all services
Enhanced monitoring	Where there are persistent or increasing concerns
Intensive monitoring	In exceptional circumstances where there are significant concerns, failure to improve or where a service is rated inadequate

In 24/25 we completed 38 quality walkarounds

In 24/25 53 people volunteered to be part of the walkaround team.

Volunteer's Trust role	Total number
Executive director	6
Non-executive director	7
Governor	6
Other Trust staff	34

In 24/25 there were:

193 services placed on routine monitoring

3 services placed on enhanced monitoring

7 services placed on intensive monitoring

Key developments to date

- Draft toolkit finalised to support teams and staff to understand the process of the quality assurance system.
- Walkaround principles developed in line with the trauma informed approach to support staff when speaking to services user, carers and staff.
- Bi-monthly reports provided to the quality and safety committee.
- Quality walkaround drop-in sessions held for staff to attend.
- Staff survey completed to gain feedback from teams who have experienced a quality walkaround and from those who have been part of a walkaround team.
- Quality risk profile piloted to support the Trust in understanding areas of high risk and priority.
- Implementation plan developed.
- Quality assurance system launched at an event in April 2025.
- Development of a sustainable and achievable quality walkaround plan in progress.

Next steps

- Identify ways of sharing good practice across the Trust.
- Identify Trust themes and support the improvement of these across the Trust using the Trust six step approach.
- Develop a quality dashboard to provide an overview of quality for all Trust services.
- Develop a research proposal on the QAS. This research study will support us in measuring the impact of the system and add knowledge and understanding.
- Develop a sustainable and achievable quality walkaround plan that will ensure all Trust services receive one quality walkaround per year.
- Review and develop the draft toolkit with the aim of producing a finalised toolkit by April 2026.

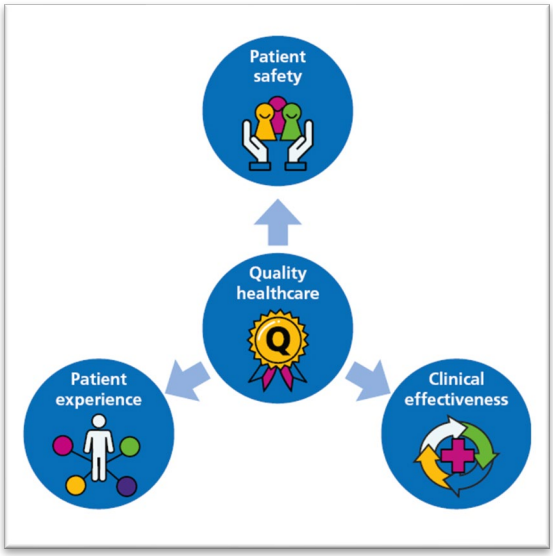
1. Introduction

1.1. What is quality governance?

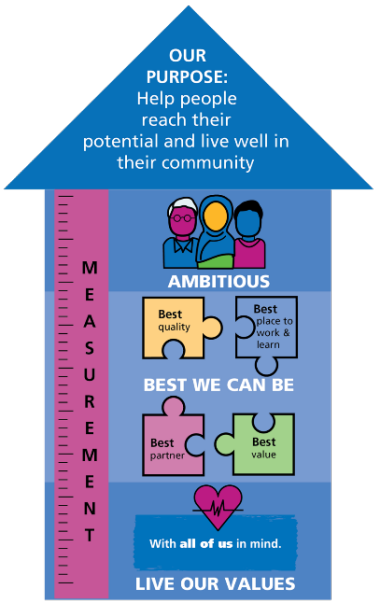
Governance in healthcare is referred to as clinical governance, “a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”- NHS England.

There are three key indicators of quality in healthcare provision.

1. Patient safety - are service users kept safe and protected from avoidable harm?
2. Clinical effectiveness - are services achieving their desired outcomes and of benefit to service users?
3. Patient experience - what receiving care feels like for the service user, their families and carers.



Across the Trust, we live our values and are working towards achieving our priorities which are visualised in the image below.



The Quality Assurance System is a key element of all the work we do across the Trust and is a crucial part in achieving our ambition of being the best we can be.

2. Quality Assurance System

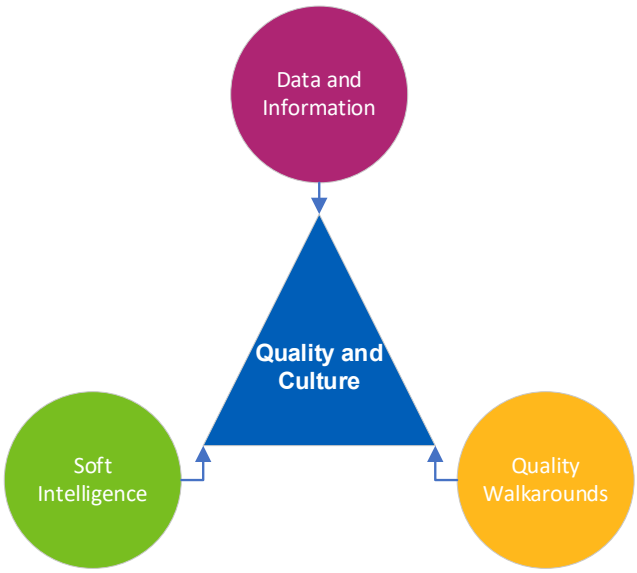
2.1 Introduction

The Quality Assurance System (QAS) is a framework that triangulates data, information and feedback to provide an oversight of quality and culture across Trust services.

Data and information- Quality dashboard is in development, which will utilise available data in real time, to provide a view of quality of care across all of our services.

Quality walkarounds- This is a proven quality intervention that focusses on open and transparent communication. It enables service users, staff and others to work together to identify areas of excellent practice, where improvements are needed and overcome any barriers to this.

Soft intelligence- Including culture/staff feedback surveys and '15 step challenge', which is an observation tool that looks at healthcare through the eyes of service users.



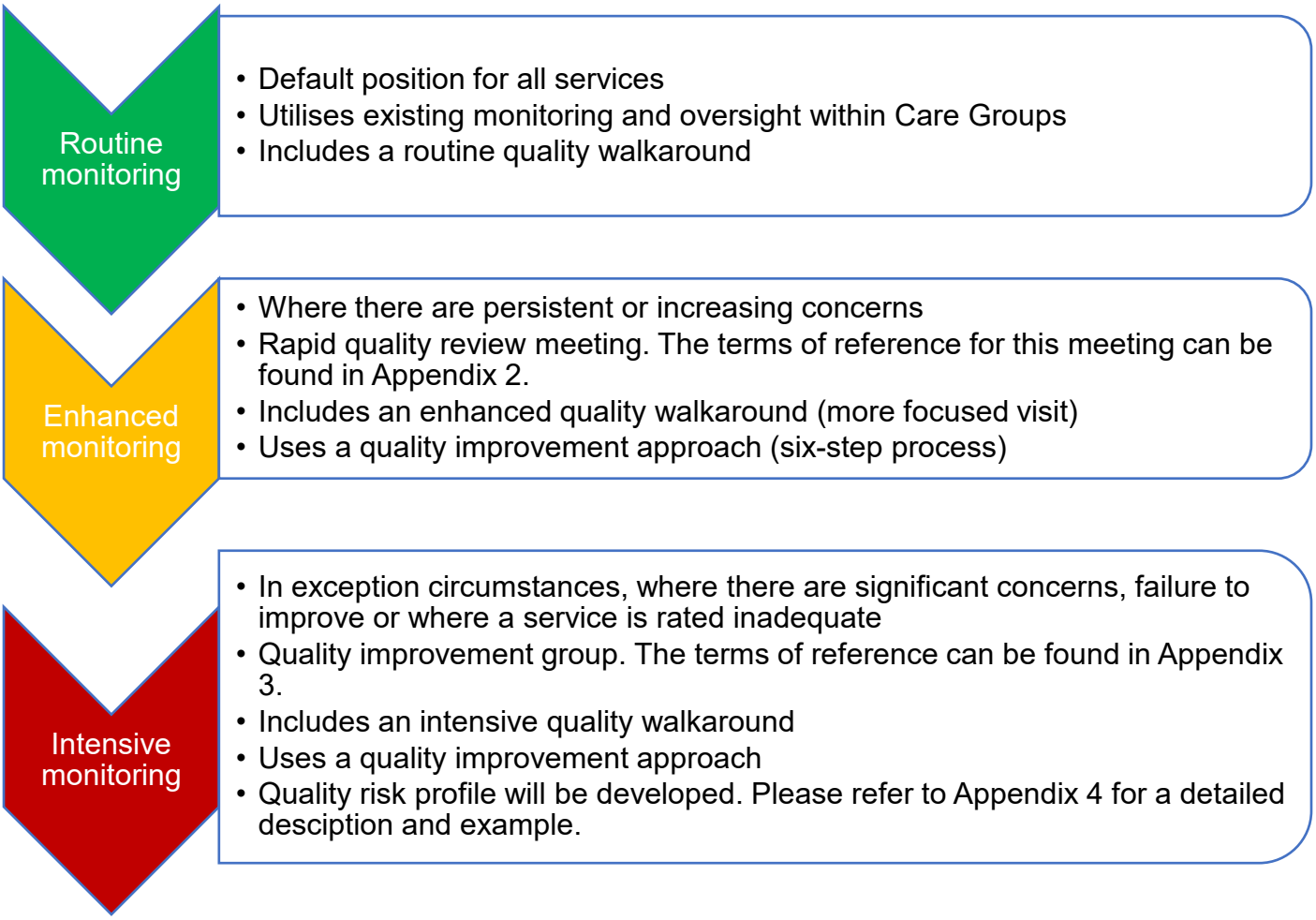
The Quality Assurance System (QAS) has been designed to provide the Trust with a robust system for monitoring and assuring the quality of services and to support early identification of increasing or persistent risks, allowing actions to be put into place to prevent further deterioration.

Through the routine monitoring of the quality of care, the aim is that any increasing risk to quality will be identified early. A service, where quality concerns have been identified, can be stepped up to enhanced monitoring and supported to take steps to improve. A further level, intensive monitoring, is available should adequate assurance not be received at the enhanced monitoring level.

This system aims to ensure that any challenges or concerns are known and responded to internally prior to identification from any regulator or commissioner inspections and so will support the Trust on its journey to being an outstanding provider of healthcare.

2.2 Quality Assurance System levels

The QAS consists of three distinct levels:



Please refer to Appendix 1 for further information on the level descriptions.

2.3 Principles of the Quality Assurance System

The quality assurance system:

- has been designed to provide a robust and consistent system of oversight of the quality of Trust services. It enables any risks in the quality of care to be identified early and acted upon to help prevent further deterioration and promote improvement
- is led by the Nursing, Quality and Professions directorate, but a key principle of the system is a collaborative working approach with clinical and operational teams, senior leaders and other identified stakeholders
- will allow for assurance to be provided to Trust Board and external stakeholders, such as the Care Quality Commission (CQC) and commissioners in an open and transparent way
- will utilise available data and information in real time, which provides a view of quality of care. This will be both quantitative (numerical) and qualitative (textual). Please see Appendix 1 for further information on the draft quality concerns trigger tool

- will provide a clear rationale for when services will move from routine monitoring to enhanced and, in exceptional circumstances, onto intensive monitoring
- will ensure that it is clear what actions are included at each of the three levels to support that team to return to routine monitoring through the toolkit
- provide executive management team (EMT) governance and oversight of the QAS and the services which are on enhanced and intensive monitoring. Regular reports will be presented to the Quality and Safety Committee, with escalations to Trust Board as required.

3. Service monitoring

A Trust service list was developed to support the Quality Assurance System. There were 203 services identified from across the care groups. Please note this list is in working progress and some smaller sub teams have been amalgamated into the larger teams that they are connected to.

In 2024/25 there were:

- seven services placed on intensive monitoring (wards at Cheswold Park hospital)
- three services placed on enhanced monitoring
- 193 services placed on routine monitoring.

3.1 Overview of intensive monitoring 2024/25

Due to the hospital receiving an ‘inadequate’ rating by the CQC prior to the Trust stepping in to provide services in October 2024, Cheswold Park hospital (CPH) was immediately stepped up to intensive monitoring. The QAS intensive level was piloted with CPH.

In line with the quality assurance system trigger tool (Appendix 5) a quality improvement group (QIG) was instigated, please refer to Appendix 3 for terms of reference. The QIG’s main role is to provide oversight of and receive assurance of improvement work. This group is an integral part of stage 3: intensive monitoring. It is chaired by a Non-Executive Director and was initially held on a monthly basis. There have been six QIG meetings held to date (end July 2025).

To provide structure and focus for improvement within CPH, programme boards were developed. The key programme risks identified as part of the transition work were water quality, workforce instability, financial risks and IT. Improvement work and actions taken to mitigate these risks have been put in place. Following the improvements that have been made, assurances provided and ongoing monitoring, which is in place, the QIG have now agreed to step down the monthly meetings to quarterly.

Some of the improvements to date are:

- Cheswold Park Hospital is now open to new admissions. They’re has been 12 new admissions since April 25
- NHS England have now stepped down Cheswold Park Hospital from intensive monitoring
- to support staff with the transition frequently asked question sheets have been developed. There has been an increased visible presence of Trust staff around the hospital, and welcome events have taken place
- SystmOne was implemented April 25, with ongoing training being provided for CPH staff

- safety pods have been introduced into CPH along with training for staff, to support reducing restrictive practice interventions
- the Trust's ligature audit process has been implemented
- CPH have started to transition over to the Trust policies and procedures. These have been planned on a priority and need basis

The most recent QIG meeting showcased improvements using quality improvement methodology and attendees to this meeting included the CQC and South Yorkshire Adult Secure Provider Collaborative. Colleagues from the integrated change team supported this work.

Please refer to Appendix 6 for further context and information on improvements made to date.

3.2 Overview of enhanced monitoring

Between April 24 and March 25 there have been three services stepped up to enhanced monitoring due to several increasing concerns.

Moving services to enhanced monitoring is a collaborative decision with senior leaders from the service and is supported by the quality concerns trigger tool (Appendix 5). If services are identified as requiring enhanced monitoring a rapid quality review meeting will be arranged with the team's leadership team. Rapid quality review meetings are multi-stakeholder meetings which are set up to facilitate rapid diagnosis of quality concerns/issues and to agree next steps, including action/improvement plans. Please refer to Appendix 2 for the terms of reference.

The three services on enhanced monitoring in 2024/25 were Willow Ward, Barnsley Intensive Home-Based Treatment team and The Poplars. Below is a brief overview of why the services were placed on enhanced monitoring and some of the improvements made so far.

Willow Ward:

- CONCERN: staff sickness and the support given to return to work in line with Trust policy.
  IMPROVEMENT: Staff sickness tracker now in place and staff understanding of the process has increased.
- CONCERN: The quality of clinical documentation.
  IMPROVEMENT: Training on the new care plans has been completed, and the handover sheet is embedded into practice.
- CONCERN: Lack of understanding policies and older people's physical health needs.
  IMPROVEMENT: Training has been delivered around physical health, wound care and medicines with respect training is up to date.
- CONCERN: Communication and team morale.
  IMPROVEMENT: Safety huddles now in place and are proving to be valuable to staff.
- CONCERN: Medication management and completion of monitoring charts.
  IMPROVEMENT: Medicines with respect training is up to date across the ward. Extra training is planned to support the use of controlled drugs.
- CONCERN: Escalation of care.
  IMPROVEMENT: Staff have been working closely with the medical team. This has proven

effective in ensuring timely escalations.

- CONCERN: Support for students.
  IMPROVEMENT: Staff have undertaken supervisor training and have access to pebble pads to ensure that support can also be given to students.

Barnsley Intensive Home-Based Treatment Team:

- CONCERN: Appraisal and supervision figures.
  IMPROVEMENT: A focus on these has led to significant improvement in this area.
- CONCERN: Confusion as to what is classed as supervision.
  IMPROVEMENT: Sharing of both verbal and written communication has been shared with staff regarding supervision and what is classed as supervision, which has supported improvements in this area.
- CONCERN: Lack of visibility from senior leadership team within the team.
  IMPROVEMENT: The IHBTT has a Team Manager and other members of the senior leadership team who sit with the team on a day-to-day basis. Further exploration on what staff meant by this is being explored.

The Poplars- Due to the possible risk regarding the closure of Poplars as part of the older peoples transformation across the Trust, and the impact this may have on staffing, staffing stability and related areas, the decision was made to move The Poplars onto enhanced monitoring to enable close monitoring of how changes are impacting quality, as the older people's transformation progresses. Feedback and progress to date includes:

- Appraisal rate at 100%.
- There is now an Older Peoples Service (OPS) matron in post. This is a new post that will support teams and focus solely on the OPS wards.
- The ward psychologist is developing culture sessions for staff to promote a better understanding and awareness of culture across the team.
- Poplars use a high number of bank and agency staff; however, this is usual practice and has not increased recently. These are often regular staff who are familiar with the ward environment and the service user group. This is being monitored across the Care Group.
- The ward manager receives regular updates about the transformation, which are shared with staff.

Please refer to Appendix 7 for further context and information on improvements made.

4. Quality Assurance System Framework

The following section describes the key elements which make up the QAS. These are still in development and being reviewed by the Trust wide implementation group, which includes colleagues from across all of our care groups.

4.1 Quality Walkarounds

This is a proven quality intervention that focusses on open and transparent communication. It enables service users, staff and others to work together to identify improvements and overcome any barriers to this.

There are three types of quality walkarounds depending what level of monitoring a team is currently on and any concerns identified:

Routine Walkaround- The location for these are selected based on soft intelligence and/or a request from senior leaders. The reason for the walkaround may not always be due to concerns but they may be requested for teams who are making a positive impact and wish to share their good practice. The walkaround will last approximately 3-4 hours in duration and comprise of 3-4 people.

Enhanced Walkaround- An enhanced walkaround may be arranged when there is evidence that quality and/or culture related risks are either serious, increasing or persistent. Enhanced quality walkaround's will last approximately 6-7 hours, and comprise of 3-4 people, including any relevant specialists reflective of the concern/s identified e.g. infection prevention control nurse, reducing restrictive practice practitioner.

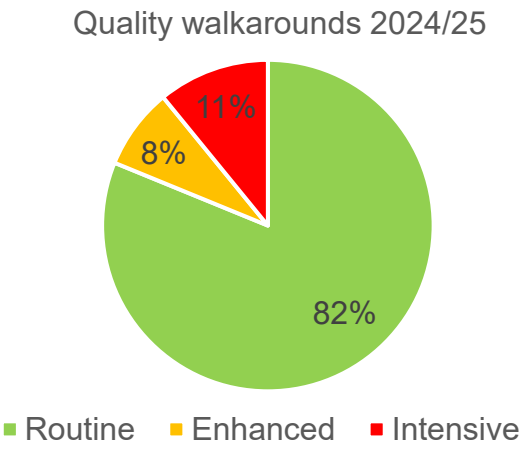
Intensive Walkaround- An intensive walkaround will be arranged when there is evidence of immediate serious concerns, identified through the trigger tool. An intensive quality walkaround will be arranged as soon as possible and will last approximately 6-7 hours. The focus of the walkaround will be a full service/team quality review, including a review of the following quality metrics, including:

- Appraisal figures
- Supervision figures
- Mandatory training figures
- Friends and family (FFT) results
- Staff survey results
- Safeguarding concerns
- Safer staffing
- Complaints/compliments
- Datix/ Patient Safety intelligence
- Freedom to speak up (FTSU)
- Mental health act visit information
- Student placement feedback
- CQC enquiries

Following the walkaround, the identified lead will provide a verbal summary of findings at the end of the visit. This will include positive findings as well as suggested key areas for improvement. A written summary will be provided to the ward/team within 24 hours, and the service will complete an action plan template within 5 working days, stating which actions they will be focussing on, who is the owner of these actions and timescales for completion. The walkaround lead is also required to attend the quality governance team weekly QAS catch up to provide feedback and to escalate concerns. Any concerns requiring immediate action are shared with the QGT lead following the walkaround.

In 2024/25 there were 38 quality walkarounds completed. The table and graph below show the breakdown of the different types of walkarounds.

Routine	31
Enhanced	3
Intensive	4



In 2024/25 there were 53 people who volunteered to be part of the walkaround team. The table below shows a breakdown of the volunteers.

SWYT employees	Total number
Executive Directors	6
Non-Executive Directors	7
Governors	6
Other Trust staff	34

4.2 Walkaround finding themes

From across the 38 walkarounds which were completed during 2024/25, the following themes have been identified.

	Positives	Areas for improvement
Service users	Care and support provided was very person centred with staff going above and beyond to provide good quality, safe care. Staff are welcoming, friendly and approachable. Service users are treated with dignity and respect. Service users feel comfortable raising concerns. Service users feel involved in their care planning.	Gap in activities in some areas. Gym access and staff training to support service users in gym areas.
Communication	Collaborative multi-disciplinary team (MDT) approach. Good handover systems at shift changeover.	Service users not receiving a copy of their care plan or being made aware about what a care plan is.
Staff	Staff feeling valued. Good communication between staff. Staff encouraged to raise concerns.	Staff supervision. Lack of senior leadership visibility. Lone worker devices, staff not working to policy.

An objective moving forward is to support improvements across the Trust using the Trust quality improvement six step approach. Experts from the integrated change team are now routinely invited to meetings regarding enhanced monitoring and supporting improvements.

As well as themes within services there have been some areas of concern identified which are organisational wide issues, rather than within the control of the service specifically. These include:

- Issues with the environment, specifically at The Dales and access to the outside areas. This is an ongoing review, as part of CQC guidance on blanket restrictions and access to fresh air.
- Issues with Wi-Fi access in some of the more remote areas of the Trust. This has been raised in previous years and services have been asked to let the information technology (IT) team know of any particular areas where there are blackspots and limited network coverage when out in the community (streets/postcodes etc) in order to check with mobile network providers. We have also been approached by National Health Service England (NHSE) regional team on behalf of NHSE national connectivity team who are wanting to come out and shadow staff to understand how they work in a typical day when out in the community and connectivity challenges etc. The Trust has been put forward for this, and we are waiting to hear the next steps. This is based on the intentions/aspirations covered within the 10 year Health Plan.
- Folly Hall teams have raised issues regarding lack of and often noisy office space. One floor supports multiple services, and the noise level can make it difficult to concentrate and make confidential calls.
- Lack of senior visibility above team manager level. This has been raised with Care Groups and the quality walkaround programme currently supports senior managers (executives and more recently service directors) to visit services and talk to staff and service users.
- Pathway issues with other external agencies such as social services. This can cause delays in care and discharge. This is being picked up as part of the mental health community transformation workstream.

These concerns are escalated through the bi-monthly Quality and Safety Committee report and with individual Care Groups and support services as required.

4.3 Walkaround feedback survey

In April 2025, a survey was developed to gain feedback on the quality walkaround process with the aim of understanding its effectiveness and to identify areas for improvement. Two surveys were developed, one for those who were part of a walkaround team and the other for those whose services had received a walkaround. The results of the survey are below.

Quality walkaround team survey:

- 91% (10/11) of staff felt supported pre and post walkaround
- 91% (10/11) of staff felt they had enough information to complete a walkaround
- 100% (11/11) of staff felt the quality walkarounds are beneficial.

Team survey for those who have received a walkaround:

- 93% (14/15) of staff felt the notification time frame (approx. 3 weeks) is adequate for teams/services
- 69% (11/16) of staff felt the quality walkaround was what they expected
- 100% (15/15) of staff felt the quality walkarounds are beneficial.

Please refer to Appendix 9 for a full breakdown of the comments made and suggested areas for improvement.

4.4 Quality walkaround improvements made

Since quality walkarounds were introduced in April 2024, there have been three routine walkarounds that have been identified as being exceptionally positive visits, where excellent practice was identified. These were Tissue Viability Service (Barnsley), the Stroke Rehabilitation Unit at Kendray Hospital and South Kirklees Early Intervention Team.

Between April 24 and March 25, nineteen teams identified improvements from the feedback provided and developed local action plans, which are held by teams/services with Care Group Governance oversight.

The table below identifies the actions completed during 24-25.

Team:	Issue identified:	Action taken (response from the team):
South Kirklees Core Team	The team described significant increases in the number of people waiting for psychological input.	We have started to hold MDT meetings every other Friday which consists of two Psychologists, Core Team Manager who is a Social Worker and Associate Practice Governance coach who is a Nurse. The objective of this is to filter through new referrals for psychology to ensure that referrals are appropriate. This is proving to be successful as it has reduced the number of referrals into psychological services which we hope will also reduce the number of people on the waiting list by this time next year.
South Kirklees Core Team	The quality walkaround team heard that some staff were not complying with the lone working policy and did not use their lone working devices. There is also an expectation that staff will call the office at the end of the day to confirm their safety. This was not	An e-mail was sent out to all team members to remind and encourage staff to take responsibility for ensuring they document when they are safe at the end of the working day on the staff safety sheets. Senior managers are also in the process of collating information regarding allocated lone worker devices to explore how we improve the usage of these in the team.

	always happening and there did not appear to be any further actions taken if/when staff did not call in.	
South Kirklees Core Team	A relative commented they sometimes felt forgotten as a carer and would appreciate support to arrange carer cover for a holiday and/or breaks.	A file has been created with all resources, information and services available for carers across Kirklees and has been added to shared K Drive so that the information is easily accessible and in one place for staff to support our carers.
South Kirklees Core Team	Staff described issues around interfacing within the team. The quality walkaround team heard that social care staff use a different IT system (Mosaic) that they use to document social care notes rather than using SystmOne. This means NHS staff are unaware of potentially vital information that would help shape service user care and inform care planning.	Unfortunately, the IT systems are not linked together. However, the Team Manager and Social Worker hold a supervision meeting every 4th Wednesday of the month for Social Care staff. This enables discussions with Local Authority staff in the team about their social care cases and advice is given regarding sharing information from Mosaic to SystmOne. The Local Authority manager has also drafted guidelines for Social Care staff to follow regarding this.
Wakefield Enhanced Team West	Not all staff using lone working devices.	Audit of lone working devices completed in the team. Staff will inform the admin workers of the number of their device and if they do not have one then this will be ordered. Discussion held in MDT 30/04/24 regarding the importance of using the device and rationale given with an example of a serious incident. Advised refresher training for use of the device can be found on the Trust Intranet. Advised staff that lone worker devices provided by the Trust should always be used, and this will be audited through recorded messages on the device.
Barnsley child and adolescent mental health services (CAMHS)	Confusion was expressed by staff surrounding time allocated for initial assessments, both in terms of completion of the face-to-face work	The team manager will be supported by the Principle Clinical Psychologist, Clinical Lead for APIT (the assessment and primary intervention team) and senior clinician in clarifying processes with the team. APIT staff are now clear of allocated time for initial assessment and consequent record keeping

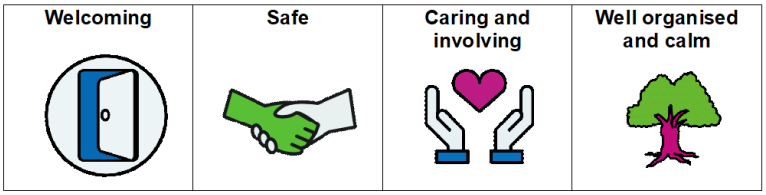
	and the subsequent admin expectations.	expectations. This will be reiterated in team meetings. Team manager has reviewed job plans collaboratively with clinicians and extended the admin time allocated for initial assessment.
Barnsley child and adolescent mental health services (CAMHS)	Both families and staff highlighted access to therapy rooms within the community setting as problematic, meaning that the scheduling of appointments could be impacted.	Data from room sensors and wider audit revealed challenges in use of booked rooms. Sensor audit and data evidenced sufficient rooms being available for clinical need, continued challenge in the fair booking and use of rooms. Barnsley CAMHS will transition to use of the intranet room booming system.
Barnsley child and adolescent mental health services (CAMHS)	Clinician's understanding of the local lone worker arrangements and therefore compliance with expectations, was variable.	Email sent to managers including lone worker flow charts and expectations and managers have cascaded out to the teams. Lone worker portal training for Barnsley CAMHS managers secured. Continued engagement with wider lone worker review, led by the Service Manager. Action completed for Barnsley CAMHS, as wider Trust work is continuing.
Sandal Ward (Forensics)	Damage to the carpet outside room.	Carpet has been repaired and evidence has been shared.
Sandal Ward (Forensics)	Meal portion size / quality.	The ward manager has ensured a diary is kept in the kitchen, this is used to capture data regarding food quality and comments from staff and service users. All service users are aware of the new diary system. The ward manager met with the new catering manager to discuss the concerns/comments left by staff and patients in the diary. The catering manager is developing a new process around food monitoring along with a new menu which the service user will be to request exactly what type of sandwich they require to improve service user satisfaction. On the day of the meeting both the ward manager and catering manager spoke with the service users and gained further feedback and share what is happening behind the scenes in developing the new menu. Service users informed that portion sizes are determined nationally to ensure that it meets the national standards.
Sandal Ward (Forensics)	Gym and IT trained staff	There is a current issue with the provision of gym training which has been escalated. The member of the physio team who conducted the training has now left her post meaning there is no further planned training. This has been escalated to the care group.

		The ward manager continues to monitor training figures, IT remains high.
Thornhill (Forensics)	Ligature risk in laundry room.	A poster has been displayed on the laundry room door indicating that this will be an open access area pending ligature risk work being completed.
Thornhill (Forensics)	Service user access to gym.	There is a current issue with the provision of Gym training which has been escalated. The member of the physio team who conducted the training has now left her post meaning there is no further planned training. This has been escalated to the care group.
Thornhill (Forensics)	Consistent approach regarding pat down searches.	Dip sample audit completed. The records indicate good assurance that pat downs are being completed appropriately. Additional issue identified in how pat downs are conducted. This will be escalated to the security lead / reducing restrictive physical interventions (RRPI) Team for review. This action is ready for sign off.
Barnsley Community Learning Disability Health Team	To recruit 0.8 Band 6 Speech and Language Therapist.	Recruitment was successful and there is now someone in post.
Barnsley Community Learning Disability Health Team	Completion and implementation of behavioural pathway.	The behaviour pathway is now underway with training being delivered to staff by senior clinicians.
Ward 19- (Acute older peoples service)	More activities could be provided to help meet service users' social needs.	Occupational Therapists have increased their timetable and added more activity choices suitable for male service user. This improvement has been acknowledged via our friends and family questionnaires where service users are much more positive about access to male orientated activities

4.5 15- step challenge

The 15-step challenge uses a toolkit to look at healthcare through the eyes of service users and carers and it can be done by anyone who is visiting a service/team/ward or Trust location where patient care is provided.

The 15-step challenge looks at the quality of care under four categories:



The aim of the 15-step challenge is to be able to tell what kind a care a service user is going to get within 15 steps of entering a service.

The purpose of the 15-step challenge is to:

- help staff, service users and others to work together to identify improvements that can be made to enhance the service user experience. It is a collaborative process and should include both staff and service user representatives.
- provide a way of understanding service users' first impressions more clearly and how this impacts on their initial experiences of care.
- support sharing of good practice.

Originally the 15-step challenge was developed for inpatient units only, however we adapted the template so that the tool could be completed in community settings where service users receive care.

In 2024/25 two 15 step challenge templates were completed, however this was a new initiative introduced later into the year and was not a mandatory requirement of the quality walkarounds at that time. In April 25 the 15-step challenge was made to be a mandatory task on all quality walkarounds where applicable, therefore there should be a significant increase in the number of 15 step challenge templates completed during 2025/26.

4.6 Quality dashboard

The quality dashboard will utilise available data in real time to provide an overview of quality for all Trust services. The dashboard will:

- identify outliers and areas of concern
- give assurance that services are effective
- support quality walkarounds
- support measurements for improvement
- allow services to monitor their own progress

The development of the quality dashboard is a key requirement for 2025/26. The aim is to have the dashboard developed by September 25. The dashboard will be piloted for 6 months where feedback will be collated to make any necessary improvements. By April 26 a finalised quality dashboard will have been developed and rolled out across the Trust for all to use.

5 Implementation group

The implementation group has been established to review the Quality Assurance System process and to support the development and implementation of the system Trust wide.

The implementation group members are representatives from all service lines and specialist support services. The group members are not exhaustive, and people from corporate or other specialist areas may be invited on an ad hoc basis when required.

The purpose of the meeting is to:

- Review draft toolkit and support development of toolkit
- Explore quality walkaround model sustainability
- Review walkaround templates and questions
- Review themed learning
- Development of the Quality Assurance System
- Share good practice
- Look at how we can celebrate success and achievements
- Review and development of quality dashboard

5.1 Implementation group updates

- Four implementation group meetings have taken place to date (end July 2025).
- The group terms of reference (ToR) were reviewed, updated following feedback from the group members and finalised.
- Action log and decision log was developed and agreed.
- The Quality Assurance System level description and trigger tool were reviewed by the group. No changes were made, and the documents were signed off as final.
- The quality walkaround summary template and action plan has been reviewed by the group members. Feedback has been received and changes to the document are currently in progress.
- Quality metric list including quantitative and qualitative data has been developed for the quality dashboard.
- Group members have been tasked with reviewing current dashboards used within service lines, to provide feedback on what works well and what could be improved. This feedback will support the development of the quality dashboard and ensure it achieves the desired outcomes for all.

6 Key developments to date

- Draft toolkit finalised to support teams and staff to understand the process of the Quality Assurance System.

- Walkaround principles (Appendix 10) developed in line with the trauma informed approach to support staff when speaking to service user, carers and staff.
- Demonstration of toolkit provided to Trust Board and Care Group Governance meetings.
- Trust Intranet page developed.
- Bi monthly reports provided to the Quality and Safety Committee. The report provides highlights of recent quality walkarounds and information on services that are on enhanced or intensive monitoring. The paper also aims to provide assurance about the monitoring of quality and improvements that are being made.
- Four quality walkaround drop-in sessions held for staff to attend with further sessions planned. The aim of the drop in sessions is to inform staff what a quality walkaround is and what is involved and expected. It's also an opportunity to ask questions and reduce any anxieties that staff may have.
- Staff survey completed to gain feedback from teams who have experienced a quality walkaround and from those who have been part of a walkaround team.
- Approximately three quality walkarounds per month booked in up to April 2026. This will allow for some flexibility should a service need an enhanced quality walkaround at short notice.
- Quality Risk Profile piloted, this will support the Trust in understanding areas of high risk and priority, whilst also aiding in the decision to move teams from enhanced to intensive monitoring.
- Implementation plan developed, including the development of a communication plan and an implementation group with representatives from all care groups.
- Quality Assurance System launch event took place April 25 with further lunch and learns to follow.
- Four implementation group meetings have taken place, two face to face and two via Microsoft teams.
- Development of a sustainable and achievable quality walkaround plan is in progress. Six community teams have agreed to pilot a peer-to-peer walkaround model for routine quality walkarounds.
- List of other visits/inspections, which services have received over the past two years is in development to understand where our focus may be needed moving forward.
- Discussion held with Integrated Change Team on how we can review themes and findings through a Trust wide approach. Ideas and discussions to be generated through ihub and the improvement network.

7. Risks and issues to the delivery of the quality assurance system

Quality Governance Team capacity: There is a risk that there will be limited capacity within the Quality Governance Team (QGT) to deliver on all aspects of the QAS. The quality assurance system has been developed by the Nursing, Quality and Professions Directorate and is led by the Quality Governance Team. There is not an individual team member whose sole role it is to develop and deliver on the aims of the QAS, instead this is done as part of roles, alongside other

portfolios. There may be changes within the team which may further limit this capacity. To mitigate this risk other members of the QGT will be 'upskilled' to be able to support this work.

Delivery of required number of quality walkarounds: There is a risk that there will not be suitable capacity to plan and deliver the number of quality walkarounds required on an annual basis. At the current time, there are, on average, three quality walkarounds planned and delivered every month. The visiting team members consist of a variety of people from across the Trust and the QGT lead is working to ensure that all quality walkarounds have a peer or someone with a clinical background and knowledge of the service being visited, to improve the efficacy of the visits. This is following feedback from Care Groups about the importance of their being knowledge of the service being visited.

The aspiration for the quality walkarounds is that each high-risk service (mental health and forensic inpatients and IHBTTs) receives one walkaround per year. This equates to around 42 walkarounds per year, with all other services (approximately 160) receiving a bi-annual walkaround.

We are piloting a peer led routine quality walkaround whereby services are paired and will visit each other's services to complete a walkaround. This will require support from the Care Groups, defined visit leads and coordination and communication across services. A SharePoint site is being developed to capture walkarounds and feedback, and oversight and support will continue to be provided by the QGT. It is anticipated that an automatic notification will be sent to teams to notify them that their visit is due.

Development of a quality dashboard: There is a risk that the development of a quality dashboard which supports the QAS and oversight of quality across services may be delayed or not completed by the end of the financial year. There is a lot of development happening across the Trust in terms of dashboards and the capacity within the performance and business intelligence team is therefore stretched. This includes colleagues from the integrated change team who are supporting the dashboard development. Regular meetings are being held to continue to drive this forward and a simplified list of quality metrics has been provided to support a lighter version of a dashboard to be developed as a starting point.

8. Next steps

The following actions will continue throughout 2025/26 and into 2026/27 as the QAS continues to develop. This will include:

- identifying ways of sharing good practice across the Trust
- identifying Trust themes and support the improvement of these across the Trust using the Trust six step approach
- developing a quality dashboard to provide an overview of quality for all Trust services
- continuing to develop and test a peer-led quality walkaround process
- developing a research proposal on the Quality Assurance System. This research study will support us in measuring the impact of the system and add knowledge and understanding

- developing a sustainable and achievable quality walkaround plan that will ensure all Trust services receive one quality walkaround per year
- reviewing and developing a draft toolkit with the aim of producing a finalised toolkit by April 2026.

	Level description	Includes	Oversight, and reporting	Engagement and support	Improvement time frame	Assurance

Routine Quality Monitoring (Level 1)	There are no potentially serious or persistent concerns. Default for all services.	Routine quality walkaround.	QW actions held by team/service with Care Group Governance Oversight	NA	NA	Assurance given through dashboards, Quality Walkarounds other soft intelligence data and information.
Enhanced Quality Monitoring (Level 2)	Enhanced monitoring describes a range of quality improvement activities that are required when there is evidence that quality and/or culture related risks are either serious, increasing or persistent.	Rapid quality review meeting held with senior leadership team. Enhanced Quality Walkaround at least twice yearly, review of specific quality data.	Oversight and monitoring of Improvement plan held by the Care Group Governance Team.	The service will be actively engaged with the Directorate of Nursing, Quality and Professions who will provide regular verbal and written reports to the Quality and Safety Committee.	Improvements to be made within 3-6 months	The service will be able to provide timely assurance that robust plans are in place to try and reduce any risks. Evidence and measurements to be used to confirm improvements made. Further walkaround will also be planned for 3-6 months (or an agreed timeframe) after the agreed action plan offer commences.
Intensive Monitoring (Level 3)	In the event of teams not making suitable improvements following enhanced monitoring or if immediate serious concerns are identified then they may be moved to stage 3. This would be in exceptional circumstances only. This is likely if there are 6 months with no improvement.	Quality Improvement meeting (QIG), Intensive Quality Walkaround and review of all quality data.	Oversight and monitoring of Improvement plan held by the QIG. Reporting into the Quality and Safety Committee via a highlight report for an agreed period.	The service will be actively engaged with the Directorate of Nursing, Quality and Professions who will provide regular verbal and written reports to the Quality and Safety Committee and board.	Agreed by Quality Improvement Group.	Monthly face to face meetings. Evidence and measurements to be used to confirm improvements made. Further walkaround will also be planned for 3 months (or an agreed timeframe) after the agreed action plan offer commences.

APPENDIX 1- QAS level description

APPENDIX 2

QAS

Implementation Group Meeting

Terms of Reference

Overall Aim/Purpose	The implementation group has been established to review the Quality Assurance System process and to support the development and implementation of the system Trust wide.
Scope & Duties	The purpose of the meeting is to: • Review draft toolkit and support development of toolkit • Exploring quality walkaround model sustainability • Review walkaround templates and questions • Review themed learning • Development of the Quality Assurance System • Sharing good practice • Looking at how we can celebrate success and achievements • Review and development of Quality dashboard
Membership	**Director Level:** • Not required at the meeting but will report into quality and safety committee via Chief Nurse/Director of quality and professions (Darryl Thompson) **Senior Operational Management:** Senior clinical leaders or designated individuals from within the Care group and service line being discussed, including but not limited to: • Care group lead for quality, governance and performance/Quality and governance lead • Matron • General manager • Service manager • Ward manager • Consultant/medic **Trust Level Professional Leads and Specialist Advisors (as required):** • Patient safety • Freedom to speak up guardian • Safeguarding • Reducing restrictive physical intervention (RRPI) lead **Corporate Support Functions (if not listed above):** • IPC • Quality governance team manager • Research manager • Integrated Change Team • Performance and Information

	List not exhaustive, people invited to the group could be from any corporate service. **Chair** Quality Governance Manager, Quality Governance Team **Deputy Chair** Quality governance team manager In attendance will be administrative support provided by Directorate of Nursing, Quality and Professions. Actions from the meeting maybe delegated to a care group representative to take forward within their own care group. This may include when people are not in attendance, however this will be communicated from the Quality Governance Team.
Responsible to:	Quality and safety committee
Accountable for:	Quality assurance and oversight The ultimate agreement of Quality Assurance System changes sits with trust board; however the Quality Assurance System implementation group is delegated to make and pilot recommended changes, without the need for board oversight.
Frequency of meetings	Monthly- alternate F2F and Microsoft teams
Quorum	In order for meetings to be effective at least 50% of members listed above or as agreed at the first meeting, including reps from NQP and Ops
Agenda & Papers	An action/decision log will be developed as a recording tool and shared prior to the meeting with the group.
Record Keeping	All papers will be stored on the K drive in the Directorate of NQ&P folder
Monitoring	At a minimum, annual review of attendance and effectiveness will be undertaken in order to monitor compliance with the Terms of reference. This will be the responsibility of the Chair.
Terms of Reference Review	It is the responsibility of the Chair to review the effectiveness of the Terms of Reference.
Agreed date for the Review of the Terms of Reference	March 2026

APPENDIX 3

Quality Improvement Group

Terms of Reference

Title	Role in the group
Integrated Change Team Representative	Member (as and when needed)
Freedom to Speak Up Lead	Member (as and when needed)
CQC Relations Managers	Member (quarterly)
Commissioners	Member (quarterly)
Estates	Member (as and when needed)
Safeguarding	Member (as and when needed)
Patient Safety	Member (as and when needed)
Reducing Restrictive Practice Team	Member (as and when needed)
Ward Managers	Member (as and when needed)

1. Name of working group

Version:	1.1
Approved by:	
Ratified by:	
Date approved:	
Date ratified:	
Job title of author:	Quality Governance Team Manager
Job title of responsible Director:	Director or Nursing, Quality and Professions
Date issued:	
Review date:	
Frequency of review:	
Amendment Summary:	Sentence added to role of group Changes made to additional attendees list

2. Composition of the group

2.1 Required members:

Title	Role in the group
Non-executive Director	Chair and advisor
Exec Trio member (s)	Lead Executive and member
Peoples Directorate Lead	Member
Directorate of Nursing, Quality and Professions Lead	Member
Director of Services	Member
Director of Provider Development	Member
Business Development Manager	Member
Quality Governance Team representative	Member
Associate Director of Operations (	Member
Associate Director of Nursing, Quality and Professions	Member

2.2 Additional members to be agreed following initial scoping meeting.

A Non- Executive Director shall be the chair of the Quality Improvement Group. In the absence of the Chair, the Exec Trio member should chair.

Members are required to send an appropriate deputy where they themselves cannot attend on agreement by the Chair.

Any Executive and Non-Executive Director can attend a Quality Improvement group meeting because of the position they hold. When carrying out this duty they will assume full member rights.

Any meeting where the group is not quorate, decisions taken at that meeting will be ratified at the following IIG meeting.

3. Quoracy- Meetings will not be quorate if less than 50% of members (or their deputies) are in attendance.

4. Meetings of the Group

4.1 Frequency: Meetings will be held face to face every 4 weeks, with other interim meetings being held on MS Teams.

3.2 Urgent meeting: Any member of the Group may request an urgent meeting.

3.3 Administration: The Quality Governance Team will provide administrative support. The agenda and any working papers shall be circulated to members five working days before the date of the meeting.

3.4 Assurance and Escalation Reporting: The group will report into the Quality and Safety Committee (QSC) and Trust Board.

3.5 Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5. Authority

4.1 Establishment: The Group has been formally established by the Board as part of the Quality Assurance System.

4.2 Cessation: The responsibilities and purpose of the Group are time limited. However, the Group has a responsibility to review its effectiveness and agree changing the frequency of the meetings when suitable assurance has been provided and improvement work is sustained.

6. Role and purpose of the Group

The QIG's main role is to provide oversight of and receive assurance of improvement work. This group is an integral part of stage 3: intensive, which is part of the Trust quality assurance system (QAS) and will be instigated on a service moving into stage 3: intensive QAS. Full detail about the QAS is available separately.

7. Duties of the Group

- The Quality Improvement group will ensure that the quality of care provided to service users, areas concerning patient safety and patient experience are improving.
- The QIG is responsible for receiving timely updates and evidence of improvements, including data and monitoring of individual improvement actions.
- Nurture a quality improvement culture across services by overseeing quality improvement initiatives.
- Oversee learning from quality issues that have been escalated.
- The QIG via the committee and board will make recommendations for improvement resources to be directed to the areas of risk

The duties of the group are not exhaustive and may vary depending on service need.

8. Guiding principles for members (and attendees) when carrying out the duties of the Group

In carrying out their duty's members and attendees of the Group must ensure that they act in accordance with the values of the Trust, which are:

- We put the person first and, in the centre,
- We know that families and carers matter
- We are respectful, open and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow

9. Duties of the Chair

The Chair of the Group shall be responsible for:

- agreeing the agenda in partnership with the Exec Trio Member.
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion.
- giving direction to the secretariat and checking the draft minutes.
- ensuring the agenda is balanced and discussion is productive.

The exec trio lead is responsible for ensuring sufficient information is presented to the Quality and Safety Committee in respect of the work of the Group.

10. Schedule of Deputies

Full member	Deputy
Non-executive Director (chair)	Exec Trio member
Exec Trio member (s)	Exec Trio member
Peoples Directorate Lead	Peoples Directorate representative
Directorate of Nursing, Quality and Professions Lead	Directorate of Nursing, Quality and Professions representative
Director of Services	Deputy Director
Director of Provider Development	Provider Development representative

Business Development Manager	Business Development representative
Quality Governance Team Lead/s	Quality Governance Team representative
Associate Director of Operations	No deputy required
Associate Director of Nursing, Quality and Professions	No deputy required

APPENDIX 4

Quality Risk Profile

1. Introduction

A Quality Risk Profile is a tool that brings together a range of information to understand the quality of a service.
The purpose of the QRP is to capture in a systematic way, the current and known risks to quality of care at a point in time.
The QRP combines both quantitative and qualitative information. Each type of service has their own set of specific metrics depending on the service provided, however there are a number of core metrics that are applicable to every type of provider.

2. What triggers a Quality Risk Profile?

A service is placed on enhanced monitoring when there are increasing or persistent concerns about the quality of care.
If improvements are made and assurance is provided the service may return to routine monitoring after 3-6 months, however where a service fails to show adequate improvement and provide assurance on enhanced monitoring, a QRP will be triggered in line with the Quality Concerns Trigger Tool. This quality risk score will be part of the determining factor as to whether the service is stepped up to intensive monitoring. Following intensive monitoring the Quality Risk Profile will be completed to understand if the level of risk to quality has reduced. This will be a factor when stepping the service down from Intensive monitoring.

3. Completing a QRP

The QRP is produced by gathering a wide range of information about a service from a number of available sources. The completion of the QRP should incorporate engagement from relevant stakeholders. Some of the metrics in the profile are qualitative and will be based on the stakeholder's perception and experience's therefore it is important that the right people are included in the discussions.
Once the individual quality risk scores are agreed, an overall quality risk score will be calculated as well as areas of high and low risk being identified. This will be the basis for targeted support and assurance.

4. Benefits of the tool

Collaborative approach- Those with knowledge and experiences of the service can input into the profile ensuring the risk score is a true reflection of the service at that time.
Non blame culture- The tool focuses on improvement and learning lessons, without assigning blame. This supports an open and transparent approach in line with the Trust values.
Target based- The tool identifies areas of high risk. This can provide a target of where improvements and assurance need to be focused.

5. Principles of risk

The quality risk score is defined as a combination of the likelihood and consequence of a risk happening.
Current risk score = Consequence score x Likelihood score
Consequence score- represents the potential consequences or severity of a risk event if it were to occur.
Likelihood score- Reflection of how likely it is that the consequence described will occur with controls in place.

Likelihood Score	1	2	3	4	5
Description	Rare	Unlikely	Possible	Likely	Almost certain
Frequency	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but is not a persisting issue	Will undoubtably happen/recur possibly frequently

	Likelihood

Risk Matrix		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Extreme	5	10	15	20	25

The scores obtained from the risk matrix are assigned as follows:

1-5	Low
6-11	Medium
12-15	High
16-20	Very High
25	Extreme

Example:

CQC domain	Quality Metric	Consequence	Likelihood	Total score
Safe	Safer staffing	4	5	20
	Physical Violence (patient on patient)	4	3	12
	Physical violence (patient on staff)	4	4	16
	Restraint incidents	4	3	12
	Prone restraints	4	1	4
	Seclusion	4	1	4
	Rapid Tranquilisation	4	1	4
	Long term segregation	4	n/a	
	Self-harm incidents	3	1	4
	Ligature incidents	4	1	4
	Awol incidents	4	1	4

	Red patient safety incidents	4	2	8
	Physical health related incidents (avoidable)	4	4	16
	Safeguarding incidents	4	4	16
	Falls incidents	3	4	12
	Sexual safety incidents	3	4	12
Caring	Complaints	3	2	6
	Complaints with values and behaviours (staff) as an issue.	3	4	12
	Patient experience and FFT	3	1	3
Responsive	CQC enquiries	3	3	9
	Freedom to speak up	3	1	3
	Care closer to home/patient flow	3	3	9
	Quality walkaround intel	3	3	9
Well led	Appraisal rate	2	2	4
	Sickness rates	3	4	12
	Supervision	2	3	6
	Staff surveys	2	3	6
	Mandatory training	3	3	9
	Staff turnover	2	2	4
	Student placement feedback	2	1	2
			Overall risk score	8

APPENDIX 5

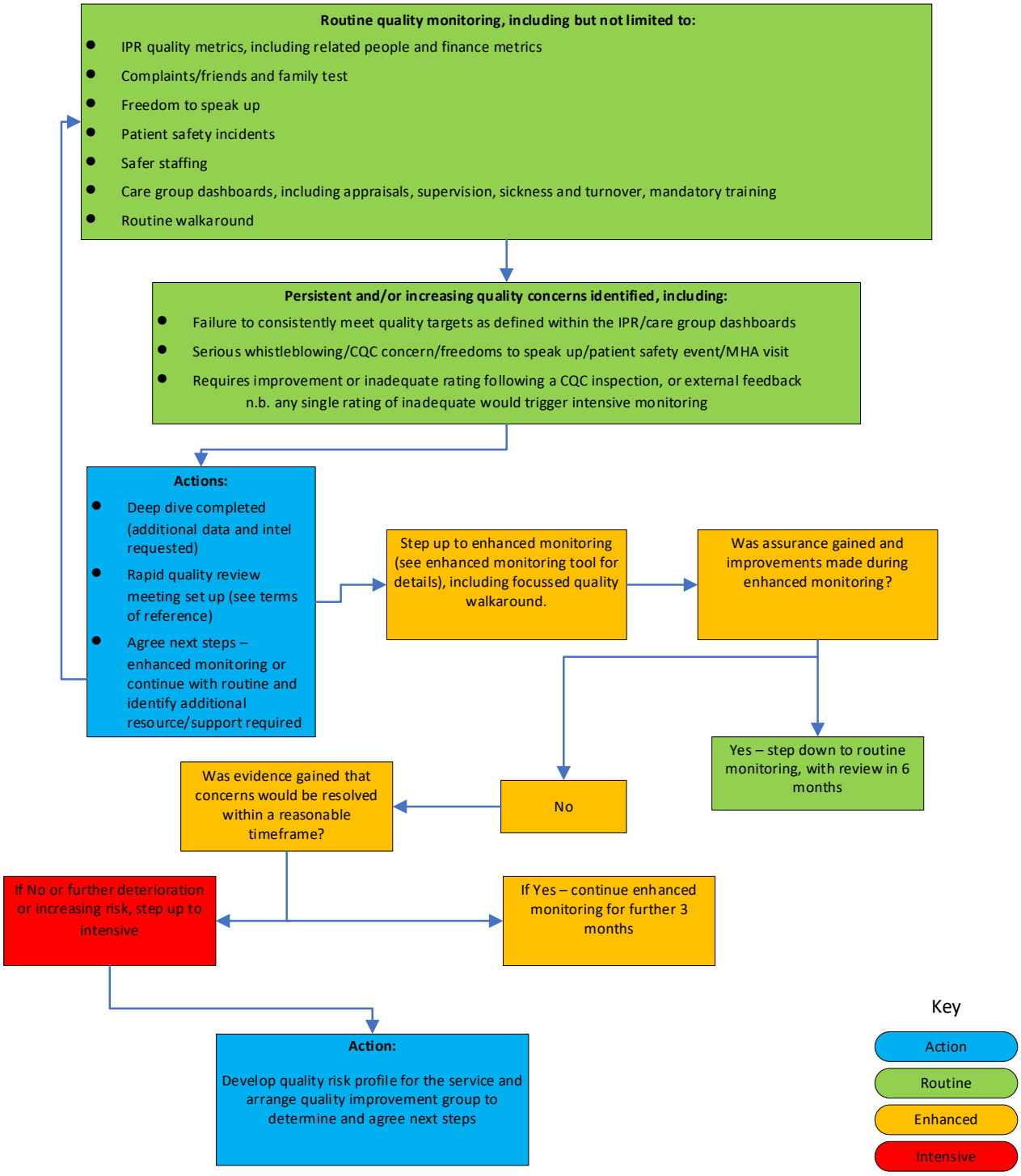
Quality Concerns Trigger tool

This tool has been designed to ensure there is a consistent approach when quality concern have been identified and to gathering data and intelligence.

The tool will support in proving the opportunity for information to be shared and discussed in a collaborative way, particularly where there are increasing or persistent quality concerns and where moving to enhanced monitoring is being considered.

The tool outlines where escalation should occur and support in de-escalation following improvements.

The trigger tool does not replace clinical concern or decision making but is designed to be a supportive tool.



Cheswold Park Hospital- Intensive Monitoring Updates

Team/Service:	Date commenced:	Progress and updates:	Next steps/decisions:
Cheswold Park Hospital (CPH)	Nov 24	Cheswold Park Hospital (CPH) was initially rated (when with another provider) inadequate across all five CQC domains with a number of MUST do and SHOULD do actions identified. A SharePoint work plan has been developed to collate the evidence around the CQC actions and includes the governance oversight going forwards. Therefore, each individual action can be monitored over an extended period of time to ensure actions and improvements are embedded and sustained. **Integration Programme Updates** **Financial risk** • When the Trust stepped in, CPH were at the point of insolvency, this was initially mitigated by financial support from NHS England. • In April 25 CPH was opened for new admissions. • Each admission was reviewed in relation to staff training needs, coordinating the admission, ensuring it is person centred, and needs led. • There has been increased supervision of ward management to support the admission process and clear expectations set regarding the quality of the admissions process, including a pre-admission checklist. • Positive feedback on the admissions has been received from both staff and service users.	Face to face Quality Improvement Group (QIG) meetings. Five meetings held to date. Reporting and oversight via the Quality and Safety Committee. Due to the improvements made and assurance given a decision was made on 11/03/25 that moving forward the meetings will be held bi-monthly for May and July and then go to quarterly.

		• There have been a number of new admissions, and this further increased during June and July. Assurance was provided around capacity within the currently open wards and the availability of staff to support these new service users. **Water Quality** • The Trust purchased CPH on the understanding that Water safety testing was underway following examination of earlier results and practice on the site which gave the Trust concerns. The previous owners had only undertaken the most basic of analysis and it was felt that a more detailed view would benefit the Trust, this was agreed to by the previous owners as part of the sale process. During the final legal arrangements, it became clear that the water testing had not been ordered. The tests were finally ordered by CPH management at the time, but the results would not be available until after exchange. Given the urgent nature of the purchase CPH challenges were far more immediate and serious. Once results were known an early reactive plan was formulated to bring microbial readings back to reasonable levels. In addition, a full assessment of the water system was undertaken. This plan commenced immediately with a better flushing regime, localised chemical cleaning and targeted replacement of pipework and fittings. • The full detailed assessment shows large structural concerns with the water system which will require major works and would be best undertaken as part of planned refurbishments • May 25 - Water quality remains an issue, however there is no risk to service users or staff's health. Water pipes will continue to be flushed, and another water test will be completed in June 25. All	

		service users have had individual risk assessments relating to the water. **Workforce instability** • This has been addressed with frequently asked question sheets, a visible presence of workforce staff around the hospital, and welcome events have taken place. • Absence from work is higher than other areas of the Trust and it has been found that this not always due to sickness. This can be staff remaining off for personal reasons or turning up late for a shift. There is focussed work which is looking to address this. • Due to some recent complex cases and challenging admissions from prison there has been a review of the training need of the staff to enable safe and effective care to be provided. This was raised within the annual quality review. • Collaborative work is ongoing with the Trust reducing restrictive physical intervention team. In the interim, CPH's own training team have been re-accredited with BILD (restraint reduction network standards). **IT** • SystmOne went live on 1 April with ongoing training provided for CPH staff. • Electronic Prescribing and Medicine Administration (EPMA) will be implemented by October 25. This will support improvement in compliance with medicines requirements across the service. The general practitioner service that CPH use have also signed up for using EPMA and this means they will be able to task CPH to	

		change prescriptions, making the process quicker and more efficient. Use of Electronic seclusion was implemented throughout June 25. **Other** • Vapes are currently being provided to service users at a frequency of one per day. This is causing some issues and may be seen as a blanket restriction. This has been escalated as part of the Trust wide work on vapes. • Safety pods have been introduced into CPH along with training for staff. • Ligature audits have been completed, however there are some seclusion rooms outstanding and these will be completed once available. Yellow folders have been introduced on the wards, in line with other Trust inpatient services. • Customer services alignment is complete and commenced in April 2025.	

Enhanced monitoring service updates

Team/Service:	Date commenced:	Concerns and actions taken:	Next steps/decisions:
Willow Ward (older people's services in Barnsley)	Aug 24	A new ward manager has been in post since the start of 2025 and a new matron has started from April 2025. Both of these people have oversight and control of the ward improvement plan which is in place and the matron is spending one day a week on the ward providing support. A meeting was last held on 8 April to review the action plan and gain assurance on actions. Data had been shared in advance which demonstrated a sustained improvement in mandatory training, some improvement in sickness, although this remains a focus and audit results which demonstrate improvements in handover sheet and the use of FIRM risk assessments. As of 2 May, ward appraisals were at 95.2% and supervision at 100% . • **Staff sickness –** A tracker is in place to monitor and report on sickness. There has been improvement in staff knowledge of the sickness process and adherence with the sickness policy. • **Clinical documentation and quality –** Training on the new care plans has been completed and the handover sheet is embedded into practice. These are monitored through the ward manager weekly audits and continue to be monitored. Improvements are noted in the admission and discharge pathway. • **Lack of understanding of policy and OPS care** - training has been delivered around physical health, wound care and medicines with respect training is up to date. The advanced clinical practitioner (ACP) is undertaking bite sized training sessions for staff to improve knowledge. • **Communication -** safety huddles restarted in February 25 and these are proving to be valuable to staff. These are held between two and five times a week. Medics have provided positive feedback on multi-	Willow Ward was stepped down to routine monitoring April 25 which was agreed by members of the leadership team and nursing, quality and professions directorate. A walkaround for Willow ward will be planned for Q3-Q4 to ensure improvements are sustained.

		disciplinary team meetings and effective communication. Work has been completed around handover and effective handovers. This remains on the ward improvement plan as an ongoing action. • **Datix –** Datix training has been completed, and training sessions have been shared electronically with the nursing team to monitor. There has been a noticeable improvement in Datix recording. • **Weekly and daily audits and ward manager checks –** The ward manager completes these on a daily and weekly basis and utilises the results for feedback and actions as required. Recent audits demonstrate and improvement in compliance from 59% in February to 89% in March. • **Completion of monitoring charts such as food and fluids charts**, **turning charts including dates/patient names-** Shift plan has a member of staff allocated to check monitoring sheets are fully completed. Nurse in charge then checks all documentation is completed at the end of the shift. • **Medication –** medicines with respect training is up to date across the ward. Extra training is planned to support the use of controlled drugs. Datix is monitored for medicine incidents. • **Wider multi-disciplinary team (MDT) working -** improvements have been noted within wider MDT working ensuring everyone is invited and information is shared as part of handovers. To monitor for consistency. • **Recording and reviewing of the level of observations** in line with trust policy and procedure. This is completed in line with the policy and is monitored during weekly checks. The safety huddles are supporting with this. • **Health and Safety –**A new process of stickers placed in the ward diary as a reminder commenced in January. • **Escalation of care –**staff have been working closely with the medical team. This has proven effective in ensuring timely escalations. Audit of post fall documentation and other relevant elements of paper work shows full completion and understanding of the need to complete to provide high standards of care. From recent incidents of choking, it is clearly noted the improvements of managing a choking incident. There	

		has been a reduction in incidents with two falls, three violence and aggression incidents reported in March. An increase in verbal aggression is being monitored. • **Team morale –** A recent culture survey provided some feedback which is being discussed with staff through the matron and ward manager. Feedback was mixed but any negative feedback related to historical management. • **Support for learners / new starters –** Competency checklists for staff are in place and appraisals are in place to support. Staff have undertaken supervisor training and have access to pebble pads to ensure that support can also be given to students.	
Barnsley Intensive Home-Based Treatment Team (IHBTT)	Dec 24	From conducting a quality walkaround and reviewing quality metrics the following areas of concern were identified and improvements made: **Appraisals –** As of April 25 appraisal rates at 91%, there are 2 staff members without an up-to-date appraisal due to availability. (previously team was at 46%) **Staff supervision -** Data shows supervision improved significantly. Dec 85.7% Jan 94.1% Feb 94.1% March 100% **Lack of senior visibility –** When discussed with the leadership team it was difficult to identify what this related to specifically. The IHBTT has a Team Manager and other members of the senior leadership team who sits with the team on a day-to-day basis. Following this feedback, it was identified that during the quality walkarounds when feedback is given, further context is required to understand the issue fully.	Barnsley IHBTT stepped down to routine monitoring April 25.

		A further walkaround took place in May 25, below is a summary of areas of good practice: • Highly functioning, effective team with strong, local leadership • Evidence of effective collaborative and communication across the MDT • Clear evidence of SU voice in relation to care provided and processes and pathways to support SUs and carers evident on the day • Robust documentation processes with a focus on risk, safety and impact • Whole team approach to awareness of complexity/risk with clear link to safe, good quality care provision • Clear processes in relation to assessment of risk and ensuring safety of staff and Sus • Clear evidence of impact (data backed up by SU experience)	
The Poplars Ward (Older People's Service)	Feb 25	Following a quality walkaround on 21/01/25 a rapid quality review meeting was held. Assurance was provided about ongoing improvement work, however due to the possible risk regarding the closure of The Poplars and the impact this may have on staffing, staffing stability and related area the decision has been made to keep The Poplars on enhanced monitoring, to enable monitoring of the impact as the older people's transformation progresses. The risks around staffing at The Poplars and the impact on staff morale relating to the older people's transformation is currently being monitored through the risk register meetings and via the OPS transformation in which weekly meetings are held. Meeting held with Team Manager and Older Peoples's (OPS) Matron June 24: • Appraisal rates now at 100%.	To receive regular transformation update reports for ongoing assurance. Further meeting to be arranged with senior leadership team Sept 25.

		• There is now an (OPS) matron in post. This is a new post that will support and focus solely on the OPS wards. • The ward psychologist is currently on leave but when they return culture sessions will be held with staff to promote a better understanding and awareness of culture across the team. • There is a new Trustwide induction process in place. Staff new to the ward are being inducted, however there are still some issues around the process and the recording of this. This is an area of focus for the team manager. • Learning and development are looking at a way inductions can be electronically recorded separately for each ward. • Poplars use a high number of bank and agency staff; however, this is usual practice and has not increased recently. These are often regular staff who are familiar with the ward environment and the service user group. One staff member has requested a transfer, but otherwise staffing levels remain at the normal level. • The leadership team have no other concerns regarding the transformation and the closing of Poplars. The ward manager receives regular updates about the transformation, which are shared with staff.	

APPENDIX 8

Walkaround principles

A routine quality walkaround is a soft approach to gaining oversight of a service. The visiting team may not have clinical expertise in the area of the service being visited but they are able to have open, honest conversations to help gain an understanding of what it feels like to work there and be cared and supported for by the team.
These principles have been developed as a support tool when interacting and talking to staff, service users and their carers during a quality walkaround.
The principles have been developed in line with the Trauma informed approach.
Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development, Therefore, applying the following principles aims to ensure that we are building a sense of safety for all.

Safety

- Ask the individual if they feel comfortable speaking with you or if they would prefer to speak with another member of the team. i.e. someone of the same sex, race. If that isn't possible ensure the service user/carer feels comfortable enough speaking with you, ask if there is anything they may need to facilitate this (e.g. chance to ask questions, further information about you and your role)
- Let them know that their participation is valued but optional, and they can end the conversation or ask for a break at any time.
- Ask the individual if they would like another staff member present during the conversation or if they would prefer to speak with you alone.
- Ensure you are speaking to the individual in an environment where they feel comfortable. For some service users this may in a quiet private place or for others it maybe within a communal area.
- Ask the individual if they would like the door to the room open or shut. If shutting the door, close the door gently.
- If speaking with the service user in their bedrooms, ask if they are happy for you to take a seat (if chairs are available) before sitting down.

Trustworthiness

- Introduce yourself and ask the individual their preferred name (i.e. Julie, Mrs Smith)
- Share your pronouns and offer the chance for them to share theirs (e.g. "if you are speaking about me, I use the terms she/her. How would you like me to refer to you?")
- Be transparent and clearly explain why you are here and what you intend to do with the feedback provided.
- Don't overpromise, make expectations clear that the information will be fed back to the team manager and leadership team.

Choice and collaboration

- Listen attentively, don't interrupt and reflect on what has been said to show understanding.

- Don’t disagree, respect the opinions and ideas of those giving feedback.
- If the individual suggests changes to be made ask them to elaborate and share their ideas, let them have a voice in the improvement process.
- Thank them for speaking with you.

Empowerment

- Encourage individuals to open up and provide balanced feedback. You can do this by being empathetic, validating their feelings and avoiding dismissive responses. It’s important they know they can be open and honest as this will support improvements being made.

Cultural consideration

- Be aware of cultural needs and beliefs. Ensure the individual feels comfortable speaking with you before starting the conversation.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 9.2

Private/Public paper:	**Public**
Title:	**Care Quality Commission Inspection Reports - Action plan update for Must and Should Do Actions**
Lead Director:	**Chief Nurse / Director of Quality and Professions**
Purpose:	The purpose of this paper is to provide the Trust Board with an overview of all Care Quality Commission (CQC) actions that remain open, including the planned trajectory for their completion. It brings together the outstanding actions arising from the May 2023 inspections of the acute wards and psychiatric intensive care units (PICU) within the Mental Health Care Group, the Forensic and Secure Services inspection, and the action plan issued to Cheswold Park Hospital prior to the Trust assuming responsibility for service provision in November 2024.
Executive summary:	Following the CQC inspections of acute wards for working age adults, psychiatric intensive care units (PICU), forensic inpatient and secure wards, and the pre-transfer inspection of Cheswold Park Hospital, this report provides an update on the actions that remain open across all three associated action plans. Across these plans, 11 Must Do and 1 Should Do actions remain open, reduced from an original total of 39 Must Do and 31 Should Do actions. Assurance processes including bi-monthly review meetings with Care Group leads and ongoing monitoring by Quality Governance continue to drive delivery and ensure improvements are embedded. All remaining Must Do actions are expected to be closed by 31 March 2026. The single remaining Should Do action relates to blanket restrictions on access to outside spaces. While this requirement applies specifically to Forensic services, the Trust has adopted a broader approach and is developing a Trust-wide standard operating procedure to ensure consistent, proportionate application of restrictions in line with CQC expectations. This work remains on track for completion by 31 May 2026. **Acute Mental Health / PICU** Of the 16 Must Do actions identified, 15 are complete and one remains open, with data demonstrating significant improvement due to be presented at the end of March 2026 to support closure. All 12 Should Do actions are now complete. **Forensic and Secure Services** All 7 Must Do actions are complete. Of the 7 Should Do actions, 6 are complete, and one remains open relating to blanket restrictions. This is being taken forward through the Trust-wide programme described above.

<table>
<tr><td></td><td>Cheswold Park Hospital
From the CQC inspection of the previous provider, 16 Must Do actions were identified.
• 6 are complete
• 4 are complete but awaiting final evidence for sign-off
• 6 remain in progress and are on track

Of the 3 Should Do actions, 2 are complete and 1 remains in progress and on track.</td></tr>
<tr><td>Recommendation:</td><td>Members' Council are 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.</td></tr>
</table>

	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
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:	The full paper, containing detailed information about each CQC action has been shared previously with quality and safety committee, executive management team, and Trust Board over the last two years. This paper provides an update on the progress of open actions. It has been reviewed in the executive management team, and in Quality and Safety Committee on 10 March 2026. With regards to Trust Board Action TB/25/109c, this review of the format and title of the report will form part of the review by the incoming Chief Nurse / Director of Quality and Professions in April.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council - Public
Care Quality Commission (CQC) Action Plan update
31 March 2026

1. Purpose

This paper provides an overview of the CQC actions that remain open, including the trajectory for their closure. It encompasses the actions arising from the May 2023 inspections of the acute and psychiatric intensive care units (PICU) within the Mental Health Care Group, as well as the Forensic and Secure Services inspection. It also includes the action plan issued to Cheswold Park Hospital prior to the Trust assuming responsibility for service provision in November 2024.

2. Overview

The actions from CQC inspections are reviewed with Care Group leads on a bi-monthly basis to monitor progress, assess evidence, and confirm the level of assurance that actions are being embedded. Between these formal review points, the Quality Governance Manager maintains regular contact with Care Group leads to track ongoing developments.

Including the actions inherited from the previous provider at Cheswold Park Hospital, there are 11 *Must Do* actions and one *Should Do* action that remain open across the three action plans. This is a reduction from the original total of 39 *Must Do* and 31 *Should Do* actions.

A number of Trust-wide programmes are supporting the completion of the remaining actions, including work on blanket restrictions to courtyards. In addition, several clinical audits such as the Ligature and Environmental Risk Audit, the Resuscitation Defibrillator Audit, and the Emergency Red Grab Bag Audit are providing assurance and supporting the review of actions proposed for closure.

An action review and assurance meeting is scheduled for April 2026 with the Chief Nurse / Director of Quality and Professions and action owners. It is anticipated that all remaining *Must Do* actions will be completed following this review.

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

One action remains open for Acute/PICU (Mental Health Care Group)

Acute/PICU actions	Current status	Action	Update	Trajectory date for closing
17.3 – seclusion reviews		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))	Update from 23/02/26 – Nursing reviews of seclusion has been improved, with average compliance for the previous six months being 99%. There has been a continued focus on independent reviews as this was still an area of concern. Data now demonstrates that these are completed around 78% of the time, in line with requirements. Data analysis and narrative is being completed to highlight the significant improvement. This will be shared at the end of March 2026, alongside the plan to continue to embed and oversee this progress.	31/03/2026

The following should do action remains open for the Forensic Care Group. However, this action is being completed across all inpatient services.

Forensic actions	Current status	Action	Update	Trajectory for closing
Should do – blanket restrictions		The Trust should ensure that restrictions are individually assessed and blanket restrictions are a proportionate response to risks posed	A workshop was held on 03/12/25 with all inpatient representatives, to look at the position and approach to blanket restrictions to outside spaces. The majority of inpatient wards are non-complaint with CQC expectations with regards to this. A further workshop is planned for 04/03/26 to develop a local working instruction to support decision making around	This is now Trust-wide work. Expected closure date 31/05/26.

			supervised access to outside spaces, using the CQC brief guide. through Trust processes.	

Cheswold Park Hospital

Whilst separate to the Trust's CQC inspections, below is the Trust's progress against the actions that were allocated to the previous provider at Cheswold Park Hospital, Riverside Healthcare.

Cheswold Park Hospital actions	Current status	Action	February 2026 update	Trajectory for closing
9.1 – access to appropriate meaningful activities.		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)	A planned programme of activities is completed on a weekly basis on the wards, with a monthly programme developed by the OT team. The current focus is the consistent recording of activity data, to evidence the 25 hour therapeutic activity requirements. Data and evidence will be available for review in April.	31/03/26
12.1 – prescribing and administration of controlled drugs		The provider must ensure that all regulations relating to the prescribing and administration of controlled drugs are followed (12.1)	EPMA roll out going well. All wards will be live by the end of March. Remains on track.	31/03/26
15.1 – Keepmoat and Lakeside seclusion rooms		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)	Standard operating procedure in place to support the use. Estates challenges remain. Audit evidence available and will be presented at	Completed at end October 25. Awaiting review and closure.

Cheswold Park Hospital actions	Current status		Action	February 2026 update	Trajectory for closing
				the review meeting in April.	
15.1 – Door observation panels			The provider must ensure that all doors in rooms used by patients have observation panels with integrated blinds/obscuring mechanisms (15.1)	This is in line with CPH door replacement programme, led by estates and facilities.	Proposed for closure
17.1 – Clinical record keeping (CRK) - record complete and up to date, risk assessments, PBS plans			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)	Quality governance lead on track with CRK audit. FIRM going live 16/03/26. On track for completion. Evidence and assurance will be provided at review meeting in April.	31/03/26
17.1 – Mental capacity act audits and training			The provider must ensure that the use of the MCA is audited, and staff are provided with effective training on its use (17.1)	Final phase 3 of training is in progress. On track for completion.	31/03/26
17.1 – ligature audits			The provider must ensure that all hospital areas have up to date ligature risk assessments in place (17.1)	Complete and awaiting sign off.	Completed at end Nov. Awaiting review and sign off.
17.1 – policies			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)	On track. Small number to be introduced post March due to policy redesign (section 17, ETOC and supervision). This will be overseen as part of the newly devised	31/03/26

Cheswold Park Hospital actions	Current status		Action	February 2026 update	Trajectory for closing
				forensic workplan.	
18.1 – staffing – suitable numbers of staff with the required knowledge			The provider must ensure that there is enough staff, with the required knowledge and experience, to keep patients and staff safe (18.1)	Meetings with safer staffing team and service manager delivering MHOST training during Feb 2026. On track.	31/03/26
18.2 – training, support, supervision and appraisals			The provider must ensure that all staff receive appropriate training, support, supervision and appraisal in line with the providers policy (18.2)	Training on track, supervision taking place and recorded. Appraisals taking place and recorded. Both are in line with Trust target performance. Proposed for closure.	Data available. Awaiting review. Proposed for closure.

3. Summary

Progress against the CQC inspection actions continues to be reviewed with Care Group leads on a bi-monthly basis to monitor delivery, evidence, and assurance of sustained improvement. Across the three action plans, 11 *Must Do* actions and one *Should Do* action remain open, from an original total of 39 *Must Do* and 31 *Should Do* actions. The majority of the remaining actions relate to the Cheswold Park Hospital inspection undertaken prior to the Trust assuming responsibility for the service. All *Must Do* actions are expected to be completed by the end of March 2026. The final *Should Do* action, relating to blanket restrictions, is being taken forward as part of a Trust-wide programme of work and is on track for completion by 31 May 2026.

A review meeting with the new Chief Nurse / Executive Director of Quality and Professions is scheduled for early April 2026 to assess the evidence provided and agree closure.

For the Mental Health and Forensic Care Groups, Trust-wide initiatives continue to support the completion of the outstanding actions, including the programme of independent reviews of seclusion.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council
6 May 2026
Agenda item 9.3

Private/Public paper:	Public
Title:	Quality Account 2025/26 update
Lead Director:	Caroline Johnson, Chief Nurse/Director of Quality and Professions
Purpose:	The purpose of the paper is to provide the Board with an update on the progress of the development of the Trust's Quality Account 2025/26, which is due for publication by 30 June 2026.
Executive summary:	Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum. The Trust's Quality Account is required to be published for the previous financial year by 30 June. The Quality Account is produced annually and in line with the guidance from NHS England, focuses on the quality of services by looking at: • Patient safety • Effectiveness of patient treatments • Patient feedback about care provided Feedback from the previous year indicated that the Quality Account for 2024/25 was too detailed and not easy to read or follow. As a result, a review of several other NHS Trusts' Quality Accounts has been completed, and this will be reflected in changes and additions to the Trust Quality Account for 2025/26. In the Quality Account for 2024/25, it was stated that the 2025/26 Quality Account would reflect the 'Best Quality' statement. The Quality Account for 2025/26 is separated into three parts: **Part One**: Includes a welcome from the Chief Executive, Mark Brooks and provides an overview of South West Yorkshire Partnership Teaching NHS Foundation Trust, the Trust strategy and the foundations that underpin quality across our services. This section also features a patient story and a showcase of our successes from across the Trust during 2025/26. **Part Two**: Outlines progress made during 2025/26, against the Trust quality priorities aligned to the 'Best Quality' statement. This section includes examples showcasing improvements in quality and care, describes key achievements and sets out objectives for 2026/27 and beyond.

<table>
<tr><td></td><td>Part Three: Provides a report on key national indicators, as defined by NHS England and presents the Trust performance against these, alongside, other indicators monitored by the Trust Board

The Trust's Quality Account for 2025/26 is nearing completion, and a detailed development timeline is included within this report. The next draft will be reviewed by the Quality and Safety Committee on 12 May 2026, prior to external consultation with partners across the Integrated Care System. This draft will also be shared with the Trust Board on 26 May 2026.

Following consultation, the final version will be reviewed by the Quality and Safety Committee on 19 June 2026, prior to recommendation for approval by the Trust Board on 30 June 2026.

There are no anticipated challenges in meeting the agreed timeline. The Quality Account will meet all statutory requirements set out by NHS England, provide a comprehensive overview of quality across the Trust for 2025/26, and will be published on the Trust's website by 30 June 2026.</td></tr>
<tr><td>Recommendation:</td><td>Members' Council are asked to:
• RECEIVE assurance through this report that the Quality Account for 2025/26 remains on track for delivery and publication by the statutory deadline of 30 June 2026.</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>
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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>The Quality Account content is aligned with all areas of BAF risks.</td></tr>
<tr><td>Contribution to the objectives of the Integrated Care System/Integrated</td><td>Each provider trust within an Integrated Care System is governed by regulatory bodies, and production of a Quality Account is a formal requirement of each trust. It is important that regulatory activity is monitored, learning is taken from feedback, and action is taken to remedy any findings. Quality of care is a key priority for our Integrated Care Boards and the places within which we work. The information provided in the Quality Account supports and describes the</td></tr>
</table>

Care Board/Place based partnerships	delivery of quality care and the improvements made across services over the last 12 months.
Any background papers / previously considered by:	Trust Board received and approved the Trust's Quality Account for 2024/25 and previous years. This paper was shared with the executive management team on 23 March 2026.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Quality Account 2025/26
Progress Update
Members' Council
6 May 2026

1. Purpose of the paper

This paper provides an interim update to the Trust Board on progress in developing the Trust Quality Account for 2025/26. The completed Quality Account will be shared with the Executive Management Team, Quality and Safety Committee, and the Trust Board for final approval following external stakeholder engagement. This will take place during June 2026 in advance of the statutory deadline of 30 June.

2. Background

Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce a Quality Account if they deliver services under an NHS Standard Contract, have staff numbers over 50 **and** NHS income greater than £130k per annum. The Trust's Quality Account is normally required to be published by 30 June, covering the previous financial year

The NHS England website has not been updated since 2023/24 and therefore the Trust is working in line with the guidance published for that year. The guidance remains unchanged from previous years. The NHS England website also notes that the National Quality Board's review of quality accounts has been temporarily paused.

Feedback from the previous year indicated that the Quality Account for 2024/25 was overly detailed and not easy to read or navigate. In response, a review of Quality Accounts from several other NHS Trusts' has been undertaken. This review will inform changes and additions to the Trust 2025/26 Quality Account.

3. Development of the Quality Account

The Quality Account is produced annually and in line with NHS England, focuses on the quality of services by considering the following key domains:

- Patient safety
- Effectiveness of patient treatments
- Patient feedback about care provided

In the 2024/25 Quality Account, it was stated that the 2025/26 Quality Account would reflect the 'Best Quality' statement and align to the following commitments:

- We will ensure equitable access, experience and outcomes for all.
- We will ensure our services are consistently safe, responsive, personalised and effective.

With **all of us** in mind.

- We will ensure continuous inclusive improvement is integral to developing and delivering creative and innovative services.
- We will consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation.

The 2025/26 Quality Account for is structured into three parts:

Part One: Includes a welcome from the Chief Executive, Mark Brooks and provides an overview of South West Yorkshire Partnership Teaching NHS Foundation Trust, the Trust strategy and the foundations that underpin quality across our services. This section also features a patient story and a showcase of our successes from across the Trust during 2025/26.

Part Two: Outlines progress made during 2025/26, against the Trust quality priorities aligned to the 'Best Quality' statement. This section includes examples showcasing improvements in quality and care, describes key achievements and sets out objectives for 2026/27 and beyond.

Part Three: Provides a report on key national indicators, as defined by NHS England and presents the Trust performance against these, alongside, other indicators monitored by the Trust Board.

4. Timeline for the development of the Quality Account

The following timeline has been developed and agreed to support the completion of the Trust's Quality Account. There is a requirement for a 28-day consultation period with external partners, including the integrated care board (ICB).

Date	Task
09/01/26	Initial discussion held to plan construction of the Quality Account. Timeline developed and first draft commenced.
17/02/26	Discussion at Clinical Governance Group (CGG) including a request for quality examples to be included in the 2025/26 Quality Account.
02/03/26	Emails sent to relevant parties requesting required sections. Templates for quality information sections shared. Return date set as 17/04/26.
09/03/26	Ongoing work on draft Quality Account.
26/03/26	Update provided to the Executive Management Team.
01/04/26	Follow up email sent to contributors, with a return date of 17 April 2026.
22/04/26	Returned data and content to be received and drafted into the Quality Account.
23/04/26	Update provided to the Executive Management Team.
24/04/26	Review to be undertaken by the Chief Nurse / Director of Quality and Professions.
28/04/26	Update paper prepared for Trust Board. (this paper)
30/04/26	Draft Quality Account sent to communications for proofreading and review.
06/05/26	Review of the draft Quality Account in the Operational Management Group.
07/05/26	Draft Quality Account shared with the Executive Management Team.
12/05/26	Review of draft Quality Account in the Quality and Safety Committee.
15/05/26	Comments received from the Quality and Safety Committee and draft updated. Draft of Quality Account for external stakeholder consultation finalised.

Date	Task
19/05/26	Review of draft Quality Account in the Clinical Governance Group.
19/05/26	Draft submitted to the Trust Board (meeting 26/05/26).
19/05/26	Draft shared with Members' Council Quality Group and external stakeholders with a return date for comments of for a 28-day consultation period.
16/06/26	Consultation feedback received and final changes made.
19/06/26	Final updates made to the Quality Account ahead of publication.
30/06/26	Trust Board receives the final version of the Quality Account 2025/26
30/06/26	Publish the Quality Account on the external website.

5. Quality work for including the in the Quality Account

Alongside the statutory requirements the quality account will include the following updates and information (list not exhaustive):

- Trust priority programmes
- Quality foundations, including patient-led assessments of the care environment
- (PLACE), infection prevention and control (IPC) and the Quality Assurance system
- Accreditation, awards and publications including Teaching Trust status
- Triangle of Care
- Culture of Care
- Horizon improvements
- Community transformation
- Enhanced therapeutic observations of care
- Sexual safety
- Quality improvement, including inpatient food waste reduction
- Safer staffing
- Digital enablers
- Electronic Prescribing and Medicines Administration (EPMA)
- Patient and Carer Race Equality Framework (PCREF)

In addition, innovations and other improvement work will be included as the development of the quality account for 2025/26 progresses.

6. Summary

The Trust's 2025/26 Quality Account for is in development and will be presented for consultation and final Trust Board approval ahead of publication by 30 June 2026. It will meet all statutory requirements and highlight key quality improvements delivered across the Trust.

Paper prepared by:
Sarah Whiterod
Associate Director of Nursing, Quality and Professions

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Quarter 4 - 2025/26

Members' Council
6 May 2026

With all of us in mind.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Agenda

- Quality and Safety
- People
- National Metrics
- Finance

With all of us in mind.

Quality & Safety

South West Yorkshire Partnership Teaching NHS Foundation Trust

KPI	Strategic Objective	CQC Domain	Target	Jan-26	Feb-26	Mar-26
% 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%	91.1%	94.1%	92.6%
% with care plan that includes service user input/views	Person first and in the centre	Caring		94.5%	96.9%	96.5%
% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		97.8%	96.3%	96.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		90.5%	89.7%	86.0%
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		93.9%	92.5%	94.1%
Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	Oct - 6 Nov – 6 Dec – 4	3	1	5
% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.3%	5.4%	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 May 26		

With **all of us** in mind.

Quality Update 2025/26 – Quarter 4

South West Yorkshire Partnership Teaching NHS Foundation Trust

Patient Experience – Friends and Family Test (FFT)

- 96% of respondents in March 2026 would recommend community health services
- 92% of respondents in March 2026 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 continued lower level than previous years. Reasons for continued use include staffing pressures across the wards, increased acuity, 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 2 people placed in out of area beds at the end of March 2026 due to increased acuity and challenges to timely discharge.

With **all of us** in mind.

Quality Update 2025/26 – Quarter 4 cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

Safer Staffing (inpatient wards)

- The overall fill rate was 112.3%, this has decreased from end of quarter 3 which was 120.6%.
- In March one ward fell below the 90% overall fill rate threshold. This was Stroke Rehabilitation Unit within Barnsley Physical Health. This was consistent with the previous month.

The fill rate figures (%) for March 2026:

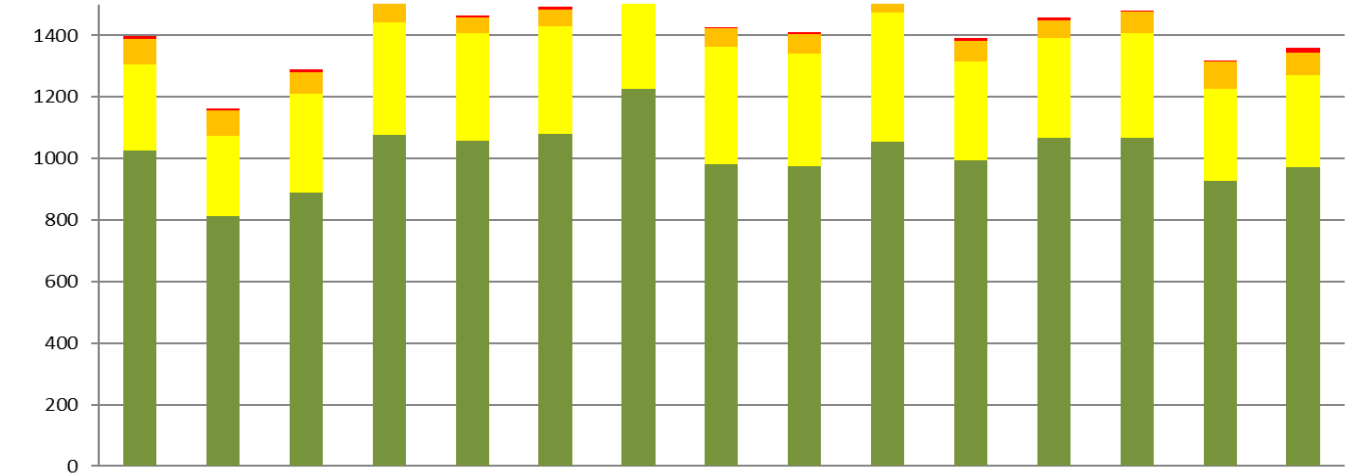
- Registered staff – Days 97.5%
- Registered staff - Nights 99.6%
- Registered average fill rate – Days and nights 112.3%
- Fill rate does not provide blunt assurance as it might not reflect acuity.
- Where gaps cannot be filled by registered staff, we will utilise unregistered colleagues where possible to maintain safety.
- These fill rates reflect the acuity and challenges that clinical areas are facing.

With **all of us** in mind.

Quality Update 2025/26 – Quarter 3 cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

Incident Reporting



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Red	10	6	10	2	5	7	2	2	8	9	8	9	2	3	17
Amber	83	82	72	70	52	55	77	60	61	59	67	57	70	89	72
Yellow	280	262	319	364	350	350	379	380	366	418	322	324	342	299	299
Green	1025	813	890	1078	1057	1080	1226	982	976	1055	994	1067	1066	927	973

- All serious incidents investigated using route cause analysis techniques.
- The weekly risk panel scans for themes that require further review or enquiry.
- 95% of incidents reported in March 2026 resulted in no harm or low harm or were not under the care of SWYPFT.
- No never events reported in March 2026.
- The 17 red incidents in March may be subject to re-grading as more information becomes available and will be updated in next report as appropriate.

With **all of us** in mind.

Our people

South West Yorkshire Partnership Teaching NHS Foundation Trust

Metric	Strategic Objective	CQC Domain	Threshold	Jan-26	Feb-26	Mar-26
Turnover external (12 months rolling)	Best place to work and learn	Well led	>12% - <13%	9.1%	9.0%	8.2%
Sickness absence - Year to date			<=5%	5.5%	5.5%	5.4%
Appraisals - rolling 12 months (excluding Cheswold Park)	Best place to work and learn	Well led	90%	89.2%	87.8%	88.7%
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	69	66	60
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	2.5%		
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led	>=80%	88.4%	89.1%	90.1%
Mandatory Training - Cardiopulmonary	Best place to work and learn	Well led		86.1%	86.4%	86.6%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		98.0%	97.7%	97.5%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	93.3%	92.5%	92.1%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	96.3%	95.8%	95.7%

With **all of us** in mind.

Our people cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

- Our Turnover at the end of quarter 4 remains low at 8.2% and has reduced slightly from earlier months.
- Agency spend continues to be less than planned. Individual action plans continue to be followed.
- Substantive workforce growth to end March 2026 was 2.5%, against a year end target of -2%.
- The sickness absence rate for the month of March 2026 was 4.9% and 5.4% for the year to date.

With all of us in mind.

National metrics

South West Yorkshire Partnership Teaching 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 was published in March 2026 and is as follows:

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST (RXG)									
	Quarter 1			Quarter 2			Quarter 3		
	Q1 performance	Q1 score	Q1 rank	Q2 performance	Q2 score	Q2 rank	Q3 performance	Q3 score	Q3 rank
Percentage of community services waiting list waiting over 52 weeks	0.00%	1.00	1/41	0.00%	1.00	1/41	0.00%	1.00	1/41
% change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12 month period	0.63%	3.28	34/46	3.12%	2.78	30/49	3.67%	2.90	33/49
DOMAIN SCORE - Access to Services		**2.14**			**1.89**			**1.95**	
National CQC community mental health survey overall experience rating	As expected	2.00		As expected	2.00		As expected	2.00	
Urgent Community Response % achieving 2hr standard	97.68%	1.00	1/37	97.91%	1.07	2/38	64.19%	4.00	38/38
Percentage of adult discharges with a length of stay above 60 days	22.09%	1.83	14/47	25.88%	2.85	30/47	19.84%	1.83	14/47
DOMAIN SCORE - Effectiveness and Experience		**1.61**						**2.61**	
NHS Staff Survey raising concerns sub-score (MHPRV)	6.92	2.00	21/61	6.92	2.00	21/61	6.92	2.00	21/61
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours	72.24%	1.67	11/45	80.85%	1.37	6/48	80.74%	1.19	4/48
DOMAIN SCORE - Patient Safety		**1.83**						**1.60**	
Sickness absence rate	5.14%	2.19	18/61	4.83%	2.41	21/61	5.44%	2.78	25/61
NHS Staff Survey engagement sub-score (MHPRV)	7.19	2.10	23/61	7.19	2.10	23/61	7.19	2.10	23/61
DOMAIN SCORE - People and Workforce		**2.15**						**2.44**	
Planned surplus / deficit as a proportion of turnover	0.0%		15/61	0.0%	1.00	16/61	0.0%		16/61
YTD surplus / deficit	-0.1%		52/61	0.83%	1.00	3/61	0.63%		6/61
Aggregated finance score		1.00			1.00			1.00	
Relative cost difference	88.55	1.40	10/60	88.96%	1.39	9/61	88.96%	1.39	9/61
DOMAIN SCORE - Productivity and Value for Money		**1.20**						**1.20**	
Total score		28.40			19.97			22.19	
OVERALL AVERAGE SCORE		**2.58**	3/61		1.82			2.02	
FINAL SEGMENTATION	**3 * financial override applied**		26/61	**1**		4/61	**1**		12/61

With **all of us** in mind.

National metrics cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

The Trust's overall score for quarter 3 remains at segment 1. Performance against the measures in the 5 domains remains strong and our average Trust score puts the Trust as ranked 12th out of 61 providers of non-acute hospitals (including Mental Health and Learning Disability, Community and Care Trusts). Performance against each of the applicable metrics can be seen above.

Quarter 4 results are expected in May/June 26.

With all of us in mind.

National metrics cont…

KPI	Threshold	Jan-26	Feb-26	Mar-26
Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	96.0%	95.6%	96.4%
% Admissions Gatekept by Crisis Response Teams	95%	100%	100%	99.1%
% Service Users followed up within 72 hours of discharge	80%	91.1%	87.7%	87.3%
NHS Talking Therapies - Treatment within 6 weeks of referral	75%	97.7%	98.9%	98.6%
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%	89.7%	96.4%	96.2%
Maximum 6 week wait for diagnostic procedures	99%	74.4%	91.3%	87.7%
NHS Talking Therapies – Proportion of people completing treatment who move to recovery	50%	53.1%	52.5%	55.7%
Community health services two hour urgent response standard	70%	88.1%	88.6%	91.5%
Inappropriate out of area bed placements (days)	0	52	28	73
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	14955	15087	15064
Community services waiting list over 52 weeks	0	0	0	0

South West Yorkshire Partnership Teaching NHS Foundation Trust

With all of us in mind.

Finance

South West Yorkshire Partnership Teaching NHS Foundation Trust

Performance Indicator	Strategic Objective	CQC Domain	Forecast 2025/26	Narrative
Surplus / (Deficit)	Best Value	Well Led	£0.1m	The Trust financial target for 2025 / 26 is breakeven. This has been achieved with a small unaudited surplus of £123k.
Agency Spend	Best Value	Well Led	£2.9m	Agency run rate has continued to reduce across the year. Total spend is £2.9m which is £1.4m less than plan and an overall reduction of £3.5m compared to the prior year.
Bank Spend	Best Value	Well Led	£25.4m	Target bank spend (£19.3m) has been exceeded by £6.1m with utilisation higher than plan throughout the year. Overall bank spend is £3.6m higher than the prior year.
Corporate Spend	Best Value	Well Led	£65.9m	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, as per the Trust reporting hierarchy, with the RAG rating as a comparison against plan following agreed budgetary reductions.

With **all of us** in mind.

Finance cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

Performance Indicator	Strategic Objective	CQC Domain	Forecast 2025/26	Narrative
Financial sustainability and efficiencies	Best Value	Well Led	£28.2m	The target is £28.2m as a result of the Trust Value For Money programme has been achieved. Of this £7.3m (26%) has been delivered non-recurrently. The implications of this are included in the Trust medium term financial plan.
Cash	Best Value	Well Led	£64.6m	The Trust cash position remains positive and has increased in March 2026 with payment received for outstanding income from NHS England.
Capital Spend	Best Value	Well Led	£14.8m	As at 31st March 2026 a number of capital schemes remained in progress. The financial position includes the value of work completed to that date. Total spend of £14.8m is £3.0m less than the forecast at month 11.
Better Payment Practice Code	Best Value	Well Led	98%	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.

South West Yorkshire Partnership Teaching NHS Foundation Trust

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council annual work programme 2026/27

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	**13 Feb 2026**	**6 May 2026**	**12 Aug 2026**	**16 Sept 2026**	**13 Nov 2026**	**12 Feb 2027**
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 Committee	O	O	O		O	O
Integrated performance report	✘	✘	✘		✘	✘

With all of us in mind.

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**13 Feb 2026**	**6 May 2026**	**12 Aug 2026**	**16 Sept 2026**	**13 Nov 2026**	**12 Feb 2027**
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					✘	
Patient Experience annual report					✘	
Incident Management annual report					✘	

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**13 Feb 2026**	**6 May 2026**	**12 Aug 2026**	**16 Sept 2026**	**13 Nov 2026**	**12 Feb 2027**
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
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		✘				

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**13 Feb 2026**	**6 May 2026**	**12 Aug 2026**	**16 Sept 2026**	**13 Nov 2026**	**12 Feb 2027**
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 Group meetings to ensure relevant and topical items are included.	✘ **(1 item)**	✘ **(1 item)**	✘ **(2 items)**		✘ **(1 item)**	✘ **(2 items)**