

**Members' Council  
Friday 1 February 2019**

**9.30am (with refreshments available from 9.00am and lunch provided at 12noon) to 2.00pm. This will include the annual evaluation session from 12.30pm to 2.00pm**

**Legends Suite, Barnsley Football Club, Grove Street, Barnsley, S71 1ET**

Item	Time	Subject Matter	Presented by		Action
	9:00am	<i>Arrival and networking</i>			
1.	9:30am	Welcome, introductions and apologies	Angela Monaghan, Chair	<b>Verbal item</b>	To receive
2.	-	Declaration of Interests	Angela Monaghan, Chair	<b>Verbal item</b>	To agree
3.	-	Minutes and action of the previous meeting held on 2 November 2018	Angela Monaghan, Chair	<b>Paper</b>	To agree
4.	9:45am	Chair's report and feedback from Trust Board Chief Executive's comments	Angela Monaghan, Chair Rob Webster, Chief Executive	<b>Paper</b> <b>Verbal item</b>	To receive
5.	10:05am	<u>Members' Council business items</u>			
	10:05am	5.1 Chair's appraisal	Charlotte Dyson, Deputy Chair	<b>Paper</b>	To agree
	10:20am	5.2 Quality Account – Mandated and local indicators	Charlotte Dyson, Deputy Chair / Tim Breedon, Director of Nursing & Quality	<b>Paper</b>	To agree
	10:30am	5.3 Members' Council elections 2019	Emma Jones, Company Secretary	<b>Paper</b>	To receive

Item	Time	Subject Matter	Presented by		Action
	10.40am	5.4 Review of Trust's Constitution	Emma Jones, Company Secretary	<b>Paper</b>	To receive
	10.50am	5.5 Feedback from Annual Members' Meeting 2018	Jackie Craven, Lead Governor	<b>Paper</b>	To receive
	11.00am	5.6 Governor engagement feedback	Angela Monaghan, Chair	<b>Paper</b>	To receive
	11.10am	<i>Break</i>			
6.	11:20am	Integrated Performance Report Quarter 3 2018/19. There will be a presentation of the key issues. Full performance reports are available on the Trusts website under: About us > Our performance > Performance reports	Laurence Campbell, Non-Executive Director ./ Mark Brooks, Director of Finance	<b>Presentation at meeting</b>	To receive
		- Focus on - Freedom to Speak Up Guardians	Alan Davis, Director of Human Resources, Organisational Development & Estates	<b>Presentation at meeting</b>	To receive
		- Estates strategy update	Alan Davis, Director of Human Resources, Organisational Development & Estates	<b>Paper</b>	To note
7.	11:55am	<u>Closing remarks, work programme, and dates for 2019</u> - Work programme 2019-20 (attached) - Friday 3 May 2019 (Kirklees) - 12noon-4.30pm, Conference Room 1, Textile Centre of Excellence, 5 Red Doles Lane, Huddersfield, HD2 1YF. - Friday 2 August 2019 (Calderdale) - 12noon-4.30pm, venue to be confirmed. - Monday 16 September 2019 - Annual Members' Meeting (Wakefield) - time to be confirmed, Large Conference Room, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP. - Friday 1 November 2019 (Wakefield) - 9.30am-2.30pm, Large Conference Room, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.	Angela Monaghan, Chair	<b>Paper</b>	To receive
	12:00pm	<i>Lunch provided and networking</i>			

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Item	Time	Subject Matter	Presented by	Action
8.	12.30pm	Annual Members' Council Evaluation Session		
	2.00pm	<i>Close</i>		

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**Minutes of the Members' Council meeting held on 2 November 2018**  
**Large conference room, Wellbeing & learning centre, Fieldhead, Wakefield**

<b>Present:</b>	Angela Monaghan (AM)	Chair
	Marios Adamou (MA)	Staff – Medicine and Pharmacy
	Neil Alexander (NA)	Public – Calderdale
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Adrian Deakin (AD)	Staff - Nursing
	Daz Dooler (DD)	Public – Wakefield
	Stefanie Hampson (SH)	Appointed – Staff side organisations
	Lin Harrison (LH)	Staff – Psychological Therapies
	Dr Nasim Hasnie OBE (NH)	Public – Kirklees
	Faith Heptinstall (FH)	Appointed - Wakefield Council
	Lisa Hogarth (LHo)	Staff – Allied Healthcare Professionals
	Carol Irving (CI)	Public – Kirklees
	Ruth Mason (RM)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Phil Shire (PS)	Public - Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Debbie Walker (DW)	Staff - Non-Clinical Support Staff
<b>In attendance:</b>	Sue Barton (SB)	Deputy Director of Strategy & Change (on behalf of SY)
	Mark Brooks (MB)	Director of Finance & Resources
	Laurence Campbell (LC)	Non-Executive Director
	Rachel Court (RC)	Non-Executive Director
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Mike Doyle (MD)	Deputy Director of Nursing & Quality (on behalf of TB)
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Emma Jones (EJ)	Company Secretary (author)
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Dr Subha Thiyagesh (SThi)	Medical Director
	Rob Webster (RW)	Chief Executive
<b>Apologies:</b>	<u>Members' Council</u>	
	Kate Amaral (KA)	Public – Wakefield
	Bill Barkworth (BB)	Public – Barnsley
	Andrew Crossley	Public – Barnsley
	Tariq Khan (TK)	Public – Barnsley
	Debika Minocha (DM)	Public – Wakefield
	Chris Pillai (CP)	Appointed – Calderdale Council
	Caroline Saunders (CS)	Appointed – Barnsley Council
	Richard Smith (RS)	Appointed – Kirklees Council
	Barry Tolchard (BT)	Appointed – University of Huddersfield
	Mike Walker (MW)	Public – Kirklees
	Paul Williams (PW)	Public – Rest of South and West Yorkshire
	Gemma Wilson (GW)	Staff – Nursing Support
	David Woodhead (DW)	Public – Kirklees
	<u>Attendees</u>	
	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Rachel Court (RC)	Non-Executive Director
	Carol Harris (CH)	Director of Operations
	Salma Yasmeen (SY)	Director of Strategy

### **MC/18/31 Chair's appraisal (Governors ONLY) (agenda item 1)**

Prior to the meeting held in public, the governors took part in an interactive session led by Charlotte Dyson (CD), Deputy Chair / Senior Independent Director and administered by Emma Jones (EJ), Company Secretary. The outcome of the complete Chair's appraisal process would be reported to the next Members' Council meeting.

### **MC/18/32 Welcome, introductions and apologies (agenda item 2)**

Angela Monaghan (AM), Chair, welcomed everyone to the meeting, apologies as above were noted.

AM reminded those in attendance that the meeting was a meeting held in public and not a public meeting. There were no members of the public in attendance.

AM welcomed two new appointed governors from partner organisations - Councillor Faith Heptinstall, appointed Governor for Wakefield Council and Debbie Newton, appointed governor for Mid Yorkshire Hospitals NHS Trust replacing Jules Preston. A letter of thank you would be sent to Jules Preston for his service on the Members' Council.

**Action: Angela Monaghan**

### **MC/18/33 Declaration of Interests (agenda item 3)**

AM advised that further declarations had been received from the two new governors:

- HEPTINSTALL, Councillor Faith (Appointed Governor for Wakefield Council):
  - Business Manager, Havercroft and Ryhill Community Learning Project, Wakefield (who are a member of Nova and have been granted Health & Wellbeing funding in partnership).
  - Deputy Cabinet Member, Adults and Health, Wakefield Council.
- NEWTON, Debbie (Appointed Governor for Mid Yorkshire Hospitals NHS Trust):
  - Director of Community Services, Mid Yorkshire Hospitals NHS Trust.

There were no further declarations over and above those made in the annual return in April 2018 or subsequently.

**It was RESOLVED to NOTE the individual declarations in addition to those declared at the meeting on 27 April 2018 or subsequently and to CONFIRM the changes to the Register of Interests.**

### **MC/18/34 Minutes and actions of the previous meeting held on 3 August 2018 (agenda item 4)**

**It was RESOLVED to APPROVE the minutes from the meeting held on 3 August 2018.**

The following action point was discussed:

- MC/18/27f Governor engagement feedback - in relation to opportunities available for governors to be more visible within the Trust to be able to talk to staff, service users, carers, members and the public so that governors can develop their skills and bring back any areas of concern.

Lisa Hogarth (LHo) commented that she would provide a list of Allied Healthcare Professionals who would be willing to arrange governor visits to services. Adrian Deakin (AD) commented that there may be potential for governors and Trust Board members to attend patients' council meetings. Lin Harrison (LH) commented that there may be potential for governors and Trust

Board members to attend Multi-Disciplinary Meetings (MDT). AM commented that any visits would be coordinated by the Membership office. Governors to provide information on meetings to Emma Jones (EJ).

**Action: All**

Jackie Craven (JC) commented that she would be interested in visiting Child and Adolescent Mental Health Services (CAMHs).

Carol Irving (CI) commented from being a carer previously she would like to visit services to see the changes in processes and inspire staff.

Nasim Hasnie (NH) commented that it was important that any visits did not impact on the services.

Rob Webster (RW) commented that there are examples of the Trusts' services in other locations that are open to the public, such as the Yorkshire Smokefree service at Pinderfields Hospital in Wakefield. There are also some services in Council-owned buildings.

Mike Doyle (MD) commented that there were quality visits that governors may be able to attend. AM requested that the details be provided.

**Action: Mike Doyle / Tim Breedon**

Neil Alexander (NA) commented that he had seen events on social media after they have taken place and it would be helpful for the details to be provided should governors wish to attend. AM commented that any details of events received by the Membership office would continue to be circulated to governors.

AM commented that in relation to future Members' Council meeting dates there had been no clear preference between morning and afternoon meeting times so they would continue to be rotated.

## **MC/18/35 Chair's report and feedback from Trust Board and Chief Executive's comments (agenda item 5)**

### Chair's report and feedback form Trust Board

AM commented that a written report had been included in the meeting papers and highlighted the following:

- Trust Board met on 30 October 2018 which was a business and risk meeting and included the following agenda items:
  - A service user story given by a member of staff in relation to a child and adolescent mental health service (CAMHS) user who was transitioning into adult services. It gave the Board information about how people need support from a range of services and the importance of care packages being put around people.
  - The Board Assurance Framework (BAF), which identifies the strategic risks to meeting the Trust's strategic objectives, what controls and assurance are in place, and any gaps to be addressed.
  - Corporate/organisational-level risk register (ORR) looking at likelihood and impact of risks and controls and actions in place to mitigate them, including the risk around children and young people in adult beds, which has been escalated to NHS England.
  - Presentations of the Kirklees Health & Wellbeing Plan and Wakefield Health & Wellbeing Plan by representatives from the respective Health & Wellbeing Boards. The Board saw a great deal of synergy between those plans and those of the Trust, which reflects the strong partnership work that is taking place.
  - Half-yearly update on the Trust's digital strategy.

- Assurance on compliance with the General Data Protection Regulation (GDPR) with policies and procedures in place. An audit would be scheduled in 6-9 months' time.
  - Workforce Race Equality Standard (WRES), which covers areas such as access to training, whether black, Asian and minority ethnic (BAME) staff are more or less likely to be shortlisted for roles, and questions taken from the staff survey around bullying and harassment. The report contained useful data and in response there is an action plan, which the Board approved and will be published.
  - At the meeting on 30 October 2018 in private session the Board discussed a number of issues considered commercial in confidence, which included; the investment appraisal framework, which looks at business development opportunities and contracting risks; risks; developments in both of our integrated care systems; developments in Barnsley, where the Clinical Commissioning Group (CCG) have decided to pause the procurement of a single integrated care organisation and are now looking at working in partnership with the provider alliance to deliver integrated care, which we welcome; and the new clinical records system.
- The Trust Board also met as the Corporate Trustee for charitable Funds on 30 October 2018 and discussed the following items:
- Performance in EyUp! and the linked charities.
  - Assurance from the Charitable Funds Committee.
  - Approval for the Charity Annual Report and accounts 2017/18.
  - The appointment of a new fundraising manager
  - Dissolution of four dormant linked charities, which are no longer used.

NA asked in relation to the WRES action plan if anything further could be included to encourage men and young people to be members of the Trust. RW commented that the WRES applied to staff that the Trust employs and links to the broader equality and diversity standards and there has been some really good progress on that. The Trust's Equality and Diversity Strategy covers engagement including how we use our membership, linking in with the Membership Strategy.

#### Chief Executive's comments

RW commented that the Integrated Performance Report (IPR) agenda item provides an update on areas of performance. Discussion on the national and local context will be included as part of the annual joint Trust Board and Members' Council meeting, which would follow the Members' Council meeting.

### **MC/18/36 Trust Board appointments (agenda item 6)**

#### MC/18/36a Chair and Non-Executive Directors' remuneration (agenda item 6.1)

*The Chair, Non-Executive Directors, Executive Directors and Deputy Directors left the room with the exception of AGD and Jackie Craven (JC) as Lead Governor took the Chair for this item.*

AGD reported that as a foundation trust, the remuneration for the Chair and Non-Executive Directors (NED) was set by the Members' Council. This review is undertaken every year and it was agreed that this would be initially reviewed by the Nominations Committee. Previously the Trust had used an external organisation to conduct the review at significant cost. Over the last couple of years NHS Providers has undertaken a survey on Chairs, NEDs and executive Directors which was used as it allows the Trust to make comparisons to similar organisations. The Committee examined the 2017 data on a number of levels including what the average rate was across the country, the average for a non-acute trust, and by region to ensure there was a good comparison. For NEDs the remuneration was one fixed rate and there is no incremental scale. Based on the 2017 data, the Committee felt the current level was fair as it was in line with the average. In addition to this the Committee considered whether there should be inflation uplift as with staff and the Committee felt there was scope to increase the NEDs remuneration by 1.5% which was in line with the inflation uplift for consultants.

Bob Clayden (BC) asked in relation to the benchmarking data whether it was known that the same amount of time was being put in by other NEDs. AGD commented that broadly there was a standard in the job description for NEDs of 2.5 days a month.

BC asked if the Committee had considered the 'requires improvement' rating by the Care Quality Commission (CQC). Marios Adamou (MA) commented that this was one of the reasons why the Committee was recommending an inflation uplift rather than a pay rise.

NA asked if there was a standard remuneration that was fixed by legislation. AGD commented that the remuneration was entirely set by the Members' Council. NA asked if it would be more innovative to pay an addition amount in comparison to others as it might attract a better quality of candidate, notwithstanding that it may be difficult in a financial constrained time. AGD commented whilst it would be technical possible to pay a higher rate compared to other foundation trusts, when the original rates were set the view was that it should be consistent with remuneration of similar NHS organisations and not for example be compared to private sector non-executive roles. AGD said that the Nominations Committee still felt this approach was fair, reasonable and also defensible and given the deficit budget, they believed an inflation uplift would be seen as fair but public perception of a higher increase would be difficult to justify. It was noted that the Trust had appointed two new NEDs and had an excellent response with 39 applicants from which Nomination Committee were able to draw up a very strong shortlist of candidates. LH commented that she was part of the discussion panel for the last NED recruitment and she was hugely impressed with the calibre of candidates and she did not think an increase above others would reflect what the Trust does or be true to its values.

AGD commented that the Chair's remuneration was more complex. Five years ago the Trust engaged Capita to do a detailed review of the Chairs remuneration and it was agreed that it should be an incremental scale where the progression was based on individual performance and the appraisal process rather than an automatic increase. The Nominations Committee reviewed the benchmarking data against the Trust's incremental scale and at the lower end the scale was below the average, however at the higher end it was above. The Committee felt the current scale was still appropriate and given there is already an opportunity of a pay uplift through incremental progression, unlike the NED remuneration arrangements, was not recommending an inflation uplift in addition.

NA commented that he did not think it was fair or reasonable for the scale to be below average. AGD commented that currently the bottom of the scale was below average and the top was above. BC asked when a new Chair is appointed whether the scale would be reviewed. AGD commented that the scale was reviewed annually. Nasim Hasnie (NH) outlined the discussion that had taken place at the Nominations Committee and commented that it was the public's money that should be used for the best use of patients.

The Members' Council discussed that given an external organisation had been used previously to set the incremental scale and that this was reviewed annually there should no inflation increase to the remuneration scale for the Chair at this stage. The Members' Council noted that any progression along the scale by the current Chair would be considered as part of the appraisal process with the final report due to the next Members' Council meeting.

**It was RESOLVED to APPROVE an inflation uplift of 1.5% in the remuneration for Non-Executive Directors back dated to 1 April 2018.**

*The Chair, Non-Executive Directors, Executive Directors and Deputy Directors returned to the room and AM resumed the Chair.*



## **MC/18/37 Members' Council business items (agenda item 7)**

### MC/18/37a Governor appointment to Members' Council groups and committee (agenda item 7.1)

AM reported that a draft process had been discussed on two occasions by the Members' Council Co-ordination Group. Objectives of the changes are to address the current lack of clarity about appointment to the groups, to make the appointment process more transparent, and to ensure effective operation of the groups, whilst maintaining a commitment to openness and inclusion. As it was a new process it could be reviewed again in the future and amended if needed.

BC commented that he was pleased to see that there is a formal process in place.

NA commented that he welcomed a formalised arrangement with flexibility to allow engagement from all governors.

**It was RESOLVED to APPROVE the recommendation from the Members' Council Co-ordination Group on the process for the appointment of governors onto the sub-groups and committee and changes to the membership numbers on the sub-groups:**

### MC/18/37b Members' Council objectives (agenda item 7.2)

AM reported that the brief report demonstrated how the Members' Council had met its current objectives. The Members' Council Co-ordination Group had reviewed the objectives and had not suggested any amendments. AM asked the Members' Council for any further suggestions for inclusion.

NA commented that another area for inclusion could be the engagement of the wider strategy such as the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP). He commented that he was disappointed that there had been no further update to governors from the WYHHCP on the membership of the partnership board and that currently there does not seem to be any governance arrangements that included governors. AM commented that the integrated care systems including the WYHHCP were continuing to evolve and there would be an update as part of the annual joint Trust Board and Members' Council meeting, which would follow the Members' Council meeting. AM suggested a further objective be added in relation to governors being engaged in wider partnership working. This was supported by the Members' Council.

**Action: Angela Monaghan / Jackie Craven**

**It was RESOLVED to REVIEW the progress against their objectives in 2016-2018 and APPROVE the objectives through to November 2020 with the addition of an objective for governors to engage in wider partnership working.**

### MC/18/37c Governor engagement feedback (agenda item 7.3)

AM reported that the paper had been compiled from information provided by governors on events they have attended. The item is now a standing item on the Members' Council agenda as an opportunity for governors to formally feedback on the events they have attended.

AD commented that as part of his role he was a Freedom to Speak Up Guardian. The Guardians had organised some coffee mornings to encourage engagement with staff which governors may be able to attend. Any future dates to be provided to Emma Jones (EJ) to circulate to governors.

**Action: Adrian Deakin / Emma Jones**

RW commented that LHo gave an inspiring talk at the annual black, Asian and minority ethnic (BAME) staff network celebration event. AM asked LHo to briefly explain to the Members' Council the BAME staff network. LHo commented that the staff network meets approximately six times a year to discuss any issues that staff of a BAME background may have and that she

finds it a support group and it also gave her the confidence to stand for election as a staff governor. At the annual celebration she shared her personal experience working in the NHS. AM commented that the BAME staff network was run by staff and supported by the Trust, with disability and LGBTplus staff networks being established. NH commented that he attended the annual celebration and was impressed with the network because it was staff led. NH shared his experiences in the changes since the 1960s and commented that it would be good to share the presentations given at the event. AM commented that the WRES presentation provided some very interesting data on work that has taken place.

**It was RESOLVED to RECEIVE the details provided from governors on events attended.**

## **MC/18/38 Performance Report Quarter 2 2018/19 (agenda item 8)**

### Performance report

The key messages from the Integrated Performance Report were presented by Laurence Campbell (LC), MD in relation to quality, Mark Brooks (MB) in relation to national metrics and finance, and AGD in relation to workforce. An update on working in collaboration and priority programmes will be included as part of the joint Trust Board / Members' Council meeting. Full performance reports are available in Trust Board papers and on the Trust's website.

MA asked what conversations the Trust Board was having in relation to out of area beds. LC commented that there had been lengthy discussions around the performance and an enormous amount of work taking place by the Trust to try to understand differences in practice and demographics. The Trust was also looking at bringing in some additional external resource to try to accelerate the work.

NA commented that there did not appear to be any correlation to safer staffing fill rates and incidents occurring. MD commented that it might not be just in relation to incidents it might be the acuity of service users. MB commented that part of the fill rates related to the needs of particular service users, which was why staffing levels may be more than 100% on occasions.

LH asked in relation to safer staffing why the focus was on inpatient and not community. MD commented that work was taking place on how to measure community areas.

### Focus on - Sickness absence

The key messages from the work taking place on wellbeing and sickness were presented by AGD.

LH asked if the Board had discussed the results of the wellbeing survey and if there had been any changes in actions. AM commented that both the Workforce & Remuneration Committee and Trust Board had discussed the action plans in place. AGD commented that this year local groups were being established in each of the business delivery units (BDUs) as well as a wellbeing champion. There was a stronger focus on bullying and harassment and a new framework in place. Phil Shire (PS) asked how the Trust performed in comparison to others. The Trust was performing well compared to its peers, with plans in place to continue to support further improvement.

CI commented that some staff may have their own mental health conditions and it was important that making this known was not seen as a stigma. AM commented that it was important that the Trust continues to have the right culture and environment for people to feel comfortable in speaking up. BC asked if staff members felt that being referred to Occupational Health was seen as a disciplinary measure. AGD commented that part of bringing the Occupational Health service into the organisation was so that it supported staff to stay in work. MA commented that staff did see it as more positive.

Stefanie Hampson (SH) commented that one of the areas showing a high level of sickness absence was one that had been through an organisational change and asked if an earlier review would help. AGD commented that a review was currently taking place of the community team and part of that was the workforce element.

LH commented that presentations on performance do not always reflect the pressure felt within staff groups, which is why she would encourage Board members to visit services. RW commented that it was also important to recognise that staff in particular services can have physical implications from their work such as musculoskeletal (MSK) and/or an emotional impact. There is a need to recognise the power of supporting individuals as well as a value based approach. The Workforce & Remuneration Committee would be receiving a further update. AM commented that the Members' Council Co-ordination Group could also consider timing for a further discussion by Members' Council, with the possibility for a staff governor to present.

**Action: Angela Monaghan / Jackie Craven**

#### Customer Services Annual Report 2017/18

The Customer Services Annual Report 2017/18 had been reviewed by the Members' Council Quality Group and was provided to all governors for noting.

**It was RESOLVED to NOTE the Customer Services Annual Report.**

#### **MC/18/39 Closing remarks, work programme, and dates for 2019-20 (agenda item 9)**

AM thanked the governors for their attendance and input. A hardcopy form was available for governors should they wish to provide feedback on the meeting, which would also be circulated electronically. The dates for 2019-20 were noted as follows:

- Friday 1 February 2019 (Barnsley) – 9.30am, Legends Suite, Barnsley Football Club, Grove Street, Barnsley S71 1ET.
- Friday 3 May 2019 (Kirklees) – 12noon, Conference Room 1, Textile Centre of Excellence, 5 Red Doles Lane, Huddersfield, HD2 1YF.
- Friday 2 August 2019 (Calderdale) – 12noon, Venue to be confirmed.
- Monday 16 September 2019 - Annual Members' Meeting (Wakefield) – Times to be confirmed, Large Conference Room, Wellbeing & learning centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.
- Friday 1 November 2019 (Wakefield) – 9.30am, Large Conference Room, Wellbeing & learning centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.
- Friday 31 January 2020 (Barnsley) – 9.30am, Legends Suite, Barnsley Football Club, Grove Street, Barnsley S71 1ET.

**Signed:**

**Date:**

## MEMBERS' COUNCIL 2 NOVEMBER 2018 – ACTION POINTS

### Actions from 2 November 2018

Minute ref	Action	Lead	Timescale	Progress
MC/18/32 Welcome, introductions and apologies	AM welcomed two new appointed governors from partner organisations - Councillor Faith Heptinstall, appointed Governor for Wakefield Council and Debbie Newton, appointed governor for Mid Yorkshire Hospitals NHS Trust replacing Jules Preston. A letter of thank you would be sent to Jules Preston for his service on the Members' Council.	AM		Complete. Letter sent.
MC/18/34 Minutes and actions of the previous meeting held on 3 August 2018	Lisa Hogarth (LHo) commented that she would provide a list of Allied Healthcare Professionals who would be willing to arrange governor visits to services. Adrian Deakin (AD) commented that there may be potential for governors and Trust Board members to attend patients' council meetings. Lin Harrison (LH) commented that there may be potential for governors and Trust Board members to attend Multi-Disciplinary Meetings (MDT). AM commented that any visits would be coordinated by the Membership office. Governors to provide information on meetings to Emma Jones (EJ).	All		Ongoing. Possible visits to be coordinated by the Membership office.
	Mike Doyle (MD) commented that there were quality visits that governors may be able to attend. AM requested that the details be provided.	MD / TB		In progress. Requirements being discussed.
MC/18/37b Members' Council objectives	AM suggested a further objective be added in relation to governors being engaged in wider partnership working. This was supported by the Members' Council.	AM / JC		Complete. Additional objective added.
MC/18/37c Governor engagement feedback	AD commented that as part of his role he was a Freedom to Speak Up Guardian. The Guardians had organised some coffee mornings to encourage engagement with staff which governors may be able to attend. Any future dates to be provided to Emma Jones (EJ) to circulate to governors.	AD / EJ		Ongoing. Events for staff had already taken place. Any future opportunities will be circulated to staff governors when provided.

Minute ref	Action	Lead	Timescale	Progress
MC/18/38 Performance Report Quarter 2 2018/19 (Focus on sickness absence)	AM commented that the Members' Council Co-ordination Group could also consider timing for a further discussion by Members' Council, with the possibility for a staff governor to present.	AM / JC		In progress. On the list of possible items for consideration by the Members' Council Co-ordination Group.

### **Outstanding actions from 3 August 2018**

Minute ref	Action	Lead	Timescale	Progress
MC/18/27f Governor engagement feedback	Carol Irving (CI) asked what opportunities were available for governors to be more visible within the Trust to be able to talk to staff, service users, carers, members and the public so that governors can develop their skills and bring back any areas of concern. AM commented that when information is received in relation to public engagement events these are circulated to governors, such as the Commitment to Carers events. EJ commented that other events also included the West Yorkshire & Harrogate Health and Care Partnership engagement event and West Yorkshire Mental Health Services Collaborative joint Governor / Non-Executive Director event. This is an area that the Members' Council Coordination Group can consider as part of the development needs of governors.	EJ		Ongoing. Members' Council Co-ordination Group to consider opportunities for governors to be more visible within the Trust to be able to talk to staff, service users, carers, members and the public as part of the development action plan.
	TB commented that the Members' Council Quality Group would also be discussing governor attendance at quality visits to services.	TB		
	NA asked who compiles the agenda for the Members' Council Quality Group. TB advised that there is an annual work programme as well as items raised by the members. AM commented that governor attendance at Patient Led Assessment of the Care Environment (PLACE) visits had also been raised. AGD advised that PLACE visits generally run in the beginning of the calendar year following notification from the Department of Health. The Estates team would set up training events ahead of	AGD		PLACE visits have been placed on hold awaiting national guidance.

Minute ref	Action	Lead	Timescale	Progress
	the visits and it was a great way for participants including service users and staff to see the environment and provide feedback on areas we can improve. Information will be circulated when available.			

## Members' Council 1 February 2019

### Chair's Report

The papers provided to the Members' Council, plus the monthly Brief now circulated to Governors, provide comprehensive and up-to-date information on Trust performance and activity. This Chair's report aims to supplement these by highlighting:

- Discussion at Board meetings
- Chair activity
- other issues believed to be of relevance and interest to Governors

#### 1. Discussion at Board meetings

Since my last report, the Board has met three times:

- a. As reported verbally at the last Members' Council meeting, the **October** Board took place in Huddersfield and was a *business and risk* meeting. The meeting began with a **service user story** given by a member of staff in relation to a child and adolescent mental health service (CAMHS) user who was experiencing transition into adult services.

The Board agenda and discussion covered:

- the Chief Executive's report on **strategic context**, including the October version of *The Brief*. This is circulated to governors.
- the **Board Assurance Framework (BAF)**, which identifies the strategic risks to meeting the Trust's strategic objectives, and the **organisational-level risk register (ORR)**. Our two highest risks are in relation to cyber security, and the requirement for children and young people to sometimes be placed in adult inpatient beds due to lack of tier 4 CAMHS beds.
- presentations of the **Kirklees Health & Wellbeing Plan and Wakefield Health & Wellbeing Plan** by representatives from the respective Health & Wellbeing Boards.
- the half-yearly update on the Trust's **digital strategy**.
- assurance on compliance with the **General Data Protection Regulation (GDPR)** with policies and procedures in place.
- The **Workforce Race Equality Standard (WRES)**, which covers areas such as access to training, whether black, Asian and minority ethnic (BAME) staff are more or less likely to be shortlisted for roles, and questions taken from the staff survey around bullying and harassment.
- assurance from **Board committees**.

In the private session the Board discussed the following issues considered to be commercial in confidence:

- the **investment appraisal framework**, which looks at business development opportunities and contracting risks.

- commercially confidential **risks**.
- developments in both of our **integrated care systems**.
- developments in **Barnsley**, where the Clinical Commissioning Group (CCG) have decided to pause the procurement of a single integrated care organisation and are now looking at working in partnership with the provider alliance to deliver integrated care, which we welcome.
- Implementation of the new **clinical records system**, SystemOne.

The Trust Board also met as the **Corporate Trustee** for charitable Funds on 30 October 2018 and discussed:

- performance in EyUp! and the linked charities;
- assurance from the Charitable Funds Committee;
- the Charity Annual Report and accounts for 2017/18;
- the appointment of a new fundraising manager; and
- dissolution of four dormant linked charities, which are no longer used.

- b. The **November** meeting was a *strategic* board, which is held in private. Discussions focussed on planning for the future and allowed the Board to consider impacts of the local, regional and national context on our emerging financial sustainability plan and 2019/20 operating plan. We also reviewed board capacity and capability, including Rob Webster's dual role as Chief Executive of SWYPFT and Lead Executive for the West Yorkshire Health and Care Partnership (WYHCP), and plans for future board development.
- c. The **December** Board was a *performance and monitoring* meeting and took place in Wakefield. The meeting opened with two **stories** presented by **carers** from Kirklees, one of whom, John Laville, is chair of the Kirklees Mental Health Carers' Forum. This followed the launch of the Trust's refreshed **Commitment to Carers** on 30 November, Carers' Rights Day.

At this meeting the Board discussed:

- the Chief Executive's report on strategic context, including the November edition of *The Brief*, which is circulated to governors. This included a paper on contingency planning for Brexit.
- the month 7 **integrated performance report (IPR)**. Due to the timing of the meeting before Christmas, the month 8 IPR was not available, but the Board received verbal highlights of month 8 data available and the full IPR three days later.
- month 8 **finance report**
- quarter 2 **serious incident** report.
- **safer staffing** report
- reports on developments in our two **integrated care systems (ICSs)**.
- assessment of SWYPFT compliance with the **NHS constitution** and how it meets its obligations to patients and staff.
- compliance with our **emergency preparedness**, resilience and response (EPRR) requirements.
- assurance from **Board committees**.

In the private session the Board discussed the following issues considered to be commercial in confidence:



- 2018/19 financial forecast
  - Trust financial sustainability plan
  - contracting for 2019/20
  - implementation of the new clinical records system
  - business developments in the ICSs, including development of integrated care in Barnsley
  - receipt of minutes from private partnership boards
- d. The **January** Board meeting, which is a *business and risk* meeting, is taking place just prior to the Members' Council on 29 January in Barnsley, and I will be able provide a verbal update at the Members' Council meeting. There is also a meeting of the Corporate Trustee on the same date.

Please note that Governors are welcome to attend all public Board meetings and there is the opportunity to raise questions and comments at the end of each meeting. Papers are available on our website a week before at [www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting](http://www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting).

## 2. Chair activity

To support governors in their role of holding the Chair/Non-executive directors (NEDs) to account, this section highlights the range of activity I have been engaged in since the last Members' Council meeting. I would be happy to answer questions or provide further information on any of the following.

- engagement with SWYPFT staff, governors, volunteers, service users and carers, including:
  - monthly meetings with Lead Governor Jackie Craven
  - SWYPFT Learning Recognition and Excellence Awards
  - monthly Trust Welcome Events for new staff
  - Hospital Manager annual reviews
  - Consultant Excellence Awards panel
  - 6-month review with Chief Executive
  - end of induction reviews with new NEDs
  - visits to Barnsley musculoskeletal (MSK) service and Horizon centre, Fieldhead
  - forensic service carers' dialogue group
  - Kirklees Mental Health Carers' Forum
  - quality monitoring visits – ward 19 (Priestley Unit, Dewsbury), Sandal ward (Fieldhead) and Johnson ward (Fieldhead)
  - mentoring of Insight programme candidate
  - newly elected leadership of BAME staff network
  - 1:1 follow-up meetings with carers from December board meeting
- attendance at a range of governance meetings in addition to Board, including
  - South Yorkshire & Bassetlaw ICS governance review workshop
  - Members' Council Coordination Group
  - Barnsley Integrated Care Partnership Group
  - Equality and Inclusion Forum (chair)
  - Charitable Funds Committee
  - Clinical Governance and Clinical Safety Committee

- attendance at a range of external meetings and events, including:
  - Wakefield District MPs system meeting
  - NHS Improvement Chairs' network meeting (Leeds)
  - Barnsley Integrated Care Partnership workshop
  - Stakeholder panel for new Chair recruitment at Mid Yorkshire Hospitals Trust
  - Yorkshire Chairs' network meeting (Leeds)
  - NHS Providers Chairs' and CEOs' network meeting (London)
  - Consultant Excellence Awards panels for Bradford District Care Trust
  - Presentation of achievement awards at Greenacre school, Barnsley
  - NHS Providers dinner with Ian Dalton, Chief Executive, NHS Improvement (NHSI) (Leeds)
  - 1:1 meetings with other NHS chairs, including Calderdale CCG, Wakefield CCG, Barnsley Hospital, Locala
  - HfMA annual chairs' conference (London)

### **3. Other – NHS Long Term Plan**

Governors will be aware that the NHS Long Term Plan was finally launched on 7 January. Covering a 10-year period, the plan will save almost half a million more lives with practical action on major killer conditions and investment in world class, cutting edge treatments. It is also the first time in the history of the NHS there will be a guarantee that investment in primary, community and mental health care will grow faster than the growing overall NHS budget.

Working from guidance published in the last couple of days, SWYPFT now needs to develop/finalise its 2019/20 operating plan, the first draft of which needs to be submitted to NHSI by 12 February.

At the same time, our Integrated Care Systems (ICSs) need to develop their strategies for the next five years. These strategies will set out how they intend to take the ambitions set out in the NHS Long Term Plan and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve, building on the work they have already been doing. These plans will need to be published by the autumn of 2019.

Further work also needs to take place on the workforce plan and today it was announced that the Chief Executive of Leeds Teaching Hospitals Trust, Julian Hartley, has been asked to lead the national work on developing the NHS Workforce Implementation Plan over the next 10 weeks. This work will culminate in the development of an NHS Workforce Implementation Plan by the end of March 2019.

The social care green paper is still awaited, as are the financial settlements for future capital investment in the NHS, public health and health education, all of which are essential in order to deliver the ambitions set out in the Long Term Plan.

**Angela Monaghan, Chair**  
**17 January 2019**

Members' Council  
1 February 2019

<b>Agenda item:</b>	5.1
<b>Report Title:</b>	Chair's appraisal 2018
<b>Report By:</b>	Deputy Chair / Senior Independent Director
<b>Action:</b>	To receive / agree

### EXECUTIVE SUMMARY

#### Purpose

The purpose of this paper is to provide an update on the outcome of the Chair's appraisal process for 2018.

#### Recommendation

**The Members' Council is asked to RECEIVE the following report on the Chair's appraisal and based on the Chair's performance AGREE any progression along the incremental remuneration scale.**

#### Background

Good practice and Monitor's (now NHS Improvement) Code of Governance suggests that, led by the Senior Independent Director, the Non-Executive Directors should meet without the Chair at least annually to evaluate the Chair's performance, as part of a process, which should be agreed with the Members' Council, for appraising the Chair. The process for the Chair's appraisal was similar to that of previous years to enable all members of Trust Board and all governors to contribute, as well as a sample of stakeholders.

#### Process

There were 5 (five) strands to the process for 2018:

1. Facilitated by the Deputy Chair / Senior Independent Director, governors (Members' Council) were asked to assess the Chair's performance in an interactive session on 2 November 2018. *It should be noted that, although done as a group, each governor's response was entirely confidential and responses cannot be attributed to an individual.*
2. Directors (Trust Board) were asked to complete an online questionnaire.
3. Stakeholders (which included Chief Executive Officers of neighbouring NHS Trusts and Foundation Trusts, Clinical Commissioning Groups (CCGs), and Local Authorities were asked to complete an online questionnaire.

4. The Chair has undertaken a values based self-assessment, using the Trust's corporate appraisal framework.
5. The Deputy Chair / Senior Independent Director met with Non-Executive Directors, the Lead Governor, Chief Executive, and support staff to elicit their views on the Chair's performance.

#### Questionnaire Responses

- Governors – Out of 28 possible governor responses, 18 responded.
- Directors – Out of 14 possible responses, 12 responded.
- Stakeholders – Out of 14 possible responses, 6 responded.

This represents a good overall response.

The questionnaires to governors included a number of statements which respondents were asked to strongly agree / agree or disagree / strongly disagree, plus an opportunity to comment, in particular suggesting what the Chair could 'do more of' and 'do less of'. The form to directors and stakeholders focused on organisational values and competencies.

#### **Areas of considerable strength**

- The Chair has achieved a significant amount in her first year. She lives the values setting high standards for herself, the Board and the wider Trust.
- Is visible both internally and externally. Internally connecting with staff, volunteers, carers and service users. Externally she has worked hard at developing strong external relationships and is an effective ambassador, locally and regionally.
- An effective communicator with a strategic focus who has an open, supportive and positive manner and challenges effectively.
- Chairing meetings has an open style, encourages debate and summarises discussions well with authority and credibility.
- Promoted effective relationships between the Board and Members' Council.

#### **Do less of**

- Allowing Members' Council agendas to overrun, balancing governors' questions against the agenda.
- Focusing on the detail to allow time to focus on the bigger picture.

#### **Do more of**

- Strengthening knowledge of mental health and the wider strategic context.
- Bringing meetings to a timely conclusion.
- Continuing to be visible both internally and externally.
- Being aware of the impact she can make and adapting style appropriately.

#### Self-assessment

The self-assessment highlighted the significant work that the chair has done in her first year and reflected many of the positive comments and feedback that she had received from colleagues and Members' Council. It was recognised that she had made a really positive start, but that there was still much to do across the organisation.

## **Review of Objectives for 2018**

1. Work with other board members to set the strategic direction of the trust, ensuring that the necessary financial and human resources are in place for the trust to meet its strategic objectives and that performance is effectively monitored and reviewed.  
*Partially achieved*
2. Contribute to ensuring that the trust governance arrangements conform to best practice and meet statutory and regulatory requirements.  
*Partially achieved*
3. Engage positively and collaboratively in board / committee discussions, providing constructive challenge and influence to the trust executive management team and board colleagues.  
*Achieved*
4. Provide leadership to the member Council and board and ensure the development and effectiveness including conducting regular review and appraisal of governors and Non-Executive Directors (NEDs).  
*Achieved*
5. Support the trust to deliver financial sustainability and achieve a GOOD or better Care Quality Commission (CQC) rating.  
*Partially achieved*
6. Proactively promote and role model the values of the trust and demonstrate continuous commitment to delivering quality, diversity, engagement and inclusion for our staff and service users.  
*Achieved*
7. Build and support constructive, effective relationships with partners and stakeholders and be an ambassador for the trust.  
*Partially achieved, made significant impact in a short space of time but will continue to be an area of focus.*
8. Provide support and challenge to the Chief Executive, and regularly review the effectiveness against objectives, including annual appraisal.  
*Achieved*

### Outcome of appraisal

The Deputy Chair and Chair met on the 8 January 2019. The Chair was pleased with the content of the feedback and the following objectives for 2019, together with some personal development plans, were agreed.

## **Objectives for 2019**

1. Work with other Board members to set the strategic direction of the Trust, ensuring that the necessary financial and human resources are in place for the trust to meet its strategic objectives and that performance is effectively monitored and reviewed. Specifically to lead on the Board Development Programme.

2. Contribute to ensuring that the trust governance arrangements conform to best practice and meet statutory and regulatory requirements.
3. Engage positively and collaboratively in Board / committee discussions, providing constructive challenge and influence to the Trust Executive Management Team (EMT) and Board colleagues.
4. Provide leadership to the Members' Council and Board and ensure their development and effectiveness, including conducting regular review and appraisal of governors and Non-Executive Directors (NEDs) and action against the Members' Council development plan.
5. Support the trust to deliver financial sustainability and achieve a GOOD or better Care Quality Commission (CQC) rating.
6. Proactively promote and role model the values of the Trust and demonstrate continuous commitment to delivering quality, diversity, engagement and inclusion for our staff and service users, specifically improving the Workforce Race Equality Standard (WRES) scores of the Trust.
7. Build and support constructive, effective relationships with partners and stakeholders and be an ambassador for the trust.
8. Provide support and challenge to the Chief Executive, and regularly review their effectiveness against objectives, including annual appraisal. To specifically keep in focus the Chief Executive's dual role, as executive lead for the West Yorkshire and Harrogate Health and Care Partnership, and to manage this going forward.

### **Personal Development Plan**

- Strengthen knowledge and understanding of mental health.
- Board Development Programme (IHI Programme).

### **Remuneration**

At the Members' Council meeting on 2 November 2018, it was agreed that the incremental scale for the remuneration of the Chair remained in place (£42,420pa - £45,450pa - £47,975pa - £50,500pa - £53,025pa). Progression along the scale is based on the outcome of the annual appraisal. Based on the Chair's 2018 appraisal, it is recommended that the Chair progresses to the next level in the scale.

**Members' Council  
1 February 2019**

<b>Agenda item:</b>	<b>5.2</b>
<b>Report Title:</b>	Quality Account – Mandated & Local indicators
<b>Report By:</b>	Director of Nursing and Quality, on behalf of the Members' Council Quality Group
<b>Action:</b>	To agree

## **EXECUTIVE SUMMARY**

### Purpose

This paper has been produced to inform the Members' Council of the mandated and local indicators that have been recommended for data testing as part of the Quality Account requirements for 2018/19. The Members' Council will be asked to approve the recommendations.

### Recommendation

**The Members' Council is asked to:**

- **NOTE the proposed mandated indicators; and**
- **APPROVE the local indicator, as recommended by the Members' Council Quality Group.**

### Background

As part of the Quality Account process, there is a requirement for our External Auditors (Deloitte) to test data on two Mental Health mandated (reportable to NHS Improvement) Key Performance Indicators (KPIs) and one local indicator:

- **Mandated indicators** – quality account guidance states we are required to test:
  1. Early intervention in psychosis (EIP) – people experiencing a first episode of psychosis treated with a NICE – approved care package within two weeks of referral.
  2. Inappropriate out-of-area placements for adult mental health services.
- **Local indicator** - The local indicator has to be determined by the Members' Council. For 2018/19, the Members Council Quality Group recommends that the theme for the local indicator is physical health monitoring in mental health service users (as defined in CQUIN guidance).

*Members' Council Quality Group members: Tim Breedon, Karen Batty (Associate Director of Nursing, Quality & Professions), Jackie Craven, Andrew Crossley, Adrian Deakin, Nasim Hasnie, Carol Irving, Phil Shire, Jeremy Smith.*

# Quality Account 2018/19

## **Mandated & Local Indicators – recommendations to Members' Council**

1 February 2019



## **Quality Account – Mandated & Local Indicators**

### ***Requirement***

As part of the Quality Account process (2018-19) there is a requirement for our External Auditors (Deloitte) to test data on two mental health mandated (reportable to NHS Improvement) Key Performance Indicators (KPIs) and one local indicator.

### ***Mandated items***

The Mental Health mandated indicators eligible for testing were updated in 2017-18.

The updated indicators are:

1. Early intervention in psychosis (EIP) – people experiencing a first episode of psychosis treated with a NICE – approved care package within two weeks of referral.
2. Inappropriate out-of-area placements for adult mental health services.
3. Improving access to psychological therapies (IAPT) – waiting time to begin treatment (from IAPT minimum dataset) within 6 weeks of referral.

The way mandated items are selected has changed and is more in line with the acute trusts in that it is if you report the first one on a given list then you do this, but if you don't report the first indicator then you move to the second indicator, until you reach two indicators that you report. Therefore we will be testing items 1 & 2 from the list above, which remains the same as last year.

We have agreed dates with Deloitte to test this data.

There are no mandated items for our Community Health Services.

### ***Local indicator***

The local indicator has been determined by the Trusts Members' Council Quality sub-group.

For 2018/19, the Members Council Quality Group recommends that the theme for the local indicator is physical health monitoring in mental health service users (as defined in CQUIN guidance). We are in the process of liaising with Deloitte to confirm feasibility for testing.

We have tentatively agreed dates with Deloitte to test this data.

Members' Council  
1 February 2019

<b>Agenda item:</b>	<b>5.3</b>
<b>Report Title:</b>	Elections to the Members' Council
<b>Report By:</b>	Company Secretary
<b>Action:</b>	To receive

**EXECUTIVE SUMMARY**

Purpose and format

The purpose of this paper is to update the Members' Council on election process for 2019.

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 the Trust Board to stagger the terms of office for the governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year. A letter from the Chair of the Trust was sent to all governors on 7 January 2019 to advise the seats and dates for the process in 2019.

Elections 2019

Elections will be held for the following seats:

<b>Constituency</b>	<b>Number of vacancies</b>
Public – Barnsley	1 seat (Tariq Khan is retiring by rotation and is eligible for re-election)
Public – Calderdale	2 seats (Phil Shire is retiring by rotation and is eligible for re-election and 1 seat currently vacant)
Public – Kirklees	4 seats (Carol Irving and Jeremy Smith are retiring by rotation and are eligible for re-election, David Woodhead is retiring after his third and final consecutive term, and 1 seat currently vacant)
Public – Wakefield	1 seat (Bob Clayden is retiring by rotation and is eligible for re-election)

<b>Constituency</b>	<b>Number of vacancies</b>
Staff – Nursing Support	1 seat (Gemma Wilson is retiring by rotation and is eligible for re-election)
Staff – ( <i>Social care</i> ) Staff in integrated teams	1 seat (currently vacant)

### Election process

The Electoral Reform Services (ERS) manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution.

The timetable for the election is as follows:

- Nominations open on 1 February 2019.
- Nominations close on 1 March 2019.
- Candidates will be able to withdraw up to 6 March 2019.
- The election opens on 22 March 2019.
- Voting closes on 18 April 2019.
- Results declared on 23 April 2019.
- Terms of office begin on 1 May 2019 for three years.

The election process for publicly elected governors will be a mix of paper and electronic options. For staff governors, the process will be electronic for both the nominations and election stages.

Governors are asked to assist by talking 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, as well as promoting voting by members.

Members' Council  
1 February 2019

<b>Agenda item:</b>	5.4
<b>Report Title:</b>	Review of the Trust Constitution (including Standing Orders)
<b>Report By:</b>	Company Secretary
<b>Action:</b>	To support

## EXECUTIVE SUMMARY

### Purpose

The purpose of this paper is to support the proposal that the next review of the Trust's Constitution takes place at the end of Quarter 2 2019/20.

### Recommendation

**The Members' Council is asked to SUPPORT the proposal to review the Constitution (including the Standing Orders) and Scheme of Delegation at the end of quarter 2 2018/19.**

### Background

The Trust is required to have a Constitution in place that sets out how it is accountable to local people, who can become a member and what this means, the role of the Members' Council, how Trust Board and the Members' Council are structured and how Trust Board works with the Members' Council. It also contains a set of model rules that provide the basis for elections to the Members' Council. The Scheme of Delegation forms an appendix to the Constitution and describes the powers that are reserved to the Trust Board (generally those matters for which the Trust is accountable to the Secretary of State or to NHS Improvement) and any delegation of these functions to committees, directors or other officers of the Trust.

The Trust's Constitution is based on Monitor's (now NHS Improvement) Model Core Constitution (2014) and takes into account Monitor's Code of Governance for NHS Foundation Trusts (2014). Since the last update to the Trust's Constitution the new UK Corporate Governance Code (2019) has come into effect and guidance is awaited from NHS Improvement on when they plan to review their documents in line with this update. Integrated Care Systems (ICS) are being formed and the NHS Long Term Plan has also been published which may impact the Trust's Scheme of Delegation.

Historically the Trust has reviewed its Constitution every two years. The current version was approved by Trust Board in January 2017 and Members' Council in

February 2017 and therefore is now due for review. It is recommended that the review takes place at the end of quarter 2 2019/20 to take into account any changes required as a result of national guidance.

Members' Council  
1 February 2019

<b>Agenda item:</b>	5.5
<b>Report Title:</b>	Feedback from the Annual Members' Meeting 2018
<b>Report By:</b>	Company Secretary
<b>Action:</b>	To receive / discuss

## EXECUTIVE SUMMARY

### Purpose

The purpose of this paper is to provide feedback received on the Annual Members' Meeting (AMM) held on 17 September 2018 and discuss the planning for the meeting in 2019 including any potential themes.

### Recommendation

**The Members' Council is asked to RECEIVE the update and provide any further feedback to assist with planning for the AMM in 2019.**

### Background

At the AMM held on 17 September 2018 feedback was sought from attendees of the meeting. Following the meeting, feedback was also sought from governors and the Trust Board.

Areas of feedback received are below to assist in the planning for the next AMM. The location for the AMM is by rotation; the next meeting is due to be held in Wakefield and will be held on Monday 16 September 2019 in the Wellbeing & learning centre at Fieldhead, Wakefield. Times to be confirmed.

Positive feedback received included:

- Well organised.
- Venue - location was easy to get to.
- Catering.
- Showcase (see specific feedback below).
- Performance.
- Service user story.
- Presentation - content was good and clear.

Feedback received from people that had a stand as part of the Showcase included:

- Governor stand was an invaluable part of the AMM and governors were able to talk to a mix of people including NHS staff, Council representatives and service users.
- It was a pleasure and great to network with so many enthusiastic people.
- Thoroughly enjoyed meeting people and sharing our work.
- Wonderful way to have some meaningful conversations with Trust Directors and others to raise the profile of what we do.
- An important opportunity for the charity to get in front of members and influencers too so well worth the effort.

Areas for possible improvement included:

- Attendance - increase attendance by members.
- Accessibility - sound quality, including hearing feedback loop.
- Catering.
- Showcase - felt similar in terms of services that participated in previous years, would be good to have partner organisations, potentially reducing Showcase time to 1 hour (from 1.5 hours).
- Questions from the public - roving microphone to be available.
- Networking - potential to add an informal networking session at the end for 15 minutes.

A possible theme suggested for the AMM in 2019 is Children and Young People.

**Members' Council  
1 February 2019**

<b>Agenda item:</b>	<b>5.6</b>
<b>Report Title:</b>	<b>Governor engagement feedback</b>
<b>Report By:</b>	Company Secretary on behalf of governors
<b>Action:</b>	To receive

The following feedback was received from governors on events attended since the last Members' Council meeting on 2 November 2018 up to 14 January 2019 (note, this does not include Members' Council meetings):

<b>Name</b>	<b>Role</b>	<b>Events attended / feedback provided</b>
Bill Barkworth	Public Governor - Barnsley	➤ Members' Council Co-ordination Group 3 December 2018
Bob Clayden	Public Governor - Wakefield	<ul style="list-style-type: none"> <li>➤ 24.10.18 Creative Minds Collective meeting</li> <li>➤ 08.11.18 Arts in Health Leeds symposium</li> <li>➤ 10.11.18 West Yorkshire History Center - The Road to Recovery; 200 years of mental health care in the west riding</li> <li>➤ 30.11.18 Exhibition Opening, Arts Cafe Pontefract</li> </ul>
Jackie Craven	Lead Governor (Public Governor - Wakefield)	<ul style="list-style-type: none"> <li>➤ Members' Council Quality Group 9 November 2018.</li> <li>➤ Members' Council Co-ordination Group 3 December 2018: <ul style="list-style-type: none"> <li>• Feedback from Annual Members' Meeting 2018.</li> <li>• Membership on Members' Council groups.</li> <li>• Development plan action update.</li> <li>• Evaluating Members' Council effectiveness.</li> <li>• Members' Council agenda items for 1 February 2019 and future meetings.</li> </ul> </li> <li>➤ Trust Board 18 December 2018.</li> </ul>
Adrian Deakin	Staff Governor - Nursing	➤ Members' Council Quality Group 9 November 2018.
Lin Harrison	Staff Governor - Psychological Therapies	➤ Seconded into a new post as Suicide Prevention Project Manager, leading on the 5 year strategy for the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP). This is an Integrated Care System (ICS) approach to Suicide Prevention. The post is a secondment until the end of March 2019 in the first instance and Lin continues to working a day a week in her substantive post as a Psychotherapist at Baghill House.
Nasim Hasnie	Public Governor - Kirklees	➤ Members' Council Quality Group 9 November 2018.
Carol Irving	Public Governor - Kirklees	➤ Members' Council Quality Group 9 November 2018.



Name	Role	Events attended / feedback provided
Ruth Mason	Appointed Governor - Calderdale and Huddersfield NHS Foundation Trust	➤ Members' Council Co-ordination Group 3 December 2018
Phil Shire	Public Governor - Calderdale	➤ Members' Council Quality Group 9 November 2018.
Jeremy Smith	Public Governor - Kirklees	➤ Members' Council Quality Group 9 November 2018.

There were no emails received for governors via the governor email address ([Governors@swyt.nhs.uk](mailto:Governors@swyt.nhs.uk)) between 1 October 2018 and 14 January 2019.

A large decorative graphic in the center of the slide. It features a white circular area in the middle, surrounded by a pattern of blue brushstrokes that form a larger, irregular circular shape. The brushstrokes are of varying lengths and directions, creating a textured, artistic effect.

# **Estate Strategy update**

**Members' Council  
1 February 2019**

# Trust Estate Strategy

- Trust Board approved the Estates Strategy in 2012 (10 years plan).
- Estates Strategy was developed with our P21 partner at the time, Wilmott Dixon, and involved Service Managers, Clinicians, Service Users and Carers.
- 3 key aims of the Strategy:
  - Modernisation of Inpatient areas
    - investment in bedded estates
  - Development of the Community infrastructure
    - formation of community hubs based on agile working and de-stigmatisation to support care closer to home
  - Disposal of properties surplus to requirement
    - Selling properties and land no longer required
- Underpinning this are programmes: ensuring Health, Safety and Fire compliance; environments are clean; backlog maintenance is reduced; and the estate offers best value.

# Estate Strategy headlines

- Capital Spend (excluding IT) 12/13 to 18/19 = approximately £65m
- Major capital Spend 12/13 to 18/19 = approximately £47.33m
- Disposal of Surplus Estate 12/13 to 18/19 = £9.23m
- Planned Disposal of Surplus Estate 19/20 onwards = £6.55m
- Lease Termination (releasable revenue) 12/13 to 18/19 = £1.2m
- Backlog maintenance: Zero high risk and total backlog reduced by approximately 66%

# Future plans for next 5 years

- The forward plan recognises capital expenditure over the next 5 years is likely to be less than previous years

## Estate Strategy being refreshed and priorities moving forward include:

- Continued investment in Barnsley estate
- Maintain spend on all areas of compliance – levels of compliance costs increasing e.g. fire prevention
- Ligature reduction – costs of ligature work increasing
- Backlog maintenance – more complex estate to manage e.g. en-suite bedrooms
- Investment in bedded estate – updating and modernisation continues on a smaller scale
- Review of Priestley and Dales
- North Kirklees Hub (One Public Estate Solution may be needed)
- Staff Call System in Inpatient Areas
- Disposal of surplus estate



**South West  
Yorkshire Partnership**  
NHS Foundation Trust

**With all of us in mind.**

Members' Council annual work programme 2019

Agenda item/issue	Feb	May	Aug	Nov
<b>Standing items</b>				
Declaration of interests	x	x	x	x
Minutes and matters arising	x	x	x	x
Chair's and Chief Executive's report and feedback from Trust Board	x	x	x	x
Governor engagement feedback	x	x	x	x
Integrated performance report	x	x	x	x
<b>Trust Board appointments</b>				
Appointment/Re-appointment of Non-Executive Directors <i>(if required)</i>	x	x	x	x
Ratification of Executive Director appointments <i>(if required)</i>	x	x	x	x
Review of Chair and Non-Executive Directors' remuneration (process and timescales)			x	
<b>Annual items</b>				
Evaluation / Development session (to follow main meeting)	x			
Local indicator for Quality Accounts	x			
Annual report unannounced/planned visits		x		
Care Quality Commission (CQC) action plan		x		
Private patient income (against £1 million threshold)		x		
Annual report and accounts			x	
Quality report and external assurance			x	
Customer services annual report			x	
Serious incidents annual report			x	
Strategic meeting with Trust Board				x
Trust annual plans and budgets, including analysis of cost improvements				x

<b>Agenda item/issue</b>	<b>Feb</b>	<b>May</b>	<b>Aug</b>	<b>Nov</b>
<b>Members' Council Business</b>				
Members' Council elections	x	x		
Chair's appraisal	x			x
Review and approval of Trust Constitution	x			
Consultation / review of Audit Committee terms of reference		x		
Holding Non-Executive Directors to account		x		
Members' Council Co-ordination Group annual report			x	
Members' Council Quality Group annual report			x	
Appointment of Lead Governor		x	x	
Members' Council meeting dates and annual work programme				x
<i>Review and approval of Membership Strategy (next review due April 2020)</i>				
<i>Appointment of Trust's external auditors (next due in August 2020)</i>				
<i>Members' Council objectives (next due in November 2020)</i>				
<b>Other items</b>				
Priority programme update		x		x
Other agenda items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.	x	x	x	x