South West Yorkshire Partnership Teaching
NHS Foundation Trust

6 August 2026

Chair's Office
Block 7
Fieldhead
Ouchthorpe Lane
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
andrew.lister@swyt.nhs.uk

Dear Governor,

Members Council meeting – 12 August 2026

The next Members' Council meeting will be held on Wednesday 12 August 2026. The meeting is hybrid, via 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 12.30.

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 7.1 - Appointment to Members' Council Groups
Item 9.5 - Integrated Performance Report

The focus on items, 8.1 and 8.2 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 Monday 11 August 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.

South West Yorkshire Partnership Teaching
NHS Foundation Trust

I hope you can join us on 12 August 2026.

Yours sincerely

M.J. Brown.

Jayne Brown
Chair

UNIVERSITY OF LEEDS
Associated teaching trust status

With **all of us** in mind.

South West Yorkshire Partnership Teaching
NHS Foundation Trust

Members’ Council meeting
12 August 2026 from 10.05 – 13.00
Microsoft Teams/Boardroom, Conference Centre, Kendray Hospital, Barnsley

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
	09.30	*Governors only pre-meet (30 minutes followed by 5-minute break)*	*John Laville, Lead Governor*			*30*
1.	10.05	Welcome, introductions and apologies	Jayne Brown, Chair	**Verbal**	To receive	2
2.	10.07	Declarations of interests	Jayne Brown, Chair	**Verbal**	To receive	3
3.	10.10	Minutes of the previous Members’ Council meeting held on 6 May 2026 and the extraordinary meetings held 14 May 2026 and 23 June 2023	Jayne Brown, Chair	**Paper**	To approve	2
4.	10.12	Matters arising from the previous meetings held on 6 May 2026 and the extraordinary meetings held 14 May 2026 and 23 June 2023 and action log	Jayne Brown, Chair	**Paper**	To receive	3
5.	10.15	Chair’s report and feedback from Trust Board (to be taken as read)	Jayne Brown, Chair	**Paper**	To receive	10
6.	10.25	Chief Executive’s comments on the operating context	Mark Brooks, Chief Executive	**Paper**	To receive	10
7.	10.35	**Members’ Council Business items (including annual items)**				
7.1	10.35	Appointment to Members’ Council groups (to be taken as read and submit questions in advance)	Andy Lister, Head of Corporate governance	**Paper**	To receive	5
	10.40	*Break*				
	10.50	**Members’ Council Business items continued (including annual items**				

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
7.2	10.50	Assurance from Members' Council groups and Nominations Committee: • Members' Council Co-ordination Group • Members' Council Quality Group • Nominations Committee	Jayne Brown, Chair	**Paper**	To receive/ approve	5
7.3	10.55	Governor feedback	John Laville, Lead governor	**Verbal**	To receive	10
7.4	11.05	Integrated Performance Report (to be taken as read and questions to be submitted in advance)	TBC, Non-executive Director	**Presentation**	To receive	10
8.		**<u>Focus On item</u>**				
8.1	11.15	Trust Strategy and EDI Strategy update	Dawn Lawson, Deputy Chief Executive/ Director of Strategy, Inclusion and Change	**Presentation**	To receive	20
8.2	11.35	CQC Well Led	Dawn Lawson, Deputy Chief Executive/ Director of Strategy, Inclusion and Change	**Presentation**	To receive	40
9	12.15	**Closing remarks and annual work programme** Work programme 2026/27	Jayne Brown, Chair	**Paper**	To receive	2
10	12.17	**Any other business**	Jayne Brown, Chair	**Verbal**	To note	3
11	12.20	**Date of next meeting** Annual Members' Meeting – 16 September 2026 Joint Members' Council and Trust Board Meeting – 13 November 2026	Jayne Brown, Chair	**Verbal**	To note	1
	12.21	**Private Meeting (all executives and non-executives to leave)**				

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
12	12.21	Minutes of the private Members' Council meeting held on 6 May 2026	Natalie McMillan Deputy Chair and Senior Independent Director	**Paper**	To receive/ approve	1
13	12.22	Chair's appraisal	Natalie McMillan Deputy Chair and Senior Independent Director	**Paper**	To receive/ approve	8
	12.30	*Close*				

Minutes of the Members' Council meeting
6 May 2026, 10.05 – 13.00
Hybrid Meeting - MS Teams meeting/Large Conference Room, Fieldhead Hospital, Wakefield

Present:	Marie Burnham (MBu)	Chair
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Farida Ali (FA)	Public – Kirklees (MS Teams)
	Daz Dooler (DD)	Public - Wakefield (MS Teams)
	Daniel Goff (DG)	Public – Barnsley
	Bob Morse (BM)	Public – Kirklees
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Richard Prince (RP)	Public – Calderdale (MS Teams)
	Anne Magee (AM)	Appointed – Staff side
	Esther Aluko (EA)	Staff – Nursing Support (MS Teams)
	Emma Cox (EC)	Staff – Nursing (MS Teams)
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Elaine Lane (EL)	Staff – Allied Health Professionals
	Nik Vlissides (NV)	Staff – Psychological Services
	Tony Lawson (TL)	Public – Wakefield
	Temilade Agunbiade (TA)	Public – Rest of Yorkshire
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust (MS Teams)
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
	Margaret Kitching (MK)	Non-executive director
	Christine Brereton (CB)	Chief People Officer (MS Teams)
	Dawn Lawson (DL)	Executive director of strategy and change/Deputy Chief Executive
	Adrian Snarr (AS)	Executive Director of Finance, Estates and Resources
	Caroline Johnson (CJ)	Chief Nurse and Director of Quality and Professions
	Izzy Worswick (IW)	Assistant Director of Corporate Governance
	Andy Lister (AL)	Head of Corporate Governance / Company Secretary
	Gemma Lockwood (GL)	Corporate governance manager (author)
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
Apologies:	Anne Rolfe (AR)	Public – Barnsley
	Nesar Rafiq (NR)	Public – Wakefield
	Amaina Elzoubir (AE)	Public – Wakefield
	Valentina McParland (VM)	Public – Kirklees
	Claire Den Burger-Green (CDBG)	Public – Kirklees
	Alex Feather (AFe)	Staff – Non Clinical Support
	Sarah Leason-Hurley (SLH)	Staff – Social Worker
	Emma Hall (EH)	Appointed Governor – Mid Yorkshire Hospital Trust
	Donna Kemp (DK)	Appointed Governor – University of Huddersfield
	Mark Brooks (MBr)	Chief Executive
	Adele Fox (AF)	Chief Operating Officer

MC/26/13 Welcome, introductions and apologies (agenda item 1)
Marie Burnham (MBu) formally welcomed everyone to the meeting, apologies were noted as above, the meeting was deemed to be quorate and could proceed.

MBu explained the meeting is hybrid for the purpose of inclusivity, to enable governors to attend in person and also to join remotely. Members of the public also have access to the meeting. The Trust is recording this meeting to support minute taking. The recording will be destroyed once the minutes have been approved. (it is noted that attendees of the meeting should not record the meeting unless they have been granted authority by the Trust prior to the meeting taking place).

MBu acknowledged the sad passing of Andrew Betteridge in February 2026. Andrew was a valued member of the Corporate Governance Team who played a huge role in Members' Council and is very much missed. On behalf of the Members' Council, MBu offered condolences to Andrew's family and friends at this sad time.

MBu congratulated Christine Brereton (CB) who has been appointed as substantive Chief People Officer and welcomed Caroline Johnson who has been appointed as the new Chief Nurse and Director of Quality and Professions.

MBu provided the following update in relation to the recent governor elections:

- Ian Grace and Bob Morse have been re-elected uncontested.
- A number of new governors were recruited as a result of the recent elections, these are:
  - Tony Lawson – Publicly elected for Wakefield
  - Anne Rolfe - Publicly elected for Barnsley
  - Alex Feather – Staff – Non-Clinical Support
  - Esther Aluko – Staff – Nursing Support
  - Emma Cox – Staff Nursing
  - Richard Prince – Publicly elected for Calderdale
  - Temilade Agunbiade - Publicly elected for the Rest of Yorkshire and the Humber
- A number of governors have retired by rotation and these are:
  - Jacob Agoro – Staff nursing
  - Leonie Gleadall – Staff non clinical support
  - Fatima Shahzad - Publicly elected for Rest of Yorkshire and the Humber
  - Phil Shire - Publicly elected for Calderdale
  - Sara Javid - Publicly elected for Kirklees
  - Rosie King - Publicly elected for Wakefield

MBu passed on thanks to the governors who have retired by rotation for their contributions.

MBu informed Members Council that this would be her final meeting before leaving the Trust and reflected on her tenure, expressing appreciation for the contribution and commitment of Governors. MBu highlighted the insight and challenge provided by the Council has made a meaningful and positive impact on the organisation, strengthening Board decision-making and governance arrangements.

MBu highlighted that recruitment for the incoming Chair was underway, with a strong field of candidates identified.

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

MC/26/14 Declarations of interest (agenda item 2)
It was noted that John Laville (JLa) and Bob Morse (BM) would leave the meeting for Item 7.2 due to a declared interest in that item.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/26/15 Minutes of the previous Members' Council meeting held on 13 February 2026 (agenda item 3)

It was RESOLVED to APPROVE minutes of the Members' Council meeting on 13 February 2026 as a true and accurate record.

MC/26/16 Matters arising from the previous meeting held on 13 February 2026 (agenda item 4)
Andy Lister (AL) advised that Daniel Goff had sent in a question ahead of the meeting relating to the Board Assurance Framework risk around Adult Secure Provider Collaborative contracts.

Adrian Snarr (AS) confirmed that the current contract runs until March 2027and there remains some uncertainty regarding NHS England's intentions beyond this date. The associated risk position continues to be actively monitored and will be reviewed once further national guidance is available.

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

MC/26/17 Chair's report and feedback from Trust Board (agenda item 5)
MBu noted that the report provides a comprehensive record of Non-Executive Director (NED) engagement, including attendance, participation, and contributions across a range of Trust meetings and activities. This level of transparency helps Governors hold the Chair and Non-Executive Directors to account as part of their statutory role.

MBu emphasised that the report forms part of the formal appraisal process for NED's and provides assurance regarding the extent and consistency of NED involvement in Trust business.

Mike Ford (MF) raised that there was an error in the paper and that the Chair actually joined the Trust in 2021. The report would be amended accordingly.

Action: Gemma Lockwood

It was RESOLVED to RECEIVE the Chairs' report.

MC/26/18 Chief Executive's comments on the operating context (agenda item 6)
Dawn Lawson (DL) presented the Chief Executive's report on behalf of Mark Brooks (MBr), Chief Executive and highlighted the following points:

- Positive staff survey results, with the Trust maintaining a strong position relative to peers, ranking within the top 10 in the Northeast and Yorkshire region and achieving top performance across several domains.
- Staff morale remains significantly above the national average, providing assurance regarding workforce engagement, notwithstanding recognised areas for improvement for some staff groups.

- The Trust Annual Plan has now been confirmed as compliant, subject to a small number of conditions currently being addressed.
- The Trust continues to perform strongly in its national segmentation, remaining in Segment 1 and ranked 12th out of 61 trusts nationally, reflecting overall organisational strength.
- In respect of financial performance, DL noted delivery against the savings target of £28.2m for 2025/26. Whilst this represents a strong position, it was acknowledged that financial challenges will continue into the next financial year.
- There are ongoing operational pressures, including periods at operational pressures escalation level (OPEL) 4 for inpatient mental health services and increased sickness/absence levels. These pressures are being actively managed, with continued positive performance in areas such as appraisal compliance.

JL queried the drop 4th to 12th in the league table and Adrian Snarr (AS) explained this is due to a data issue relating to one community indicator not being recorded nationally and is expected to be corrected in future reporting. AS advised that performance should primarily be assessed through segmentation rather than relative ranking positions.

Bob Morse (BM) raised wider system challenges, particularly in relation to national policy and funding priorities for mental health. Concerns were raised regarding the perceived lack of focus on mental health within emerging system plans, ongoing changes within Integrated Care Boards (ICBs), and the potential impact on partnership arrangements, including local mental health alliances.

MBu noted BM's concern that there is likely to be a period of organisational and system turbulence over the next 6–12 months as roles and structures within ICBs are clarified.

DL confirmed that the Trust is actively engaging at system and place-based levels to maintain the profile of mental health and ensure appropriate representation in emerging structures.

MBu highlighted broader challenges relating to funding allocation and the balance between acute services, preventative services, and community-based models. It was acknowledged that investment in prevention and early intervention remains essential to mitigating future demand, although national funding approaches do not consistently support this.

MBu gave examples of effective partnership working, including collaboration with the voluntary and primary care sectors, and agreed that such models should be promoted as evidence of impact. It was confirmed that these examples will be utilised in forthcoming discussions with national stakeholders, including the Department of Health.

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

MC/26/19 Members' Council business items (agenda item 7)
<u>MC/26/19a Members' Council Elections - outcome (agenda item 7.1)</u>
Andy Lister (AL) presented an update on the annual Members' Council elections process.

AL explained that the elections are administered independently by Civica Election Services to ensure fairness, transparency and compliance with the Trust's constitution and national model election rules. The nominations process was open from 11 February to 11 March 2026, followed by voting in April 2026.

AL noted that a number of positions were filled through uncontested appointments where nominations were fewer than available vacancies. These included appointments and reappointments across public and staff constituencies.

AL noted that a small number of vacancies remain across Calderdale, Kirklees and Wakefield.

AL confirmed that the election outcomes have strengthened the overall composition of the Council, with a combination of new and returning Governors supporting continuity and representation across the Trust's communities and workforce.

It was RESOLVED to RECEIVE the outcome of the Members' Council Elections.

MC/26/19b Appointment of Lead Governor and Quality Group Chair (agenda item 7.2)
John Laville and Bob Morse left the meeting.

AL outlined the process for appointing the Lead Governor and Chair of the Members' Council Quality Group. It was noted that the Nominations Committee is responsible for overseeing the identification and appointment of key governance roles, including non-executive directors, the Chair, Senior Independent Director, Deputy Chair, the Lead Governor and Quality Group Chair, ensuring appropriate balance, experience and continuity within the Council.

AL reported that:
- John Laville had completed his initial three-year term as Lead Governor and submitted a self-nomination to continue in the role for a further 12 months.
- Bob Morse had submitted a self-nomination for the position of Chair of the Members' Council Quality Group following the completion of the previous Chair's term.

Both candidates had addressed the Nominations Committee on 27 April 2026, setting out their suitability and commitment to the roles.

The Committee recommended:
- Appointment of John Laville as Lead Governor for a period of 12 months, reflecting his stated intention to step down after one year and to support continuity during a period of potential system change
- Appointment of Bob Morse as Chair of the Members' Council Quality Group for a standard three-year term

MBu emphasised the importance of stability in the Lead Governor role, particularly in light of the forthcoming appointment of a new Trust Chair and wider system changes. It was noted that maintaining continuity in this role is critical to supporting the relationship between the Chair and Governors.

AL noted that, while Governors are typically appointed for three-year terms, there remains uncertainty regarding future governance arrangements linked to the NHS 10-year plan. In the interim, the Trust will continue to operate under existing arrangements until formal changes are confirmed.

It was RESOLVED 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.

John Laville and Bob Morse re-joined the meeting.

MC/26/19c Audit Committee Terms of Reference (annual item) (agenda item 7.3)
MF, as Chair of the Audit Committee, explained the process for annual review of the Audit Committee Terms of Reference.

MF noted that, whilst it is no longer a mandatory requirement under the NHS Governance Code for these terms to be presented to Members' Council annually, the Trust has elected to continue this practice in line with its commitment to transparency and best practice.

MF advised that a comprehensive review of the Terms of Reference had been undertaken, including benchmarking against the Healthcare Financial Management Association (HFMA) best practice guidance and comparable audit committee arrangements across South and West Yorkshire provider Trusts.

MF highlighted that only one amendment had been made since the previous review, relating to updated terminology within the internal audit section which reflects a transition from referencing Public Sector Internal Audit Standards to Global Internal Audit Standards.

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

MC/26/19d Fit and Proper Person Test (FPPT) for Board Members (agenda item 7.4)
AL presented an update on the Fit and Proper Person Test (FPPT) framework for Board members.

AL confirmed that the Trust operates in line with the national framework introduced in September 2023, with an annual submission required to NHS England (NHSE) by 30 June 2026.

The framework is designed to ensure that all Board members meet the required standards of integrity, competence and suitability, and to prevent individuals who are demonstrably unfit from holding senior positions across NHS organisations.

AL confirmed a comprehensive annual assurance process has been undertaken, including:
- Submission of declarations of interest and declarations of independence (for Non-Executive Directors)
- Completion of annual FPPT attestations by all Board members
- A range of verification checks, including bankruptcy and insolvency registers, disqualified directors' registers, professional registration checks, DBS checks, and character references

AL confirmed that all required checks have been completed and recorded, with appraisal processes either completed or scheduled in advance of the submission deadline. Formal assurance letters have been issued and signed by the Chair for all Board members, with the Deputy Chair providing independent assurance in respect of the Chair's compliance.

AL confirmed that appraisal arrangements for the outgoing Chair (MBu) will continue beyond her proposed departure date to ensure compliance with the framework requirements and the incoming Chair will also be subject to the full FPPT process prior to appointment.

It was RESOLVED to RECEIVE the Fit and Proper Person Test (FPPT) for Board Members.

MC/26/19e Assurance from Members' Council groups and Nominations Committee (agenda item 7.5)
MBu explained that this item provides assurance on the work of the Members' Council sub-groups and Nominations Committee.

MBu advised that a comprehensive set of documentation had been provided to support this item, including summary reports, meeting dates, and the approved notes and minutes from:
- Members' Council Co-ordination Group
- Members' Council Quality Group
- Nominations Committee

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

MC/26/20 Focus on item 1 – Members' Council Structure including sub-groups and Committees: (agenda item 8)
MC/26/20a Appointment to Members' Council groups (item 8.1)
AL outlined the structure of the Members' Council sub-groups and opportunities for Governor participation and stated that the Members' Council operates through three formal sub-groups:
- Members' Council Co-ordination Group – responsible for co-ordinating Council business, agenda setting, and Governor development
- Members' Council Quality Group – provides detailed oversight of quality and performance, including review of the Integrated Performance Report and participation in site visits
- Nominations Committee – responsible for key appointments including Chair, Non-Executive Directors, Lead Governor and committee chairs, ensuring robust and transparent processes

AL advised that vacancies currently exist across these groups, including a number of public Governor positions, and members were encouraged to consider participation to support the effective functioning of the Council.

The presentation also highlighted a significant expansion in opportunities for Governor engagement since 2020, including:
- Observation of Trust Board and selected Board Committees
- Participation in quality walkarounds and PLACE visits
- Attendance at training sessions and Q\&A forums with Executive and Non-Executive Directors
- Opportunities to engage in broader governance and assurance activities across the Trust

During discussion, Members reflected positively on the increased accessibility, transparency and breadth of engagement opportunities now available. It was recognised that this approach has strengthened Governors' ability to effectively hold Non-Executive Directors to account.

JLa emphasised the value of Board Committee observations and quality walkarounds as key opportunities to gain insight into operational practices and patient experience. It was noted that these forums provide meaningful assurance and enable Governors to observe the level of challenge provided by Non-Executive Directors.

JLA also highlighted the value of committee question and answer (Q&A) sessions, noting that they provide governors with an opportunity to ask questions openly, gain a better understanding of the purpose and functions of committees, and develop greater insight into the work undertaken within them.

MBu reinforced the commitment to openness and encouraged Governors to take advantage of the available opportunities, highlighting that increased understanding supports more effective and constructive challenge.

DL reiterated how important it is for governors to attend where possible and welcomed feedback and challenge to further improve engagement.

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

MC/26/20b Members' Council groups and Nominations Committee annual report (annual item) (item 8.2)
AL presented the Annual Reports, Terms of Reference and Work Plans for the Members' Council sub-groups and the Nominations Committee including:
- Members' Council Co-ordination Group
- Members' Council Quality Group
- Nominations Committee

AL confirmed that each report had been formally reviewed and approved by the respective group or Committee prior to submission, providing assurance that the content accurately reflects activity and governance arrangements over the reporting period.

AL confirmed there had been minimal changes to the Terms of Reference across the groups. The only substantive amendment relates to the Nominations Committee, which now formally includes responsibility for the appointment of the Chair of the Members' Council Quality Group.

It was RESOLVED TO APPROVE the Members' Council groups and Nominations Committee annual report.

MC/26/20c Members' Council Structure including Coordination Group, Quality Group and Nominations Committee (item 8.3)
AL confirmed that this item has been covered in agenda item 8.1.

It was RESOLVED TO RECEIVE the Members' Council Structure including Coordination Group, Quality Group and Nominations Committee.

MC/26/21 Focus on item 2 – Members' Council – What does the future look like: (agenda item 8.4)
AL introduced the item and shared a presentation outlining the proposed direction of travel for the future of the Members' Council, in the context of the Government's 10-year Health Plan and emerging national policy.

AL noted that national proposals include the potential removal of the statutory powers of Governors, with legislation anticipated from 1 April 2027, although this remains open to change until confirmed. AL acknowledged the lack of detailed national guidance at this stage and the resulting need for local exploration and preparedness.

AL highlighted that, in response, some key Members' Council objectives for 2026/27 have been established including:

- To work with the Trust to establish a dynamic mechanism through which the voice of communities, staff and partners can be heard.

AL advised that to support this objective, a working group is proposed comprising Governors, the Engagement Team and the Corporate Governance Team. This group will explore options for future arrangements, informed by emerging national direction.

AL asked governors to consider the following question:
How can we make the working group successful in developing a "dynamic mechanism through which the voice of communities, staff and partners can be heard?"

Members' Council participated in breakout discussions to consider:
- What would working group look like?
- What would it need to include?
- What success would look like?

Feedback from discussions:
- Understanding current arrangements: The working group should map existing engagement and feedback mechanisms, identify gaps, and ensure a more holistic and coordinated approach to capturing insight from communities, staff and partners.
- Representation and voice: It was emphasised that Governors must effectively represent, the views of their constituencies. Challenges were identified in ensuring that individuals reflect a balanced and representative voice rather than personal perspectives.
- Accountability and governance: Discussion highlighted the importance of establishing clear accountability arrangements for any future model, including mechanisms to demonstrate that feedback is heard and acted upon.
- Integration with wider system structures: Members noted the importance of aligning future arrangements with emerging neighbourhood, place-based and system-level partnership models, including closer integration with local authorities, voluntary sector partners and community networks.
- Building on existing strengths: It was recognised that the Trust already has a range of engagement mechanisms (e.g. Governors, community connectors, thematic groups), and that the focus should be on improving how these are coordinated and how insights are escalated to decision-makers.
- Culture and values: The Executive Team reinforced the importance of ensuring that any future model reflects the Trust's values of openness, transparency and inclusivity, and supports constructive challenge informed by understanding and insight.

DL noted the importance of aligning this work with the Trust's Equality and Involvement Strategy to ensure consistency and maximise impact. DL acknowledged the opportunity to gather the voices of the community, whilst representing Trust values.

AL confirmed that the comments and feedback will be collated before asking for volunteers to be part of the new working group.

It was RESOLVED TO RECEIVE the Members' Council future update.

MC/26/22 Members' Council Business items continued (including annual items) (agenda item 9)

<u>MC/26/22a Quality Assurance System Annual Report 2024-25 (annual item) (agenda item 9.1)</u>

Caroline Johnson (CJ) presented the Quality Assurance System Annual Report and advised that the report outlined the Trust's quality assurance framework, noting that it is a developing and iterative system designed to provide a comprehensive view of service quality across the organisation.

The framework brings together multiple sources of intelligence, including:
- Quantitative data (e.g. Integrated Performance Report, audit data)
- Quality walkarounds, which governors are involved with
- Structured quality oversight processes
- Qualitative intelligence from staff and service users, including observational feedback and patient experience insights

CJ confirmed these elements are triangulated to provide an overall assessment of service quality and inform the level of oversight required, ranging from routine monitoring to enhanced or intensive support where risks are identified.

CJ advised that the system is being actively utilised across the organisation, including in areas requiring enhanced oversight, and that reporting is regularly escalated to the Quality and Safety Committee.

MBu asked how well the system has been embedded across the Trust.

CJ acknowledged that while the framework has been successfully implemented and is in active use, further work is required to fully embed and mature the approach across all services. Feedback from areas involved in quality walkarounds has been positive, with value identified in shared learning and peer review and there is an opportunity to strengthen the integration and triangulation of data to provide a more cohesive assurance picture. CJ advised that further development is required to embed a culture of peer review and continuous improvement across all teams.

MBu reflected that the system represents a strong foundation for organisational assurance but emphasised that the next phase should focus on embedding the framework consistently across services to maximise its effectiveness.

It was RESOLVED to RECEIVE and REVIEW the Quality Assurance System annual report 2024/25.

MC/26/22b Care Quality Commission (CQC) action plan (agenda item 9.2)

CJ provided an update on the Care Quality Commission (CQC) action plan arising from the acquisition of services at Cheswold Park.

CJ confirmed that significant progress has been made in addressing all "must do" and "should do" actions and confirmed that the Trust can now formally close the majority of these actions, with final confirmation to be submitted to the Quality and Safety Committee for approval.

CJ noted that the improvements delivered have been subject to ongoing oversight and validation through quality improvement group reviews, which have provided strong evidence of sustained progress and improvement in service quality.

CJ further noted that a small number of actions remain under review, specifically relating to outdoor environments. A position statement is being prepared for consideration by the

Executive Management Team, which will determine whether sufficient assurance has been achieved to formally close this final outstanding item.

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

MC/26/22c Quality Account update (annual item) (agenda item 9.3)
CJ provided an update on the development of the Trust's Quality Account for 2025/26 which provides a comprehensive overview of the Trust's quality performance over the reporting period, incorporating key achievements, areas for improvement, and learning across services.

CJ advised that the Quality Account is progressing in line with the required statutory timetable and is on track for review and publication by the national deadline of 30 June 2026. The report will be reviewed at the Executive Management Team meeting, with further scrutiny and refinement planned through the established governance route, including the Quality and Safety Committee and Trust Board for final sign off.

It was RESOLVED 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.

MC/26/22d Governor Feedback (agenda item 9.4)
John Laville (JLa) summarised key feedback and themes arising from recent virtual Governor engagement relating to patient experience, service delivery and quality monitoring:

- Concerns regarding discharge processes: Specific concerns were raised about instances where patients may have been discharged despite ongoing vulnerability or unmet needs. JLa confirmed that detailed case information has been formally escalated to the Chief Operating Officer for investigation and response.
- Continuity of care and follow-up: Feedback relating to a complex case involving a service user in out of area supported living, where concerns had been raised regarding limited clinical contact and absence of routine health monitoring over an extended period. This has been formally raised with the Chief Operating Officer for review.
- Quality walkaround feedback: Positive feedback was received regarding the value of quality walkarounds in providing insight into services. However, inconsistencies in documentation and terminology, for example differing language used for safety huddles, were identified as areas for improvement to ensure clarity and consistency across teams.
- Older People's Services Transformation: Ongoing delays to the transformation programme were noted with a particular concern regarding the absence of en-suite facilities in planned developments at the Priestley Unit, especially in the context of specialised dementia care.

JLa raised the issue of there being no en-suite facilities in the Priestly unit (ward 19), given it is part of the older people's service transformation (OPS) scheme, and will be a specialist dementia area.

JLa reported he had raised this in February and was informed en-suite at the Priestley unit was not included in the OPS plan as there were drainage issues. JLa believes the drainage issues have now been resolved.

JLa asked if en-suite facilities in the OPS plan, if they are not, can this be considered.
AS reported the OPS scheme is delayed but progress is being made to towards confirm a "final agreed price" with the contractor, following changes being required due to fire safety legislation.

AS reported the economic reality is the Trust doesn't have the funds available to convert the Preistley Unit to have en-suite rooms within this current capital cycle.

MBu queried if there was any idea of approximate cost of the works being undertaken.

AS reported the nearest comparator was works carried out in the Bretton Centre, as part of which, en-suite rooms were added. The Bretton Centre work was originally priced at £10m but grew to over £20m. AS clarified that en-suite accommodation was not the sole reason for the price increase but was a considerable factor. AS confirmed installing en-suite facilities at the Preistley Unit would be a multi-million-pound scheme.

CJ stated that en-suite accommodation can be preferential, however, where this is not possible, or the safest option, service user risk assessments consider the lack of en-suite facilities so that staff can ensure that fall risks (as an example) are adequately mitigated as part of their care.

DDo reported as part of the consultation the new facilities were meant to be of a high standard and were to ultimately save money. Could the money saved not be invested in en-suites for the Priestly Unit.

AS explained capital spend limitations prevent the Trust from doing this and so this cannot be considered at this time.

IG reported the staff do an excellent job on Ward 19 in looking after service users but cited that they are mixed presentation wards at this time. Future risk assessments would need to reflect this.

MBu summarised the discussion explaining that currently the Trust can't spend money it has in the bank due to capital spend restrictions. Yes, it would be ideal if we had en-suite facilities on Ward 19, but this wasn't part of the OPS consultation or plan and the capital allocated for the next year is allocated to finish the OPS scheme.

Positive feedback regarding recent improvements to outdoor spaces at the Priestley Unit was noted, including the professionalism of contractors and the quality of the environments created for patient benefit.

A proposal was raised to recognise the contribution of Andrew Betteridge, who passed away recently, by possibly naming a room after him. Andrew was a valued member of the team and influential within the Members' Council.

MBu supported consideration of an appropriate and equitable way to recognise staff contributions, acknowledging the importance of consistency across the organisation. Izzy Worswick (IW) confirmed that Andrew will be recognised for his 25 years of NHS service and other ways of remembering him will be considered.

It was RESOLVED to RECEIVE the Governor Feedback.

MC/26/22e Integrated Performance Report (agenda item 9.5)

Nat McMillan (NMc) presented the Integrated Performance Report (IPR) and provided a summary of the key points:

- The Trust has maintained strong overall performance despite a challenging financial and operational environment

- A small financial surplus has been achieved, reflecting effective delivery of the Trust's Value for Money programme. This has been achieved without detriment to quality of care or workforce experience, providing assurance regarding balanced organisational performance

Quality and Safety

- Ongoing focus on reducing prone restraint incidents, with numbers significantly reduced from previous years. Whilst recognising that some incidents may be clinically necessary, the aspiration remains a zero-tolerance approach
- Continued challenge relating to patients clinically ready for discharge, with work ongoing at system level to improve patient flow
- Out of area placements remain in use but at comparatively lower levels than peer organisations
- Reductions in restrictive practice reflect improved clinical approaches, including de-escalation techniques
- Performance data must be interpreted in context, particularly where patient acuity and safety considerations are factors

Workforce (People)

- Sickness absence remains an area of focus but has improved to within tolerance for the most recent period
- Turnover remains low and stable, with no significant hotspots identified
- Workforce growth, whilst positive, presents a challenge in the context of national direction to reduce workforce size
- Agency spend continues to reduce, with increased use of bank staffing, predominantly filled by substantive Trust staff. This approach provides a more cost-effective and safer model, maintaining continuity and familiarity within teams

Operational and National Performance

- The Trust continues to perform strongly within the NHS Oversight Framework, maintaining Segment 1 status for the second consecutive quarter
- League table movement should be interpreted with caution, as performance positions can fluctuate due to national reporting factors
- Certain national access standards, including audiology waiting times, remain affected by demand exceeding commissioned capacity. These issues are being actively escalated with commissioners

Finance

- Delivery of the financial plan, including achievement of savings targets
- Continued management of temporary staffing expenditure, including scrutiny of bank and agency usage
- Capital programme constraints remain a significant limitation, with some schemes delayed or phased accordingly
- Increased bank staffing reflects operational necessity and does not equate to the risks associated with agency reliance
- Financial performance represents a balanced position, maintaining service quality alongside cost control

MF confirmed that risks identified within the Board Assurance Framework are triangulated with IPR metrics and there is alignment between risk management and performance reporting, ensuring that key organisational risks are actively monitored and addressed through Audit Committee.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/26/23 Closing remarks and annual work programme (agenda item 10)

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

MC/26/24 Any Other Business (agenda item 11)

JLa noted that this meeting represented the Chair's final Members' Council meeting and formally recorded appreciation for the Chair's leadership, recognising her significant contribution to strengthening governance, transparency and engagement across the Trust. Members expressed their thanks and best wishes for her future role.

It was RESOLVED to NOTE any other business.

Minutes of the Extraordinary Members' Council meeting
14 May 2026, 09.00 – 09.45
Virtual meeting via Microsoft Teams

Present:	Natalie McMillan (NMc)	Deputy Chair/Senior Independent Director
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Daniel Goff (DG)	Public – Barnsley
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Richard Prince (RP)	Public – Calderdale
	Amaina Elzoubir (AE)	Public – Wakefield
	Tony Lawson (TL)	Public – Wakefield
	Donna Kemp (DK)	Appointed - University of Huddersfield
	Anne Magee (AM)	Appointed – Staff side
	Esther Aluko (EA)	Staff – Nursing Support
	Emma Cox (EC)	Staff – Nursing
	Elaine Lane (EL)	Staff – Allied Health Professionals
	Nik Vlissides (NV)	Staff – Psychological Services
	Alex Feather (AFe)	Staff – Non Clinical Support
In attendance:	Christine Brereton (CB)	Chief People Officer
	Izzy Worswick (IW)	Deputy Director of Partnerships, Planning and Governance
	Andy Lister (AL)	Head of Corporate Governance / Company Secretary
	Tony Jackson (TJ)	PA to Chair / Corporate Governance
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)

Apologies:

MC/26/27 Welcome, introductions and apologies (agenda item 1)

Nat Mcmillan (NMc) formally welcomed everyone to the meeting and explained the meeting was convened to progress the appointment of a new Chair.

In terms of quoracy, Andy Lister (AL) confirmed that a minimum of nine governors was required, and once sufficient attendance had been reached, the meeting was formally opened.

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

MC/26/28 Declarations of interest (agenda item 2)

No declarations were raised.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/26/29 Trust Board Appointments (agenda item 3)

MC/26/29a New Chair Appointment (agenda item 3.1)

Christine Brereton (CB) provided an overview of the process undertaken to recruit a new Trust Chair following the upcoming departure of the current Chair, Marie Burnham.

CB stated that a formal recruitment process had been undertaken in line with governance requirements. An external recruitment agency, Gatenby Sanderson, were appointed following a procurement process to support a targeted search for suitable candidates. A longlist of candidates was developed and presented to the Nominations Committee who subsequently shortlisted five candidates for final interview.

A comprehensive interview assessment process was undertaken, comprising both a stakeholder panel session involving Governors, Executives and Non-Executive Directors, and a formal interview panel. The formal interview panel was chaired by the Deputy Chair/Senior Independent Director and included Governor representatives, Non-Executive Directors, and external NHS regional representation, with executive colleagues (Chief Executive and Chief People Officer) attending in an advisory capacity.

John Laville (JLa) confirmed that five shortlisted candidates were assessed consistently against the same set of interview questions, with panel members independently scoring responses.

JLa advised that all candidates demonstrated strong and varied experience however, one candidate performed highest overall throughout the assessment. The panel therefore identified Jayne Brown as the preferred candidate. Jayne brings extensive NHS experience at senior level, including prior Chair roles, and demonstrated a strong commitment to the position. A Nominations Committee meeting was held on 13th May 2026, and the Committee reviewed and endorsed the panel's recommendation, including agreement on the proposed remuneration package.

CBr outlined the Nominations Committee recommended a starting salary of £50,000 as the advert for the role showed up to £50k and this figure remains within the NHSE framework.

CBr confirmed that the offer of the Chair role was dependent on satisfactory pre- employment fit and proper person checks being carried out which would now be progressed.

NMc outlined that next steps would focus on managing the transition arrangements, including completion of pre-appointment checks, confirmation of start date, and coordination of handover arrangements.

It was RESOLVED to APPROVE the appointment of Jayne Brown as Chair of the Trust for an initial three-year term, with a starting remuneration of £50,000 subject to satisfactory completion of all necessary pre-employment checks.

MC/26/30 Any Other Business (agenda item 4)

JLa confirmed that all candidates, including those not appointed, provided very positive feedback regarding their experience, highlighting the quality and professionalism of the process and the welcoming nature of the organisation.

NMc advised that the interview process had been described as exemplary by Fiona Edwards, regional NHSE Director. She thanked the People Directorate, Corporate Governance Team and all colleagues involved in the process. NMc acknowledged the commitment of governors to the recruitment process, giving time to be part of the process and ensure necessary governance processes were followed.

Izzy Worswick (IW) emphasised the importance of maintaining confidentiality regarding the appointment until formal pre-employment checks had been completed. She advised formal communication would take place once checks had been carried out.

It was RESOLVED to NOTE any other business.

MC/26/31 Closing remarks and future meeting dates
The next Members' Council meeting will be held on 12 August 2026.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Minutes of the Extraordinary Members' Council meeting
23 June 2026, 10.00 – 10.30
Virtual meeting via Microsoft Teams

Present:	Jayne Brown (JB)	Trust Chair – Chair of meeting
	Natalie McMillan (NMc)	Deputy Chair/Senior Independent Director
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Richard Prince (RP)	Public – Calderdale
	Tony Lawson (TL)	Public – Wakefield
	Donna Kemp (DK)	Appointed - University of Huddersfield
	Anne Magee (AM)	Appointed – Staff side
	Esther Aluko (EA)	Staff – Nursing Support
	Emma Cox (EC)	Staff – Nursing
	Nik Vlissides (NV)	Staff – Psychological Services
	Anne Rolfe (AR)	Public – Barnsley
	Farida Ali (FA)	Public – Kirklees
	Nesar Rafiq (NR)	Public – Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Nik Vlissides (NV)	Staff – Psychological Services
In attendance:	Christine Brereton (CB)	Chief People Officer
	Izzy Worswick (IW)	Deputy Director of Partnerships, Planning and Governance
	Andy Lister (AL)	Head of Corporate Governance / Company Secretary
	Gemma Lockwood (GL)	Corporate Governance Manager (author)
Apologies:	Daniel Goff (DG)	Public – Barnsley
	Amaina Elzoubir (AE)	Public – Wakefield
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Elaine Lane (EL)	Staff – Allied Health Professionals
	Alex Feather (AFe)	Staff – Non-Clinical Support
	Valentina McParland (VMc)	Public – Kirklees
	Bob Morse (BM)	Public – Kirklees
	Claire Den Burger Green (CDBG)	Public – Kirklees
	Temilade Agunbiade (TA)	Public – Rest of Yorkshire
	Sarah Leason-Hurley (SLH)	Staff – Social Worker
	Ian Grace (IG)	Staff – Pharmacy
	Cllr Chris Denton (CD)	Appointed – Barnsley Council
	Cllr Jackie Wilson (JW)	Appointed – Calderdale Council
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust

MC/26/27 Welcome, introductions and apologies (agenda item 1)

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

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

MC/26/28 Declarations of interest (agenda item 2)
No declarations were raised.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/26/29 Trust Board Appointments (agenda item 3)
<u>MC/26/29a Appointment of Non-Executive Director (agenda item 3.1)</u>
Christine Brereton (CB) presented a report on the recruitment and selection process for a new Non-Executive Director to succeed Mike Ford following the completion of two three year terms.

The recruitment process commenced in April and was supported by Gatenby Sanderson, who had also provided support during the recent Chair appointment process. Four candidates were initially shortlisted; however, one candidate withdrew prior to interview, resulting in three candidates being interviewed on 9 June 2026.

CB advised that the assessment process included both a formal interview and a stakeholder panel and, following completion of the process, the Extraordinary Nominations Committee recommended Celia Weldon for appointment.

John Laville (JLa), who had participated in the interview process, commented that Celia Weldon had distinguished herself among the candidates and expressed his confidence in her suitability for the role. This view was acknowledged by those involved in the recruitment process, and no concerns or objections were raised by Members.

Nesar Rafiq (NR) commented that it was important for Non-Executive Director roles to be accessible to individuals from a broad range of backgrounds and communities. He expressed a desire to see greater representation from grassroots and everyday community perspectives within such appointments, recognising the value that individuals with diverse lived experience can bring to board-level decision-making.

JB confirmed that job specifications are inclusive and recognise lived experience as well as qualifications. JB added that directors and non-executive directors often do have lived experience as well as the desired qualifications.

AL added that the Trust supports the Gatenby Sanderson Insight Programme and NHS England's Next programme, both of which are designed to develop aspirant non-executive directors, including those from minority backgrounds.

It was RESOLVED to APPROVE the appointment of Celia Weldon as Non-Executive Director for an initial term of three years subject to necessary pre-employment checks.

MC/26/30 Appointment to Members' Council Groups and Nominations Committee (agenda item 4)
<u>MC/26/30a Appointment to Members' Council Groups and Nominations Committee (agenda item 4.1)</u>
AL identified current vacancies and the process for recruitment to roles on Members' Council groups and Nominations Committee. He explained that vacancies are advertised through a self-nomination process, with appointments made directly where there is a single nomination. Where multiple nominations are received, the Members' Council Co-ordination Group undertakes a selection process and makes recommendations for appointment.

Members were advised that Richard Prince and Temi Agunbiade had been appointed to the Quality Group following expressions of interest.

In addition, Farida Ali had been recommended for appointment to the Nominations Committee following consideration by the Members' Council Co-ordination Group and the recommendations were presented to Members' Council for approval. Members' Council supported these appointments.

AL further noted that a number of vacancies remain across Members' Council groups, and some nominations have been received and will discussed at the next Co-ordination Group in July.

AL clarified that governors can attend both the Quality or Co-Ordination Group without being a formal member.

It was RESOLVED to NOTE the appointment of Richard Prince and Temi Agunbiade to the Members' Council Quality Group and APPROVE the appointment of Farida Ali to the Nominations Committee.

MC/26/31 Any Other Business (agenda item 5)
Nat McMillan (NMc) expressed thanks to governors for giving up their time to support the recent appointment processes.

It was RESOLVED to NOTE any other business.

MC/26/32 Closing remarks and future meeting dates (agenda item 6)
The next Members' Council meeting will be held on 12 August 2026.

South West Yorkshire Partnership Teaching NHS Foundation Trust

Members' Council 12 August 2026
Action log

= completed actions

Minutes ref	Action	Lead	Timescale	Progress
Actions from 6 May 2026				
MC/26/17	Mike Ford raised that there was an error in the Chair's report stating the wrong date the Chair joined the Trust which should read 2021. The report would be amended accordingly.	Gemma Lockwood		The report has been amended to reflect the correct date.

Members' Council
12 August 2026
Agenda item 5

Private/Public paper:	Public
Title:	**Chair's Report and feedback from Trust Board**
Paper presented by:	**Jayne Brown –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 **7 May 2026 to 11 August 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 6 May 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 6 May 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 Jayne Brown has formally taken over the role of Trust Chair following the departure of Marie Burnham. The Trust's Excellence and Long Service Awards were held at Wakefield Trinity's stadium in Wakefield on 14 May. The excellence awards celebrate the achievements of colleagues, teams and volunteers. We received 220 nominations from colleagues across all care groups and localities, demonstrating the breadth of outstanding contributions across the Trust. 180 people including staff, nominees and guests attended the awards celebration event. The long service awards honoured those reaching significant milestones of 25 and 40 years of service. It was particularly inspiring to see 23 colleagues celebrated for 40 years' service in the NHS – a truly outstanding achievement.

	A new committee has been developed to provide oversight and direction for implementation of the Trust's Strategy. The Transformation, Innovation and Sustainability Committee held its first meeting on 21 July. **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 **7 May 2026 to 11 August 2026.** **Natalie McMillan, Senior Independent Director / Deputy Chair** • Trust Chair Interview Panel (12 May) • Extraordinary Nominations Committee re Chair appointment (13 May) • Extraordinary Members' Council re Chair appointment (14 May) • Excellence Awards (14 May 2026) • Staff Network Development Day (15 May) • Preparing for CQC Well-Led Session (19 May, 16 June, 11 August) • Quality and Safety Committee (19 May, 9 June) • Trust Board (26 May, 28 July) • Monthly NEDs meeting (26 May, 9 June, 28 July) • Quality Walkaround pre meet – Melton Ward (1 June) • Members' Council Co-Ordination Group (3 June) • Confirm outcome of Chair's appraisal with the Chair (3 June) • NED Interview Panel (9 June 2026) • Audit Committee – sign off Annual Report and Accounts (23 June) • Extraordinary Members Council re NED appointment (23 June) • Extraordinary People and Remuneration Committee (23 June) • People and Remuneration Committee (14 July) • Audit Committee (14 July) • Commissioning Committee (23 July) • Corporate Trustee for Charitable Funds (28 July) • Appeal Hearing (31 July) **Mike Ford, Non-Executive Director** • Chair Recruitment Stakeholder Panel (12 May) • Excellence Awards (14 May) • Preparing for CQC Well-Led Session (19 May, 2 June, 16 June, 11 August) • Quality & Safety Committee (19 May, 7 July) • Meeting to finalise Creative Minds Annual Report (19 May) • Meeting to finalise Freedom to Speak Up action plan (19 May) • Trust Board (26 May, 30 June, 28 July) • Monthly NEDs Meeting (26 May, 30 June, 28 July) • Charitable Funds Committee (2 June) • CQC (2 June 2026, 11 August, 11 August) • Oversight Group (9 June) • Audit Committee sign off of Annual Report and Accounts • Trustee Training for NEDs and Executive Directors (1 July) • West Yorkshire Audit Committee Chairs meeting (2 July 2026)

	• Audit Committee (14 July) • Meeting to discuss Board responsibilities for cyber security (14 July) • Corporate Trustee for Charitable Funds (28 July) **Martin Neeson, Non-Executive Director** • Preparing for CQC Well-Led Session (19 May, 2 June, 16 June, 29, July, 11 August) • Trust Board (26 May, 30 June, 28 July) • Monthly NEDs Meeting (26 May, 30 June, 28 July) • AI Ambassadors Network Meeting (3 June) • Clinical Consultant Interview Panel (9 June) • New Committee Discussion (9 June) • Commissioning Committee (17 June) • Audit Committee sign off of Annual Report and Accounts (23 June) • Extraordinary People & Remuneration Committee (23 June) • Trustee Training for NEDs and Executive Directors (1 July) • Audit Committee (14 July) • People and Remuneration Committee (14 July) • Transformation, Innovation and Sustainability Committee (21 July) • Corporate Trustee for Charitable Funds (28 July) **Gary Ellis, Non-Executive Director** • Preparing for CQC Well-Led Session (19 May, 16 June, 23 July, 29 July, 11 August) • Trust Board (26 May, 30 June, 28 July) • NEDs Meeting (26 May, 30 June, 28 July) • Clinical Ethics Advisory Group (16 June) • Commissioning Committee (17 June) • Finance Performance Committee (22 June, 20 July) • Hospital Managers Reviews (22 June, 23 July, 5 August) • Transformation, Innovation and Sustainability Committee (21 July) • Regional Finance Chairs Meeting (11 August) • North East and Yorkshire NHS Trusts and ICBs Finance Committee (11 August) • Corporate Trustee for Charitable Funds (28 July) **Margaret Kitching, Non-Executive Director** • Excellence Awards (14 May 2026) • Preparing for CQC Well-Led Session (19 May, 16 June, 23 July, 29 July, 11 August) • Quality & Safety Committee (19 May, 9 June, 7 July) • Hospital Manager Reviews (21 May, 1 June, 8 June, 15 June, 23 July) • Pressure Ulcer Review Meetings (21 May, 1 July) • Trust Board (26 May, 30 June, 28 July) • Monthly NEDs Meeting (26 May, 30 June, 28 July) • Mental Health Act Committee (2 June) • NED recruitment Stakeholder Panel (9 June) • Commissioning Committee (17 June) • Trustee Training for NEDs and Executive Directors (1 July) • Cheswold Park Quality Improvement Group (2 July, 22 July) • Corporate Trustee for Charitable Funds (28 July)

	Rokaiya Khan, Non-Executive Director • Chair Recruitment Interview Panel (12 May) • Excellence Awards (14 May) • Preparing for CQC Well-Led Session (19 May, 16 June, 23 July, 29 July, 11 August) • Clinical Consultant Interviews (19 May) • Trust Board (26 May 2026, 30 June) • Monthly NEDs Meeting (26 May, 30 June) • Charitable Funds Committee (2 June) • Mental Health Act Committee (2 June) • Quality Walkaround - Enfield Down (8 June) • Finance, Investment & Performance Committee (22 June, 20 July) • Hospital Manager Reviews (7 July, 24 July) • Transformation, Innovation and Sustainability Committee (23 July) • Corporate Trustee for Charitable Funds (28 July) **Jayne Brown - Chair** • Preparing for CQC Well-Led Session (16 June, 23 July, 29 July, 11 August) • Fieldhead Service visits – Unity Centre (16 June) • Presenting awards at Learning Disability Event (16 June) • Extraordinary Nominations Committee (19 June) • Finance, Investment and Performance Committee (22 June, 20 July) • Extraordinary Members' Council (23 June) • Extraordinary People and Remuneration Committee (23 June) • Service Visits at Cheswold Park (23 June) • Mental Health Chairs Network Conference call (24 June, 22 July) • Trustee Training for NEDs and Executive Directors (1 July) • Visit to Volunteers Lounge (2 July) • Visit to Fieldhead Forensics (2 July) • Members' Council Co-Ordination Group (8 July) • SWYPFT Leadership event (8 July) • Newton Lodge Sports Day event (9 July) • People and Remuneration Committee (14 July) • West Yorkshire Mental Health Services Collaborative Committees in Common meeting (15 July) • Wakefield Wellbeing Event at Wakefield Trinity (16 July) • NEY Regional Leadership event (17 July) • Visit to Kendray services (21 July) • South Yorkshire Integrated Care Board Interim chairs and Trust Chairs call (24 July) • Corporate Trustee for Charitable Funds (28 July) **Mitch Waterman – Appointed University of Leeds Associate Non-Executive Director** • Trust Board (30 June, 28 July) • Chaired South West Yorkshire Partnership Teaching NHS Trust and University of Leeds Joint Partnership Board subgroup Meeting (14 July) • Chaired South West Yorkshire Partnership Teaching NHS Trust and University of Leeds Joint Partnership Board Meeting (29 July)

	Key issues discussed at Board meetings Since the previous Chair's report, the Board has met three times, and the key items discussed are highlighted below. Papers are available on our website six days before public meetings. Governors are welcome and encouraged to attend all public Board meetings (virtually at present) and there is the opportunity to raise questions and comments at the end of each meeting, which are recorded in the minutes. Thank you to those governors who have attended Board meetings. **Standing items at Board:** There are 8 board meetings a year held in public, plus four strategic board meetings held in private. At every public board meeting, we have a service user, carer or staff story, receive a report from the chief executive, setting out the current context and relevant national developments, discuss the monthly Integrated Performance Report (IPR) including the finance report, receive updates on business developments in our two integrated care systems (West Yorkshire and South Yorkshire), and receive assurance from the Board committees. In addition, at every *business and risk* meeting (quarterly), the board assurance framework is discussed (which sets out the key risks to the strategic objectives plus corresponding controls and assurance), and the corporate/ organisational risk register. At every *performance and monitoring* meeting (quarterly), the quarterly serious incident report is discussed. Additional items at the below meetings were presented as follows in line with the Trust Board work programme: **26 May 2026** • Trust Board development session **30 June 2026 (performance)** • Integrated Performance Report • Care Group Performance Report • Patient Safety Oversight Annual Report • Learning from Healthcare Deaths Report • Patient Experience Annual Report • Quality Account • Data Security and Protection Toolkit • Pestle and Swot • St Andrews Independent Review • Place updates • Compliance with NHS Provider Licence Conditions and Code of Governance Self Certification • Digital Strategy • Bi annual update **28 July 2026 (business and risk)** • Board Assurance Framework (BAF)

	• Corporate / Organisational Risk Register • Equality, Diversity and Inclusion Annual Report • Infection Prevention and Control BAF • Safer Staffing report • National Staff Standards • NHS Leadership and Management Framework • Premises Assurance Model Annual Report • Patient Led Assessments of the Care Environments (PLACE) scores • Integrated Performance Report • Care Group Performance Report • Place updates • Assessment against NHS Constitution • Terms of reference and workplan for the new Transformation, Innovation and Sustainability Committee. • Trust Strategy Measurement
Recommendation:	**Members' Council is asked to:** • **NOTE** the report and raise any questions or comments in advance of the meeting.
Mission/values:	State how the report supports delivery of the Trust's, vision and values.
Strategic Objectives	Live Our Values ✓ Be the best we can be: • Best quality ✓ • Best partner ✓ • Best value ✓ • Best place to work and learn ✓ Be ambitious ✓
BAF Risk(s):	All BAF risks
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	The report includes highlights of what is happening in our systems, places and within the Trust. The Trust regularly reviews that its own objectives are aligned to those of our systems and places as well as taking account of national guidance and requirements
Any background papers / previously considered by:	Chair's report to Members' Council 6 May 2026

Members' Council
12 August 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:	I am delighted to report that the Trust retained its segmentation of 1 in the NHS Oversight Framework (NOF) for Quarter 4. Based on the metrics used in these calculations the Trust is ranked 3rd out of 61 trusts nationally which is a real credit to everyone in the Trust. The NOF metrics for 2026/27 are changing and increasing in number, so it is difficult to assess what our position will be during this coming year. Nevertheless, we should reflect positively on what has been achieved during this last year. Whilst positively the 2025/26 full year financial position was in line with plan, it will be even more challenging to deliver a break-even position this coming year. At the end of month 2 the Trust has recorded a deficit in excess of £1m, which whilst in line with plan highlights the scale of the challenge we have before us. June's Trust Board papers included plans for workforce reduction which are being submitted to NHS England. In addition, we have recently launched a Mutually Agreed Resignation Scheme (MARS) that was open for applications until the end of July. The People and Remuneration Committee and Trust Board will be kept up to date with progress on this scheme which operates with tight parameters and oversight. The Trust is pro-active in promoting many awareness events. During May we promoted mental health awareness week. We used the week as an opportunity to promote the support offers in place, including support lines, access opportunities, creativity offers (recovery colleges, Creative Minds, Live Well etc.) and provided information on what people can do for self-care – through the Choose Well resources. June also saw the Trust and colleagues nationally actively participate in Learning Disability week. It is worth reflecting that in recent years more people are being identified on learning disability registers, more people are receiving annual health checks and health action plans, and there has been a significant reduction over recent years in the number of people with a learning disability in mental health inpatient settings. Keyworker support, stronger community services, reasonable adjustments and Oliver McGowan training are all playing a role in helping us better understand and respond to people's needs. Having said that many inequalities remain and as a Trust we must strive to make further improvements for those people who so very much need them. Thanks are given to colleagues who designed and organised some excellent

	events to promote their service offers and recognise the importance of continuing to focus on how we can improve people's lives. During June we celebrated Pride month which included the sharing of local events and celebrations, and marked Carers' Week 2026, which included hosting a celebration event on 10 June at Fieldhead in Wakefield. We took part in Volunteers' Week 2026, honouring the incredible contributions of volunteers who make our communities stronger every day and said thank you to our estates and facilities colleagues on 17 June on National Healthcare Estates and Facilities Day. Trust Board members have previously been made aware of the national work taking place regarding a fairer deal for nurses, which includes pay. The next steps in this process have now been communicated, and all organisations are required to submit a nursing Band 5 job evaluation delivery plan by 31 July 2026 to their region for review. These plans need to be realistic and deliverable and set out how all Agenda for Change Band 5 nursing roles will be reviewed by October 2028. The People and Remuneration Committee will have oversight of this process on behalf of the Trust Board. Lord Mann has recently published his review into tackling racism and antisemitism within the NHS along with several recommendations. We are all aware of the challenges in our own Trust and communities with appalling examples of racism against our colleagues occurring all too frequently. The measures outlined in the report aim to: a) strengthen leadership and accountability, b) improve understanding and capability through training and development, c) set clear expectations regarding political identifiers and inclusive practice, d) improve and standardise support and protection for staff who experience racism, and e) improve the consistency, quality and application of data relating to racism. Actions we have been asked to implement are: • To join NHS England in signing up to the NHS Race and Health Observatory Seven Anti-Racism Principles. • Ensure implementation of the Violence Prevention and Reduction Standard, including data capture and use to target improvement with affected groups (this will be monitored via the NHS Oversight Framework). • Prepare to implement the forthcoming NHS Staff Standards. • Adopt the new government definition of anti-Muslim hostility. • Ensure all staff have completed the NHS Core Skills Framework module on Equality, Diversity and Human Rights (EDHR), which includes content on antisemitism and Islamophobia. • Ensure all staff complete the new bitesize module co-created with faith leaders in the NHS when it becomes available (with the exception of those who have completed EDHR mandatory training in the last 6 months). • Ensure Board agreement to undertake new anti-racism training when it becomes available. • Ensure colleagues, staff representatives, patients and communities are aware of our actions through our internal and external communications channels and are appropriately engaged in further developments to address antisemitism and all forms of racism locally. • Ensure our Board and relevant committees fully understand our staff survey data on the experience of racism in your organisation and are taking appropriate action on key problem areas related to this issue and monitoring progress.

	Our Trust has made considerable efforts to tackle racism, and we have already adopted a stance as an anti-racist organisation. We welcome these measures and will ensure Board oversight of implementation via our People and Remuneration Committee. A judgement handed down by the Supreme Court on Tuesday 2 June 2026 has resulted in immediate changes to the Deprivation of Liberty (DOLs) process. The original DOLs 'acid test' has been overturned and the considerations for determining consent to the deprivation of liberty have been broadened. The Department of Health & Social Care (DHSC) are developing guidance for the application of the new ruling. Experts in the Trust are working collaboratively with the local authorities for a consistent approach. In the 2026 King's Speech, the government outlined plans to introduce legislation to reform how the NHS is led and managed in the form of an NHS Modernisation Bill. Proposed reforms included: • The abolition of NHS England (NHSE), pulling functions directly into the Department of Health and Social Care (DHSC), including transferring of some powers directly to the Secretary of State • The reconfiguration of certain duties of integrated care boards • Establish the single patient record (SPR) which will bring together patient's health and social care records in one place, and empower patients to access their own records securely through the NHS App. • Remove the requirement for foundation trusts (FTs) to have a council of governors, to enable more flexibility for FTs to design and deliver healthcare around local need. • Transfer the functions of Healthwatch England and local Healthwatch into a new patient experience directorate at DHSC, and ICBs and local authorities respectively Other changes included reducing the number of patient safety organisations, including bringing the Health Services Safety Investigations Body (HSSIB) into the Care Quality Commission (CQC), and changes to flexibility and governance of local NHS organisations. From a provider perspective to drive improvement there will be a reinvigorated and reinvented foundation trust model embodied by the introduction of advanced foundation trust status and the ability for NHS providers to hold integrated health organisation (IHO) contracts. It is currently expected that the new legislation will take effect from April 2027 and we will review implications for us and ensure Trust Board members and governors are fully communicated and engaged with. The government has launched a Call for Evidence to inform a new cross-government Mental Health Strategy. This represents an excellent opportunity to shape the future of mental health, with a stronger focus on prevention, earlier intervention and joined-up support across health, education, employment and communities. As Board members are aware, demand for mental health services continues to rise significantly, particularly among children and young people. At the same time, we know too many people still only receive help when they reach crisis point. Whilst there has been investment in mental health services via the mental health investment standard coupled with workforce growth, there needs to be a shift towards models of care that respond earlier and closer to home. The Trust will respond and is encouraging colleagues to personally respond to this Call for Evidence.

	Nationally it is worth noting that close to six million children can now access mental health support in their school or college. Teams are operating in almost 11,800 schools and colleges across England and 90% of schools are reporting a positive effect. As a Trust we have continued to invest in mental health support teams in our places. Providing the right support at the right time will improve school attendance and enable children to perform better inside and beyond school, as well as supporting the early identification of mental health issues. The Nursing & Midwifery Council (NMC) recently wrote to all trusts highlighting an historical issue they have identified with their processes in relation to managing disclosures from staff who have been convicted of offences. This has occurred over a 12-year period, meaning they have had to review 18,000 cases. They have now narrowed it down to 421 individuals who should have received a letter from the NMC in May 2026 to inform them. We are not aware if any of our staff are affected at this point and have been instructed to let the NMC processes play out. The reorganisation of Integrated Care Boards (ICB) continues. Both South and West Yorkshire have launched phase 2 voluntary redundancy schemes and issued new structures and their operating models. Some staff will be slotted into roles in the new structure whilst there will be a competitive process where this is required. Recruitment into roles is taking place during June and July. This will include recruitment into integrator teams that will play a key role in the development of place provider partnerships. We are working closely with ICB colleagues during this period of change and uncertainty. June's Trust Board meeting focused on performance and monitoring, with performance metrics remaining largely positive and particular note given to levels of training compliance across the organisation. Demand for inpatient beds is relentless, and much credit goes to operational colleagues in supporting as many people as possible close to home and therefore avoiding out of area bed placements. We are currently focusing on the quality of our risk assessments and care plans to ensure improvements in patient experience continue to be a high area of focus. Following a challenge by the chief executive of NHS England, leaders of mental health providers have worked with national colleagues to identify three key priorities in which to make a real difference this year. Those priorities are to further reduce the use of out of area bed placements, access for children and young people, and reducing attendance in emergency departments of people known to mental health services. We are currently reviewing the proposed metrics to ensure we have an accurate understanding of our baseline against which we can report. The Trust excellence awards in May were an inspiring and uplifting evening. As well as the excellence awards, over 200 colleagues were awarded learning certificates or long service awards earlier in the day. Whilst we quite rightly regularly recognise the challenges on our services and the need to continually improve, it is also right that we recognise the many examples of excellence carried out by our colleagues every day, along with the commitment and dedication of those colleagues who have touched so many lives in a wide array of ways. Thanks are given to all those who planned and organised this day and

	our sponsors who supported the event financially to enable it to take place in the manner it did. I am sure I speak on behalf of all Trust Board members in welcoming Jayne Brown OBE to the Trust as our new Chair and I look forward to working with her. Recruitment to replace Mike Ford, Non-Executive Director, whose term with us ends in August, has taken place. An appointment has been made and at the time of writing this report the standard background checks are being completed. I am also sharing some feedback recently received regarding colleagues on Clark Ward – ‘I can’t put into words how much you 3 have helped me. I will always be grateful. Thank you isn’t a big enough word’. Temperatures have been increasingly hot during the latter part of June and into July. This placed significant pressure on many of our services and in particular our inpatient wards where service users and patients are resident. Along with many buildings in the UK our facilities were not designed or constructed for this regular type of heat. We are grateful to our colleagues and service users for managing in these hot conditions. As a Trust we are reviewing what further practical steps we can take to mitigate the impact of hotter summers. July’s board papers included further detail on the recently launched NHS leadership and management framework and the new NHS staff standards. Trusts are asked to begin embedding the framework within development, appraisal, recruitment and talent processes, and to support leaders and managers to use the self-assessment as part of their normal appraisal and development conversations during 2026/27. We are recommending that oversight will be provided by the People and Remuneration Committee on behalf of the Trust Board. Following the suspension of planned industrial action in June, we will continue to focus and report on the 10-point plan to improve the working lives of resident doctors. More recently the BMA has advised that medical consultants have voted in favour of industrial action over pay and working conditions. NHS England on behalf of the National Quality Board has recently published a Quality Strategy for NHS funded care in England. This strategy aims to support the delivery of the 10-year plan for health. Ambitions include greater transparency, a stronger patient and staff voice and a renewed commitment to tackling inequalities. As with all national strategies and guidance received, this document will be assessed, and we will ensure alignment with our own Trust quality strategy. Oversight will be via by the Quality & Safety Committee. NHS England has also recently published new guidance, the Mental Health Personalised Care Framework (MHPF), to support improved care for people of all ages requiring secondary mental health care. The Framework focuses on the foundations of good care and aims to improve the quality of care for all people accessing secondary mental health care. It also responds to recent learnings from failings of care and when things go wrong. The guidance sets out the expectations on services related to the assessment, planning and management of safety and risk, including where there is a risk of harm to others or history of violence.

	It centres on four key principles: 1. Everyone has a personalised care and support plan 2. Everyone has a person within the services responsible for their plan 3. Plans are reviewed regularly and when things change 4. Outcomes are measured and responded to The guidance will be reviewed in depth by the Trust executive and leadership team and further reports will be brought back to Trust Board and Board Committees as appropriate. Whilst we have recently been experiencing a heatwave the Trust has received the winter planning guidance for 2026/27. In line with previous years this guidance will be assessed and incorporated within our own plans. Donna Ockenden has published her independent review into maternity and neonatal services at Nottingham University Hospitals NHS Trust. This report. describes years of serious and repeated failures in care, including poor leadership and culture, a lack of accountability, unacceptable racism and discrimination and women and families being disbelieved or dismissed. It also describes extremely serious failings in post death care. Whilst these services are not provided by our Trust the issues identified could apply to other services and, led by our Chief Nurse, we are reviewing this report to identify any areas of learning or improvement for us. A separate request has been made for Trust Boards to receive assurance regarding their mortuaries. Whilst the Trust does not have such facilities it is planned for provide a report to the Quality & Safety Committee regarding how dignity is provided after death. NHS England has written to trusts asking boards and executives to assure themselves that cyber security risks are being managed effectively, with clear, sustained programmes for improvement. Our Audit Committee receives updates on the Trust's approach to cyber security and will receive a response to this most recent request at its October meeting. NHS England has also written to trusts setting out new minimum standards for planned patient care for people referred to an elective pathway. This document is being reviewed internally to identify how any of the standards could be beneficial and applied to the services we provide. The LeDeR report for 2024 'Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR)' has very recently been published. The headlines do show some improvement over recent years. For example, the median age of death has risen to 62.8 years in 2024 from 61.8 years in 2018 and avoidable deaths fell from 46.3% in 2021 to 39% in 2024. Whilst the latter is positive and statistically significant it remains much higher than the general population. We can therefore recognise that many of the interventions including the focus on annual health checks and action plans are having a positive impact, whilst still recognising there is much to do to improve the lives of people with a learning disability and autistic people. As a Trust we will continue to provide this focus both internally in the services we provide and externally with commissioners and partners to ensure the voices of people with a learning disability and autistic people are heard and their needs met. We continue to work with partners on the introduction of place provider partnership (PPP) meetings in each of Barnsley, Calderdale, Kirklees and

	Wakefield. All West Yorkshire PPPs are operating in shadow form with statutory decision-making and accountability remaining with ICB Place Committees under existing ICB delegations. Focus to date has been on development of governance arrangements and of neighbourhood health models. The Chief Executive of NHS England, Sir Jim Mackey has written to all trusts regarding the rights of all users of NHS services to have their information kept secure. This is on the back of recent reports in the media of staff accessing patient information in unauthorised circumstances. Requirements of Trust Boards are outlined in this letter and include a renewed focus on educating staff as well as ensuring there is a 'tough approach' to those who breach patient trust in this manner. The Trust via our Senior Information Risk Owner and subject matter experts are evaluating our current policies and arrangements and it is recommended a report is taken to the Audit Committee for review and discussion on behalf of the Trust Board. NHS Talking Therapies (TT) remains a priority for the government and the NHS. In response to a recent ministerial steer on the current delivery position, systems have been written to setting out a number of priority actions for NHS Talking Therapies delivery. Not all systems are achieving the performance expected and those seen as under-performing are being subjected to meeting with NHS England to understand the current position and establish an improvement plan. It should be noted the Trust's Talking Therapy services are largely meeting expected performance. However there have been conscious decisions by commissioners not to fully invest for the level of growth expected nationally. July's Trust Board meeting had a focus on business and risk, and papers included both our Board Assurance Framework (BAF) and Organisational Risk Register (ORR). Risks are inherent in the services we provide and the environment in which we operate. Our approach to risk management includes scrutiny and review at each of our Trust Board committees. Consideration has been given to any changes in performance or the operating environment over the past quarter and this has included the ongoing financial challenge, sustained high demand in many services and the structural changes taking place in both NHS England and Integrated Care Boards. In terms of performance the Trust continues to meet many national, local and internal targets and much credit is given to our colleagues who strive to meet the needs of our service users every day. As previously reported demand for inpatient beds is relentless, and this has resulted in these services being places in OPEL 4 during July. Under the leadership of chief operating officer, Adele Fox, we have engaged with system partners to escalate the issue of delayed discharge, but this remains a challenge given the regular requirement for specialist placements that are often in short supply. Whilst our financial position is in line with plan this is a deficit position and a step change in run rate is required in the remaining three quarters of the year to achieve our planned break-even position. The executive team are currently drawing up contingency measures to potentially action should they be required. There has been notable interest in the Mutually Agreed Resignation Scheme (MARS) for which applications come to a close at the end of July. These applications will be considered during August.

	Following a recent period of ill health Fiona Edwards has decided to leave her role as regional director for NHS England for personal reasons. Sam Allen, CEO of the North East & North Cumbria Integrated Care Board (ICB), will be covering the role of interim regional director as well as retaining her ICB role. Plans are being put in place to manage any conflicts of interest. The Trust's long-serving deputy director of estates & facilities, Nick Phillips retired from his role during July. Nick has played a key role in the success of the organisation with us largely having very good quality estate and we wish him every happiness in his retirement. Kevin Gelder has been successful in being appointed to this role. The July Trust Board is the final one being attended by Mike Ford as his term of office ends. Mike has led the Audit Committee with great skill and expertise over the past six years as well as being a committed and valued n on-executive director. I would like to thank Mike for all that he has done for the Trust and wish him every happiness for the future. Whilst an appointment has been made to replace Mike this has not yet been announced as the usual pre-employment checks are being completed 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. • Catering volunteer Jo-Anne achieved her Level 2 Food Hygiene certificate with the support of our catering team. • In June, our equipment, adaptations and sensory team hosted a partnership event in Barnsley. The event showcased the support available to improve independence, accessibility and quality of life for people with sensory differences and a disability. • Our maternal mental health service Paths launched a year-long project where they'll be reaching out to Black women to better understand what matters to help them get the mental health and support they need. To mark Maternal Mental Health Week 2026, our Paths maternal mental health service specialist midwives also shared their thoughts and reflections on why the week is so important. • On Sunday 17 May, more than 40 cyclists took part in a 38-mile bike ride which raised over £3,600 for our Trust charity, EyUp! • The Trust is preparing to introduce a new electronic prescription service which will make prescribing and dispensing medication more convenient for service users and staff. • On Thursday 4 June, colleagues from Wakefield Recovery and Wellbeing College were special guests at a district-wide event celebrating the power of creativity in health. • A new creative psychotherapy pathway has been introduced at HM YOI Wetherby, marking a step forward in trauma-informed mental health support for young people in custody. • Simeon Barclay, one of the artists working at Fieldhead as part of the hospital rooms project is on this year's four artist shortlist for the Turner Prize. • Our catering managers Daniel French and Jake Fawcett won the Yorkshire/North East regional heat of the NHS Chef of the Year 2026, held at The Sheffield College on Wednesday 8 July and will now participate in the national final at Edgbaston, Birmingham from 5-8 October.

	• Our Paths service lead Dr Estelle Verdi has recently published a paper exploring how creative health approaches may support minoritised women's mental health following baby loss. The Trust has been shortlisted for the Inclusive Organisation of the Year Award at the Asian Professionals National Alliance NHS Awards 2026. These prestigious awards celebrate the outstanding contributions of South Asian professionals and allies within the NHS, recognising excellence, leadership, and commitment to equality, diversity and inclusion.
Recommendation:	**Members' Council are asked to:** • **NOTE** the Chief Executive's report.
Mission/values:	As an all-encompassing report this reports aligns fully with the Trust mission and all of 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 Integrated Care System/Integrated Care Board/Place based partnerships	The report includes highlights of what is happening in both our systems and places. The Trust regularly reviews that its own objectives are aligned to those of our systems and places as well as taking account of national guidance and requirements.
Any background papers / previously considered by:	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.

South West Yorkshire Partnership Teaching
NHS Foundation Trust

Members' Council
12 August 2026
Agenda item 7.1

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 and Nominations Committee.
Executive summary:	The current vacancies are as below: <u>Members' Council Co-ordination Group (three vacancies)</u> Publicly elected – Calderdale Publicly elected – Rest of Yorkshire and the Humber Appointed Govenor Following self nominations and discussion at Members' Council Co-Ordination Group, Alex Feather, staff non clinical governor, and Anne Rolfe, publicly elected governor for Barnsley, were selected to be members of the Members' Council Co-Ordination Group. <u>Members' Council Quality Group</u> Appointed governor <u>Nominations Committee</u> No vacancies Following a self nomination and discussion at Nominations Committee, Nik Vlissides, staff governor for psychological services, was selected to be a member of the Nominations Committee.
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

With **all of us** in mind.

<table>
<tr>
<td>Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships</td>
<td>Through the utilisation of a thorough and transparent appointment processes, the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships.</td>
</tr>
<tr>
<td>Any background papers / previously considered by:</td>
<td>Background
1. The Members’ Council has the following process for appointing governors to the Members’ Council groups and committees (full process is attached):
<table>
<tr><td>Step 1</td><td>When a vacancy arises, governors are invited to self-nominate, supported by a brief verbal or written statement about why they are putting themselves forward.
If only one self-nomination is received, they will automatically fill the vacancy, otherwise the process will move to Step 2.</td></tr>
<tr><td>Step 2</td><td>If more than one self-nomination is received for a vacancy, the Members’ Council Co-ordination Group will discuss the self-nominations, supported by input from the Chair, and make a recommendation to the full Members’ Council.</td></tr>
</table>
It is expected that governors are a member of only one group to allow opportunities for more governors to be involved. However, if sufficient membership is not reached through the self-nomination process this would be extended to two. It is noted that the one group rule does not apply to the Lead Governor, Deputy Lead Governor and the representative for the Rest of Yorkshire and the Humber representatives.</td>
</tr>
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NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust

Members' Council
12 August 2026
Agenda item 7.2

Private/Public paper:	**Public**
Title:	**Assurance from Members' Council Groups and Nominations Committee (to be taken as read)**
Paper presented by:	**Jayne Brown, Chair**
Purpose:	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).

Executive summary:

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.

Date	**13 May 2026**
Presented by	Jayne Brown, Chair (Chair of Committee from 8 June 2026)
Key items for Members' Council to note	• The group recommended the appointment of the new chair to Members' Council subject to fit and proper person test requirements. • The group approved the shortlist for a new Non-Executive Director.
Date	**19 June 2026**
Key items for Members' Council to note	• The group recommended the appointment of a new Non-Executive Director and their remuneration to Members' Council subject to fit and proper person test requirements.
Approved Minutes of previous meetings to be received.	Approved notes of the meeting held on 12 March, 30 March, 27 April, 13 May 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.

With **all of us** in mind.

- 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	**3 June 2026**
Presented by	John Laville, Lead Governor (Chair)
Key items for Members' Council to note	• Governors approved appointments to the Members' Council Co-Ordination Group, Quality Group and Nominations committee.
Date	**8 July 2026**
Key items for Members' Council to note	• Governors approved appointments to the Members' Council Co-Ordination Group, Quality Group and Nominations committee. • 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. • The Group received updates and feedback from governors only meetings. • The Group discussed and approved the Members' Council agenda for 12 August 2026 and agreed on the deep dive topics. • Governors received the Quality Assurance System visits quarterly schedule. • The Group received the PLACE visits schedule • 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 24 March and 3 June 2026. *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Members' Council Quality Group (MCQG)

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

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

Date	**14 July 2026**
Presented by	Bob Morse, Public Governor Kirklees (Chair)
Key items for Members'	• The group received and discussed the Integrated Performance Report (IPR).

	Council to note	• 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 update on the Quality Assurance System. • The group received the Quality Account. • The group received the Patient Safety Oversight Report. • The group received the Learning from Healthcare Deaths Report. • The group received the Patient Experience Annual Report. • 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 15 April 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 and Nominations 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 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
12 March 2026 16:00
Virtual meeting via Microsoft Teams

Present:	Gary Ellis – Non Executive 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/26/17 Welcome, introductions and apologies (agenda item 1)
John Laville (JLa) welcomed everyone to the meeting. Introductions were made and apologies were noted. The meeting was declared to be quorate and could proceed.

NC/26/18 Declarations of Interests (agenda item 2)
There were no declarations of interest.

NC/26/19 Chair and NED Recruitment (agenda item 3)
Christine Brereton (CB) introduced the paper and noted that a procurement exercise had been undertaken to invite bids from preferred suppliers to run the recruitment exercises for the Chair and a Non-Executive Director (Chair of Audit Committee).

Three bids were received and the evaluation criteria included: relevant NHS experience (including mental health/community trusts), ability to deliver at pace, approach/methodology (including candidate engagement and diligence), and overall costs.

A discussion place took place relating to the relative advantages and disadvantages of each provider bid.

The Committee requested assurance that the named lead recruiter in the proposal will play an active lead role throughout the assignment and that delivery will not be delegated primarily to junior staff.

JLa confirmed that Nominations Committee agree to appoint GatenbySanderson to undertake the recruitment of a new Chair and Non-Executive Director for the Trust, with the Trust to confirm an achievable timetable and identify opportunities to accelerate where appropriate.

It was RESOLVED to APPROVE GatenbySanderson as the preferred supplier for recruitment of the Chair and Non-Executive Director.

NC/26/20 Any other business (agenda item 4)
None.

NC/26/21 Dates of future Nominations Committee Meetings (agenda item 5)

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

South West Yorkshire Partnership Teaching NHS Foundation Trust

Nominations Committee
30 March 2026 15:00
Virtual meeting via Microsoft Teams

Present:	Gary Ellis – Non Executive 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 Marie Burnham (MBu) - Trust Chair Daz Dooler – Publicly elected governor for Wakefield
In attendance:	Mark Brooks (MBr) – Chief Executive Andy Lister (AL) – Head of Corporate Governance (Company Secretary) Izzy Worswick (IW) – Assistant Director of Corporate Governance Emma Pickup (EP) – Partner, GatenbySanderson Gemma Lockwood (GL) – Corporate Governance Manager (Author)

NC/26/22 Welcome, introductions and apologies (agenda item 1)
John Laville (JLa) welcomed everyone to the meeting. Introductions were made and apologies were noted. The meeting was declared to be quorate and could proceed.

NC/26/23 Declarations of Interests (agenda item 2)
There were no declarations of interest.

NC/26/24 Minutes of the meeting held on 14 January 2026 (agenda item 3)

It was RESOLVED to APPROVE the minutes of 14 January 2026 as a true and accurate record.

NC/26/24 Matters arising and action log from 14 January 2026 (agenda item 4)

It was RESOLVED to RECEIVE the action log.

NC/26/25 Chair and Non-Executive Director Recruitment (agenda item 5)
Christine Brereton (CB) introduced the item and was joined by Emma Pickup from Gatenby Sanderson to support discussions on the recruitment processes.

CB reported Gatenby Sanderson had been engaged to support the recruitment of both the Chair and a Non-Executive Director (NED). Separate timelines have been developed for each role, which is included in the papers.

The team have been engaging with governors and stakeholders to ensure dates are in the diary aligning with the timeline, prioritising the Chair’s recruitment.

CB confirmed that interviews for the Chair’s recruitment will be 12 May and the Non-Executive interviews will be held on 1 June.

This meeting is to agree the timeline and interview dates and sign off the recruitment process.

CB confirmed that governors have been contacted seeking support with the stakeholder panel to ensure their voices are heard.

Phil Shire (PS) advised that there are three governors on the panel and asked if it was expected that governors form the majority of the panel?

Izzy Worswick (IW) confirmed that formal guidance confirms that governors are independent and can form the majority.

Mark Brooks (MBr) emphasised the significance of the appointment of a new Chair and, given the wide range of individuals and groups across the organisation who will interact with the Chair, there needs to be a balance between the formal interview panel and stakeholder groups to support the appointment of the best Chair for the Trust.

MBr highlighted that anyone who does sit on a panel needs to be appropriately trained to be able to understand what the Trust needs and wants and can take on different views and opinions.

MBr mentioned the timeline and how it fits with Members' Council considering the Members' Council meeting is on 6 May. MBr suggested an extraordinary meeting be held the week commencing 11 May to ratify the appointment of the Chair given the timelines required.

Andrea McCourt (AMc) queried if the shortlist will come back to Nominations Committee for agreement or be agreed outside the committee.

Andy Lister advised the shortlist would be agreed at Nominations Committee.

Emma Pickup (EP) provided an update on progress to date with the Chair recruitment process. She confirmed that the role had gone live the previous week and that, prior to advertisement, proactive engagement had already taken place with potential candidates in the market.

This early engagement included discussions with key stakeholders, including CB, MBr, JLa and Nat McMillan Deputy Chair and Senior Independent Director, to gather views on the organisation and develop a clear understanding of what was being sought in the appointment. This approach was intended to provide candidates with insight into the organisation's values, culture and aspirations, beyond what is set out in the role specification.

EP reported that a longlist of over 100 potential candidates had been identified, recognising that interest would depend on factors such as availability, suitability, timing and alignment with the skills and experience required for the role. Eight individuals had expressed interest in the position, with several demonstrating strong and interesting profiles, with further discussions ongoing.

EP advised that regular updates on progress would be provided to CB on a weekly basis to ensure visibility of the process and allow flexibility to adjust the approach if required. As the process progresses, it was anticipated that serious candidates would wish to build an understanding of the organisation through discussions with MBr, given the importance of key working relationships. Arrangements would therefore be made to facilitate informal conversations between MBr and prospective candidates as interest matures over the coming weeks.

EP reported when the process reaches the shortlisting stage, shortlisted candidates would be credible individuals with whom MBr has already had an initial discussion. While these conversations would not form part of the formal assessment, they would provide an early sense of whether there is potential alignment and chemistry, helping to ensure that the shortlisted field consists of candidates who could realistically progress to appointment at the final stage.

EP acknowledged that the recruitment timetable is challenging, reflecting the committee's preference to progress the process at pace and taking into account the impact of the Easter holiday period.

EP confirmed that applications will close on Friday 17 April, which is intended to give potential candidates a reasonable opportunity to review the role and submit their applications despite the condensed timescales.

EP confirmed that following the closing date, all applications will be assessed against the person specification. This assessment will result in candidates being grouped into three categories: those who clearly meet the criteria and are recommended for shortlisting; those considered marginal, and those who are not recommended.

The assessment paperwork will be shared with Committee members in a shortlisting meeting which is to be scheduled.

Once the shortlist has been agreed, it was emphasised that candidates should be given sufficient time to undertake appropriate due diligence. This will include visits to the organisation and further engagement with key stakeholders to develop their understanding of the role and the operating environment. The weeks commencing 27 April and 4 May have therefore been designated to allow for this activity.

EP reported that during this period, shortlisted candidates will also complete psychometric assessments and resulting reports will be made available to interview panel members in advance of the interview day.

EP noted that, at this level of appointment, candidates are expected to demonstrate a good level of self-awareness regarding their strengths and areas for development. The outcomes of the psychometric assessments and discussions will be summarised in a clear and accessible format for the panel. In addition, suggested interview questions will be provided to support panel members in exploring particular aspects of each candidate's leadership profile during the formal interview stage.

JLa clarified when the shortlisting meeting will be considering the tight timescales. AL suggested that the meeting on the 8 April is cancelled and rearranged for the week commencing 20 April to encompass the shortlisting along with the other items on the agenda. The group agreed to put the meeting in towards the end of the week commencing 20 April to give members time to read the papers.

AL queried if unconscious bias training has been carried out with panel members and JLa confirmed that he has been on it.

MBr added that pre interview training should be broader than unconscious bias and EP confirmed this will be in place.

IW highlighted the need for sufficient NED involvement in the process with just Nat McMillian currently on the panel as Deputy Chair and Senior Independent Director.

AMc suggested there should be another NED on the panel, especially in case Nat couldn't partake for any reason.

PS agreed that two NEDs on the panel would be a good idea. PS queried what Fiona Edwards' role is on the panel.

MBr confirmed that NHS England are attending all interviews as an external assessor.

JLa queried if Fiona Edwards from NHSE' role would be the same as the independent person would previously have been on the panel to ensure that the candidate is "above the line" and MBr confirmed this is correct.

CB noted that adding another NED to the panel would make the panel 8 people. CB offered training to any governor or NED ahead of the interviews.

EP confirmed that a panel of 8 interviewees is appropriate, with five decision makers, two advisers and an independent.

In relation to the Non-Executive Director recruitment process EP confirmed that the search for the role of the Non-Executive Director would commence on 13 April with the interviews not long after the Chair interviews. This could accommodate the new Chair being involved with those interviews.

EP asked the committee for thoughts around if a candidate could not join the Trust in a timely manner.

MBr stated that the Trust had contingency plans and would wait for an appropriate candidate, otherwise losing the Chair and Chair of Audit Committee in the same time period could be challenging for the Trust.

AMc suggested that the need to move at pace and availability should be emphasised to candidates at the start of the process.

It was RESOLVED to NOTE the recruitment timeline and update from Gatenby Sanderson, APPROVE the formal interview panel and NOTE progress to date on the supporting stakeholder panel.

NC/26/26 Any other business (agenda item 6)
None

NC/26/27 Dates of future Nominations Committee Meetings (agenda item 7)
Meetings to be arranged for week commencing 20 April 2026
8 July 2026 10.00
6 October 2026 10.00
13 January 2027 10.00

Nominations Committee
27 April 2026 10:30
Virtual meeting via Microsoft Teams

Present:	Nat McMillan – Deputy Chair/Senior Independent Director (Chair) John Laville (JLa) - Lead Governor / Publicly Elected Governor - Kirklees Daz Dooler (DD) – Publicly Elected Governor - Wakefield / Deputy Lead Governor Andrea McCourt (AMc) - Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust Phil Shire (PS) – Public Governor – Calderdale Christine Brereton – Interim Chief People Officer
Apologies:	Jacob Agoro – Staff Governor - Nursing
In attendance:	Emma Pickup (EP) – Gatenby Sanderson Emily Smith (ES) – Gatenby Sanderson Fiona Edwards (FE) – Regional Director, North East and Yorkshire, NHS England Mark Brooks (MBr) – Chief Executive Farida Ali (FA) – Publicly Elected Governor – Kirklees (observing) Bob Morse (BM) – Public Elected Governor – Kirklees (item 7 only) Andy Lister (AL) – Head of Corporate Governance (Company Secretary) Izzy Worswick – Deputy Director for Partnerships, Planning and Governance Gemma Lockwood (GL) – Corporate Governance Manager Debbie Beynon-Fisher (DBF) – Corporate Governance Officer (Author)

NC/26/17 Welcome, introductions and apologies (agenda item 1)

Nat McMillian (NMc) welcomed everyone to the meeting. Introductions were made and apologies were noted. The meeting was declared to be quorate and could proceed.

NC/26/18 Declarations of Interests (agenda item 2)

There were no declarations of interest.

NC/26/19 Chair recruitment - shortlisting (agenda item 3)

Emma Pickup (EP) advised that Gatenby Sanderson have conducted a search and advertising process for the Chair role, with regular updates being provided to the Trust. As part of the process, initial discussions have taken place between candidates and Trust representatives to ensure mutual suitability.

Following assessment of applications and professional insight from the search process, seven candidates have been considered. Gatenby Sanderson are recommending five candidates as credible for shortlisting, based on their applications and alignment with the Chair role requirements. Two candidates are not recommended for shortlisting, with clear rationale provided within the recruitment pack. Committee members agreed with the recommendation not to shortlist these two candidates, noting their lack of relevant experience.

EP confirmed that all candidates, including those not shortlisted, would receive timely and constructive feedback in line with organisational values and Gatenby Sanderson will support shortlisted candidates in their interview preparation and communicate any areas the Committee wishes to explore further.

The Committee considered each of the recommended candidates.

NMc emphasised that maintaining a shortlist of five candidates would provide a balanced and diverse field, reflecting a range of clinical, governance, system leadership, commercial and community perspectives. This would allow flexibility should a candidate withdraw or accept alternative appointments and enable the Committee to make a fully informed decision following interview, stakeholder engagement and due diligence.

The Committee agreed to shortlist all five candidates for interview and NMc confirmed that arrangements for interviews, stakeholder panels and further due diligence would be progressed in line with the agreed process, with assurance provided that identified risks and areas for probing would be explicitly addressed within the next stage of the recruitment.

DD, EP, FE and ES left the meeting.

It was RESOLVED to APPROVE the Chair recruitment.

NC/26/20 Minutes of the previous Nominations Committee meeting held on 3 March 2026 (agenda item 4)

The minutes of the meeting held on 3 March 2026 were approved as a true and accurate record.

It was RESOLVED to APPROVE the minutes as a true and accurate record of the meeting held on 3 March 2026.

NC/26/21 Action log and matters arising from meeting held on 3 March 2025 (agenda item 5)

No current actions for review.

It was RESOLVED to RECEIVE the action log.

NC/26/22 Appointment of Lead Governor (agenda item 6)

JLa presented his self-nomination to continue in the role of Lead Governor for a further twelve months. JLa advised that he has served as Lead Governor for six years and reflected on his experience in the role. He explained that, had circumstances remained unchanged, his intention would have been to step down at the end of his current term. He noted the forthcoming recruitment and appointment of a new Trust Chair, the publication of the NHS 10-Year Plan, the potential implications for the future of Foundation Trust governance and the benefit of maintaining continuity and stability during a period of leadership transition.

JLa proposed to continue in post for a limited period, to support the onboarding of the new Chair and provide continuity for governors. He confirmed that his intention was to serve for 12 months only.

JLa left the meeting while the Committee considered the matter.

AL confirmed that the meeting was quorate for making the recommendation.

The Committee discussed JLa’s tenure and suitability for continuing as Lead Governor.

PS and AMc both expressed strong support for JLa’s reappointment, citing his effectiveness, continuity, and the value he brings to the role.

AMc also suggested consideration of amending the Deputy Lead Governor role to ensure continuity and succession planning, so that someone could step into the Lead Governor position if needed due to governance changes or JLa's eventual departure.

The Committee agreed to recommend JLa's reappointment as Lead Governor for a further twelve months, with the understanding that this would be reviewed in light of any future governance changes.

It was RESOLVED to RECOMMEND the appointment of John Laville as Lead Governor for a period of 12 months for APPROVAL by the Members' Council.

JLa was invited back into the meeting.

NC/26/23 Appointment of Chair of Members' Council Quality Group (agenda item 7)
Bob Morse (BM) joined the meeting.

NMc formally recorded the Committee's thanks to PS for his significant commitment and long-standing contribution over his tenure as a Governor, noting his contribution had played an important part in the Trust's development and progress during his term of office.

PS thanked the Committee for the comments, stating that it had been a privilege to serve on the Members' Council and to support the Trust.

BM presented his self-nomination for the role of Chair of the Members' Council Quality Group, outlining his motivation for the role and the experience he would bring. He emphasised the importance of maintaining a strong focus on quality, fairness and patient-centred care, highlighting the value of personal insight, visibility through visits and understanding lived experience when scrutinising quality matters.

BM also reflected on the importance of recognising inequality and injustice within services and expressed a commitment to supporting continuous improvement for patients, staff and the wider community. He highlighted his willingness to learn, ask questions and seek clarity where required in order to discharge the role effectively.

BM left the meeting while the Committee considered the nomination.

The Committee welcomed BM's enthusiasm and clear commitment to the values underpinning the Quality Group, recognising that BM brings a strong personal commitment, integrity and lived-experience perspective.

The Committee agreed to recommend the appointment of BM as Chair of the Members' Council Quality Group, subject to formal approval by the Members' Council.

It was RESOLVED to RECOMMEND the appointment of Bob Morse as Quality Group Chair for APPROVAL by the Members' Council.

NC/26/24 Terms of Reference (agenda item 8)
AL advised that the Terms of Reference were largely unchanged from previous years, maintaining continuity in the Committee's remit and responsibilities.

One key amendment was noted, agreed previously by the Members' Council, that the Nominations Committee would now be responsible for recommending the appointment of the Chair of the Members' Council Quality Group to Members' Council.

The Committee confirmed they were content with the proposed amendment and that the revised Terms of Reference continued to provide an appropriate and effective framework for the Committee's role and responsibilities. The Committee approved the updated Terms of Reference.

It was RESOLVED to APPROVE the Terms of Reference.

NC/26/25 Annual Report 2025/26 (agenda item 9)
AL advised that the Annual Report for 2025/26 was presented for approval by the Nominations Committee, following which it would be received and approved by the Members' Council, in line with governance requirements.

PS stated that attendance by some members had been limited, noting that regular attendance is essential given the importance of the Committee's role and its contribution to effective governance. It was agreed that consistent participation is critical to maintaining appropriate scrutiny and effectiveness.

AL confirmed that attendance issues were not due to lack of commitment or priority given to the Committee, and that individual circumstances had been discussed separately and appropriately managed through the Chair.

The Committee approved the Nominations Committee Annual Report 2025/26 and agreed to promote the Nominations Committee vacancies, encourage engagement through a presentation to Members' Council and keep Committee membership, attendance and succession planning under review to ensure continued effectiveness.

It was RESOLVED to APPROVE the Annual Report 2025/26.

NC/26/26 Work Programme for 2026/27 (agenda item 10)
AL advised that the Work Programme had been prepared to reflect the Committee's core responsibilities and anticipated activity for the forthcoming year. The Committee noted that the Work Programme would remain a live document, to be kept under review and updated as required to reflect emerging priorities and external developments.

AMc raised a query regarding the timing of the Deputy Lead Governor's appointment and highlighted the importance of ensuring reliable attendance for quoracy, especially with upcoming vacancies.

AL confirmed he would double-check the timing of the Deputy Lead Governor's appointment and update the work programme accordingly. AL also noted plans to promote the upcoming vacancy at the next Members' Council meeting.

Action – Andy Lister

The Committee agreed that the work programme should include monitoring of the 10-year plan and governance changes to avoid any gaps in leadership or compliance. The importance of maintaining oversight of attendance and succession planning as part of the work programme was also noted.

AL also confirmed that specific points raised earlier in the meeting, including leadership succession and governance transition planning, would be picked up and reflected within the Work Programme as appropriate.

The Committee noted and received the Work Programme for 2026/27, and agreed that the Work Programme would be kept under regular review and updated to reflect emerging governance requirements and system developments.

It was RESOLVED to RECEIVE the work programme for 2026/27

NC/26/27 Any other business (agenda item 11)

NC/26/28 Issues and items to bring to the attention of Trust Board / Members' Council (agenda item 12)
No issues to note.

NC/26/29 Dates of future Nominations Committee Meetings (agenda item 13)
Meetings to be arranged as required

- TBC for an extraordinary meeting to make a recommendation for the new chair candidate to Members' Council.
- 8 July 2026 10.00

South West Yorkshire Partnership Teaching NHS Foundation Trust

Nominations Committee
13 May 2026 15:00
Virtual meeting via Microsoft Teams

Present:	Nat McMillan (NMc) – Deputy Chair / Senior John Laville (JL) - Lead Governor, Publicly Elected Governor, Kirklees Andrea McCourt (AMc) - Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust Christine Brereton – Chief People Officer
Apologies:	Daz Dooler (DD) – Public - Wakefield
In attendance:	Emma Pickup (EP) – Gatenby Sanderson Emily Smith (ES) – Gatenby Sanderson Andy Lister (AL) – Head of Corporate Governance (Company Secretary) Izzy Worswick – Deputy Director of Partnerships, Planning and Governance Debbie Beynon-Fisher (DBF) – Corporate Governance Officer (Author)

NC/26/30 Welcome, introductions and apologies (agenda item 1)

Nat Mcmillan (NMc) welcomed everyone to the meeting. Introductions were made and apologies were noted. The meeting was declared to be quorate and could proceed.

NC/26/31 Declarations of Interests (agenda item 2)

There were no declarations of interest.

NC/26/32 Chair Recruitment – appointment (agenda item 3)

John Laville (JLa) provided an update following the Chair recruitment process noting that it was a robust and well-structured process, comprising both a stakeholder panel and a formal interview panel. Five candidates were considered in total (four external and one internal).

The formal interview panel was chaired by the Deputy Chair/Senior Independent Director and included Governor representatives, a Non-Executive Directors (NEDs), external NHS England (NHSE) regional representative with the Chief Executive and Chief People Officer attending in an advisory capacity.

Of the five candidates, the panel agreed Jayne Brown as the panel's preferred candidate. Jayne has over thirty years' experience within and alongside the NHS, including significant chairing and director-level roles. JLa confirmed that Jayne has accepted the role and can start promptly.

JLa advised on the recommendation for the Nominations Committee to propose Jayne Brown's appointment as Chair to the Members' Council at the meeting on 14 May 2026.

NMc confirmed that individual feedback has been provided to all five candidates, aligning with SWYPFT values. All candidates, including those not selected, reported a positive experience.

NMc requested that positive feedback and thanks be passed on to everyone involved in the process. JLa added that the external NHSE regional representative, Fiona Edwards, described the process as "exemplary" and one of the best organised interview processes she had experienced.

The Committee agreed to recommend Jayne Browns appointment as Chair to the Members' Council on 14 May 2026.

NMc confirmed that the appointment is subject to Members' Council approval, pre-employment checks and these would be progressed at pace.

An indicative start date of mid-June was discussed, taking into account the candidate's availability and a short period of planned annual leave. To ensure continuity in leadership, Marie Burnham had indicated her willingness to continue supporting the organisation on an interim basis until the new Chair takes up post. Arrangements for interim cover and forthcoming Board commitments, including the May strategy development session, were noted and would be finalised outside of the meeting.

Christine Brereton (CB) provided an update regarding the proposed salary arrangements for the appointment of the new Chair, to support a formal recommendation to the Members' Council.

It was noted that a nationally recognised Chair salary framework applies to Trusts of a comparable size, setting out three incremental pay points within a defined range. Following benchmarking and advice from recruitment partners, the role had been advertised at up to £50,000 in order to attract suitably experienced candidates in a competitive market.

Gatenby Sanderson supported this position, highlighting that the £50,000 figure was consistent with market expectations and would be considered appropriate for a role of this nature.

The Committee formally agreed to recommend £50,000 with the potential for progression to the maximum of the pay framework following a satisfactory annual appraisal. This recommendation would be included in the paper to the Members' Council for approval at the extraordinary meeting on 14 May 2026

It was RESOLVED to RECOMMEND the appointment of Jayne Brown to the Members' Council for approval with a remuneration of £50k.

NC/26/33 Non-executive director recruitment shortlisting (agenda item 4)

NMc presented the NED recruitment shortlisting. NMc confirmed that candidates in category C, as sifted by Gatenby Sanderson, did not meet the essential criteria and would not be shortlisted.

NMc highlighted two candidates who applied under the disability confident scheme (DCS), seeking clarification on their shortlisting status.

Emily Smith (ES) confirmed that both candidates did not meet the essential criteria, specifically lacking a finance qualification, and therefore were not recommended to be shortlisted. Committee members agreed that the two DCS candidates in category C (not recommended), did not meet the essential criteria and therefore would not be shortlisted.

The category A list (recommended) was reviewed.

AMc declared a potential conflict of interest that she knew of one of the candidates through professional peer networks.

The Committee agreed to proceed with the three proposed category A candidates.

NMc raised the importance of visibility for the NED role, emphasising that Board meetings and site visits are expected to be in person, not remote, and candidates should be realistic about this requirement.

EP confirmed that candidates have been told to expect at least two site visits per month, sometimes more, and that logistics are discussed with them to ensure feasibility.

NMc confirmed that Jayne Brown should be included in the process, subject to availability. It was further agreed that Adrian Snarr, as lead executive director for the Audit Committee, would be an appropriate participant in the process.

Emma Pickup and Emily Smith left the meeting

It was RESOLVED to APPROVE the Non-executive director recruitment shortlisting.

NC/26/34 Minutes of the meeting held 12 March 2026 (agenda item 5)
The minutes from the 12 March 2026 were reviewed and accepted as true and accurate record.

It was RESOLVED to APPROVE the minutes as a true and accurate record of the meeting held on 12 March 2026

NC/26/35 Action log (agenda item 6)

It was RESOLVED to RECEIVE the action log.

NC/26/36 Work Programme for 2026/27 (agenda item 7)
The Nomination Committee work programme for 2026/27 was reviewed and it was noted that the programme includes key activities such as the recruitment and appointment of the Chair and NEDs, with associated extraordinary meetings of the Nominations Committee and Members Council to approve appointments as required.

AL confirmed that following the current NED appointment process, an additional Nominations Committee meeting and a Members' Council meeting will be scheduled to complete the appointment.

Izzy Worswick (IW) noted that the work programme continued to reference Chair recruitment in line with the end of Marie Burnham's term of office and confirmed that this would be removed from the next version, as the process is now complete.

AMc raised a query about the process and timescale for recruiting to the two vacancies on the Committee, noting concerns about the low number of current members and the risk to quorum if someone is on leave.

AL advised that applications had already been requested following the last Members' Council meeting, with a week given for responses, and that appointments require Members' Council approval. If possible, appointments will be expedited at the next extraordinary meeting.

It was RESOLVED to RECEIVE the work programme for 2026/27.

NC/26/37 Any other business (agenda item 8)
No further business.

NC/26/38 Issues and items to bring to the attention of Trust Board / Members' Council (agenda item 9)
No issues to note.

NC/26/39 Dates of future Nominations Committee Meetings (agenda item 10)
The date for the next meeting regarding the NED appointment is to be confirmed, pending logistics and Jayne Brown's start date. AL added that the next scheduled meeting is set for 8 July, however it may not be required depending on progress and the number of meetings already held this year.

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

Notes of the Members' Council Co-ordination Group
24 March 2026, 10.00 – 12.00
Meeting held virtually by Microsoft Teams

Present:	John Laville (JL)	Public Governor – Kirklees (Lead Governor) Chair of the Group
	Marie Burnham (MBu)	Chair of the Trust
	Bob Morse (BM)	Public Governor – Kirklees
In attendance:	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
Apologies (members):	Natalie McMillan (NMc)	Non-Executive Director
	Fatima Shahzad (FS)	Public Governor - Rest of Yorkshire and the Humber
	Nesar Rafiq (NR)	Public Governor – Wakefield
	Leonie Gleadall (LG)	Staff Governor
Apologies (in attendance):	Izzy Worswick (IW)	Assistant director of corporate governance
	Gemma Lockwood (GL)	Corporate Governance Manager

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.

3. Notes of the previous meeting held on 17 December 2025

The notes of the meeting held on 17 December 2025 were agreed as a true and accurate record.

4. Action log from previous Co-ordination Group meetings

Andy Lister (AL) noted item 5.3 on the action log around the governor role and its limitations and advised that it would be reviewed at the next Members' Council meeting when new Governors are in attendance.

AL confirmed that item 9 can be closed.

In relation to item 6, the biennial Members' Council survey has been completed and was presented to February Members' Council meeting. This action is now complete.

Following the biennial evaluation presentation in February, two key follow-up actions were identified. In relation to access to the Governor's Handbook, it was confirmed that an electronic version has been circulated by email, and members will be offered hard copies at the next meeting. Feedback highlighted concerns regarding the volume of papers provided to members, with a suggestion that improvements could be made by improving executive summaries, particularly for larger and more complex reports. The Quality Account is an example of a substantial statutory document that must be submitted to NHS England and is currently shared in full with the Members' Council. It was suggested that there may be an opportunity to utilise artificial intelligence (AI) to produce concise summary versions of such reports, potentially including shorter or "easy-read" formats to support accessibility and understanding.

John Laville (JLa) agreed this was a good idea and suggested this is trialled first before applying to all large reports and documents. AL confirmed that the full version will be provided alongside the summary version.

5. Members' Council Development

5.1. Governor appointments to the Members' Council and Trust Board Groups and Committees

AL advised that there are currently a number of gaps in appointments which could explain the limited attendance at the meeting today, with three vacancies for this group. AL confirmed that requests for expressions of interest are sent out frequently and there is hope that some new governors will join groups. This will be highlighted in the main Members' Council meeting.

AL reported that there is a process underway to stand down the Equality, Involvement and Inclusion Committee (EIIC) therefore it is possible that a governor role for this committee will not be required. The proposal follows a review to consider how equality, diversity and inclusion could be more effectively embedded across the Trust's committee structure rather than being held within a single committee. The proposed approach was intended to strengthen and enhance the Trust's equality agenda and equality strategy.

Marie Burnham (MBu) added that benchmarking with other Trusts had indicated that the Trust was unusual in having a standalone Equality, Involvement and Inclusion Committee which had resulted in the equality agenda being positioned in relative isolation, rather than being embedded routinely across the Trust's wider governance arrangements. Therefore, work has taken place to identify how equality, diversity and inclusion considerations would be incorporated across policies, procedures and committees. The EIIC was not a statutory committee of the Board and subject to the relevant approvals, the Committee would cease and be replaced by a committee with a broader focus on transformation, planning and governance, addressing an identified gap within the Trust's governance structure.

The official results of the Governor elections are expected on 1 May 2026 and JLa confirmed that following this he will speak to each governor to review opportunities.

5.2. Governor attendance at Members' Council meetings

AL advised that individual attendance concerns would not be referenced by name and those governors for whom attendance had previously been a concern had not sought reappointment. Nomination statements received for prospective governors were positive and indicated the potential for strong future engagement from incoming governors.

5.3. Governor training – annual training programme

JLa noted that the training programme for new governors was comprehensive. While the first year appeared intensive, it was considered important that members of the public and staff entering the governor role receive the necessary training and grounding.

AL advised that sessions had been arranged for the first quarter up to mid-June. Training for new governors will be scheduled in quarter two, after which they would join the standard programme. There are no expected issues related to funding for government training courses at this time.

5.4 Members' Council Objectives update and consideration of future objectives

AL shared the Members' Council objectives and advised that the version presented was taken to Members' Council in February 2026 and requested that the group review and score them in order to progress them through to the next meeting.

The Group considered the draft Members' Council objectives and noted that further work was required in relation to objective one (The Future), with additional detail to set out the actions required, particularly given the forthcoming appointment of new governors and the proximity of the summer period. The importance of developing this objective at pace was emphasised so that the Members' Council could have greater clarity on its future role and priorities. AL agreed to arrange a meeting with JLa to review and further develop the wording and supporting actions for the future-focused objective.

Action – Andy Lister

5.5 Governor feedback – issues emerging from virtual meetings

JLa noted that attendance at Governor meetings had been significantly lower than expected, with only five governors attending across the recent sessions in addition to the Chair. A number of governors had indicated an intention to participate in the governor capacity work, however this had not translated into attendance at the virtual meetings. JLa stated he was disappointed with the level of engagement, but recognised governors undertook their roles on a voluntary basis.

Potential steps to improve attendance and engagement at future virtual governor meetings were discussed and it was suggested that a reminder be issued a few days before each meeting to ensure the meeting remained visible to governors. A discussion took place regarding whether the timing of meetings continued to be appropriate, noting that some meeting times had been established several years previously and may no longer meet governors' needs. It was agreed that Corporate Governance would be asked to undertake a poll to identify governors' preferred meeting times. It was further agreed that future meetings should be scheduled further in advance, ideally around four weeks ahead, with a reminder issued nearer the time. JLa confirmed that he would raise the issue of attendance and governor engagement at the Members' Council pre-meet and, if appropriate, at the main meeting. This would include reference to the governor capacity work previously undertaken and the importance of governors actively contributing to the available engagement opportunities, particularly in the context of forthcoming governor elections and the appointment of new governors.

AL suggested providing new governors with a short overview of the Members' Council, its sub-groups and associated opportunities for governor involvement. It was noted that vacancies were expected across a number of groups and that an introductory summary would support new governors to understand the purpose, governance arrangements and role of each group, including the Co-ordination Group, Quality Group and Nominations Committee. AL to develop some slides to send to JLa for review.

Action – Andy Lister

JLa provided additional governor feedback and advised that Councillor Duncan Smith in Wakefield asked for an update on the Trust's smoking/vaping policy, following his attendance at a Tobacco Alliance meeting and a family members admission into Newton Lodge. AL confirmed that smoking/vaping was not permitted on site and on inpatient areas.

Governor Nik Vlissides reported that recruitment and retention had improved with better applicants applying for roles within the organisation.

Claire den Burger-Green reported a positive experience using the Trust's Single Point of Access (SPA) service. Claire also noted an App, sponsored by Kirklees Council "Brain in Hand", which provided much needed help and support including coping strategies and 24/7 crisis help. Kirklees have now ceased their sponsorship of the app from the end of June 2026. JLa agreed to contact the council

JLa raised an issue related to the "Brain in Hand" app, which provided practical support to individuals and families, including assistance with managing medication, coping strategies and access to 24/7 crisis support. The App was relied upon by Claire Denberger-Green and her family and Kirklees Council have ceased sponsorship of the App from the end of June 2026. While individual access remained available, the cost was significant and would be unaffordable for some families. JLa expressed concern that the withdrawal of sponsorship could have a detrimental impact on individuals who relied on the app for ongoing support. JLa also noted that the commissioning of the App had previously been referenced as part of the support available following the cessation of commissioning arrangements for Northorp Hall. Therefore the subsequent withdrawal of support for the App represented a further reduction in available provision. JLa confirmed that he had raised the matter with Kirklees Council and would continue to pursue the issue with the relevant committee or decision-making route.

Feedback from Bob Morse was also provided, noting positive indications in relation to GP access, including increased appointment availability and quicker referrals. He also shared feedback regarding the experience of a family member at Fieldhead, highlighting examples of care and compassion alongside some areas where the experience had fallen short.

5.6 Focus on items – Two topics

AL reiterated that he would be happy to deliver an overview presentation which would provide a helpful refresher for current governors and introduce new governors to the structure of the Members Council and its groups. It could cover the role of the Co-ordination Group, the Quality Group and other groups, including their terms of reference and annual reports. This would provide a high-level overview of each group and remind governors that, apart from specific exceptions, they do not need to be formal members to attend, as all governors are welcome at these meetings.

In relation to the focus for the year ahead and where we want to be by this time next year, AL suggested that, while we will need to take guidance from the centre, it would be useful to capture the Members Council's views on the future, particularly if the statutory role is removed. We need to understand how governors feel they can continue representing the voice of communities and providing the service user challenge and feedback the organisation needs. It was agreed to allocate 30 minutes on the next Members' Council agenda to consider key questions to be taken through breakout/working groups.

Action – Andy Lister

AL also advised that a recent briefing had been received from NHS Providers regarding the future role of governors. It was reported that national guidance remained developing, with further clarity anticipated around October 2026, although this timescale was not confirmed. It was agreed that the Trust should not wait for national guidance before considering the future model and it was suggested that the Trust should develop a local approach that would work for the Trust and Members Council, with the flexibility to adapt once formal guidance was issued. It was noted that any future arrangements could initially operate in shadow form while the Trust continued to meet its existing statutory requirements. This would provide an opportunity to test and refine the model without delaying progress. It was agreed that early planning would provide greater certainty for current and prospective governors, support recruitment and engagement, and help ensure that any future arrangements were informed by the views of Members Council.

Action – Andy Lister

6. Members' Council agenda, discussion items for consideration

AL presented the draft Members' Council agenda for the next meeting to be held on 6 May 2026. It was agreed that some changes were required to improve the overall flow of the meeting.

The Group discussed the Fit and Proper Person Test for Board members and AL confirmed that the required checks had been completed and that the focus was now on preparing the submission to NHS England by the end of June. It was noted that the Trust was further ahead in the process than in previous years and that an audit of the process would also take place during the year.

The timing of Non-Executive Director appointments was considered. Interviews were expected to take place after the appointment of the new Chair, and that this would allow the new Chair to be involved appropriately in the appointment process. It was therefore anticipated that an extraordinary meeting may be required.

AL confirmed that JLa had submitted his nomination to continue as Lead Governor for the next 12 months and this would be taken through the appropriate governance route, including consideration by the Nominations Committee.

The vacancy for Chair of the Quality Group was discussed and AL confirmed that no self-nominations had been received by the original deadline. The importance of the Quality Group was acknowledged in providing governor-led quality assurance and challenge, and it was agreed that the role should not remain vacant. The option of opening the role to staff governors was considered; however, there is a risk that this could make the group appear too Trust-led. Bob Morse (BM) confirmed that he would be willing to apply if the opportunity was recirculated. It was agreed that the application process would be reopened and circulated again, noting that no applications had been received to date.

Action – Andy Lister

AL confirmed that the Audit Committee Terms of Reference would be presented as an annual item and the appointment of the external auditor would also be brought to Members Council following completion of the five-year procurement process.

The Quality Monitoring Visits Annual Report was noted and other scheduled quality items would be included on the agenda. It was agreed that sufficient time should be allocated for the focus item, as the current allocation of 30 minutes was not considered adequate.

AL to update and recirculate the agenda for final approval.

7. Members Council Co-Ordination Group Annual Report

AL confirmed that the report has been updated for the current year, including outlining what the group has done over the last year.

8. Review of Members' Council Co-Ordination Group Terms of Reference and Effectiveness

AL reported that this has also been updated and confirmed that the membership is as it was at the time of writing which will be updated to clearly show vacancies for presentation at the Members' Council meeting.

9. QAS visits quarterly schedule

JLa noted how useful it is to have visibility of the schedule and credited Andrew Betteridge for putting the process together which Tony Jackson and Gemma Lockwood will continue.

10. Members Council Co-Ordination Group Workplan 2026/27 (agenda item 10)

AL confirmed that the work plan has been updated for the year and can go to Members' Council for approval.

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)

- 3 June 2026, 10.00 – 12.00, virtual, MS teams
- 7 October 2026, 10.00 – 12.00, virtual, MS teams

South West Yorkshire Partnership Teaching NHS Foundation Trust

Notes of the Members' Council Co-ordination Group
3 June 2026, 09.30 - 10.00
Meeting held virtually by Microsoft Teams

Present:	John Laville (JL)	Public Governor – Kirklees (Lead Governor) Chair
	Natalie McMillan (NMc)	Non-Executive Director
	Nesar Rafiq (NR)	Public Governor – Wakefield
	Bob Morse (BM)	Public Governor – Kirklees
In attendance:	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Gemma Lockwood (GL)	Corporate Governance Manager
Apologies (members):		
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.

3. Governor appointments to the Members' Council and Trust Board Groups and Committees
Andy Lister (AL) outlined the process regarding filling current vacancies on the Members Council Coordination Group, Quality Group, and Nominations Committee, and gave an update the self-nominations that have been received.

AL explained that when a vacancy arises on a committee or group, all governors are notified and invited to self-nominate. If only one nomination is received per vacancy, the nominee is automatically appointed; if multiple nominations are received, the Co-ordination group decides who fills the role.

AL reported there were five vacancies on the Members Council Coordination Group, three on the Quality Group, and two on the Nominations Committee, noting that new governors would be approached during upcoming induction meetings to encourage self-nominations.

AL reported that there are currently no self-nominations for Co-ordination group and that there has been two self-nominations for Quality group. Richard Prince would be automatically appointed as the only governor for Calderdale and Temi, being the governor for the rest of Yorkshire, would also be automatically appointed.

AL advised that there have been two self-nominations from public governors for Nominations Committee. Farida Ali and Keith Stuart-Clarke have both put themselves forward.

The group discussed both nominations, acknowledging that both governors are excellent candidates. Bob Morse (BM) stated that he would vote for Keith as he has extensive knowledge of the Trust having been a governor for a number of years. JL and Nat McMillan (NMc) both highlighted Farida's valuable contributions to the recent recruitment non-executive director

With all of us in mind.

campaigns, including the chair's recruitment, and Nesar Rafiq (NR) agreed that he would vote for Farida to promote diversity across the committee.

Nominations Committee therefore agreed to appoint Farida Ali as the public governor.

AL confirmed there is a vacancy on Nominations Committee for a staff governor and this will be circulated again.

NR queried if there would be governors in reserve in case member couldn't attend and AL confirmed that there are no reserve positions and if a member stepped down from Nominations Committee self-nominations would be sought again.

4. Any other business

Nesar requested support with diary management and meeting reminders due to reasonable adjustment needs, and Gemma Lockwood (GL) agreed to provide additional assistance, including reminders before meetings.

5. Date of future Co-ordination Group meetings for 2026

- 8 July 2026, 10.00 – 12.00, virtual, MS Teams
- 7 October 2026, 10.00 – 12.00, virtual, MS teams
- 2 December 2026, 10.00 – 12.00, virtual, MS teams
- 10 March 2027, 10.00 – 12.00, virtual, MS teams

NHS South West Yorkshire Partnership NHS Foundation Trust

Notes of the Members' Council Quality Group
15 April 2026 from 13.00pm
Hybrid meeting held at Cheswold Park Hospital

Present:	Phil Shire (PS)	Public Governor – Calderdale (Chair)
	Bob Morse (BM)	Public Governor – Kirklees
	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
	Sarah Whiterod (SW)	Associate Director of nursing, quality and professions
In attendance:	Gemma Lockwood (GL)	Corporate governance manager
	Melanie Wood (MW)	Head of Performance & Business Intelligence
Apologies (members):	Nesar Rafiq (NR)	Public governor - Wakefield
	Fatima Shahzad (FS)	Governor (publicly elected Rest of Yorkshire)
	Caroline Johnson (CJ)	Chief Nurse and Director of Quality and Professions
	Daz Dooler (DD)	Deputy Lead Governor/Public Governor - Wakefield
Apologies: Attendance	Izzy Worswick (IW)	Associate Director of Corporate Governance

1. Welcome, introductions and apologies

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.

Amy Hartley (AH) informed the group that Carolone Johnson (CJ) had been delayed in a meeting and sends apologies.

2. Declarations of interest

No declarations of interest were made.

3. Notes and actions of the previous meeting held on 2 February 2026

It was noted that the date of next meeting referred to the Co-Ordination and GL would amend this to read Quality Group.

It was agreed to close the action relating to when the PLACE report is presented to MCQG as the workplan has been updated.

John Laville (JL) expressed disappointment that the action relating to delays in transfers of service user was still open with no update and Amy Hartley (AH) agreed to pick this up with Sarah Whiterod (SW), Mel Wood (MW) also offered to help.

The notes were agreed as a true and accurate record of the meeting.

4. Integrated Performance Report

Due to time constraints, Phil Shire (PS) asked to just take questions relating to the IPR rather than running through the document.

With **all of us** in mind.

Bob Morse (BM) mentioned where the executive summary refers to restraints of service users and gave an example of someone he knows on facebook who has shared their experience of trust services on facebook, including broadcasting throughout a recent episode of psychosis, exactly how he was feeling and what was happening to him. BM asked if the use of social media platforms by service users was monitored at all?

AH explained that this is a tricky issue nationally with service users frequently posting on social media from inpatient services. Mobile phones are such an integral part of people's lives and ability to stay in contact with friends and family etc they can't be easily removed from service users. AH added that staff may not be aware of service users posting on social media.

BM raised a question relating to the reduction of the average length of stay and target to reduce it by 10% and asked if this adds pressure to prematurely discharge people who may not be ready.

AH advised that this would need to be looked at on an individual basis and would need to be a clinically made decision around the right point to discharge someone. AH noted that the longer a patient remains in hospital, the lower their likelihood of achieving a full recovery and the more reliant someone becomes on services. AH advised that the best option is to keep people out of hospital with support in the community.

SW added that patient flow is looked at in its entirety so whilst reducing length of stay is good, are people being readmitted. This is monitored to ensure that people are not being discharged too early and can be managed in the community.

JLa welcomed the number of compliments the Trust has received as these are well deserved.

JLa highlighted the reduction in anxiety and stress related absences but in February 3009 days were lost and asked if these were whole equivalent days which is a very high number equating to 2.1% of the total number of staff.

AH responded that 2.1% is probably about right. Whilst it is reducing, it is still a really challenging environment to work in. Having said that, SWYPFT as a Trust has a very good offer of occupational health and wellbeing interventions. AH commented that the 2.1% is a reflection of the work that still needs to be done around looking after staff considering the environment they work in.

JLa praised the increase in capacity within paediatric audiology which has been a long time coming.

JLa highlighted increased waiting times linked to an increase in demand and focus on initial appointment and in particular a significant rise in Kirklees Keeping in Mind referrals. JLa added that this could be a direct result of the closure of services at Northorp Hall.

JLa congratulated the Trust on the low numbers of out of area beds which continues to be good.

JLa highlighted ADHD services in Bradford Wakefield and Kirklees with 27 cases commissioned across the three locations per month, 81 across the patch and 292 referrals excluding Calderdale, therefore four times the number of referrals as commissioned capacity. JLa asked if there are conversations with commissioners about increasing capacity?

AH explained that this is part of the national picture and constant ongoing conversations with commissioners at a national level.

PS added there is a West Yorkshire/South Yorkshire Neurodiversity project but it isn't clear what they are trying to do. PS surmised that this is about putting more money into private sector provisions and asked what the projects are trying to do? PS added that there are currently 7100 people waiting for an ADHD diagnosis.

AH advised that she is not involved with these projects but can find out and bring an update back to the meeting.

Daniel Goff (DG) agreed it is encouraging to see the reduction in sickness and stress related absence and is interested in how the Trust is supporting staff with violence, aggression and hate incidents.

DG added it was positive to see improvements in the children's audiology diagnostics with performance now at 90% within the 6 week standard, which is particularly good given how important early hearing diagnosis is for children's development.

DG mentioned it was positive to see improvement in risk assessments and care plans with performance at 95% but service user involvement still needs to be developed.

AH advised that there is an improvement group around care plans and risk assessments which includes looking at audit tools to help understand the data. AH explained that the dialogue scale is being used in care plans which is 10 questions based on different aspects of life that are important, how satisfied a person is with treatment and how well the treatment is understood. AH emphasised that care plans are a collaborative conversation with service user and family, done jointly and in real time. There will be times when service users are too unwell to be involved in their care plan and family members or other people who know them well will be involved, as well as care staff.

Elaine Lane (EL) commented that "my care plan" in physical health means end of life care so there needs to be differentiation.

PS raised forensic bed occupancy which in West Yorkshire is 86% and in South Yorkshire is 84% and asked if 86% is an optimum level of occupancy? AH responded that the nationally agreed rate of occupancy for mental health beds is 85% which leaves flexibility to respond.

5. Care Quality Commission (CQC) update

PS commented that this action plan is now a summary with the majority of actions complete. Sarah Whiterod (SW) confirmed that all remaining actions have now been closed and a closure paper is being prepared to provide assurance that actions are now incorporated into business as usual.

6. QAS Update

PS acknowledged the positive report which was taken as read.

DG mentioned themes from Quality Walkarounds including issues with the Right Care Right Person policy and asked if any gaps are emerging in practice where demand is shifting into health services and if there is assurance that those gaps are not impacting patient safety of experience.

AH confirmed there is a trust wide multi agency right care right person steering group with both South and West Yorkshire Police, the Ambulance Service, Adult Social Care and representatives from care groups across the Trust which is used a forum to discuss any incidents where learning has been identified and also good practice. There are challenges, including a recent Prevention of Future Deaths Order issued by the Coroner to West Yorkshire Police relating to someone in SWYPFT services where the Coroner found that Police response was inadequate.

AH reported that the group is useful with willingness for people to work collaboratively across services, especially from police to embrace learning, look at risks and ensure the right language is being used between agencies.

DG asked how the Trust is following events like the Southport and Nottingham Inquiries and what any implications may be.

AH confirmed that in relation to the Nottingham Inquiry there is a workstream looking at the Trust's intensive and assertive patient groups which would require a certain approach which is aligned to a regional program of work. In relation to the Southport Inquiry, the first phase has been published and learning will be shared with agencies nationally.

AH confirmed there are robust Prevent strategy systems in the Trust's footprint and the Trust is actively involved in these.

PS asked if there was a rationale for focussing down Quality Walkarounds on IHBTTs and the Dales. SW advised that there has been a request to visit all high risk areas before the end of August 2026 as part of planned preparation for a potential CQC visit.

SW added that there has been conversations around community teams visiting each others services for peer to peer visits to undertake a review. Currently care groups are not proceeding with this due to capacity and productivity which is a priority. SW confirmed every service will receive a Quality Walkaround and the team are looking into how to make this possible give the number of services.

PS commented that peer to peer reviews would be really helpful and beneficial to all teams.

JLa raised that the paper states that community connectors would be invited on Quality Walkarounds following confirmation from the Chief Executive that this continue. The Trust Chair has confirmed this is an error and that community connectors will not be invited to carry out Quality Walkarounds.

SW confirmed that this is an error and community connectors will not be invited to carry out Quality Walkarounds.

7. Quality Account Update

SW gave a verbal update for the Quality Account which is currently being written and will be ready from 15 May for external stakeholder review. SW confirmed that following feedback the layout and format has been changed to make is easier to follow and digest.

8. Quality Strategy Update

PS asked if there will continue to be a standalone Quality Strategy or whether it will be absorbed into the wider Trust Strategy. PS mentioned there are two areas with the potential to be lost in a wider strategy, bed quality improvement and the use of data and feedback to understand feedback and asked where these would be picked up.

SW confirmed these will be picked up in the Trust Strategy where there is a focus on the four best statements and is confident these are included in ongoing workstreams and is more embedded than previously.

MW confirmed that metrics are mapped in the IPR against the Trust's strategic objectives.

EL queried how all staff are involved with quality strategies including clinical, front line and corporate to capture the voice of wider services and not just care groups?

SW gave an example of the food waste project, where corporate teams have been involved in providing feedback which has then been worked through to make improvements.

MW added that corporate teams are involved in ensuring that data and reporting is as timely and efficient as possible to enable better working.

9. Members' Council Quality Group Annual Report

PS asked for comments before the Annual Report is presented to Members' Council in May for approval. PS mentioned that the visit to Cheswold Park should be added and Gemma Lockwood (GL) agreed that this would be added now the visit had taken place.

10. Members' Council Quality Group Terms of Reference

GL advised that the Terms of Reference have been updated for this year but there are minimal changes.

JLa confirmed he is happy with the Terms of Reference.

GL confirmed that the membership will change from 1 May 2026 and the ToR will be updated to reflect this.

11. Members' Council Quality Group Work Programme 2026/27

The group agreed the work programme.

12. Any other business

Ideas were tabled for deep dive and location of the July meeting.

DG suggested a visit to the Barnsley Physical Health Team. PS advised this has been attempted before but was not possible due to acuity and capacity with the team.

JLa agreed a visit to a team in Barnsley would be helpful as there are so many teams that provide so many services.

GL agreed to speak with the team and try to arrange a visit to the Physical Health Team in Barnsley.

Bob Morse (BM) suggested a future visit to Talking Therapies in Kirklees which will be considered for a future meeting.

JLa thanked Phil Shire for his work with the Quality Group over the last few years.

13. Items to raise at Members' Council meetings

None.

14. Date of the next Co-ordination Group

Tuesday 14 July 2026, 12.45pm at Kendray Hospital, Barnsley.

South West Yorkshire Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Quarter 1 – 2026/27

Members' Council
12 August 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	Apr-26	May-26	Jun-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	95%	93.9%	94.3%	94.9%
% with care plan that includes service user input/views	Person first and in the centre	Caring	95%	97.1%	96.7%	96.2%
% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring	95%	97.4%	96.7%	95.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	91.4%	92.0%	89.3%
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	93.9%	93.8%	94.0%
Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	Stretch target to reduce to zero	3	2	6
% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive		6.1%	4.8%	4.3%
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	93.5%	100%	100%

With **all of us** in mind.

Quality Update 2026/27 – Quarter 1

South West Yorkshire Partnership Teaching NHS Foundation Trust

Patient Experience – Friends and Family Test (FFT)

- 94% of respondents in June 2026 would recommend community health services
- 87% of respondents in June 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. Mental health inpatient services were at Opel level 4 during June 2026.
- The inpatient improvement programme continues to work through impacting issues including workforce challenges.
- The Trust had 6 people placed in out of area beds at the end of June 2026 due to increased demand, acuity and challenges to timely discharge.

With all of us in mind.

Quality Update 2026/27 – Quarter 1 cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

Safer Staffing (inpatient wards)

- The overall fill rate was 115%, this has increased from end of quarter 4 which was 113%.
- In June, 12 ward fell below the 90% overall registered nurse fill rate threshold. These were supported through local escalation plans.

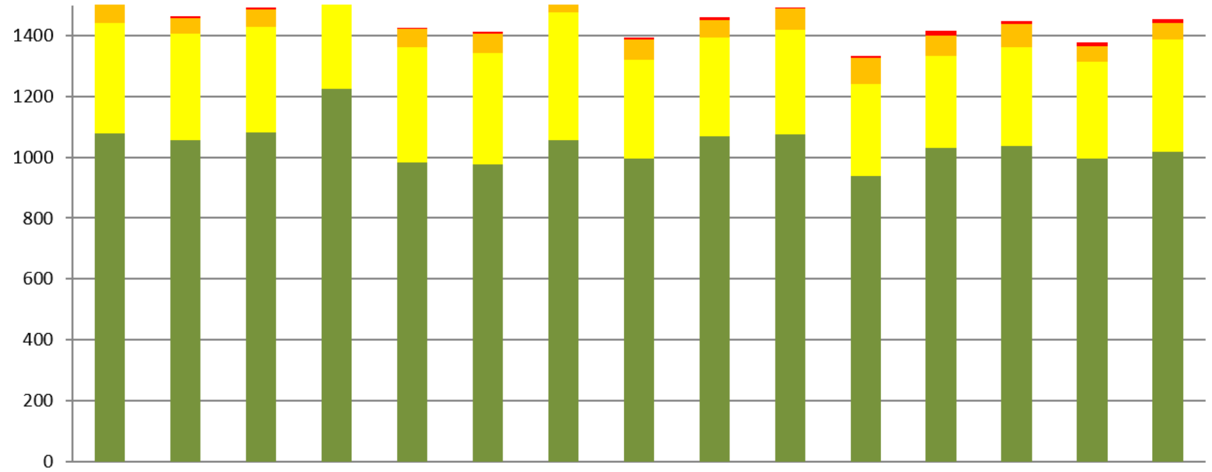
The fill rate figures (%) for June 2026:

- Registered staff – Days 96.6%
- Registered staff - Nights 103.8%
- Registered average fill rate – Days and nights 115%
- 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 2026/27 – Quarter 1 cont…

Incident Reporting



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Red	2	6	7	2	2	8	9	7	8	2	4	15	10	13	14
Amber	70	52	55	77	60	61	59	67	57	68	88	68	75	53	54
Yellow	364	350	350	379	380	366	418	323	324	345	302	301	325	316	368
Green	1078	1056	1080	1226	983	978	1057	996	1070	1075	938	1032	1038	997	1018

- 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 June 2026 resulted in no harm or low harm or were not under the care of SWYPFT.
- No never events reported in June 2026.
- The 14 red incidents in June 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	Apr-26	May-26	Jun-26
Vacancy Rate	Best place to work and learn	Well led	8%	6.4%	6.6%	6.2%
Turnover external (12 months rolling)	Best place to work and learn	Well led	25/26 - 13% 26/27 - 10%	8.4%	9.3%	9.0%
Starters	Best place to work and learn	Well led	-	37.3	14.8	39.6
Leavers	Best place to work and learn	Well led	-	28.9	39.3	25.7
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to	Best place to work and learn	Well led	-	132 (11.2%)	134 (11.4%)	132 (11.2
Proportion of staff in senior leadership roles who were women	Best place to work and learn	Well led	-	985 (72.3%)	985 (72.3%)	985 (72.4
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	4.9%	4.9%	5.0%
Sickness absence - Month	Best place to work and learn	Well led		4.9%	4.8%	5.3%
Appraisals - rolling 12 months	Best place to work and learn	Well led	90%	92.2%	92.8%	93.5%
Carbon Impact (tonnes CO_2e) - business miles	Best use of resources	Well led	<76	64	65	64
Sexual Safety Incidents - Staff	Best place to work and learn	Safe	Trend Monitor	0	0	0
Mandatory Training - TOTAL	Best place to work and learn	Well led	>=80%	95.2%	95.4%	95.0%

With all of us in mind.

Our people cont…

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

- Our Turnover at the end of quarter 1 remains low at 9%.
- Agency spend continues to be less than planned. Individual action plans continue to be followed.
- The sickness absence rate for the month of June 2026 was 5.3% and 5.0% 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. Trust performance for quarter 4 was published in May 2026 and is as follows:

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST (RXG)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Q1 performance	Q1 score	Q1 rank	Q2 performance	Q2 score	Q2 rank	Q3 performance	Q3 score	Q3 rank	Q4 performance	Q4 score	Q4 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	0.00%	1.00	1/42
% 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	33/50	4.04%	2.78	32/50
DOMAIN SCORE - Access to Services		**2.14**			**1.89**			**1.95**			**1.89**	
National CQC community mental health survey overall experience rating	As expected	2.00		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	95.40%	1.24	4/38
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	22.07%	2.09	18/47
DOMAIN SCORE - Effectiveness and Experience		**1.61**						**2.61**			**1.78**	
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	6.86	1.75	16/61
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	78.23%	1.72	12/45
DOMAIN SCORE - Patient Safety		**1.83**						**1.60**			**1.74**	
Sickness absence rate	5.14%	2.19	18/61	4.83%	2.41	21/61	5.44%	2.78	25/61	5.87%	2.44	21/61
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	7.17	1.65	14/61
Crude rate of restrictive interventions per 1,000 occupied bed days					N/A							
DOMAIN SCORE - People and Workforce		**2.15**						**2.44**			**2.05**	
Planned surplus / deficit as a proportion of turnover	0.0%		15/61	0.0%	1.00	16/61	0.0%		16/61	0.02%		16/61
YTD surplus / deficit	-0.1%		52/61	0.83%	1.00	3/61	0.63%		6/61	0.03%		47/61
Aggregated finance score		1.00			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	88.96%	1.39	9/61
Productivity	N/A			N/A								
DOMAIN SCORE - Productivity and Value for Money		**1.20**						**1.20**			**1.20**	
Total score		28.40			19.97			22.19			19.06	
OVERALL AVERAGE SCORE		**2.58**	3/61		1.82			2.02			1.73	
FINAL SEGMENTATION	**3** * financial override		26/61	**1**		4/61	**1**		12/61	**1**		3/61

With all of us in mind.

National metrics cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

The Trust's overall score for quarter 4 remains at segment 1. Performance against the measures in the 5 domains remains strong and our average Trust score puts the Trust as ranked 3rd out of 61 providers of non-acute hospitals (including Mental Health and Learning Disability, Community and Care Trusts).

With **all of us** in mind.

National metrics cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

KPI	Threshold	Apr-26	May-26	Jun-26
Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway	**92%**	97.5%	97.5%	97.1%
% Admissions Gatekept by Crisis Response Teams	**95%**	100%	100%	98.2%
% Service Users followed up within 72 hours of discharge	**80%**	86.5%	87.2%	86.8%
NHS Talking Therapies - Treatment within 6 weeks of referral	**75%**	99.8%	99.6%	98.1%
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%**	85.3%	86.8%	90%
Maximum 6 week wait for diagnostic procedures	**52.6%**	92.6%	99.1%	96.9%
NHS Talking Therapies – Proportion of people completing treatment who move to recovery	**50%**	59.9%	55.4%	55%
Community health services two hour urgent response standard	**70%**	89.9%	90.4%	88.5%
Inappropriate out of area bed placements (days)	**0**	90	82	137
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**	15099	15081	15071
Community services waiting list over 52 weeks	**0**	0	0	0

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Finance

South West Yorkshire Partnership Teaching NHS Foundation Trust

	Performance Indicator	Strategic Objective	CQC Domain	Year to Date	2026/27 Forecast	Narrative
	NHS Oversight Framework - finance metric	Best Value	Well Led	1	1	The score of 1 means that the financial override is not applied against the Trust National Oversight Framework score for the finance metrics. This will be reviewed in line with any changes to the National Oversight Framework and the calculation of financial metrics.
1	Surplus / (Deficit)	Best Value	Well Led	(£1.8m)	£0m	The financial performance in June 2026 is a deficit of £526k which is £120k more than plan in month. The year to date position remains just ahead of plan (£8k) due to the performance in April and is also supported by one off items. This means that further actions are required to ensure that the breakeven target can be achieved.
2	Agency Spend	Best Value	Well Led	£0.4m	£2m	Agency spend is currently being maintained at a historically low level. Spend in June 2026 is £138k, within plan and is constricted to a limited number of medical posts. This is forecast to increase over the coming months due to pending staff retirements.
3	Bank Spend	Best Value	Well Led	£5.8m	£20.2m	Bank spend has increased in June 2026 to £1,937k and remains higher than plan. The increase is within unregistered nursing, primarily within inpatient areas, to support operational pressures. The forecast includes a reducing run rate and this continues to be triangulated with the Trust workforce plan and strategy. At June the forecast is that the bank target will be exceeded.

With all of us in mind.

Finance cont…

South West Yorkshire Partnership Teaching NHS Foundation Trust

	Performance Indicator	Strategic Objective	CQC Domain	Year to Date	2026/27 Forecast	Narrative
4	**Financial sustainability and efficiencies**	Best Value	Well Led	£2.3m	£17.7m	The Trust value for money programme is reported as ahead of plan at month 3. The largest contributors are the reduction in corporate costs and the maintained run rate reduction of spend on temporary staffing and out of area placements which commenced in 2025 / 26. The trajectory includes the identification, and delivery, of new schemes later in the year. These need to be recurrent in nature to ensure that the Trust medium term financial plan of breakeven is maintained.
5	**Cash**	Best Value	Well Led	£57.7m	£61.4m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position.
6	**Capital Spend**	Best Value	Well Led	£2.4m	£14.7m	As highlighted previously, in June 2026, the capital programme has switched from being ahead of plan to behind. The main change is the profile of the Older People Inpatient scheme which continues to be developed. The forecast remains in line with allocation, including a new allocation for community hubs, and schemes are progressing. Any revisions to timescales or forecasts will be agreed through Trust Board.
7	**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

With **all of us** in mind.

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 May 2026)					✘	
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)