

Members' Council

Friday 28 April 2017

9:00am (with refreshments available from 8:30am) with lunch at 12 noon. This will be followed by a Members' Council

Development Session (Chair's Appraisal) from 12:30 to 13:30pm

Barnsley Football Club, Oakwell Stadium, Grove Street, Barnsley, S71 1ET

Item	Time	Subject Matter	Presented by		Action
1.	9:00	Welcome, introductions and apologies	Ian Black, Chair	Verbal item	To receive
2.	-	Declaration of Interests – Annual exercise	Ian Black, Chair	Paper	To agree
3.	-	Minutes of the previous meeting held on 3 February 2017	Ian Black, Chair	Paper	To agree
4.	9:05	Chair's report and feedback from Trust Board Chief Executive's comments	Ian Black, Chair Rob Webster, Chief Executive	Verbal item	To receive
5.	9:15	Integrated Performance Report including finances Quarter 4 2016/17. <i>The full integrated performance report for Month 12 2016/17 will be tabled at the meeting. There will also be a presentation of the key issues.</i>	Mark Brooks, Director of Finance	Presentation	To receive
6.	9:30	Care Quality Commission – update on our inspection and annual report unannounced/planned visits	Tim Breedon, Director of Nursing & Quality	Presentation	To receive
7.	9:45	Strategy update	Salma Yasmeen, Director of Strategy	Presentation	To receive
8.	10:00	Review and approval of Membership Strategy	Dawn Stephenson, Director of Corporate Development	Paper	To agree

Item	Time	Subject Matter	Presented by		Action
	10:15	<i>Break</i>			
9.	10:25	Holding Non-Executive Directors to account	All	Discussion	Discussion
10.	11:25	<u>Trust Board appointments</u>			
	10.1	Re-appointment of Non-Executive Director	Ian Black, Chair	Paper	To agree
	10.2	Chair and Non-Executive Director remuneration	Alan Davis, Director of HR, OD & Estates	Paper	To agree
11.	11:45	<u>Members' Council business items</u>			
	11.1	Members' Council elections	Dawn Stephenson, Director of Corporate Development	Paper	To receive
	11.2	<i>Appointment of Lead Governor (if needed)</i>	<i>Ian Black, Chair</i>	Verbal item	<i>To agree</i>
	11.3	Review of Nominations Committee terms of reference	Dawn Stephenson, Director of Corporate Development	Paper	To agree
	11.4	Review of Audit Committee terms of reference	Dawn Stephenson, Director of Corporate Development	Paper	To agree
12.	12:00	<u>Closing remarks and dates for 2017</u>	Ian Black, Chair	Verbal item	To receive
		- Wednesday 26 July 2017, afternoon meeting (Fieldhead, Wakefield)			
		- Annual Members' Meeting: Tuesday 19 September 2017, afternoon meeting (Huddersfield Town Hall, Huddersfield)			
		- Friday 3 November 2017, morning meeting (Elsie Whiteley Innovation Centre, Halifax)			

12:00 *Lunch*

13. 12.30 Members' Council Development Session – Appraisals including Chair's appraisal process for 2017

13:30 *Close*

**Members' Council
28 April 2017**

Agenda item:	2
Report Title:	Members' Council Declaration of Interests
Report By:	Dawn Stephenson on behalf of the Chair
Job Title:	Director of Corporate Development
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this item is to provide information regarding the declarations made by governors on their interests as set out in the Constitution and Monitor Code of Governance.

Recommendation

The Members' Council is asked to NOTE the individual declarations from governors and to CONFIRM the changes to the Register of Interests.

Background

The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and Monitor require a register of interests to be developed and maintained in relation to the Members' Council. During the year, if any such Declaration should change, governors are required to notify the Trust so that the Register can be amended and such amendments reported to the Members' Council.

Both the Members' Council and Trust Board receive assurance that there is no conflict of interest in the administration of the Trust's business through the annual declaration exercise and the requirement for governors to consider and declare any interests at each meeting.

There are no legal implications arising from the paper; however, the requirement for governors to declare their interests on an annual basis is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution.

Process

The Integrated Governance Manager is responsible for administering the process on behalf of the Chair of the Trust and the Company Secretary. The declared interests of governors are reported in the annual report and the register of interests is published on the Trust's website.

Members' Council Declaration of Interests

Governor	Description of interest
ADAM, Shaun Publically elected, Barnsley	No interests declared.
ADAMOU, Marios Staff elected, Medicine and Pharmacy	<ul style="list-style-type: none"> ➤ Director, Marios Adamou Ltd. ➤ Board member, UKAAN. ➤ Panel for advising governors, Monitor. ➤ Secondary Care Doctor member, NHS East Riding of Yorkshire Clinical Commissioning Group.
BROWNBRIDGE, Garry Staff elected, Psychological therapies	<ul style="list-style-type: none"> ➤ <i>National Essay Marker, Institute of Group Analysis.</i> ➤ <i>National Dissertation Supervisor, Institute of Group Analysis.</i> ➤ <i>National Clinical Interviewer, Institute of Group Analysis.</i> ➤ <i>Training Group Analyst, Group Analysis North.</i>
CARRINGTON, Jessica Appointed, Wakefield MDC	<ul style="list-style-type: none"> ➤ Member, Featherstone and District Lions International. ➤ Mental Health Champion, Wakefield Council.
CLAYDEN, Bob Publically elected, Wakefield	<ul style="list-style-type: none"> ➤ Chair, Portobello Community Craft and Camera Group. ➤ Occasionally contracted for sessions as freelance artist by Next Generation Artzone. ➤ As a freelance artist, may be employed by groups funded or partially funded by the Trust.
CRAVEN, Jackie Publically elected, Wakefield	<ul style="list-style-type: none"> ➤ Board member, Young Lives Consortium, Wakefield. ➤ Member, Alzheimer's Society. ➤ Member, Arthritis Care. ➤ Volunteer, HealthWatch, Wakefield. ➤ Volunteer Ambassador, Dementia UK. ➤ Parish Councillor, Crigglestone Parish Council. ➤ Trustee, Crigglestone Village Institute. ➤ Trustee, Hall Green Community Centre. ➤ Trustee, 45 Durkar Scouts. ➤ Trustee, Worrills Almshouses.
CROSSLEY, Andrew Publically elected, Barnsley	<ul style="list-style-type: none"> ➤ <i>Director, Pathway Sales Limited.</i> ➤ <i>Part owner (and shareholder non-controlling), Liaison Financial Services.</i> ➤ <i>Consultancy services via Pathway Sales Limited for Liaison Financial Services.</i> ➤ <i>Volunteer, Samaritans, Barnsley.</i> ➤ <i>Volunteer, Victim Support, Wakefield.</i> ➤ <i>Volunteer, HealthWatch, Barnsley.</i>
DEAKIN, Adrian Staff elected, Nursing	No interests declared.
ENRIGHT, Trudi Publically elected, Calderdale	<ul style="list-style-type: none"> ➤ <i>Bank nurse, Wakefield Hospice.</i> ➤ <i>Bank Specialist Clinical Adviser, Care Quality Commission.</i> ➤ <i>Company (Own Minds Ltd.) dormant and not currently practising since 2015.</i>

Governor	Description of interest
FENTON, Michael Publically elected, Kirklees	No interests declared.
GIRVAN, Claire Staff elected, Allied Health Professionals	No interests declared.
HAMPSON, Stefanie Appointed, Staff side organisations	No interests declared.
HASNIE, Nasim Publically elected, Kirklees	No interests declared.
HAWORTH, John Staff elected, Non-clinical support	No interests declared.
HILL, Andrew Publically elected, Barnsley	No interests declared.
<i>HOLLINS, Chris</i> <i>Publically elected, Wakefield</i>	<i>No interests declared</i>
IRVING, Carol Publically elected, Kirklees	➤ Volunteer Ambassador, Dementia UK.
KENDAL, Dr Sarah Appointed, University of Huddersfield	➤ Head of Division, Mental Health, Learning Disability and Occupational Therapy, University of Huddersfield (key Trust partner).
MASON, Ruth Appointed, Calderdale and Huddersfield NHS Foundation Trust	➤ Member, Board of Directors, 'Mind the Gap' theatre company, Bradford, which employs actors with a learning disability.
MORTIMER, Bob Publically elected, Kirklees	➤ Director, Kirklees Community Association. ➤ Director, Kirklees Housing Association. ➤ Director, York House Leisure. ➤ President and Director, Golcar British Legion. ➤ County President, The Royal British Legion. ➤ County Vice Chairman, Service Personnel and Veterans' Agency, Yorkshire and the Humber. ➤ Welfare caseworker, Royal British Legion. ➤ Welfare caseworker, Veterans' Advice and Pensions and member of Committee. ➤ Member, Voluntary Action, Kirklees. ➤ Chairman, Kirklees Sports Council. ➤ Chairman, Huddersfield and District Amateur Rugby League. ➤ Armed forces covenant board.
<i>PILLAI, Chris</i> <i>Appointed, Calderdale MBC</i>	<i>No interests declared.</i>
PRESTON MBE, Jules Appointed, Mid Yorkshire Hospitals NHS Trust	No interests declared.
SAUNDERS, Caroline Appointed, Barnsley MBC	No interests declared.
SHIRE, Phil Publically elected, Calderdale	➤ Director, Shire Consultancy Limited.
SMITH, Jeremy Publically elected, Kirklees	No interests declared.
<i>SMITH, Richard</i> <i>Appointed, Kirklees MC</i>	<i>No interests declared.</i>
<i>WALKER, Hazel</i> <i>Publically elected, Wakefield</i>	➤ <i>Founder/manager, Bethany House Healing Centre.</i>
<i>WALKER, Peter</i> <i>Publically elected, Wakefield</i>	<i>No interests declared.</i>

Governor	Description of interest
<i>WILSON, Gemma Staff elected, Nursing Support</i>	<i>No interests declared.</i>
<i>WOODHEAD, David Publically elected, Kirklees</i>	<i>No interests declared.</i>

Where no return has been received by the Trust, the current entry on the Register has been included in italics.

Minutes of the Members' Council meeting held on 3 February 2017

Present:	Ian Black	Chair of the Trust
	Bob Clayden	Public – Wakefield
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Adrian Deakin	Staff – Nursing
	Claire Girvan	Staff – Allied Health Professionals
	Nasim Hasnie	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Carol Irving	Public – Kirklees
	Bob Mortimer	Public – Kirklees
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Daniel Redmond	Public – Calderdale
	Phil Shire	Public – Calderdale
	Jeremy Smith	Public – Kirklees
	Hazel Walker	Public – Wakefield
	Peter Walker	Public – Wakefield
	David Woodhead	Public – Kirklees
In attendance:	Tim Breedon	Director of Nursing and Quality
	Mark Brooks	Director of Finance and Resources
	Laurence Campbell	Non-Executive Director
	Rachel Court	Non-Executive Director
	Alan Davis	Director of HR, OD and Estates
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Deputy Chair
	Ashley Hambling	HR Business Manager
	Carol Harris	BDU Director, Forensic and Specialist Services
	Chris Jones	Non-Executive Director
	Emma Jones	Integrated Governance Manager (author)
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	BDU Director, Calderdale and Kirklees
	Rob Webster	Chief Executive
	Salma Yasmeen	Director of Strategy
Apologies:	<u>Members' Council</u>	
	Shaun Adam	Public – Barnsley
	Marios Adamou	Staff – Medicine and Pharmacy
	Garry Brownbridge	Staff – Psychological therapies
	Jessica Carrington	Appointed – Wakefield Council
	Trudi Enright	Public – Calderdale
	Michael Fenton	Public – Kirklees
	Stefanie Hampson	Appointed – Staff side organisations
	Andrew Hill	Public – Barnsley (Lead Governor)
	Chris Hollins	Public – Wakefield
	Sarah Kendal	Appointed – University of Huddersfield
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Chris Pillai	Appointed – Calderdale Council
	Sean Rayner	BDU Director, Barnsley and Wakefield
	Caroline Saunders	Appointed – Barnsley Council
	Richard Smith	Appointed – Kirklees Council
	Gemma Wilson	Staff – Nursing support
	<u>Attendees</u>	
	Adrian Berry	Medical Director / Deputy Chief Executive
	Kate Henry	Director of Marketing, Communication and Engagement

MC17/01 Welcome, introductions and apologies (agenda item 1)

Ian Black (IB), Chair of the Trust, welcomed everyone to the meeting including the new Director of Strategy, Salma Yasmeen. Apologies were noted as above.

MC17/02 Declarations of interest (agenda item 2)

There were no declarations over and above those made in April 2016 or subsequently.

MC17/03 Minutes of the previous meeting held on 4 November 2016 (agenda item 3)

The Members' Council **APPROVED** the minutes from the meeting held on 4 November 2016. The action log was **NOTED**, action points from previous meetings had been addressed.

MC17/04 Chair's report and feedback from Trust Board (agenda item 4)

Chair's report and feedback from Trust Board

IB began his remarks by reporting that the Care Quality Commission (CQC) had recently inspected the Trust as part of a CQC well-led review which included meetings with Governors and attendance at the Trust Board meeting on 28 January 2017. Their feedback is due in 50 working days. IB reported that at the Trust Board meeting the Board spent time talking about risk especially around the revisions to the Trust's Risk Management Strategy, as well as a focus on performance and finance risks which will be discussed further under agenda items 5 and 6. IB commented that attendance by Governors at Trust Board meetings was one of the best ways to discharge their duties of holding the Non-Executive Directors to account.

He also stated that the Governor annual reviews were being arranged and should be completed in the next two months. He will subsequently report to the Members' Council on common themes.

Chief Executive comments

Rob Webster (RW) began his remarks by commenting that the Trust focuses on three areas in parallel – delivering safe and effective services every day, planning for the next two years so we can continue to deliver services, while supporting people throughout to live well and to their full potential in their communities. As a foundation trust, with our staff as members, we are owned by the staff and accountable to the public. Through the Membership Strategy, which will be discussed under agenda item 10, we want to increase the level of engaged members rather than the numbers, the insight of the Members' Council and our membership will help us shape the Trust's strategy.

RW commented that every day there was a story in the news about the NHS relating to finances or quality. The Trust sees them as two sides of the same coin and the focus should be on what are we doing that adds value. The CQC carried out inspections in 2016 and rated services as 70% green but overall needing improvement. As part of their re-inspection and the undertaking of a well-led review, they have looked at 14 services. To date we have had one final report rated as good, two draft reports rated as good, another four are yet to be received. Informal feedback on the well-led review is due next week. Generally the CQC have said that the Trust services are getting better and that we have some exceptional staff who have the right attitude and take ownership of areas to improve.

Bob Mortimer (BM) commented that he took part in a meeting of Governors with the CQC where they were able to put their view forward. IB commented that a formal response to the review should be received from the CQC before the next Members' Council meeting and would be included for consideration at the Members' Council Coordination Group.

Action: Ian Black / Andrew Hill

MC17/05 Update on Trust's performance (agenda item 5) and Integrated performance report Quarter 3 2016/17 (agenda item 6)

Tim Breedon (TB) outlined the quality highlights in relation to Quarter 3:

- CQUINS (quality indicators) – if not achieved there is both a financial risk of £0.5m and a reputational risk around the quality of our services which remains most important to us.
- Medicine omissions – risk where people refuse medication with plans in place to address this issue.
- Mental health clustering – information is now being recording on RiO which is showing improvement.
- Flu vaccinations – excellent performance with 75.5% of front line staff vaccinated compared to 33% last year assisted by better communications of the benefits of being vaccinated for our service users and staff.
- Safer staffing – fill rates are set an appropriate level with an escalation process in place if registered nursing falls below 80% on a ward and when overall staffing levels fall below 90%. No wards fell below a 90% overall fill rate in December 2016.
- CQC action plan 'must dos' and 'should dos' – items that were due for completion by end December 2016 have been completed. Services have been re-inspected by the CQC. Draft reports will be checked for factual accuracy then published by the CQC.
- Patient Experience Friends & Family Test – there is still a significant amount of work to do around Child and Adolescents Mental Health Services (CAMHS) however other services are rated well.
- Incident reporting –no never events however a slight increase in serious incidents (SIs). SIs are investigated in a rigorous manner and positive feedback was received from CQC about our processes.

Phil Shire (PS) asked what work is being done around suicide rates. TB commented that in relation to the suicide rates, those within the Integrated Performance Report are where there has been contact with the Trusts services, however there is a larger group of approximately 70% across the Trust's footprint who have not had contact with the Trust and discussion was happening as part of the Sustainability and Transformation Plans, with commissioners, and with the Coroner about accessing some further details on that data so that particular areas could be focussed on.

Mark Brooks (MB) outlined the key performance indicator highlights in relation to Quarter 3:

- In relation to compliance under the NHS Improvement (NHSI) Single Oversight Framework, the Trust was currently rated as 2 (requiring targeted support) due to the CQC rating of requires improvement and the high agency spend.
- NHSI access standards were green on all measures for the last two quarters with one exception being IAPT – proportion of people completing treatment who move to recovery which is at 47.9% which is under the threshold of 50%.
- Finances were showing a net surplus of £0.7m, which is below plan. The main area of spend is out of area beds.
- Agency spend year to date is £7.6m against a target of £5.1m with a forecast of close to £10m by year end.

- Cash balance of £26.1m which is below plan.
- Capital expenditure of £7m, with the hubs in Pontefract and Wakefield now open and the Fieldhead re-development underway.
- 96% of supplier invoices were paid within 30 days.
- The Trust Board remains committed to achieving the control total with an expected surplus of £0.5m, but accepted this will be very difficult to achieve, with key risks around out of area beds, CIP achievement, redundancy costs, service retention, and CQUIN income.

PS asked what had contributed to the overspend on agency. Alan Davis (AGD) advised that some of the overspend was due to the shortage in special grade Doctors and nationally there is a shortage of qualified nurses. Work was taking place with university's and other Trusts on how this can be addressed. Adrian Deakin (ADe) commented that the acuity on a lot of the wards was increasing and it was important to make sure that patients and colleagues were safe which is one of the reasons why agency staff were used to cover the staff shortages when bank staff were not available to make sure we are providing a safe service.

BM asked who pays for the treatment of patients from areas not covered by the Trust. MB advised that when the Trust places a patient out of area they pay for that placement and the same works in reverse. IB commented that work was taking place across West Yorkshire to try to ensure patients don't have to travel out of that wider area.

MC17/06 Operational Plan 2017/18-2018/19 (agenda item 7)

IB reported that the summary version of the Operational Plan 2017/18-2018/19 approved by Trust Board on 20 December 2017 had been provided to Governors and the summary and full version were available on the Trust's website.

MC17/07 Quality Account – Mandated & Local indicators (agenda item 8)

TB introduced the paper and highlighted that as part of the quality account process for 2016/17 there was a requirement for the Trust's External Auditors to test data on two mental health mandated key performance indicators and one local indicator.

The Members' Council Quality Group recommended that the two mandated indicators be:

- People on Care Programme Approach (CPA) who are followed up within 7 days of discharge, as this was not tested last year, and
- Delayed Transfer of Care, as this was tested last year and there were minor issues.

The Members' Council Quality Group recommended that the local indicator for testing be:

- The reduction in referrals through partnership working with tier 2 Child and Adolescent Mental Health Services (CAMHS), for Kirklees CAMHS.

It was RESOLVED to APPROVE the recommendations from Members' Council Quality Group.

MC17/08 Staff Wellbeing Survey (agenda item 9)

AGD introduced the presentation highlighting the importance of keeping a healthy workforce. Part of engaging with the workforce was through the staff wellbeing survey with over 2,000 members of staff completing the survey in 2016. The presentation would provide an overview of the work that has taken place and engagement with our staff.

Ashley Hambling (AH) presented an overview of the results of the 2016 survey and highlighted:

- Regular surveys since 2009 with Robertson Cooper as part of the Trust's commitment to improving workplace well-being, resilience and engagement.
- Focus on prevention of ill health and accessible support services.
- Key national focus including CQUINs for improving well-being.
- Model of wellbeing Robinson Cooper use has 6 essential areas of wellbeing, health, psychological wellbeing, engagement and commitment, which when added together impacts on how people, teams and services perform.
- Equality and Diversity questions included in 2016.
- Highest response rate since 2009 with results showing improvement since 2015 in a number of areas. Most staff feel this is a good place to work, but there are clearly some pressures e.g. service change, technology.
- Positives include good relationship with line managers, perceptions of working hours, satisfaction with variety of work.
- Some variation in results across the Trust.
- Next steps will include a further survey in April/May 2017, targeted advice/support for service areas, toolkit for managers on improving workplace well-being, continued promotion of the prevention of ill health and the support services available

ADe commented that in the meeting he attended with the CQC about the Quality Accounts the discussion actually centred more around the wellbeing of staff within ethnic minorities and asked what the Trust is doing to address this. IB commented that it has been discussed at the Equality and Inclusion Forum as through the staff wellbeing survey a number of areas were identified where staff from BAME responded differently to other staff. A BAME staff network has been set up to focus on those areas and a potential update to the Members' Council on those areas would be included for consideration at the Members' Council Coordination Group.

Action: Ian Black / Andrew Hill

RW commented that a lot of work is being undertaken around the national survey and that in the staff survey last year, it showed that staff in this organisation felt more likely to be bullied or harassed by a member of the public. In general the number of attacks on staff was increasing and it is important for the Trust to communicate that this is not acceptable and further support staff.

Claire Girvan (CG) asked if the data was looked at in terms of themes and by work group. AH commented that it can be analysed at various levels, as an example work had recently taken place with medical colleagues as the level of staff engagement was identified as being lower in these groups. RW commented that focus groups had been established within individual services and staff groups to work towards making a difference and providing feedback to staff. In a recent engagement survey 83% of staff felt they were well communicated with in comparison to 57% in 2015 and we need to continue to build on that.

Nasim Hasnie (NH) asked what the increased response rate was to the survey. AH advised that there was roughly a 10% increase in the response rate, with overall just under 50% of staff who completed the staff survey in comparison to 40% who complete the national NHS survey.

MC17/08 Membership strategy (agenda item 10)

Dawn Stephenson (DS) introduced the paper which is a strategy received for approval of the Members Council. As a Foundation Trust we are accountable to our members and this strategy together with our Communication, Engagement and Involvement Strategy will enable local people and our staff to have a sense of ownership of the Trust; a greater say in how services are provided; and ensuring the Trust is accountable to those communities and that services take account of local need. This strategy recognises the huge potential of our membership to empower people in local communities; influence service development through effective involvement and working together; and add value to the local delivery of health care.

A small subgroup have reviewed the strategy and considered how two way communications, engagement and involvement with members can be improved; how the benefits of membership can be communicated including the role of governors and Members Council; how we can increase the number of active engaged and involved members, representative of the communities we serve; and how Members Council can contribute to developing and implementation of the strategy

The draft Membership Strategy objectives are:

- We will build and maintain membership numbers to meet our annual plan targets ensuring membership is representative of the population the Trust serves
- We will communicate effectively and engage with members, maintaining a two-way dialogue and encouraging more active involvement
- We will develop an effective and inclusive approach to give people a voice and opportunities to contribute to the organisation, our services and plans for the future

For each objective, we need to identify where are we now, what do we need to do, and what does success look like as well as delivery and outcome measures.

Julie Fox (JF) suggested a change to the first objective to say “meet and exceed our annual plan targets” to show that we continue to strive for more.

CG commented that the subgroup discussed the importance of engaging members and encouraging them to stand for election when seats become available. John Haworth (JH) commented that there also needs to be a focus on how we are going to create the dialogue and also build on communications with staff members.

PS asked how Governors could better engage with the membership. BM commented that there used to be community meetings which involved Local Authorities and other organisations and could provide a way for Governors to bring back information to the Members' Council. DS advised that an area of focus would be how support could be given to Governors to be more interactive with the membership including staff work areas. IB commented that this could be consideration at the Members' Council Coordination Group ready for the induction of new Governors from 1 May 2017.

Action: Dawn Stephenson

IB asked how we could encourage young members to stand for election. DS commented that work could be done with the volunteering team, as all volunteers are members of the Trust. Carol Harris (CH) commented that young people are also now being asked to be a part of interview panels for positions within the Trust. Carol Irving (CI) commented that careers could be a good area to involve as there are a lot of young careers. DS commented that a lot of members are careers and it could be built into the work the Trust already does with young careers.

Action: Dawn Stephenson

It was RESOLVED to APPROVE the draft objectives and for the development of the mapping and action plan to continue with the subgroup prior to the review of the strategy by the Executive Management Team and Trust Board and approval by the Members' Council in April 2017.

MC17/10 Review and approval of Trust Constitution (agenda item 11)

DS introduced the paper and advised that a review of the Constitution and Scheme of Delegation had taken place, checking the cross references with other documents and making it easier to read. The proposed amendments had been considered by a subgroup of the Members' Council, the Executive Management Team (EMT) and the Audit Committee who supported its approval. The updated Constitution and Scheme of delegation were reviewed and discussed by the Trust Board at their meeting on the 31 January 2017 who approved the amendments and subject to:

- The Executive Management Team requested a further review of Scheme of Delegation in the next quarter.
- Audit Committee requested that we work with the Communications team on different ways of communicating Board messages and meeting dates; the removal of Sections 27 Trust Board – appointment of initial chair and initial other non-executive directors and 30 – Trust Board – appointment and removal of initial Chief Executive as they are no longer applicable, and that the abbreviations within the Scheme of Delegation be expanded.

DS also commented that Bob Clayden had identified some typographical errors in the Model Election Rules which would be amended along with the incorporation of the Trust's new branding.

It was RESOLVED to APPROVE the changes to the Trust's Constitution and Scheme of Delegation.

MC17/11 Feedback from Annual Members' Meeting 2016 (agenda item 12)

Andrew Hill (AH) as Lead Governor introduced the paper which included themes from the feedback received after the Annual Members' Meeting in November 2016, with suggested improvements for the event in 2017.

The Members' Council discussed that while the format of the event was good engagement was important to assist attendance including promoting the benefits of attending. It was important that engagement was a key element of the membership strategy.

JH asked if the presentation from the Annual Members' Meeting could be made publically available on the Trust's website.

Action: Dawn Stephenson

RW commented that in 2016 there were several events held in succession including engagement around the strategy refresh, volunteers, staff awards, and the Annual Members' Meeting and there may be a way that some of these event could be incorporated in 2017.

It was RESOLVED to RECEIVE the update.

MC17/12 Trust Board appointments (agenda item 13)

MC17/12a Non-Executive Director recruitment (agenda item 13.1)

IB introduced the paper highlighting that the role of the Nominations Committee was to ensure the right composition and balance of the Board and to oversee the process for appointing the Chair and Non-Executive Directors, Deputy Chair/Senior Independent Director and the Lead Governor. The Committee met on 13 December 2016 to consider the approach and process to recruit a Non-Executive Director to replace Jonathan Jones whose term ended in December 2016. The Committee felt there were two prime considerations in the appointment of a new Non-Executive Director; replacement for Jonathan Jones and the diversity of the composition of Trust Board. The Committee agreed for recruitment to be paused due to the changes taking place in Executive Directors' portfolios and the end to Julie Fox's second term on 31 July 2017 to allow for the recruitment process for both Non-Executive Directors in Summer 2017. The timescales were included in the paper. This meant that the Trust Board will plan to have one less Non-Executive Director (but still remain within our Constitution) for the period 1 January 2017 to 31 July 2017 inclusive. An update would be provided at the next Members' Council meeting.

It was RESOLVED to RECEIVE the update.

MC17/13 Members' Council business items (agenda item 14)

MC17/13a Members' Council elections (agenda item 14.1)

DS introduced the paper highlighting that when the Trust was working towards Foundation Trust status, a decision was made by Trust Board to stagger the terms of office for the Governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year. The Electoral Reform Services (ERS) will be managing the process for the Trust which for publicly elected governors, will be a mix of paper and electronic options and for the two staff seats the process will be digital for both the nominations and election stages. Nominations opened on 2 February 2017 and will close on 2 March 2017 and voting will open on 23 March 2017. In relation to the public seats available there is a role for governors to talk to people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching. In relation to the staff seats available, for the social care staff working in integrated teams, work was taking place with BDUs to engage with these Local Authority staff to encourage them to nominate for election.

CG asked for a review around how staff are allocated into professional groups. DS commented that the allocation was set up when the constituencies were established and she would work with Human Resources around these to ensure they were still accurate.

Action: Dawn Stephenson / Alan Davis

RW asked how younger people could be engaged with to promote the opportunity to stand for election. CJ commented the benefits of being a Governor could be outlined for engagement with schools and sixth forms. CG advised that she was attending a careers fair at a sixth form and would be able to take some information on membership with her.

Action: Dawn Stephenson

Jules Preston (JP) suggested that the Trust may want to consider a separate constituency for younger people. DS commented that it could be discussed further by the subgroup.

Action: Dawn Stephenson

PS asked what was being done to try to fill the vacant seat for the Rest of South and West Yorkshire. DS advised that she had requested that ERS look if there was an alternative way within the election rules to use a nominee from one of the other public seats.

The election timeline was provided.

It was RESOLVED to RECEIVE the update.

MC17/14 Closing remarks and dates for 2017 (agenda item 15)

The next meeting will be held in the morning of 28 April 2017 at the Barnsley Football Club, Oakwell Stadium, Grove Street, Barnsley, S71 1ET.

PS asked if an update on the Sustainability and Transformation Plans (STPs) could be provided. RW advised that the STPs were submitted in October 2016 for West Yorkshire and South Yorkshire and the focus was now on plans for delivery over the next two years. There will be 44 local plans with an overarching plan published and a suggestion that there will also need to be local implementation plans. IB commented that a further update on the STPs to the Members' Council would be included for consideration at the Members' Council Coordination Group.

Action: Ian Black / Andrew Hill

In his closing remarks, IB commented that before the next Members' Council meeting there would be several meetings that Governors would be involved in including the Nominations Committee, Members' Council Quality Group, Members Council Coordination Group, and the Membership Strategy subgroup and that the Trust Board was always looking for involvement from Governors at meetings to help drive the Trusts agenda. He would pick up this item specifically at all upcoming MC annual reviews.

Signed **Date**

**Members' Council
28 April 2017**

Agenda item:	8
Report Title:	Membership Strategy
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To approve

EXECUTIVE SUMMARY

Purpose

To seek Members' Council approval for a refreshed Membership Strategy, replacing the membership section contained in the Involving People Strategy, which has now been superseded by the Communication, Engagement and Involvement Strategy approved by the Trust Board in October 2016. The approval of the Membership Strategy is reserved to the Members' Council as set out in the Trust Constitution.

Recommendation

The Members' Council is asked to APPROVE the new Membership Strategy and support the implementation and delivery of the action plan.

Background

Communicating, engaging and involving our Membership effectively will support the achievement of the organisation's mission to enable people to reach their potential and live well in the community. It will also support our strategic objectives by helping to improve people's health and wellbeing, improve the quality and experience of all that we do, and improve our use of resources. Every aspect of the strategy will be delivered in line with our values.

The strategy has been discussed by the Executive Management Team (EMT) who have confirmed from a quality perspective that it:

- Will help improve service user experience
- Will help reduce harm
- Will help us to be more effective
- Is aligned to our mission and values
- Is aligned to our system intentions
- Is ambitious

This strategy sets out our ambition over the next three years to effectively communicate, engage and involve our membership. It builds on extensive information regarding our local context and our legal and regulatory requirements in this area. It sets out three high level objectives which are relevant to all stakeholder groups:

1. We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.
2. We will communicate effectively and engage with our public members and our staff members, maintaining a two-way dialogue and encouraging more active involvement.
3. Develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services, and plans for the future.

The Members' Council are responsible for the approval of this Membership Strategy supporting local people to have a greater say in how services are provided in the areas the Trust services. This strategy supports the governance arrangements of the Trust, ensuring the Trust is accountable to these communities and that services take account of local need. At the November meeting of the Members' Council, members were asked to establish a small sub-group to refresh the Membership Strategy for approval by the full Members' Council at their meeting in April 2017.

The Membership Strategy sub-group comprised of:

Members' Council

Bob Clayden

Claire Girvan

John Haworth

Andrew Hill

Supported by

Aimee Gray, Administration Manager, Corporate Development

Emma Jones, Integrated Governance Manager

Dawn Stephenson, Director of Corporate Development

At the Members' Council meeting in February 2017, the Director of Corporate Development presented an overview of the work to date and the draft vision and objectives. These were supported by the Members' Council. The sub-group have done further work on mapping where we are now and where we need to be, together with the development of a year one action plan.

DRAFT

Membership Strategy



Version v0.1

February 2017 – January 2020

With **all of us** in mind.

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1. Introduction

1.1. Our mission and values

We exist to help people reach their potential and live well in their community. To do this we have a strong set of values that mean:

- We must put [people first and in the centre](#) and recognise that [families and carers matter](#)
- We will be [respectful](#) and [honest, open and transparent](#) in our dealings, to build trust and act with integrity
- We will constantly [improve and aim to be outstanding](#) so we can be [relevant today, and ready for tomorrow](#).

Our strategic objectives are to:

- Improve people's health and wellbeing
- Improve the quality and experience of all that we do
- Improve our use of resources.

This Membership Strategy will support the achievement of the organisation's mission and objectives. Every aspect of the strategy will be delivered in line with our values.

As a foundation trust we are accountable to our members – local people who have joined our organisation because they take an interest in what we do, our staff are also members. This strategy, together with our communication, engagement and involvement strategy, will enable local people and our staff to have a sense of ownership of the Trust, have a greater say in how services are provided in the areas the Trust serves, ensuring the Trust is accountable to these communities, the people who work for us, and that services take account of local need.

1.2. Purpose and scope

As a Foundation Trust, this strategy takes into account its membership and the huge potential to empower people in local communities, to influence service development through effective involvement and working together, recognising communities have a lot to offer and can add value to the local delivery of health care. The Trust is committed to taking full advantage of this opportunity to enhance its already strong reputation for stakeholder involvement, through a continuous approach to developing membership based on active engagement.

2. Context

2.1. Fit with our OD strategy and other related strategies

Our [organisational development \(OD\) strategy](#) presented to the Trust Board for approval October 2016 is based upon the McKinsey 7s framework (structure, strategy, systems, shared values, skills, staff and style). The underpinning principles within this Membership Strategy of communication, engagement and involvement are essential enablers to a successful organisation and have a role to play across each of the seven areas. This strategy therefore supports our OD efforts, particularly in relation to the achievement of our mission in line with our values.

Our [equality first strategy](#) is about treating everyone with fairness and understanding, not necessarily treating everyone the same. This strategy will support our equality agenda by ensuring equal opportunities for communication, engagement and involvement. We will tailor our activity for different people, rather than adopt a 'one size fits all' approach.

Internally, the strategy links closely with HR strategies in relation to staff communication, engagement and involvement.

Our [digital strategy](#), (which at the time of writing this strategy is in development) is also a key related strategy. Digital runs through all of this strategy's objectives and is an essential enabler to effective communication, engagement and involvement.

This strategy replaces the following predecessor strategies:

- Involving People Strategy which contained the Membership Strategy

2.2. Local context

Membership of the Trust means local people and our staff have a greater say in how services are provided in the areas the Trust serves, supporting the governance arrangements of the Trust by ensuring the Trust is accountable to these communities and that services take account of local need. The Trust wants to encourage people to take a special interest in our services, using membership as an opportunity to shape the future of health care in the areas we serve. Membership is free, with few specific requirements (subject to the legal exemptions on eligibility and the Constitution of the Trust), a lower age limit of 11 and no upper age limit, service users and carers are included in the public constituency. Our public constituencies reflect the geography of the areas we serve in proportion to the population of each area. Full details of the composition of the Members Council re public, staff and nominated members and their duties are set out in the Trust's Constitution, accessible through the Trusts website. The details of the current seat holders are also set out on the members section of the website.

A key element is maintaining a positive relationship with the communities we serve and through this, tackling the social exclusion that is too often associated with mental, physical ill health and learning disabilities. Developing an effective membership which is reflective of the populations we serve is central to this. The Trust has adopted an inclusive approach to membership. All Members are equal, but the Trust recognises that some members may wish to be more actively involved in the life of our Trust than others.

All our staff are included in the membership, (unless they decide to opt out) recognising that all our staff are stakeholders in the future of the organisation. This includes staff from social services that work in our integrated teams.

The Members' Council

The Members' Council is made up of elected representatives (elections run by the Electoral Reform Services) of the members, staff and also nominated members from key local partner organisations. The council's role is to make sure that the board of directors, which retains responsibility for the day to day running of the Trust, is accountable to their local communities. The members' council also helps us shape future strategy and plays an important role in issues such as communications, quality, equality and involvement.

A membership development strategy working group was established comprising a small number of governors to consider how:

- Two way communications, engagement and involvement with members can be improved.
- The benefits of Trust membership can be communicated to the public and patients more widely including the role of governors and the Members Council.
- To increase the number of active, engaged and involved members who are representative of the communities we serve.
- The Members Council can contribute to developing and implementation of this strategy.

2.3. National context

The [NHS Five Year Forward View](#) (FYFV), published in October 2014, sets out a shared vision for the future of the NHS based around new models of care. Service user groups, clinicians and independent experts provided advice to create the collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, the quality of care and the funding of services.

To support the implementation of the FYFV via Sustainability and Transformation Plans (STPs), NHS England published a [guide on engaging local people](#) in September 2016. It sets out engagement best practice, in particular service user and public participation and the legal duties involved. While aimed at STPs, it is a useful reminder for all organisations involved.

In addition, [NHS Employers](#) provide support and guidance around communicating, engaging and involving the workforce.

2.4. Legal and regulatory requirements

This strategy supports us in living our values and maintaining positive practices. It will also help us deliver against our statutory duties:

- [Foundation Trust governor and membership arrangements](#) – ensuring local people have a greater say in how services are provided, supporting our governance arrangements and ensuring we are accountable to local communities.
- [Accessible Information Standard](#) – ensuring that people who have a disability, impairment or sensory loss are given information in a way that they can access and understand, and any communication support that they need is identified and provided.
- [NHS Constitution](#) – supporting people's right to be involved in the planning of healthcare services and providing information and support in order to do this.
- [Health and Social Care Act](#) – strengthening the collective voice of service users, ensuring systematic involvement so that shared decision making is the norm.
- [NHS identity guidelines](#) – ensuring that the NHS identity, one of the most recognised brands in the world, is consistently and clearly applied. It acts as a signpost, helping people to identify NHS organisations and services. It represents high quality care, free at the point of delivery, and evokes high levels of trust and reassurance.
- [NHS standard contract](#) – including service condition on communicating with and involving service users, public and staff. It further strengthens the requirements on providers to communicate properly with service users about their care. It adds new obligations to put in place efficient arrangements for handling service user queries promptly and publicising these arrangements to service users, on websites and in appointment and admission letters.

3. Membership strategy objectives

3.1 We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.

Where are we now?	What do we need to do?	What would success look like?
<ul style="list-style-type: none"> • Membership database in place to meet regulatory requirements. • Measuring against previous Monitor target of 1% of population being a member. • Encouraging membership recruitment across our constituencies. • Trying to ensure our membership represents the diversity of the populations we serve. • Members Council objectives include: <ul style="list-style-type: none"> ○ Contribute to the induction of new members. ○ Use connections to promote the Trust and its services. ○ Provide support to improve the engagement and involvement of members ○ Promote the role of the Members' Council to staff and ensure the view / feelings of staff are communicated. 	<ul style="list-style-type: none"> • Undertake data cleanse to ensure accurate data base. • Establish a base line of members distinguishing between those who want to be informed and those who want to be actively engaged. • Enable varying levels of participation according to individual's needs and wishes. • Establish annual targets to increase the numbers of actively engaged members. • Develop a compelling narrative around the benefits of being a public member and a staff member. • Identify and target the under representative areas of membership, working with local agencies and other partners i.e. GP's. • Develop strategies to encourage youth members to join our membership. • Identify community groups to engage with re recruitment and more engaged members. • Identify opportunities for Governors to help with membership recruitment. • Promoting staff governor role and links with staff membership. • Encourage membership across all of the protected characteristics and address under-representation in membership numbers across the area. • Use and develop existing links with Schools and Universities in our constituencies and beyond to encourage an engaged membership. • Encourage people using our services and their carers to become members by including details on correspondence sent. • Ask staff who leave the Trust if they would like to continue their membership as a public member. • Promote purpose of membership to staff and encourage active involvement. 	<ul style="list-style-type: none"> • Accurate membership data base that facilitates membership development and meets regulatory requirements. • A membership that is representative of the populations we serve. • Year on year increase in active and engaged members, evidenced through increased attendance at events and Annual Members Meeting. • On-line easy to use membership application form. • Increased number of membership e-mail addresses increasing the effectiveness and efficiency of communications with our membership.

3.2 We will communicate effectively and engage with our public members and our staff members, maintaining a two-way dialogue and encouraging more active involvement.

Where are we now?	What do we need to do?	What would success look like?
<ul style="list-style-type: none"> • Communication with majority of members one way. • Communication generally limited to fulfilling constitutional requirements around Annual Members Meeting and Governor Elections. • Some focused membership events linked to educational insight events. • Corporate Development administration team has dedicated membership phone number and e-mail address. 	<ul style="list-style-type: none"> • Review recruitment material to ensure relevancy of content and distribution. • Review and rebrand membership marketing material. • Provide a membership pack to new members, relevant information about the Trust, role of members, engagement opportunities. • Review use of existing channels such as appointment letters to recruit new members. • Identify front of house staff as membership champions to recruit members at key locations. • Identify initiatives linked to local and national “events” to raise the profile of membership in communities. • Promote the work of the Members Council through website and other digital media. • Find new ways to increase active involvement and engagement. • Engage more members through information sharing and education events to increase understanding of our services, for example our Insight programme and medicines management sessions, in addition to our Annual Members’ Meeting. • Survey members to ask their views on communication, engagement and involvement. • Share information via our website and electronic bulletin, and display service information in our public spaces. • Encourage Volunteers to be active members and promote membership. 	<ul style="list-style-type: none"> • 2 way engagement with public and staff membership. • Best practice engagement methods developed and implemented. • Well-equipped Governors with the skills and knowledge to support membership recruitment. • Governors web page encouraging members to contact Governors with their views and suggestions. • Co-produced “welcome pack” for members: <ul style="list-style-type: none"> ○ Children and young people ○ Public Members 18+ ○ Staff members. ○ Easy read alternatives. • An effective engagement, communication and involvement plan with measurable KPI’s. • Members Forward Plan/Events page, tell us your views web page. • Regular membership news alerts. • Interactive Annual Members Meeting, Trust services showcased.

3.3 Develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services, and plans for the future.

Where are we now?	What do we need to do?	What would success look like?
<ul style="list-style-type: none"> • Small cohort of members actively involved in service development. • Not all governor seats contested at elections. • Not all governors actively using their networks to engage with the public and members. 	<ul style="list-style-type: none"> • Promote the services of the Trust. • Increase opportunities for members to be involved with the Trust i.e. volunteering, Patient Environment Action Teams (PEAT), 15 Steps, membership champions, recruitment panels, staff induction. • Review the opportunities for members to give their views on our services and plans for the future ensuring services better reflect people's needs. • Identify initiatives where members can be used as a source of feedback on quality issues. • Involve members in service change proposals and planning, as well as projects such as our carers' charter. • Feedback how things have changed as a result of participation. • Encourage a high number of members to stand for election as governors. • Develop a "membership governor champion" role to champion membership engagement. • Increase the visibility of staff Members' Council representatives and support them in discharging their role, e.g. as freedom to speak up guardians. 	<ul style="list-style-type: none"> • Increasing numbers of active members in line with annual trajectories. • Positive response to membership on line survey re opportunities to be engaged and involved. • Increasing number of members attending events and Annual Members Meeting. • All empty governor seats contested at elections, bringing in new candidates and perspectives.

4. Delivery and outcome measures

To clearly define our success in delivering this strategy we need to develop baselines and systems for capturing measurement. We will then be able to measure success via improvements against a range of indicators such as:

- Number of members that want to be actively involved
- Election turnout rates
- Feedback from members involved in engagement activity
- Number of active volunteers for SWYPFT

These will be developed by the Members Council. An overview of the Membership Strategy and achievement against objectives will be presented by representatives of the Membership Council at the Annual Members Meeting.

5. Risks

Key risks identified in the delivery of this strategy include:

- Time constraints on Members' Council, to support implementation of the strategy.
- Membership data base requires cleansing to ensure existing members would like to continue to be a member and that the Trust holds up to date contact information, which may involve losing significant numbers of existing members.
- Limited numbers of e-mail contacts for existing members reducing communication flexibilities. Data cleansing and refresh of the data base will enable us to update contact information to include email where possible. Note: an individual can still be a member without an email address, however this may limit the number of communications received due to cost implications relating to postage.
- Reducing management and administrative capacity to support the implementation and delivery of the strategy.
- The benefits of the huge potential to empower local communities to influence service development and the added value our members bring not recognised or valued in the Trust.

Key risks will be mitigated in line with our Risk Management Strategy and Risk Appetite Statement. This will be done through detailed action planning through the Members Council to underpin the implementation.

6. Resourcing, staffing and technology related issues

The Trust recognises that the process of building a meaningful membership and securing active engagement with its communities will require a commitment of time and resources. Membership communication, engagement and involvement needs to be an integral part of our work right across the organisation. Support service teams will work with Business Delivery Units (BDUs) in delivering this strategy collaboratively to make this a reality.

We will make use of our existing technology and platforms to communicate and engage with our members, such as our intranet, website, social media channels and i-hub. We will also adapt and evolve as new technology and platforms become available, such as staff smartphone devices. We will work closely with our IM&T colleagues to make sure we are using technology as effectively as possible to implement this strategy's objectives.

7. Members Council involvement

Public and staff members elect representatives to the Members Council which voices the views of the members they represent and holds the Non-Executive Directors to account for the performance of the Trust Board. Governors are also responsible for engaging with their members about the future strategy of the organisation ensuring the Trust is accountable to the people it serves and its staff.

We are committed to ensuring our Members Council play a full part in owning and governing our Foundation Trust. The Members Council have been involved in the development of this strategy and will facilitate the implementation. As set out in the Trusts Constitution the approval of this strategy is reserved to the Members Council. The Trust's Constitution also sets out the eligibility criteria for membership and the exclusions.

8. Stakeholder considerations

We will be inclusive with all stakeholders, tailoring our approach as required. Key stakeholder groups which require specific consideration are captured in the following table, and an action plan will be developed to help achieve our ambition.

Audience	Ambition	Outcome
Public / communities	To work alongside our membership and local communities to increase understanding of and confidence in our services.	An active core membership with a variety/ choice of ways to connect to our services and demonstrable influence over Trust development.
Staff	To be an exemplar in the NHS and wider public sector for the way we work in partnership.	Staff feel valued and report effective communication, engagement and involvement across the organisation.

9. Next steps and governance arrangements

This strategy will be reviewed by the Executive Management Team and approved by our Members Council. The director of corporate development is accountable for delivery.

Annual action planning will set the detail of how objectives will be met, along with clear, measurable targets for each year of the strategy.

10. Evaluation and review

This strategy will be evaluated in 2018 and updated in 2019. Progress will be monitored on a regular basis via the development and delivery of annual action plans.

11. Quality and equality impact assessment

From a quality perspective, our executive management team has confirmed that the strategy:

- Will help improve service user experience
- Will help reduce harm
- Will help us to be more effective
- Is aligned to our mission and values
- Is aligned to our system intentions
- Is ambitious.

An equality impact assessment has been undertaken, and can be found in Appendix 12.3.

12. Appendices

Appendix 1 – Equality impact assessment **Date of assessment: 03/01/2017**

	Equality Impact Assessment Questions:		Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing		Membership Strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?		Our strategic aim for our Membership Strategy as a Foundation Trust, is to ensure we take account of the views of our membership and the huge potential to empower people in local communities, to influence service development through effective involvement and working together, recognising communities have a lot to offer and can add value to the local delivery of health care. We will specifically work with people with protected characteristics and associated organisations to ensure identified benefits are delivered.
3	Who is the overall lead for this assessment?		<ul style="list-style-type: none"> Director of corporate development
4	Who else was involved in conducting this assessment?		<ul style="list-style-type: none"> Integrated Governance Manager Partnership Team Sub-group of Members Council
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?		<ul style="list-style-type: none"> Staff - involved through staff governors Staff side - consulted as part of strategy development Members Council involved through strategy sub-group Service user / carer / member views - gathered through service change engagement and through equality processes
6	What equality data have you used to inform this equality impact assessment?		Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JSNAs and public health profiles for our localities. The makeup of our Trust membership and volunteers through individual self-declaration.
7	What does this data say?		Our local communities are diverse in many ways, supporting the need to make sure we understand our audiences and tailor our membership communication, engagement and involvement activities appropriately.
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	No	Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact. The purpose of the strategy is to improve membership communication, engagement and involvement. Targeted action planning will address the needs of specific audiences and we will work with communities, including people with protected characteristics, to share information and work in

8.1	Race	No	<p>ways that meet their needs and preferences. Rationale as set out above.</p> <p>Race equality</p> <table><tr><td></td><td>White</td><td>Asian</td><td>Black</td><td>Mixed</td><td>Chinese & Other</td></tr><tr><td>England % av.</td><td>85.5</td><td>5.1</td><td>3.4</td><td>2.2</td><td>1.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>79.1</td><td>15.7</td><td>1.9</td><td>2.3</td><td>0.7</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>97.9</td><td>0.7</td><td>0.5</td><td>0.7</td><td>0.2</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>89.6</td><td>7</td><td>0.9</td><td>1.3</td><td>0.6</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>95.4</td><td>2.6</td><td>0.77</td><td>0.9</td><td>0.29</td></tr></table> <p><i>Taken from Census 2011 for each area</i></p> <p>Membership figures</p> <table><tr><td></td><td>White</td><td>Asian</td><td>Black</td><td>Mixed</td><td>Chinese & Other</td></tr><tr><td>Kirklees</td><td>3271</td><td>717</td><td>78</td><td>71</td><td>134</td></tr><tr><td>Barnsley</td><td>1626</td><td>20</td><td>14</td><td>11</td><td>17</td></tr><tr><td>Calderdale</td><td>1564</td><td>112</td><td>9</td><td>19</td><td>56</td></tr><tr><td>Wakefield</td><td>2623</td><td>138</td><td>21</td><td>9</td><td>71</td></tr><tr><td>Rest of S&W Yorks</td><td>564</td><td>50</td><td>26</td><td>10</td><td>36</td></tr></table> <p><i>Taken from Membership database January 2017</i></p>		White	Asian	Black	Mixed	Chinese & Other	England % av.	85.5	5.1	3.4	2.2	1.7	Kirklees						% average	79.1	15.7	1.9	2.3	0.7	Barnsley						% average	97.9	0.7	0.5	0.7	0.2	Calderdale						% average	89.6	7	0.9	1.3	0.6	Wakefield						% average	95.4	2.6	0.77	0.9	0.29		White	Asian	Black	Mixed	Chinese & Other	Kirklees	3271	717	78	71	134	Barnsley	1626	20	14	11	17	Calderdale	1564	112	9	19	56	Wakefield	2623	138	21	9	71	Rest of S&W Yorks	564	50	26	10	36
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8.2	Disability	No	<p>Rationale as set out above.</p> <p>Disability groups</p> <table><tr><td></td><td colspan="3">Day to day activities limited by disability</td></tr><tr><td></td><td>Not at all</td><td>A little</td><td>A lot</td></tr><tr><td>England % av.</td><td>47.2</td><td>13.2</td><td>4.2</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>45.5</td><td>12.5</td><td>13.7</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>76.1</td><td>11.3</td><td>12.6</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>56.5</td><td>12.2</td><td>13.8</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>77.93</td><td>9.33</td><td>8.31</td></tr></table> <p><i>Taken from Census 2011 for each area</i></p> <p>Membership figures for those with disability – recorded since 2015</p> <table><tr><td></td><td>Number of members with a disability</td></tr><tr><td>Kirklees</td><td>7</td></tr><tr><td>Barnsley</td><td>6</td></tr><tr><td>Calderdale</td><td>5</td></tr><tr><td>Wakefield</td><td>18</td></tr><tr><td>Rest of S&W Yorks</td><td>3</td></tr></table> <p><i>Taken from Membership database January 2017</i></p>		Day to day activities limited by disability				Not at all	A little	A lot	England % av.	47.2	13.2	4.2	Kirklees				% average	45.5	12.5	13.7	Barnsley				% average	76.1	11.3	12.6	Calderdale				% average	56.5	12.2	13.8	Wakefield				% average	77.93	9.33	8.31		Number of members with a disability	Kirklees	7	Barnsley	6	Calderdale	5	Wakefield	18	Rest of S&W Yorks	3																																								
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Rest of S&W Yorks	3																																																																																																		
8.3	Gender	No	<p>Rationale as set out above.</p>																																																																																																

			<table><tr><td></td><td>Male</td><td>Female</td></tr><tr><td>England % av.</td><td>49.2</td><td>50.8</td></tr><tr><td>Kirklees</td><td></td><td></td></tr><tr><td>% average</td><td>49.4</td><td>50.6</td></tr><tr><td>Barnsley</td><td></td><td></td></tr><tr><td>% average</td><td>49.1</td><td>50.9</td></tr><tr><td>Calderdale</td><td></td><td></td></tr><tr><td>% average</td><td>48.9</td><td>51.1</td></tr><tr><td>Wakefield</td><td></td><td></td></tr><tr><td>% average</td><td>49</td><td>51</td></tr></table> <p>Taken from Census 2011 data</p> <p>Membership figures</p> <table><tr><td></td><td>Male</td><td>Female</td><td>Other than assigned at birth</td></tr><tr><td>Kirklees</td><td>1546</td><td>2725</td><td></td></tr><tr><td>Barnsley</td><td>517</td><td>1171</td><td></td></tr><tr><td>Calderdale</td><td>610</td><td>1150</td><td></td></tr><tr><td>Wakefield</td><td>1046</td><td>1815</td><td>1</td></tr><tr><td>Rest of S&W Yorks</td><td>240</td><td>446</td><td></td></tr></table> <p>Taken from Membership database January 2017</p>		Male	Female	England % av.	49.2	50.8	Kirklees			% average	49.4	50.6	Barnsley			% average	49.1	50.9	Calderdale			% average	48.9	51.1	Wakefield			% average	49	51		Male	Female	Other than assigned at birth	Kirklees	1546	2725		Barnsley	517	1171		Calderdale	610	1150		Wakefield	1046	1815	1	Rest of S&W Yorks	240	446																																																	
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Rest of S&W Yorks	240	446																																																																																																							
8.4	Age	No	<p>Rationale as set out above.</p> <table><tr><td></td><td>0-15</td><td>16-29</td><td>30-44</td><td>45-64</td><td>65+</td></tr><tr><td>England % av.</td><td>18.9</td><td>18.6</td><td>20.3</td><td>22.4</td><td>16.9</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>15.8</td><td>18.5</td><td>20.3</td><td>22.2</td><td>15.8</td></tr><tr><td>Barnsley (2011 data)</td><td></td><td>16-24</td><td>25-44</td><td>45-59</td><td>60+</td></tr><tr><td>% average</td><td>18.5</td><td>10.8</td><td>26</td><td>20.9</td><td>23.8</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>19.6</td><td>16.4</td><td>20.1</td><td>24.2</td><td>16.6</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>18.4</td><td>17.2</td><td>19.6</td><td>24.2</td><td>17.6</td></tr></table> <p>Taken from Census 2012 data unless specified</p> <p>Membership figures</p> <table><tr><td></td><td>0-15</td><td>16-29</td><td>30-44</td><td>45-64</td><td>65+</td><td>Not spec .</td></tr><tr><td>Kirklees</td><td>1</td><td>910</td><td>1020</td><td>1381</td><td>783</td><td>176</td></tr><tr><td>Barnsley</td><td>0</td><td>534</td><td>351</td><td>455</td><td>306</td><td>42</td></tr><tr><td>Calderdale</td><td>0</td><td>382</td><td>360</td><td>563</td><td>406</td><td>49</td></tr><tr><td>Wakefield</td><td>1</td><td>709</td><td>487</td><td>923</td><td>636</td><td>106</td></tr><tr><td>Rest of S&W Yorks</td><td>0</td><td>113</td><td>202</td><td>274</td><td>66</td><td>31</td></tr></table> <p>Taken from Membership database January 2017</p>		0-15	16-29	30-44	45-64	65+	England % av.	18.9	18.6	20.3	22.4	16.9	Kirklees						% average	15.8	18.5	20.3	22.2	15.8	Barnsley (2011 data)		16-24	25-44	45-59	60+	% average	18.5	10.8	26	20.9	23.8	Calderdale						% average	19.6	16.4	20.1	24.2	16.6	Wakefield						% average	18.4	17.2	19.6	24.2	17.6		0-15	16-29	30-44	45-64	65+	Not spec .	Kirklees	1	910	1020	1381	783	176	Barnsley	0	534	351	455	306	42	Calderdale	0	382	360	563	406	49	Wakefield	1	709	487	923	636	106	Rest of S&W Yorks	0	113	202	274	66	31
	0-15	16-29	30-44	45-64	65+																																																																																																				
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Rest of S&W Yorks	0	113	202	274	66	31																																																																																																			
8.5	Sexual orientation	No	<p>Rationale as set out above.</p> <table><tr><td></td><td>Living in a civil partnership</td></tr><tr><td>England % av.</td><td>0.01</td></tr><tr><td>Kirklees</td><td></td></tr><tr><td>% average</td><td>0.01</td></tr><tr><td>Barnsley (2011 data)</td><td></td></tr><tr><td>% average</td><td>0.2</td></tr><tr><td>Calderdale</td><td></td></tr><tr><td>% average (2011 data)</td><td>0.3</td></tr><tr><td>Wakefield</td><td></td></tr><tr><td>% average</td><td>0.01</td></tr></table> <p>Taken from 2012 census data unless specified</p> <p>Membership figures – holds information for</p>		Living in a civil partnership	England % av.	0.01	Kirklees		% average	0.01	Barnsley (2011 data)		% average	0.2	Calderdale		% average (2011 data)	0.3	Wakefield		% average	0.01																																																																																		
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			<div>orientation, not those living in a civil partnership</div> <table><tr><td></td><td>Bisexual</td><td>Gay</td><td>Heterosexual</td><td>Lesbian</td><td>Not spec. / pref. not to say</td></tr><tr><td>Kirklees</td><td>2</td><td>0</td><td>18</td><td>1</td><td>4250</td></tr><tr><td>Barnsley</td><td>0</td><td>0</td><td>30</td><td>1</td><td>1657</td></tr><tr><td>Calderdale</td><td>0</td><td>2</td><td>18</td><td>1</td><td>1739</td></tr><tr><td>Wakefield</td><td>0</td><td>4</td><td>63</td><td>0</td><td>2795</td></tr><tr><td>Rest of S&W Yorks</td><td>1</td><td>0</td><td>9</td><td>0</td><td>676</td></tr></table> <div>Taken from Membership database January 2017</div>		Bisexual	Gay	Heterosexual	Lesbian	Not spec. / pref. not to say	Kirklees	2	0	18	1	4250	Barnsley	0	0	30	1	1657	Calderdale	0	2	18	1	1739	Wakefield	0	4	63	0	2795	Rest of S&W Yorks	1	0	9	0	676																																																																																																
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Rest of S&W Yorks	1	0	9	0	676																																																																																																																																		
8.6	Religion or belief	No	<div>Rationale as set out above.</div> <table><tr><td></td><td>Christian</td><td>Buddhist</td><td>Hindu</td><td>Jewish</td><td>Sikh</td><td>Muslim</td><td>Other</td><td>No religion</td></tr><tr><td>England % av.</td><td>71.8</td><td>0.3</td><td>1</td><td>0.5</td><td>0.7</td><td>10.1</td><td>0.2</td><td>15.1</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>67.2</td><td>0.2</td><td>0.3</td><td>0.1</td><td>0.7</td><td>10.1</td><td>0.2</td><td>14</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>59.4</td><td>0.5</td><td>1.5</td><td>0.5</td><td>0.8</td><td>5</td><td>0.4</td><td>24.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>60.6</td><td>0.3</td><td>0.3</td><td>0.1</td><td>0.2</td><td>7.8</td><td>0.4</td><td>30.2</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>66.4</td><td>0.16</td><td>0.25</td><td>0.04</td><td>0.12</td><td>2.0</td><td>0.3</td><td>24.4</td></tr></table> <div>Taken from 2011 Census data</div> <div>Membership figures</div> <table><tr><td></td><td>Christian</td><td>Buddhist</td><td>Hindu</td><td>Muslim</td><td>Agnostic</td><td>Other / not stated</td></tr><tr><td>Kirklees</td><td>14</td><td>0</td><td>0</td><td>1</td><td>2</td><td>4254</td></tr><tr><td>Barnsley</td><td>18</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1669</td></tr><tr><td>Calderdale</td><td>11</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1747</td></tr><tr><td>Wakefield</td><td>32</td><td>3</td><td>2</td><td>1</td><td>0</td><td>2824</td></tr><tr><td>Rest of S&W Yorks</td><td>6</td><td>0</td><td>0</td><td>1</td><td>0</td><td>679</td></tr></table> <div>Taken from Membership database January 2017</div>		Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion	England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1	Kirklees									% average	67.2	0.2	0.3	0.1	0.7	10.1	0.2	14	Barnsley									% average	59.4	0.5	1.5	0.5	0.8	5	0.4	24.7	Calderdale									% average	60.6	0.3	0.3	0.1	0.2	7.8	0.4	30.2	Wakefield									% average	66.4	0.16	0.25	0.04	0.12	2.0	0.3	24.4		Christian	Buddhist	Hindu	Muslim	Agnostic	Other / not stated	Kirklees	14	0	0	1	2	4254	Barnsley	18	0	0	0	1	1669	Calderdale	11	1	0	1	0	1747	Wakefield	32	3	2	1	0	2824	Rest of S&W Yorks	6	0	0	1	0	679
	Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion																																																																																																																															
England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1																																																																																																																															
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Rest of S&W Yorks	6	0	0	1	0	679																																																																																																																																	
8.7	Transgender	No	<div>Rationale as set out above.</div> <div>One member registered as ‘other than assigned at birth’ – identified in 8.3</div>																																																																																																																																				
8.8	Maternity & Pregnancy	No	<div>Rationale as set out above.</div> <div>Information for those pregnant of who have had a baby within the last 12 months recorded at registration.</div>																																																																																																																																				
8.9	Marriage & civil	No	<div>Rationale as set out above.</div>																																																																																																																																				

	partnerships		<table><tr><td></td><td>Married</td><td>Single</td><td>In a [registered] civil</td><td>Divorced</td><td>Widowed</td><td>Separated</td></tr><tr><td>England % av.</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9.0</td><td>6.9</td><td>2.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.4</td><td>32.4</td><td>0.2</td><td>9.3</td><td>6.8</td><td>2.8</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9</td><td>6.9</td><td>2.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.7</td><td>32.1</td><td>0.3</td><td>10.5</td><td>7.3</td><td>3.0</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.2</td><td>30.9</td><td>0.18</td><td>10.5</td><td>7.5</td><td>2.6</td></tr></table> <p>No info re. where data above is from.</p> <p>Membership figures</p> <table><tr><td></td><td>Married</td><td>Single</td><td>Separated / divorced</td><td>widowed</td><td>Co-habiting</td><td>Civic partnership</td><td>Other / not specified</td></tr><tr><td>Kirklees</td><td>8</td><td>9</td><td>3</td><td>1</td><td>2</td><td>0</td><td>424 8</td></tr><tr><td>Barnsley</td><td>4</td><td>10</td><td>5</td><td>2</td><td>3</td><td>0</td><td>166 4</td></tr><tr><td>Calderdale</td><td>4</td><td>11</td><td>5</td><td>0</td><td>2</td><td>0</td><td>173 8</td></tr><tr><td>Wakefield</td><td>25</td><td>23</td><td>11</td><td>2</td><td>6</td><td>1</td><td>279 4</td></tr><tr><td>Rest of S&W Yorks</td><td>5</td><td>3</td><td>1</td><td>0</td><td>2</td><td>0</td><td>675</td></tr></table> <p><i>Taken from Membership database January 2017</i></p>		Married	Single	In a [registered] civil	Divorced	Widowed	Separated	England % av.	46.6	34.6	0.2	9.0	6.9	2.7	Kirklees							% average	48.4	32.4	0.2	9.3	6.8	2.8	Barnsley							% average	46.6	34.6	0.2	9	6.9	2.7	Calderdale							% average	46.7	32.1	0.3	10.5	7.3	3.0	Wakefield							% average	48.2	30.9	0.18	10.5	7.5	2.6		Married	Single	Separated / divorced	widowed	Co-habiting	Civic partnership	Other / not specified	Kirklees	8	9	3	1	2	0	424 8	Barnsley	4	10	5	2	3	0	166 4	Calderdale	4	11	5	0	2	0	173 8	Wakefield	25	23	11	2	6	1	279 4	Rest of S&W Yorks	5	3	1	0	2	0	675
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8.10	Carers (Our Trust requirement)	No	Rationale as set out above.																																																																																																																						
9	What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-		Current governance processes including oversight by Members Council and monitoring of complaint themes.																																																																																																																						
9a	Promotes equality of opportunity for people who share the above protected characteristics;		Action planning will be undertaken to monitor impact and effectiveness																																																																																																																						
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;		Staff wellbeing survey, WRES monitoring information, review of complaint themes, and BAME staff equality network.																																																																																																																						
9c	Promotes good relations between different equality groups;		WRES monitoring information.																																																																																																																						
9d	Public Sector Equality Duty – “Due Regard”		EDS2 workshop involving service users and staff																																																																																																																						
10	Have you developed an Action Plan arising from this assessment?		This strategy will be monitored through the delivery of an action plan, tailored to the needs of identified audiences																																																																																																																						
11	Assessment/Action Plan approved by (Director Lead)		Signed: D Stephenson Date: 03/01/2017 Title: Director of corporate development																																																																																																																						

12	<p>Once approved, you <u>must</u> forward a copy of this Assessment/Action Plan to partnerships@swyt.nhs.uk</p> <p>Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.</p>	
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DRAFT

Membership Strategy Implementation Plan

Action required	Action plan	Review date	Lead
Undertake data cleanse to ensure accurate database.	Engage a cleansing service to undertake a cleanse of the current membership database.	Complete in year 1 for review in April 2018	Director of Corporate Services
Establish a base line of members distinguishing between those who want to be informed and those who want to be actively engaged.	Establish a base line of existing membership information.	Complete in year 1 for review in April 2018	Director of Corporate Services
Enable varying levels of participation according to individual's needs and wishes.	Refresh of the membership application form to enable members to "opt in" to receive further information.	Complete in year 1 for review in April 2018	Director of Corporate Services
Establish annual targets to increase the numbers of actively engaged members.	Establish a base line of membership involvement in events. Annual target to be an increase.	Complete in year 1 for review in April 2018	Director of Corporate Services
Develop a compelling narrative around the benefits of being a member.	Refresh of membership information on the Trust's website and intranet.	Complete in year 1 for review in April 2018	Director of Corporate Services
Identify and target the under representative areas of membership, working with local agencies and other partners i.e. GPs.	<ul style="list-style-type: none"> Identify under representative areas of membership Target the under representative areas of membership, working with local agencies and other partners i.e. GPs. 	<ul style="list-style-type: none"> Complete in year 1 for review in April 2018 Compete in year 2 for review in April 2019 	Director of Corporate Services
Develop strategies to encourage youth members to join our membership.	Link in with Trust's services who have contact with youth i.e. Volunteering and the Mental Health Museum.	Complete in year 2 for review in April 2019	Director of Corporate Services
Identify community groups to engage with re recruitment and more engaged members.	Identify groups through stakeholder lists and Governor involvement outside of the Trust.	Complete in year 2 for review in April 2019	Director of Corporate Services/ Governors
Identify opportunities for Governors to help with membership recruitment.	Provide hand outs to Governors' to encourage membership.	Complete in year 1 for review in April 2018	Director of Corporate Services/ Lead Governor
Promoting staff governor role and links with staff membership. Need to include developing	Include as part of the induction process and Trust Welcome Event for staff.	Complete in year 1 for	Director of Corporate Services/ Staff Governors

Action required	Action plan	Review date	Lead
the role of Staff Governors as Freedom to Speak Up Guardians	Staff Governors/Freedom to Speak Up Guardians to be part of the Welcome Event.	review in April 2018	
Encourage membership across all of the protected characteristics and address under-representation in membership numbers across the area.	Target the under representative areas of membership, working with local agencies and other partners i.e. GPs.	Complete in year 2 for review in April 2019	Director of Corporate Services
Use and develop existing links with Schools and Universities in our constituencies and beyond to encourage an engaged membership.	Link in with schools and universities to encourage membership.	Complete in year 2 for review in April 2019	Director of Corporate Services
Encourage people using our services and their carers to become members by including details on correspondence sent.	Include a question "would you like to become a member" and website link on routine correspondence.	Complete in year 1 for review in April 2018	Director of Corporate Services
Ask staff who leave the Trust if they would like to continue their membership as a public member.	Include in HR exit interview process / leavers form.	Complete in year 1 for review in April 2018	Director of Corporate Services
Promote purpose of membership to staff and encourage active involvement.	<ul style="list-style-type: none"> • Include as part of the induction process and Trust Welcome Event for staff. • Refresh of membership information on intranet. 	Complete in year 1 for review in April 2018	Director of Corporate Services
Review recruitment material to ensure relevancy of content and distribution.	Include as part of the induction process and Trust Welcome Event for staff.	Complete in year 1 for review in April 2018	Director of Corporate Services
Review and rebrand membership marketing material.	Refresh of membership information on the Trust's website and intranet.	Complete in year 1 for review in April 2018	Director of Corporate Services
Provide a membership pack to new members, relevant information about the Trust, role of members, engagement opportunities.	Include as part of the induction process and Trust Welcome Event for staff.	Complete in year 1 for review in April 2018	Director of Corporate Services
Review use of existing channels such as appointment letters to recruit new members.	Include a question "would you like to become a member" and website link on routine correspondence.	Complete in year 1 for review in April 2018	Director of Corporate Services
Identify staff as membership champions to recruit members at key locations.	Identify a member of staff at each Trust location to become a membership champion.	Complete in year 1 for review in April 2018	Director of Corporate Services/ Staff Governors

Action required	Action plan	Review date	Lead
Identify initiatives linked to local and national “events” to raise the profile of membership in communities.	Work with Communications team to establish local and national events for promotion of membership.	Complete in year 2 for review in April 2019	Director of Corporate Services
Promote the work of the Members Council through website and other digital media.	Work with Communications team for further promotion of the work of the Members’ Council.	Complete in year 1 for review in April 2018	Director of Corporate Services
Find new ways to increase active involvement and engagement.		Complete in year 2 for review in April 2019	Director of Corporate Services
Engage more members through information sharing and education events to increase understanding of our services, for example our Insight programme and medicines management sessions, in addition to our Annual Members’ Meeting.	Further promote engagement events to the membership.	Complete in year 1 for review in April 2018	Director of Corporate Services
Survey members to ask their views on communication, engagement and involvement.	Send survey to members for response.	Complete in year 2 for review in April 2019	Director of Corporate Services
Share information via our website and electronic bulletin, and display service information in our public spaces.	Refresh of membership information on the Trust’s website and displays in public spaces.	Complete in year 1 for review in April 2018	Director of Corporate Services
Encourage Volunteers to be active members and promote membership.	Further promote membership to volunteers.	Complete in year 1 for review in April 2018	Director of Corporate Services
Promote the services of the Trust.	Refresh of links to information on the membership page on the Trust’s website.	Complete in year 1 for review in April 2018	Director of Corporate Services
Increase opportunities for members to be involved with the Trust i.e. volunteering, Patient Led Assessment of the Care Environment 15 Steps, membership champions, recruitment panels, staff induction.	Further promote engagement events to the membership.	Complete in year 1 for review in April 2018	Director of Corporate Services
Review the opportunities for members to give their views on our services and plans for the future.	Further promote engagement events to the membership.	Complete in year 1 for review in April 2018	Director of Corporate Services

Action required	Action plan	Review date	Lead
Identify initiatives where members can be used as a source of feedback on quality issues.		Complete in year 2 for review in April 2019	Director of Corporate Services
Involve members in service change proposals and planning, as well as projects such as our carers' charter	Further promote engagement events to the membership.	Complete in year 1 for review in April 2018	Director of Corporate Services
Encourage a high number of members to stand for election as governors.	Further promotion the election in the lead up to the election in 2018.	Complete in year 1 for review in April 2018	Director of Corporate Services
Develop a "membership governor champion" role to champion membership engagement.		Complete in year 2 for review in April 2019	Director of Corporate Services/ Governors
Increase the visibility of staff Members' Council representatives and support them in discharging their role, e.g. as freedom to speak up guardians.	Refresh of membership information on the Trust's intranet and include as part of the induction process.	Complete in year 1 for review in April 2018	Director of Corporate Services/ Staff Governors
Increase the visibility of public Members' Council representatives and support them in discharging their role and providing feedback to members.		Complete in year 2 for review in April 2019	Director of Corporate Services/ Public Governors

Membership database cleanse – November 2016 to March 2017

In accordance with the Model Election Rules, membership enrolment paused from 3 March 2017 while voting takes place and reopened from 22 April 2017. Below is a summary of the cleansing work that has taken place on the membership database from November 2016 to 2 March 2017.

Between November 2016-February 2017, as a result of cleansing and the election process:

- 1,843 public members were removed:
 - 1,558 after two contact attempts (“returned to sender” via post and “undeliverable” via email);
 - 226 deceased;
 - 47 requested to be removed;
 - 2 staff in integrated teams requested to be removed; and
 - 10 duplicate records.
- And 9 new public members were added.

Current membership numbers (as at 3 March 2017):

- **9654* Public members (including 68 staff working in integrated teams)**

*Note: a further 10 membership applications were received in March 2017 for adding after 22 April 2017.

- **(plus 4,643 Staff members)**

Further cleansing work will take place after the election for correspondence that was “returned to sender” and work will continue around strengthening the membership and engagement as part of the Membership Strategy due to be approved by the Members’ Council on 28 April 2017.

**Members' Council
28 April 2017**

Agenda item:	9
Report Title:	Holding Non-Executive Directors to Account
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To discuss

EXECUTIVE SUMMARY

Introduction

The duty to hold Non-Executive Directors to account for the performance of Trust Board is a key part of the governor role. This discussion item is designed to help governors find out more about their Non-Executive Directors, the role they play in the Trust and how they perform their role as a member of the Trust's unitary board effectively.

The format of this session follows the successful 'speed dating' format used in November 2015, which the Co-ordination Group agreed should be repeated.

Although there are six Non-Executive Directors, Rachel Court cannot attend this meeting and the Lead Governor has agreed with the Chair that she will not participate in this session. There will, therefore, be five 'speed dates' between governors and Non-Executive Directors. These are:

- Ian Black
- Laurence Campbell
- Charlotte Dyson
- Julie Fox
- Chris Jones

Each Non-Executive Director 2016 Board profile has been included to provide some background information:

- an outline of what they believe they bring to the Trust, their individual experience, skills and areas of expertise;
- why they became a Non-Executive Director and why this Trust;
- for established Non-Executive Directors, what they've achieved and, for newly appointed, what they would like to achieve;
- their role in the Trust (Committee membership, etc.).

Also provided is a brief description of the Non-Executive Directors' role and that of an Executive Director within the unitary Board.


The purpose of the background information is to allow the group sessions at the meeting to focus on governor and Non-Executive Director questions and answers. Prompts agreed by the Co-ordination Group will be provided to Governors only at the meeting.

Governors and other members of Trust Board will be randomly allocated to a group when they arrive at the meeting. It is the intention that all Governors will have the opportunity to meet all Non-Executive Directors so there will be ten minutes for each group of governors with each Non-Executive Director. This is intended to be a two-way interactive process with Governors given the opportunity to ask questions.



With all of us in mind


Trust Board profile 2016

<p>Ian Black Chair Date of appointment: 1 May 2008 (designate from 20 March 2008) Deputy Chair from 1 June 2010 Acting Chair 1 February 2012 to 30 April 2012 Chair from 1 May 2012 Re-appointed 1 May 2015 for three years</p>		
SUMMARY OF RELEVANT QUALIFICATIONS	<ul style="list-style-type: none"> ➤ BSc Hons (Economics) ➤ Fellow Chartered Institute of Accountants ➤ Fellow Chartered Institute of Bankers ➤ MBA Cranfield Business School 	
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	<p><u>Areas of expertise:</u></p> <ul style="list-style-type: none"> ➤ Finance ➤ Risk ➤ Governance <p><u>Committee membership:</u></p> <ul style="list-style-type: none"> ➤ Chair, Remuneration and Terms of Service Committee ➤ Member, Clinical Governance and Clinical Safety Committee ➤ Member, Charitable Funds Committee 	
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	<ul style="list-style-type: none"> ➤ Chartered Accountant and management consultant. ➤ 20 years at Halifax plc/HBOS with a series of director roles in finance, IT, operations, risk and customer service in the UK, Europe and Australia. ➤ Particular areas of experience are financial management, risk and funding/investment ➤ Chair, Family Fund UK charity ➤ Variety of charitable interests nationally and locally including blood bikes (NABB). ➤ Non-Executive Director, Benenden Insurance ➤ Chair, Keegan and Pennykid Insurance Brokers ➤ Non-Executive Director, Seedrs (FSA authorised internet crowdfunding investment) ➤ Experience as a School Governor, pension fund trustee and FE college governor ➤ -Formerly chair and treasurer of Scope (UK disability charity). 	
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	<ul style="list-style-type: none"> ➤ Partner engagement ➤ National impact and recognition of our Trust ➤ Board and Members' Council development 	



With all of us in mind

Trust Board profile 2016

Laurence Campbell Non-Executive Director Date of appointment: 1 June 2014		
SUMMARY OF RELEVANT QUALIFICATIONS	<ul style="list-style-type: none"> ➤ MA Oxon (Natural Sciences) ➤ Fellow of Chartered Institute of Accountants 	
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	<p><u>Areas of interest:</u></p> <ul style="list-style-type: none"> ➤ Finance/IM&T ➤ Strategy ➤ Risk <p><u>Committee membership:</u></p> <ul style="list-style-type: none"> ➤ Chair, Audit Committee, Member Charities Committee and IM&T Forum 	
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	<ul style="list-style-type: none"> ➤ 20 years' experience as Finance Director of large corporate businesses including two Public Limited companies, all with significant international operations. Very interested in the development and implementation of strategy, and the balance between risk and opportunity. ➤ Treasurer and Trustee of Kirklees Citizens Advice and Law Centre 	
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	<ul style="list-style-type: none"> ➤ Review of Board Assurance Framework and risk appetite ➤ Further engagement with different aspects of the NHS System and our partners ➤ Increased input into the Trust's transformation and IM&T governance and strategy 	



With all of us in mind


Trust Board profile 2016

Rachel Court Date of appointment: 1 October 2015		
SUMMARY OF RELEVANT QUALIFICATIONS	➤ BA(hons) Oxon - Law	
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	Areas of interest: ➤ Governance ➤ Risk Management ➤ HR, Engagement & Communications ➤ Service Quality ➤ Transformation & Change Committee membership: ➤ Member, Remuneration and Terms of Service Committee	
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	➤ 23 years' experience at Yorkshire Building Society involving a wide range of roles including Operations, Customer Service, Risk Management, Sales, Product Development, HR, Staff Engagement & Communications. ➤ The last 8 years were spent as a member of the Executive team, responsible for the overall strategy of the organisation, and involved overseeing 4 successful mergers and integration projects with other organisations and major programmes of organisational change. ➤ Other current NED, charitable & voluntary roles include: <ul style="list-style-type: none"> ○ Chair – NHS Pension Board ○ NED – Leek United Building Society, including Chairing Remuneration Committee and being a member of Risk Committee ○ NED – Invesco Perpetual Pensions Ltd, including being a member of Risk Committee ○ Governor – Calderdale FE College ○ Magistrate in Calderdale ○ Chair – PRISM – a Charity providing alternative education to children excluded from mainstream schooling 	
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	➤ To improve Trust-wide knowledge and understanding ➤ To build relationships with key individuals to ensure that I'm able to contribute as fully as possible in areas where my experience and expertise is particularly relevant	



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Trust Board profile 2016

Charlotte Dyson Date of appointment: 1 May 2015		
SUMMARY OF RELEVANT QUALIFICATIONS	➤ BA Hons (Law and Economics) 2:1	
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	<u>Areas of interest:</u> Service quality Strategic development Marketing and communications <u>Committee membership:</u> ➤ Member, Clinical Governance and Clinical Safety Committee ➤ Member, Charitable Funds Committee ➤ Member, Creative Minds Governance Group ➤ Member Altogether Better	
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	➤ Marketing Consultant ➤ Formerly Non-Executive Director for Calypso Soft Drinks ➤ Formerly Non-Executive Director Leeds Teaching Hospital ➤ Particular area of expertise in strategic brand marketing. ➤ Lay member for RCS of Edinburgh and chair for AAC's for LTHT ➤ Member of the National and Local Advisory committee for Clinical Excellence awards	
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	➤ Focus on patient centred care for our community ➤ Build stakeholder strategy and engagement ➤ Enhance Marketing and Communications ➤ Develop financial understanding	



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Trust Board profile 2016

<p>Julie Fox Non-Executive Director Date of appointment: 1 August 2011 Re-appointed 1 August 2014 Deputy Chair from 1 August 2015</p>		
<p>SUMMARY OF RELEVANT QUALIFICATIONS</p>	<p>Bachelor of Education Certificate Qualification in Social Work (Probation) Common Professional Examination (post-graduate law) Master of Business Administration</p>	
<p>CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP</p>	<p><u>Areas of interest:</u></p> <ul style="list-style-type: none"> ➤ Criminal justice and mental health ➤ Child and adolescent mental health services ➤ Drug and alcohol services ➤ Wellbeing services ➤ Quality Assurance ➤ General children's services ➤ Child safety and protection <p><u>Committee membership:</u> Chair, Clinical Governance and Clinical Safety Committee Chair, Mental Health Act Committee (MHAC) Chair, Charitable Funds Committee</p>	
<p>SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT</p>	<ul style="list-style-type: none"> ➤ Leadership, management and partnership in criminal justice ➤ Senior manager in residential offender services and contract management e.g. accommodation, education, training & employment ➤ Positive diversity achievements both strategic and operational ➤ Previously in probation and youth justice inspection, working closely with other inspectorates such as HM Inspectorate of Constabulary, HMI Prisons, Ofsted and the Care Quality Commission and equivalent Welsh inspectorates ➤ HR experience in recruitment and staff development ➤ Four years restaurant ownership 	
<p>KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS</p>	<p>Continue to develop financial and chairing experience Explore possibility of other committees and develop deputy chair role</p>	



With all of us in mind

Trust Board profile 2016

Chris Jones, Non-Executive Director Date of appointment: 1 August 2015		
SUMMARY OF RELEVANT QUALIFICATIONS	<ul style="list-style-type: none"> ➤ BA Hons Economics, Accounting and Financial Management ➤ Member Chartered Institute of Public Finance and Accountancy 	
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	<p><u>Areas of interest:</u></p> <ul style="list-style-type: none"> ➤ Leadership ➤ Workforce development ➤ Engagement <p><u>Committee membership</u></p> <ul style="list-style-type: none"> ➤ Audit Committee ➤ Mental Health Act Committee 	
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	<ul style="list-style-type: none"> ➤ Qualified accountant with previous experience in public and private sectors including the NHS ➤ 7 years as Principal and Chief Executive of Calderdale College ➤ Formerly a member of the Calderdale Safeguarding Children Board ➤ Trustee of Children's Food Trust ➤ Interested in leadership and governance and the impact on service standards and organisational performance ➤ 	
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	<ul style="list-style-type: none"> ➤ Use of performance indicators to monitor performance ➤ New relationships with partners ➤ Continuing to develop services which meet user needs 	

Non-Executive Director role description

1. General

Non-Executive Directors play a crucial role in bringing an independent perspective to Trust Board in addition to any specific knowledge and skills they may have. Non-Executive Directors have a duty to uphold the highest standards of integrity and probity and to foster good relations with Trust Board colleagues. They should apply similar standards of care and skill in their role as a Non-Executive Director of the Trust as they would in similar roles elsewhere.

Non-Executive Directors, including the Chair, have a particular role in helping and supporting the Members' Council to hold them to account for the performance of Trust Board.

Non-Executive Directors are expected to participate fully as members of Trust Board Committees to which they are appointed and to take the role of Committee Chair when so appointed.

Non-Executive Directors will meet periodically with the Chair, without the Executive Directors present, to discuss issues of interest or concern.

Non-Executive Directors will meet at least once a year with the Senior Independent Director, without the Chair present, to participate in the Chair's appraisal and the setting of objectives for the Chair. In exceptional circumstances, they may be asked to meet with the Senior Independent Director to attempt to resolve issues concerning the Chair's performance or to take action in that respect.

2. The Non-Executive Director role

Non-Executive Directors have a responsibility to:

- support the Chair, Chief Executive and Executive Directors in promoting the Trust's values;
- support a positive culture throughout the Trust and adopt behaviours that exemplify the Trust's culture;
- constructively challenge the proposed decisions of Trust Board and ensure that appropriate challenge is made in all circumstances;
- help develop proposals on priorities;
- help develop proposals on risk mitigation;
- help develop proposals on values and standards;
- contribute to the development of strategy.

Non-Executive Directors have a duty to:

- scrutinise the performance of the Executive Management Team in meeting agreed goals and objectives;
- satisfy themselves as to the integrity of financial, clinical and other information;
- satisfy themselves that financial and clinical quality controls and systems of risk management and governance are sound and that they are used;
- commission and use external advice where necessary;
- ensure they receive adequate information in the form that they specify and to monitor the reporting of performance.

Non-Executive Directors are responsible (acting in the appropriate Committees) for:

- determining appropriate levels of remuneration for Executive Directors;
- participating in the appraisal of Executive Directors, fellow Non-Executive Directors and the Chair;
- appointing the Chief Executive (with the approval of the Members' Council);

- appointing other Executive Directors along with the Chief Executive;
- where necessary, removing Executive Directors;
- succession planning for key executive posts;
- relations with the Members' Council.

Non-Executive Directors should:

- attend meetings of the Members' Council with sufficient frequency to ensure they understand the views of governors on key strategic and performance issues facing the Trust;
- take into account the views of governors and other members to gain a different perspective on the Trust and its performance;
- have an ongoing dialogue with the Members' Council on the progress made in delivering the Trust's strategic objectives, the high level financial and operational performance of the Trust;
- receive feedback from the Members' Council regarding performance and ensure the Trust Board is aware of this feedback.

Executive Director role description

1. Trust Board role

In addition to and separate from their management duties, as Trust Board members, Executive Directors have the same duties and responsibilities as Non-Executive Directors. The Executive Director's role as a Trust Board member covers all the business of Trust Board, not just their management specialism. Executive Directors share Trust Board's collective and individual responsibility for its decisions. Executive Directors, as Trust Board members, share the same legal liabilities as Non-Executive Directors. Executive Directors are expected to 'own' Trust Board decisions and act in accordance with collective decisions.

2. Appropriate challenge

While Executive Directors are likely to have the most detailed knowledge of their particular area of professional expertise, they should understand and welcome the need for constructive challenge from both Non-Executive Directors and their Executive Director colleagues. They should be open to having their proposals and reports tested in the light of different managerial expertise of their Executive Director colleagues and the broader experience that Non-Executive Directors bring to Trust Board.

3. Information

Executive Directors have a particular responsibility for ensuring that the information provided to Trust Board is accurate, timely, of high quality and is presented in the form required by Trust Board. Executive Directors also have a particular responsibility to ensure that the Members' Council is provided with accurate, timely and high quality information in the form required by governors.

4. Accountability

Although legislation specifies that governors hold Non-Executive Directors to account for the performance of Trust Board, Executive Directors will need to provide support in facilitating good accountability relationships. In practice, this will mean, for example, that Non-Executive Directors may require timely information from Executive Directors to support their dialogue with the Members' Council (to enable the Members' Council to form a view of Trust Board's performance).

**Members' Council
28 April 2017**

Agenda item:	10.1
Report Title:	Reappointment of Non-Executive Director
Report By:	Ian Black on behalf of the Nominations Committee
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

Laurence Campbell is being recommended by the Nominations Committee for a second three year term as a Non-Executive Director (NED) of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) from 1 June 2017 to May 2020. Laurence's original appointment was from 1 June 2014 to 31 May 2017.

Recommendation

The Members' Council is asked to APPROVE the recommendation from the Nominations Committee to re-appoint Laurence Campbell as a Non-Executive Director of the Trust for a further three-year period from 1 June 2017.

Rationale

The following report was received and discussed by the Nominations Committee on 11 April 2017 who recommend the re-appointment:

Laurence Campbell was appointed a Non-Executive Director (NED) of SWYPFT on 1 June 2014 and hence his first term of office ends on 31 May 2017.

The Chair's view is that NEDs should embrace one three year term of office and the second term should only be offered subject to both parties wishing to continue. It is not to be expected, but rather to be justified on an individual basis.

Laurence was appointed with the stated plan of becoming the Trust chair of the Audit Committee. He passed through his induction process as a NED coincident with a handover process to become Audit Committee chair with effect from 1 January 2015.

In the period under Laurence's chairmanship, the Audit Committee has made significant strides in the following areas:

1. Approach to risk including appetite and controls as well as linking through to scheduled work.
2. A more rigorous approach to Strategy and being able to link back to strategic goals.

3. A more commercial approach to contracts and procurement.
4. A revised approach to tendering for and renewal of internal and external audit contracts.

Our approach in the area of Audit and Risk has been commented on positively by both Deloitte's and the Care Quality Commission (CQC) in their inspections and Well-Led Reviews.

In addition Laurence has sat on the Charitable Funds Committee and Information Management & Technology (IM&T) Forum as well as at least one meeting of all board sub committees per year in his role of oversight. He has also performed interviews, disciplinary appeals and service visits.

He is also a regular attender and contributor at Members' Council meetings.

The Chair completed Laurence's annual appraisal on 3 April 2017 and the following areas were specifically commented on in the separate feedback from Executive Directors, other NED's, the Chair and Laurence's own self-appraisal.

1. He is a very strong NED with balance in contribution, analysis and insight.
2. He uses constructive challenge well and always gets to the heart of an issue.
3. He is highly valued NED by his director colleagues and offers support to other colleagues, especially in finance and associated infrastructure areas, away from the board table.
4. He is a valued contributor at Members' Council meetings.

The areas Laurence would like to concentrate on in his second term (if accepted) are:

1. Further development of our approach to risk and linkages to major developments.
2. Development of our approach to strategic direction.
3. Involvement in the upcoming "big issues" in the NHS in our patch and regions.

He is well placed to deliver real value in these areas for the Trust's benefit.

A brief pen picture of Laurence is attached.



**Members' Council
28 April 2017**

Agenda item:	10.2
Report Title:	Chair and Non-Executive Director remuneration
Report By:	Alan Davis and Dawn Stephenson on behalf of the Nominations Committee
Job Title:	Director of HR, OD and Estates and Director of Corporate Development
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this item is to enable the Members' Council to agree the Chair and Non-Executive Directors' (NED) remuneration.

Recommendation

The Members' Council is asked to AGREE the recommendations of the Nominations Committee in relation to the remuneration of the Chair and Non-Executive Directors.

Background

The Members' Council is responsible for determining and reviewing the remuneration arrangements for the Chair and Non-Executive Directors. In 2014, the Members Council agreed to establish a small sub-group of governors which included the Lead Governor, a staff elected governor and two publically elected governors to undertake a review of the Chair and Non-Executive Directors' remuneration supported by the Director of Human Resources, OD and Estates. The review this time took place by the Nominations Committee on 11 April 2017 whose membership includes the same representation.

The Trust was a participant of the NHS Providers Remuneration Survey for 2016. The survey covered both Executive and Non-Executive Directors (NEDs) (including the Chair and Chief Executive) remuneration. The result of the survey was published in February 2017 and a table top review was conducted.

Non-Executive Directors

The table top review identified that the current remuneration arrangements for a NED of £13,250pa is above the average for all Foundation Trusts and Mental Health and Community Foundation Trusts in the northern region. However, the remuneration level for a NED is slightly below the average for all Foundation Trusts in the northern region and Mental Health and Community Trusts nationally. The conclusion following the review was that the current remuneration is in line with national and regional averages and would not suggest any change is required. The Committee also considered increasing the rate from the 1 April 2017 by 1% which is the national award for NHS staff. This increase would still keep the rate consistent with regional and national averages.

Chair

The current remuneration arrangements for the Chair is an incremental scale of £42,000pa - £45,000pa - £47,500pa - £50,000pa - £52,500pa. This incremental scale was based on an independent review undertaken by CAPITA. The CAPITA report stated that the remuneration of Chairs was more complex and variable than remuneration arrangements for NEDs. Progression up the incremental scale is dependent on performance. The table top review identified that the current incremental scale for the Chair remains consistent with national and regional pay ranges. The conclusion following the review is that the current incremental scale is in line with national and regional pay ranges and therefore would not suggest any change is required. The Committee also considered increasing the rate from the 1 April 2017 by 1% which is the national award for NHS staff. This increase would still keep the rate consistent with regional and national averages.

The Nominations Committee noted that the current remuneration levels remains appropriate and recommend to the Members' Council an uplift of 1% in line with the national pay award for staff from 1 April 2017 for both NEDs and the Chair. In relation to the Chair, it was also recommended that the Chair progresses to the maximum point with effect from 1 May 2016, based on the Chair's 2016 appraisal completed by the Members' Council in November 2016.

**Members' Council
28 April 2017**

Agenda item:	11.1
Report Title:	Elections to the Members' Council
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to update the Members' Council on the outcome of the election process for 2017.

Recommendation

The Members' Council is asked to RECEIVE the update.

Background

When the Trust was working towards Foundation Trust status, a decision was made by Trust Board to stagger the terms of office for the Governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year.

Election process

The Nominations process opened on 2 February 2017 and closed on 2 March 2017. Nominations were received as follows.

Constituency	Number of vacancies	Number of nominations received
Public – Barnsley	2 seats	3 nominations received
Public – Calderdale	2 seats	2 nominations received
Public – Kirklees	2 seats	3 nominations received
Public – Wakefield	2 seats	4 nominations received
Public – Rest of South and West Yorkshire	1 seat	No nominations received
Staff – Psychological therapies	1 seat	3 nominations received
Staff – Social care staff working in integrated teams	1 seat	No nominations received

Outcome

As a result of the nominations process, the following were elected unopposed from 1 May 2017 for a period of three years.

Constituency	Elected Governor	Elected Governor
Public – Calderdale	ALEXANDER, Neil	TURNOCK, Ian

The election process opened on 23 March 2017 and closed on 21 April 2017. The results of the election will be advised at the meeting for the following seats:

Constituency	Elected Governor	Elected Governor
Public – Barnsley	To be confirmed	To be confirmed
Public – Kirklees	To be confirmed	To be confirmed
Public – Wakefield	To be confirmed	To be confirmed
Staff – Psychological therapies	To be confirmed	

Vacancies remain as follows:

Constituency	Number of vacancies
Public – Rest of South and West Yorkshire	1 seat
Staff – Social care staff working in integrated teams	1 seat

**Members' Council
28 April 2017**

Agenda item:	11.3
Report Title:	Review of Nominations Committee Terms of Reference
Report By:	Dawn Stephenson on behalf of the Nominations Committee
Job Title:	Director of Corporate Development
Action:	To agree

Introduction

The Nominations Committee Terms of Reference (TOR) have been updated to further clarify the duties of the Committee and reflect the current membership. Minor amendments have also been made including update to the Trust's branding and to ensure consistency with other committees Terms of Reference which are highlighted in yellow.

Recommendation

The Members' Council is asked to formally APPROVE the changes to the Nominations Committee terms of reference following consideration by the Committee on 11 April 2017.

NOMINATIONS COMMITTEE Terms of Reference

Approved by Members' Council 28 April 2017

Under the terms of the Trust's Constitution as a Foundation Trust, the Members' Council may not delegate any of its powers to a committee or sub-committee; however, it may appoint committees consisting of its members, Directors, and other persons to assist it in carrying out its functions. The Nominations Committee is, therefore, a standing Committee of the Members' Council set up to assist Council Members to exercise their statutory duty to appoint the Chair and Non-Executive Directors of the Board, to appoint the Deputy Chair and Senior Independent Director of the Board and to appoint the Lead Governor of the Members' Council.

The Nominations Committee was established in May 2009. It has no executive powers. The authority of the Nominations Committee is limited to those powers specifically delegated to it in these terms of reference and, as appropriate, by the Members' Council.

Purpose

The Nominations Committee's prime purpose is two-fold. Firstly, to ensure the right composition and balance of the Board and, secondly, to oversee the process for the identification, nomination and appointment the Chair and Non-Executive Directors of the Trust, to oversee the process for the identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board and to oversee the process to identify, nominate and appoint the Lead Governor of the Members' Council.

Membership

The Nominations Committee is usually chaired by the Chair of the Trust (see below). As a minimum, the Chair of the Trust, the Chief Executive of the Trust and ~~two~~ **four** members of the Members' Council (**including the Lead Governor**, one **publically** elected **Governor**, **one staff elected Governor**, and one appointed **Governor**) will form the membership. ~~A Council Member to represent the interests of service users/carers and the Lead Governor will also be co-opted onto the Committee.~~

*Membership as at **7 April 2014** **1 April 2017***

Chair – Ian Black (Chair of the Trust);

~~Steven Michael~~ **Rob Webster** (Chief Executive);

~~Tony Wilkinson~~ **Andrew Hill** (Lead Governor)

~~Michael Smith~~ **Nasim Hasnie** (Publicly Elected Governor)

Marios Adamou (Staff Elected Governor)

~~Kath Padgett~~ **Ruth Mason** (Appointed Governor)

In the absence of the Chair of the Trust or when the Committee is considering matters relating to the appointment of the Chair, the Committee will be chaired by the Lead Governor. If the Lead Governor is unavailable, the Committee can either ask the Deputy Chair/Senior Independent Director to chair the meeting if there is no conflict of interest or agree one of its members to act as Chair for that meeting, again if there is no conflict of interest.

Attendance

The Director of Corporate Development is in attendance (as lead Director) at meetings. The Director of Human Resources, **OD and Estates and Workforce Development** (or a member of his team) may also be asked to attend meetings to offer specialist or expert advice to the Committee. Administrative support is provided by the Integrated Governance Manager as secretary to the Committee.

Quorum

The quorum will be **the Chair of the meeting and two other three** members of the Committee.

Frequency of meetings

The Committee will meet as necessary to ensure a timely and efficient process is in place to appoint a Chair or Non-Executive Director, Deputy Chair and Senior Independent Director, and Lead Governor for the Members' Council and will always meet following the resignation of an individual from one of these posts from the Board or Members' Council. The Committee should meet a minimum of once per year to ensure a regular review of the structure, size and composition of the Board is undertaken.

Authority

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

Duties

- Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.
- Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors of the Board, which fits the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.
- Give full consideration to succession planning in respect of the Chair and Non-Executive Directors of the Board, taking account of the challenges and opportunities facing the Trust and the skills and expertise required by the Board.

- Make recommendations to the Members' Council on the appointment of the Chair and Non-Executive Directors ensuring all information, such as job descriptions, person specifications and process, are available to Council Members to make an informed decision.
- Make recommendations to the Members' Council any uplift to the Chairs remuneration based on benchmarking information as applicable and the pay spine point, dependant on the outcome of Chair appraisal process through the Members' Council.
- Make recommendations to the Members' Council any uplift to Non-Executive Directors remuneration based on benchmarking information as applicable.
- Ensure there is a formal, rigorous and transparent procedure for the appointment of the Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee as a result of its regular review (as above).
- Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.

Reporting to the Members' Council

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

Approved Members' Council 31 January 2012

**Members' Council
28 April 2017**

Agenda item:	11.4
Report Title:	Review of Audit Committee Terms of Reference
Report By:	Dawn Stephenson on behalf of the Audit Committee
Job Title:	Director of Corporate Development
Action:	To agree

Introduction

In January 2015, at the request of the Audit Committee, it received a presentation from Deloitte on Audit Committee effectiveness and best practice. The Committee compared well against best practice and a number of actions were identified by the Company Secretary for further development. These were agreed with the Chair of the Committee and included a small number of suggested revisions to the terms of reference.

The Chair of the Committee asked for a review of the existing terms of reference with recognised best practice (Healthcare Financial Management Association Audit Committee Handbook and NHS Providers Foundations of Good Governance) and the existing terms of reference were found to be fit for purpose against both. It was agreed to consider the points raised during the coming year following wider discussion and consultation with the Chair of the Trust. The changes were subsequently approved by Trust Board.

Action to take forward

One of the actions suggested by Deloitte and agreed with the Chair to take forward was consultation with the Members' Council on the Audit Committee's terms of reference. This reflects provision C.3.2b in Monitor's Code of Governance for foundation trusts that "*The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly*".

The Audit Committee's terms of reference are reviewed on an annual basis as part of the Committee's annual report to Trust Board, which is presented in April each year, and presented here for the Members' Council to consider. A verbal update of any further amendments made at the Trust Board meeting on 25 April 2017 will be provided at the Members' Council meeting.

It should be noted that the terms of reference meet best practice guidance and were considered fit for purpose as part of the independent well-led review of the Trust's governance arrangements.

Recommendation

The Members' Council is asked to NOTE and CONSIDER the terms of reference for the Audit Committee.

AUDIT COMMITTEE Terms of Reference

To be approved by Trust Board 25 April 2017

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

The Audit Committee was established in June 2002. The Terms of Reference of the Committee are reviewed annually and, if appropriate, amended to reflect any changes to the Committee's remit and role, any changes to other committees and revised membership. The Audit Committee is a non-executive committee of the Board and has no executive powers other than those specifically delegated in these terms of reference and, as appropriate, by Trust Board.

Purpose

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

Membership

Taking guidance from Monitor and the Department of Health into consideration, neither the Chair of the Trust or the Chief Executive attends this Committee unless invited to do so. The Committee is always chaired by a Non-Executive Director of the Trust and the membership consists of a minimum of two other Non-Executive Directors.

Membership as at 1 April 2017

Chair – Laurence Campbell (Non-Executive Director);

Chris Jones (Non-Executive Director);

Julie Fox (Non-Executive Director).

Attendance

The Director of Finance and Resources is in attendance (as lead Director) at meetings. The Director of Corporate Development also attends meetings as the duties of the Company Secretary are encompassed in her role. Representatives of internal and external audit are also invited and expected to attend. The Chair of the Trust, the Chief Executive, other Directors, and relevant officers attend the Audit Committee by invitation. Administrative support is provided by the Integrated Governance Manager as Secretary to Trust Board.

Quorum

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

Frequency of meetings

The Committee will meet a minimum of four times per year to reflect best practice. The Chair of the Committee, External Auditor or Head of Internal Audit may request a meeting if they consider one is necessary. There will also be an additional meeting to approve the annual report, accounts and Quality Accounts.

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

Authority

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

Sub-committees

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

Duties

Governance, risk management and internal control

The Committee shall review the establishment and maintenance of effective systems and processes that provide internal control within the organisation. In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements, in particular, the Annual Governance Statement and declarations of compliance with value for money assessments together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by Trust Board;
- the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of management of principal risks and the appropriateness of the above disclosure statements. This includes assessing the fitness for purpose of the assurance framework including risk appetite and providing assurance that action plans are in place to address significant control issues;
- the policies and processes for ensuring compliance with relevant regulatory, legal and code of conduct requirements, including the Monitor risk assessment framework;
- the systems for internal control including the risk management strategy, risk management systems and the risk register;

- the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service;
- the work of other committees whose work can provide relevant assurance regarding the effectiveness of controls and governance arrangements.

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

The Committee will also review arrangements that allow Trust staff (and other individuals where relevant) to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Committee will ensure that:

- arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action;
- ensure safeguards for those who raise concerns are in place and that these safeguards operate effectively;
- such processes enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure valid concerns are promptly addressed; and
- these processes reassure individuals raising concerns that they will be protected from potential negative repercussions.

Internal Audit

The Committee shall consider the appointment of the Internal Auditor (for approval by Trust Board) and ensure there is an effective internal audit function established by management that meets NHS Internal Audit Standards that provides appropriate independent assurance to the Audit Committee, Chief Executive, Chair and Trust Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation or dismissal;
- review and approval of the Internal Audit approach, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between internal and external auditors to optimise audit resources;
- ensure the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- annual review of the effectiveness of internal audit.

External audit

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

- consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit;

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

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

Counter fraud

The Committee shall review the work and findings of the Local Counter Fraud Specialist as set out in the NHS Protect Standards for Providers and as required by NHS Protect. In particular:

- consider the appointment of the Trust's Local Counter Fraud Specialist, the fee and any questions of resignation or dismissal;
- review the proposed work plan of the Trust's Local Counter Fraud Specialist ensuring that it promotes a pro-active approach to counter fraud measures;
- receive and review the annual report prepared by the Local Counter Fraud Specialist;
- receive update reports on any investigations that are being undertaken.

Financial reporting

The Committee has responsibility for approving accounting policies. It also has delegated authority from Trust Board to review the annual report and financial statements, both for the Trust and for charitable funds, and the Quality Accounts/Report on its behalf and to make a recommendation to the Chair and Chief Executive on the signing of the accounts and associated documents prior to submission to Monitor, Trust Board and the Members' Council. In particular, the Committee shall focus on:

- changes in, and compliance with, accounting policies and practices;
- major judgemental areas; and
- significant adjustments arising from the annual audit.

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

The Committee also:

- reviews proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation before these are laid before Trust Board;
- examines the circumstances associated with each occasion Standing Orders are waived;
- reviews schedules of losses and compensations on behalf of Trust Board.

Relationship with the Members' Council

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

Monitoring

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

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

Reporting to Trust Board

Trust Board will receive the minutes of Committee at the Trust Board meeting following the Committee meeting. The Committee will also report to the Board annually on its work and include commentary on its support of the Annual Governance Statement, the effectiveness of assurance systems, the work of internal and external audit and the annual accounting process.

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