

Members' Council

Friday 1 November 2019

9.00am (with lunch provided at 12.15pm). This will be followed by the annual Joint Trust Board & Members' Council meeting from 12.45 to 2.30pm

Large conference room, Wellbeing & learning centre, Fieldhead, Ouchthorpe Lane, Wakefield, WF1 3SP

Item	Time	Subject Matter	Presented by		Action
	9.00am	Arrival and networking			
	9.10am	Pre-meeting (Governors ONLY)			
1.	9.30am	Chair's appraisal (Governors ONLY)	Charlotte Dyson, Deputy Chair & Senior Independent Director / Emma Jones, Company Secretary	Paper and interactive session	Interactive session
2.	10.30am	Welcome, introductions and apologies	Angela Monaghan, Chair	Verbal item	To receive
3.	-	Declaration of Interests	Angela Monaghan, Chair	Verbal item	To receive
4.	-	Minutes and actions of the previous meeting held on 3 May 2019 and 2 August 2019	Angela Monaghan, Chair	Paper	To agree
5.	10.45am	Chair's report and feedback from Trust Board and Chief Executive's comments	Angela Monaghan, Chair	Paper Verbal item	To receive
			Rob Webster, Chief Executive		
6.	11.05am	<u>Trust Board appointments</u> 6.1 Chair and Non-Executive Directors' remuneration	Jackie Craven, Lead Governor / Alan Davis, Director of HR, OD & Estates	Paper	To agree

Item	Time	Subject Matter	Presented by		Action
7.	11.15am	Members' Council business items			
		7.1 Governor appointment to Members' Council groups	Jackie Craven, Lead Governor / Angela Monaghan, Chair	Paper	To agree
		7.2 Governor attendance at Members' Council meetings	Angela Monaghan, Chair	Verbal item	To receive
		7.3 Process for appointment of external auditors	Mark Brooks, Director of Finance	Paper	To agree
		7.4 Governor engagement feedback	Emma Jones, Company Secretary	Paper	To receive
8.	11.45am	Performance Report Quarter 2 2019/12. <i>There will be a presentation of the key issues. Full performance reports are available in Trust Board papers and on the Trusts website under: About us > Our performance > Performance reports</i>	Mark Brooks, Director of Finance	Presentation	To receive
		- Focus on - Creative approaches to wellbeing and recovery	Debs Teale, Staff Governor	Presentation	To receive
9.	12.10pm	<u>Closing remarks, work programme, and dates for 2019/20 & 2020/21</u>	Angela Monaghan, Chair	Paper and verbal item	To receive
		- Work programme 2019 (attached)			
		- Draft work programme 2020 (attached)			
		- Friday 31 January 2020 (Barnsley) - 9.30am-14.30pm, Legends Suite, Barnsley Football Club, Grove Street, Barnsley S71 1ET			
		- Members' Council 1 May 2020 (Kirklees) - 12.30-16.30pm, Textile Centre of Excellence, 5 Red Doles Lane, Huddersfield, HD2 1YF			
		- Members' Council 31 July 2020 (Calderdale) - 12.30-16.30pm, venue to be confirmed.			
		- Members' Council 30 October 2020 (Wakefield) - 9.30am-14.30pm, Large conference room, Wellbeing & learning centre, Fieldhead, Ouchthorpe Lane, Wakefield, WF1 3SP			
	12.15pm	Lunch provided and networking			
	12.45pm	Joint Trust Board / Members' Council meeting (details in a separate programme)			
	2.30pm	Close			

Minutes of the Members' Council meeting held on 3 May 2019
Textile Centre of Excellence, Huddersfield

Present:	Angela Monaghan (AM)	Chair
	Neil Alexander (NA)	Public – Calderdale
	Kate Amaral (KA)	Public – Wakefield
	Bill Barkworth (BB)	Public – Barnsley
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Andrew Crossley (AC)	Public – Barnsley
	Adrian Deakin (AD)	Staff - Nursing
	Stefanie Hampson (SH)	Appointed – Staff side organisations
	Lin Harrison (LH)	Staff – Psychological Therapies
	Dr Nasim Hasnie OBE (NH)	Public – Kirklees
	Lisa Hogarth (LHo)	Staff – Allied Healthcare Professionals
	Carol Irving (CI)	Public – Kirklees
	Adam Jhugroo (AJ)	Public – Calderdale
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust
	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
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Debs Teale (DT)	Staff – Nursing support
	Paul Williams (PW)	Public – Rest of South and West Yorkshire
In attendance:	Rob Adamson (RA)	Deputy Director of Finance (attending for MB)
	Laurence Campbell (LC)	Non-Executive Director
	Ashley Hambling (AH)	HR Business Manager (attending for AGD)
	Emma Jones (EJ)	Company Secretary (author)
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Dr Subha Thiyagesh (SThi)	Medical Director
	Rob Webster (RW)	Chief Executive
	Salma Yasmeen (SY)	Director of Strategy
Apologies:	<u>Members' Council</u>	
	Marios Adamou (MA)	Staff – Medicine and Pharmacy
	Paul Batty (PB)	Staff - Social care staff working in integrated teams
	Daz Dooler (DD)	Public – Wakefield
	Faith Heptinstall (FH)	Appointed - Wakefield Council
	Hannah Jackson (HJ)	Public – Kirklees
	John Laville (JL)	Public – Kirklees
	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
	Debby Walker (DW)	Staff - Non-Clinical Support Staff
	Mike Walker (MW)	Public – Kirklees
	<u>Attendees</u>	
	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance & Resources (from agenda item 6 onwards)
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Carol Harris (CH)	Director of Operations
	Sam Young (SYo)	Non-Executive Director

MC/19/08 Welcome, introduction and apologies (agenda item 1)

Angela Monaghan (AM), Chair, welcomed everyone to the meeting including newly elected governors Debs Teale, Adam Jhugroo, Keith Stuart-Clarke, re-elected governors Phil Shire, Carol Irving, Jeremy Smith, Bob Clayden, and a newly appointed governor Trevor Lake. The apologies as above were noted. There were no members of the public in attendance.

MC/19/09 Members' Council business items (agenda item 2)

Members' Council elections 2019 - results (agenda item 2.1)

AM reported that the paper provided an update on the outcome of the election process for 2019. An updated paper with additional governors who had been elected since the paper was distributed was tabled at the meeting. All 34 seats on the Members' Council are now filled which is a testament to the engagement and diversity. We look forward to working with you.

It was RESOLVED to RECEIVE the update.

MC/19/10 Declarations of interest - annual declarations (agenda item 3)

AM reported that the paper provided information regarding the declarations made by governors on their interests. An updated paper with additional declarations received since the paper was distributed was tabled at the meeting.

Neil Alexander (NA) asked what UKAAN stood for. Rob Webster (RW) commented that it was a network that provided support to practitioners. AM will confirm.

Action: Angela Monaghan

NA asked what S.M.A.S.H. Society stood for. Lin Harrison (LH) commented that it was a lived experience peer support network.

It was RESOLVED to NOTE the individual declarations from governors and to CONFIRM the changes to the Register of Interests.

MC/19/11 Minutes of and matters arising 1 February 2019 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the Members' Council meeting held on 1 February 2019 as a true and accurate record. The following matter arising was discussed:

- MC/18/34 regarding governor service visits - NA commented that the actions from 1 April 2018 seemed to be taking a long time to organise. Bob Clayden (BC) commented that other trusts hold walk-arounds with NEDs as a good way to engage with them as well as services. Carol Irving (CI) commented that it was important for governors to be more visible in the Trust, to be there if service users, carers or staff members wanted to talk to them, as the wellbeing of staff can determine the quality of the care. NA commented that he did not feel he had any practical experience of the services the Trust provides and suggested that an access point either through arranging a meeting or going to an existing meeting could provide governors with a broader context of what the Trust does practically and how it impacts on people. AM commented that the Trust agreed and recognised it was an area important to governors. The issues had been the time taken to coordinate visits and some of the pressures in staff teams which is why it has not been advanced to date. RW commented that there were potentially three opportunities where governor could be involved. The first was quality monitoring visits against the five Care Quality Commission (CQC) domains with the NEDs taking part. The second were Patient Led Assessments of the Care Environment (PLACE) inspections which had been postponed for a period due awaiting updated national guidance. The third could be bespoke meetings.

ACTION: Emma Jones / Tim Breedon / Alan Davis

Stefanie Hampson entered the meeting.

MC/19/12 Chair's report and feedback from Trust Board and Chief Executive's comments (agenda item 5)

Chair's report and feedback from Trust Board

AM commented that a written report had been included in the meeting papers and provided an update on the Trust Board meeting held on 30 April 2019 with governors LH, NH and JS in attendance. The meeting was a business and risk meeting with a lot of governance matters on the agenda including statutory items to close for 2018/19, performance, which will be updated under agenda item 8, and updates on strategies. AM asked the governors who attended if they would like to provide any comments.

LH commented that she welcomed discussion on quality in relation to community services as sometimes it can be focussed on inpatient areas.

NH commented that it was a forward thinking and looking meeting.

NA commented that he was increasingly concerned about the lack of feedback on the Integrated Care Systems (ICSs) and the role of governors to hold Non-Executive Directors (NEDs) to account and people that attend meetings of the ICSs. NA felt that, although the ICSs are voluntary partnerships, reading the Memorandum of Understanding (MoU) for the West Yorkshire Mental Health Services Collaborative (WYMHSC) there does not seem to be any way of the Trust leaving the ICS and he would have liked to have held the NEDs to account for this decision. He was also not aware of any feedback given to governors in the build up to this decision. AM commented that there is a presentation in relation to the ICSs under agenda item 8 for today's meeting and that ICSs are not organisations, they are collaborative working arrangements. RW commented that the Trust is not a "subsidiary of the ICS". As an organisation the Trust has said that it wants to work together with people on things that are of common interest. Sometimes when we want to make decisions collectively, we have a board committee of our organisation that meets with the other trusts as Committees in Common (C-in-C), and just like any committee of the Trust Board they report into the Board. Examples of the benefits of working together include how we are working in partnership to reduce suicide, and how we are collaborating on reducing out of area beds so people aren't sent out of area. These are in the MoU and decisions may need to come back to the Trust Board or another meeting held in public. NA commented that if the ICS creates bureaucracy, the Trust might want to come out of it and there is nothing in there for a process to leave. RW commented that the MoU is not a legally binding agreement which means we can leave the arrangement should we wish to do so. NA commented that people were being paid money and making budgetary decisions in the ICSs. RW commented that if they were budget decisions they would be made in public. NA commented that he had attended a meeting where governors were told they would be given feedback and involved with four paid lay member roles and he had written a letter to them in respect of that. Salma Yasmeen (SY) commented that the presentation under agenda item 8 may assist with explaining the ICSs further and also a presentation under agenda item 10 demonstrates some of the work we have done collaboratively. RW commented that feedback was provided through the reports and discussion at every Trust Board meeting, which governors are encouraged to attend. They are also included in The Brief monthly communication to staff, which is sent to governors, and an update provided as part of the annual joint Trust Board and Members' Council meeting. There is a Partnership Board which will start to meet in June 2019 which will be chaired by a local authority Councillor and vice chaired by a chair of an NHS organisation. The Trust's members on the Partnership Board are the Chair and Chief Executive and it includes the chairs and leaders of Councils, Health and Wellbeing Boards, and the four co-opted members who are remunerated as lay members. NA commented that the engagement of governors is important in holding NEDs to account. RW commented that in relation to NED involvement it would be AM as a member of the Partnership Board and also as Chair of the WYMHSC C-in-C.

AM commented that the points about the need for engagement raised previously had been noted and the presentation under agenda item 8 was in response to this. The ICSs were discussed at every public board meeting under standing agenda items and the MoU was put through detailed scrutiny by the NEDs before it was approved.

Chief Executive's comments

RW commented that his report was included in the public papers for the Trust Board meeting held on 30 April 2019 and described the external context and the time of year as "the apex of busyness". There are additional pressures to make services safe in a potential 'no deal' Brexit, accounting processes are being finalised for reporting 2018/19 to the regulators, and there were 19 papers on the Trust Board agenda that were in relation to governance and accountability. Work is taking place to meet the Mental Health Investment Standard and in the medium term every Clinical Commissioning Group (CCG) has to work with GPs to create primary care networks (PCNs) that operate in their geography to be in place by 1 July 2019.

BC asked, in relation to the Mental Health Investment Standard, how much would be received by the Trust and local authorities. RW commented that he felt there was a reasonable split for 2019/20 which may not have been the case previously. Sean Rayner (SR), Director of Provider Development is the lead for the Mental Health Network in Wakefield and the commissioners have asked the providers how they think it should be allocated, which was felt to lead to a better and fairer allocation.

Keith Stuart-Clarke (KSC) asked if there is anything specific for veterans who may not wish to talk to someone outside of services. RW commented that the Trust had worked with voluntary groups to provide peer support. In 2019/20 there would be a West Yorkshire based service for psychiatric support for veterans and it was an area that could be looked at further, including that it was known that veterans were more likely to end up homeless. SR commented that the Trust was signed up to the Armed Forces Covenant in each district and that the majority of staff in Barnsley had been through a course to provide specific skills to work with veterans. LH commented that she works in Psychological Services and if someone wanted to access the service for Post-Traumatic Stress Disorder (PTSD) they would be prioritised, which is the Armed Forces Covenant in action. In relation to peer support there was a great group in Calderdale which was started through Creative Minds and they had just received a small investment for 2019/20.

CI commented that she would like the communication pathway looked at in relation to services users who do not attend appointments and reassurance that service users won't be told via a letter that they are being discharged from Trust services. An inquest identified that a service user who did not attend an appointment with a counsellor received a letter that they had been discharged. RW commented that he had not seen the details of the inquest but it was important that the Trust communicates with services users effectively. Any areas of concern from inquests would be fed back through the Clinical Governance & Clinical Safety Committee and assurance on this specific case would be sought from Tim Breedon, Director of Nursing & Quality.

ACTION: Tim Breedon

MC/19/13 Trust Board appointments (agenda item 6)

MC/19/13a Non-Executive Director re-appointment (agenda item 6.1)

NA asked if Trust Board members in attendance could leave the room to discuss the item except for the Chair. The Chair agreed.

All Directors, Non-Executive Directors, and staff in attendance left the meeting except for the Chair and EJ.

Jackie Craven (JC) reported that the recommendation from the Nominations Committee reflected the discussion of the skills required on the Trust Board and succession planning for Non-executive directors. AM added that it was the role of the Members' Council to appoint the Chair and NEDs and to agree their remuneration and that the Nominations Committee was the Committee that makes the recommendations to the Members' Council on the appointments. The paper detailed background information, considerations at the Nominations Committee, and the case for re-appointment.

NA commented that Chris Jones (CJ) was eminently suitable for the position. However when a NED leaves the Trust Board on a formal basis the process should be to appoint by selection and if not it should be stated by what that means they have been recommended for appointment. He felt that within the report, where it states that for the previous two NEDs there was a specific intention to recruit someone with financial experience and neither of them had it, was news to him and he had been on the governor discussion panel as part of the selection process. Paul Williams (PW) commented that he had been part of the governor discussion panel and felt that there had been robust conversations through the process and verbally the panel knew. LH commented that she had been on another discussion group and it had been included in the information received. AM confirmed that the recruitment pack had made clear we were seeking someone who was both financially qualified and had senior financial experience.

NA commented that he felt there had been nothing in writing and that the Trust had failed to appoint someone with a financial background. All other NED appointments had gone through a process and it felt CJ was being incidentally appointed. NA asked whether or not there was legal consideration given to not going through a selection process.

Phil Shire (PS) asked for clarification that CJ stood down in 2018 for health reasons and outside work pressures. AM commented that CJ resigned from the Trust Board for personal reasons and had no other employment currently. Under normal processes the Trust would go out to a open recruitment process, however, for pragmatic and financial reasons, the recommendation was to re-appoint. as it is very clear the Board needs an additional NED with a financial background.

Stefanie Hampson (SH) commented that, if it was in relation to a staff member, from a staff side point of view, you wouldn't be able to re-appoint someone who left the organisation into their previous role, it would need to be advertised. While CJ was a good NED, other candidates may be the same or better.

BC commented that presumably CJ had already been through the rigorous process and was therefore already selected. The concern would be in relation to health and whether the Trust would be putting him at any risk. AM outlined CJ's previous health condition and that he has stated that he was fit to work again. Emma Jones (EJ) confirmed that he had completed an Occupational Health check as part of the due diligence checks.

NH commented that as a member of the Nominations Committee these issues had been raised and discussed in detail, including equality of opportunity and the recommendation is what was concluded after lots of consideration. However there may be concerns in relation to the precedent it could set.

AM commented, in relation to the NED recruitment process in 2018, the Trust had specifically sought someone with financial expertise. Through the process only one candidate with financial expertise was shortlisted and , following interview, it was decided to appoint two candidates who did not have a financial qualification. In relation to the re-appointment, the Trust has sought advice from NHS Providers who confirmed that there was nothing in the NHS Code of Governance to prevent Trusts from reappointing the NED and the Trust's Constitution was silent

on whether it was possible to have a gap between terms. She reiterated that CJ had been through an open recruitment process when appointed in 2015.

BC asked if CJ had not resigned would he have continued as a NED. AM commented that, had he sought reappointment at the end of his first term in 2018, it is likely he would have been recommended for re-appointment.

NA commented that he did not feel the process had been conducted in accordance with the Equality Act and Employment Act.

Ruth Mason (RM) provided assurance that the Nominations Committee had given the recommendation a lot of thought and consideration acting on behalf of the full Members' Council. The recommendation was debated by the Nominations Committee for a length of time and it was felt that, if he had not resigned due to serious illness, he would have been recommended at that time for re-appointment.

Debbie Newton (DN) commented that her concern was also in relation to legal aspects and potential reputational damage. If the process was taking place at her organisation it would go out to advert and we would recruit again through the process.

LH commented that this discussion was a great example of governors holding to account. She thanked the Nominations Committee and understood the reasons for the recommendation. However she felt that the reputation of the Trust would be damaged if not put out to an open recruitment process.

Governors requested that the recommendation be put to a vote.

NA commented that if the recommendation was supported he would raise formally with Charlotte Dyson, as Senior Independent Director, the role of the Nominations Committee and also that it has not been through an open recruitment process.

AM reiterated that CJ had been through an open recruitment process when appointed in 2015, his first term came to the end in 2018 and he would have been recommended for re-appointment at that time.

Trevor Lake (TL) asked for clarification of whether the recommendation was for appointment, not a re-appointment. AM commented that the recommendation was for re-appointment for a second term.

A vote took place of the governors present and the recommendation was not supported.

It was RESOLVED to NOT SUPPORT the recommendation from the Nominations' Committee to re-appoint Chris Jones as a Non-Executive Director.

All Directors, Non-Executive Directors, and staff returned to the meeting in attendance.

AM advised those in attendance that the recommendation had not been supported.

MC/19/14 Members' Council business items (continued) (agenda item 7)

MC/19/14a Process for the appointment of Lead Governor in August 2019 (agenda item 7.1)

AM reported that the current Lead Governor's appointment in this role ends on 31 July 2019. The paper outlined the current process in place for appointment for review.

NA asked what would happen if no-one put a self-nomination forward. AM commented that the process would start again seeking self-nominations.

It was RESOLVED to REVIEW and SUPPORT the process for the appointment of a Lead Governor. It was noted that, following this review, self-nominations would then be requested from publicly elected governors for consideration by the Nominations Committee at its meeting on 18 July 2019. The Nominations Committee would then make a recommendation for appointment to the next Members' Council meeting on 2 August 2019.

MC/19/14b Governor attendance at Members' Council meetings (agenda item 7.2)

AM reported the paper outlines a proposed process for reviewing governor attendance at Members' Council meetings and removing governors on the grounds of non-attendance if required, in accordance with the Trust's Constitution.

NA commented that any governor should be given an opportunity to talk to the full Members' Council regarding their non-attendance. BC commented that they would still be a governor at that point and could therefore come to any meeting. AM commented that, if it should occur, then the governor concerned would be informed that the item was on the agenda and that they would be able to attend and represent themselves as part of the discussion.

It was RESOLVED to SUPPORT the proposed process for reviewing governor attendance at Members' Council meetings, and removing governors on the grounds of non-attendance if required.

MC/19/14c Members Council Group Annual Reports 2018/19, including update to Terms of Reference: Members' Council Co-ordination Group and Members' Council Quality Group (agenda item 7.3)

AM reported that the annual reports provide assurance to the full Members' Council that the groups are meeting their terms of reference and outlines the work undertaken for the period 1 April 2018 to 31 March 2019. The Terms of Reference had also been reviewed with minor amendments made to reflect the current membership and to ensuring consistency between the terms of reference of each group.

It was RESOLVED to RECEIVE the annual reports for 2018/19 and APPROVE the updated Terms of Reference for the Members' Council Co-ordination Group and Members' Council Quality Group.

MC/19/14d Nominations Committee Annual Report 2018/19, including update to Terms of Reference (agenda item 7.4)

AM reported that the annual report provides assurance to the full Members' Council that the Nominations Committee was meeting their terms of reference and outlines the work undertaken for the period 1 April 2018 to 31 March 2019. The Terms of Reference had also been reviewed with amendments made to reflect the current membership and attendance to ensure consistency with the terms of reference of other committees.

NA asked what the term of membership was for the Nominations Committee. EJ commented that, as agreed by the Members' Council on 2 November 2018 in relation to governor appointment to groups, the term of membership on a group for any new members was three years, unless a governor wished to stand down from a group, or was not re-elected / re-appointed as a governor on the Members' Council. This was to allow for consistency of membership. AM commented that the terms could be added to the terms of reference.

Action: Emma Jones / Angela Monaghan

NA commented that he did not understand why governors could not be in attendance. AM commented that the Nominations Committee discussed confidential matters. Any recommendations from the Nominations Committee for decision come to the full Members' Council and the Minutes were publically available.

It was RESOLVED to RECEIVE the annual report for 2018/19 and APPROVE the updated Terms of Reference for the Nominations Committee.

MC/19/14e Review of Audit Committee Terms of Reference (agenda item 7.5)

AM reported that, from the annual review of the Audit Committee Terms of Reference, some minor updates had been incorporated including member's names and further areas recommended for action by the Internal Auditors as part of their internal audit on governance in 2018/19, which received 'significant assurance' overall. These had been considered by the Audit Committee on 9 April 2019 and formally approved by Trust Board on 30 April 2019. The role of the Members' Council in relation to audit is the appointment of the Trust's external auditors. The current external auditors are Deloitte who present on the audit of the Trust Annual Report and accounts to the Members' Council annually in August.

It was RESOLVED to NOTE and CONSIDER the updates to the Terms of Reference for the Audit Committee.

MC/19/14f Update of the Scheme of Delegation (agenda item 7.6)

AM reported that the update to the Scheme of Delegation included any improvements identified, clarification of roles, and general updates since the last review in 2017. The full Scheme of Delegation was included in the papers with the recommended changes highlighted using track changes. This update was approved by the Trust Board on 30 April 2019 with some further minor points of clarification, which included an updated reference to innovation and change, an update to the name of the quality strategy, changing the Equality & Inclusion Forum to a Committee, NHSLA is now called NHS resolution, and that the Charitable Funds Committee is a committee of the Corporate Trustee.

NA asked if the Equality & Inclusion Committee (EIC) would be accessible to governors in the same way that other committees might be. AM commented that the committees of the Trust Board are not held in public, however the Minutes are publically available.

NA asked how the governor attendee at the Equality & Inclusion Committee was appointed. RW commented that originally the Trust wanted to have a Forum to recognise and support our equality and diversity work. As part of that we said we must make use of the governors and have a governor attend to assist us in being accountable. NH commented that at the time the Trust Board started taking a lot of interest in quality, including "e" for equality. There was a national push for equality in the NHS and the Chair at the time took an interest and there was a meeting facilitated by the Trust. The Chair at the time recognised the contributions NH had made through his Doctorate and invited him to be in attendance at the Equality & Inclusion Forum and then, through his input to the Forum, he was invited to be a member.

AM commented that as the Forum had now changed to a Committee, only directors of the Trust Board could be formal members, but that a governor would still be invited to be in attendance. AM advised that she would check the process that took place under the previous Chair and bring a proposal back to the next Members' Council regarding governor representation on the EIC.

Action: Angela Monaghan

NA commented that he felt all governors should have access to the committee.

It was RESOLVED to APPROVE the updates to the Scheme of Delegation as set out in the paper.

MC/19/14g Governor engagement feedback (agenda item 7.7)

AM reported that the paper had been compiled from information provided by governors on events they have attended. The item continues to be a standing item on the Members' Council

agenda as an opportunity for governors to formally feedback on the events they have attended and for other governors to ask them questions.

PS commented that there were two items from the discussion at the NHS Governor Regional Workshop held in Leeds for further consideration. These were walkabouts to visit services and the possibility for governors to have a separate meeting without Directors present, and suggested that the Members' Council Co-ordination Group consider these and possibly bring a proposal back to the next Members' Council meeting. Bob Clayden (BC) commented that the separate governor meetings may be difficult in terms of timing and believe they had been tried in the past and not been well attended. AM will place it as an agenda item on the MCCG.

Action: Emma Jones / Angela Monaghan

AM thanked the governors for all the engagement they had been involved in.

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

MC/19/15 Integrated Performance Report Quarter 4 2018/19 and Focus on Integrated working and Integrated Care Systems (ICSs) (agenda item 8)

Integrated Performance Report Quarter 4 2018/19

The key messages from the Integrated Performance Report were presented by Laurence Campbell (LC), Dr Subha Thiyagesh (SThi) and RW in relation to quality, Ashley Hambling (AH) in relation to workforce, and Rob Adamson (RA) in relation to finance. Governors were reminded that full Integrated Performance Reports (IPRs) are available in Trust Board papers and on the Trust's website.

LHa commented, in relation to safer staffing numbers, if it could be clear that it did not include community staff. SH commented that safer staffing also did not include Allied Health Professionals. RW commented that the workforce planning was based on all staffing requirements and this year (2019/20) would include safer staffing for community staff. CI asked if it included Admiral Nurses. SH commented that most of them work in community services so they would not be included.

Adam Jhugroo (AJ) asked, in relation to the Friends and Family Test (FFT) for Mental Health Services, how many people made up the 95% who would recommend mental health services. RW commented that it would be 95% of those who have responded. AM commented that detailed information was included in the full IPR. AJ commented that, in relation to Child and Adolescent Mental Health (CAMHS) in Calderdale, the response is not as high. RW commented that the numbers had improved and indicated that people who use the service like it in comparison to those who were waiting to access services.

PS asked, in relation to the deficit budget, whether the Trust would be able to borrow money. RA commented that the deficit would normally come from cash reserves, however because the Trust had achieved the deficit target for 2018/19, an additional £4.7m was provided from national funds, which meant the Trust was reporting a surplus. The reason it is represented this way is to show the underlying position which helps to show whether the Trust was sustainable.

KSC asked if the Trust owned NHS property and, if it was sold, what happens to the money received. RA commented that for property owned by the Trust it comes back to the Trust, however due to historical arrangements it was not always that clear. Generally the sale of NHS property goes back into the Trust for reinvestment into NHS services. The Trust would reinvest this in the current estate, technology or services in order to make improvements.

LHo asked if there was any financial impact from Interserve on the Trust. RA commented that the redevelopment work at Fieldhead in Wakefield was due to be completed soon, so it had not impacted the Trust and the risk had been well managed. LH asked if it would impact any future

projects. RA commented that the market place had changed which would impact everyone going forward. RW commented that the Trust's experience working with Interserve has been generally positive.

LHo asked who will be responsible for the CAMHS project. RW commented that it would be Leeds Community Healthcare NHS Trust as the lead for CAMHS.

NH asked how the overspend on the agency cap will be funded. RA commented that it was a cost pressure that the Trust had been able to deliver within the overall budget. The Trust had received some additional contribution from commissioners on areas such as out of area placements and there were also some one-off provisions.

NA commented that the financial position felt positive for a deficit budget. RA commented that what was reported was the year end position up to 31 March 2019 and it did remain a challenging position. Some of the pressures experienced in-year would continue and the Trust would need to find ongoing solutions. LC commented that the Trust still had a deficit budget and that is what has been able to be achieved.

CI asked what the Trust was doing in response to the push by the government for more care in the community. RA commented that the money the Trust was receiving was to support the estate and investing into new, more modern and appropriate buildings which will support some of that. RW commented that it was important to note that the Trust had not reduced the bed numbers for mental health services.

SH asked what understanding commissioners had about the requirements of services. RW commented that, in relation to out of area placements, this was part of the reason why the Trust asked an external organisation to look at what was needed and a joint plan has been agreed with commissioners to work together to reduce the numbers. Sometimes when commissioners retender services it can be for a lower financial envelope, which can cause pressures. Going forward the solution was about joined up care and collaboration.

Focus on Integrated working and Integrated Care Systems (ICSs)

The key messages from the work taking place in the Integrated Care Systems (ICSs) were presented by RW. This was an area identified at a previous Members' Council meeting requiring further information.

BC asked how governors should describe the ICSs if people ask. RW commented that it is what people have asked for, joining up care because it had been difficult to navigate services.

PS asked if it would have an impact on social care. RW commented that it should provide a positive impact because services will be working together at a local level and across the places.

NA commented that some Councils were good at dealing with their local area and sometimes harmonising best practice can stifle innovation.

CI commented that it was important to educate people to help themselves and bring people together.

MC/19/16 Care Quality Commission (CQC) – update on our inspection and annual report unannounced/planned visits (agenda item 9)

Due to time constraints this item was not presented. Hardcopies of the presentation were provided to governors.

MC/19/17 Strategy and priority programme update (agenda item 10)

Due to time constraints this item was not presented. Hardcopies of the presentation were provided to governors.

MC/19/18 Closing remarks, work programme, and dates for 2019 (agenda item 11)

AM thanked the governors for their attendance and input.

Meeting feedback

A hardcopy form was available for governors should they wish to provide feedback on the meeting, which would also be circulated electronically.

Work programme

The work programme for 2019 was included with meeting papers for noting.

Dates for 2019/20

The dates for the Members' Council meetings in 2019-20 held in public were noted as follows:

- 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:

Minutes of the Members' Council meeting held on 2 August 2019
The Shay Stadium, Halifax

Present:	Angela Monaghan (AM)	Chair
	Neil Alexander (NA)	Public – Calderdale
	Bill Armer (BA)	Appointed - Kirklees Council
	Bill Barkworth (BB)	Public – Barnsley
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Andrew Crossley (AC)	Public – Barnsley
	Adrian Deakin (AD)	Staff - Nursing
	Daz Dooler (DD)	Public – Wakefield
	Stefanie Hampson (SH)	Appointed – Staff side organisations
	Lin Harrison (LHa)	Staff – Psychological Therapies
	Dr Nasim Hasnie OBE (NH)	Public – Kirklees (from agenda item 4.2)
	Lisa Hogarth (LHo)	Staff – Allied Healthcare Professionals
	Carol Irving (CI)	Public – Kirklees
	Ros Lund (RL)	Appointed - Wakefield Council
	Adam Jhugroo (AJ)	Public – Calderdale
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust
	John Laville (JL)	Public – Kirklees
	Ruth Mason (RM)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Phil Shire (PS)	Public - Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Debs Teale (DT)	Staff – Nursing support
	Paul Williams (PW)	Public – Rest of South and West Yorkshire
In attendance:	Laurence Campbell (LC)	Non-Executive Director
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Mike Doyle (MD)	Deputy Director Nursing & Quality (for Tim Breedon)
	Emma Jones (EJ)	Company Secretary (author)
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
	Mark Brooks (MB)	Director of Finance & Resources
	Carol Harris (CH)	Director of Operations
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Sam Young (SYo)	Non-Executive Director
	Caroline Jamieson (CJa)	Manager Audit & Risk Advisory, Deloitte (for agenda item 7.2)
Apologies:	<u>Members' Council</u>	
	Marios Adamou (MA)	Staff – Medicine and Pharmacy
	Kate Amaral (KA)	Public – Wakefield
	Paul Batty (PB)	Staff - Social care staff working in integrated teams
	Hannah Jackson (HJ)	Public – Kirklees
	Debika Minocha (DM)	Public – Wakefield
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Chris Pillai (CP)	Appointed – Calderdale Council
	Nicola Sumner (NS)	Appointed - Barnsley Council
	Barry Tolchard (BT)	Appointed – University of Huddersfield
	Debby Walker (DW)	Staff - Non-Clinical Support Staff
	Mike Walker (MW)	Public – Kirklees
	<u>Attendees</u>	
	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Dr Subha Thiyagesh (SThi)	Medical Director
	Rob Webster (RW)	Chief Executive

MC/19/19 Welcome, introductions and apologies (agenda item 1)

Angela Monaghan (AM), Chair, welcomed everyone to the meeting including newly appointed governors from partner organisations Cllr Bill Armer replacing Cllr Richard Smith as the appointed governor representing Kirklees Council, Cllr Ros Lund replacing Cllr Faith Heptinstall as the appointed governor representing Wakefield Council, and Cllr Nicola Sumner who was not in attendance replacing Cllr Caroline Saunders as the appointed governor representing Barnsley Council. The apologies as above were noted. There were two members of the public in attendance including one staff member.

Jackie Craven (JC) declared an interest in the following agenda item.

Jackie Craven left the room.

MC/19/20 Members' Council business items (agenda item 2)

MC/19/20a Appointment of Lead Governor (agenda item 2.1)

AM reported that the paper outlined the process that had taken place and recommendation from the Nominations' Committee on the appointment.

NA commented that as JC was the only nomination received he was concerned that there was not the structure in place where anyone who does not have the appropriate spare time would be able to put themselves forward. The Trust contributes financially to the West Yorkshire & Harrogate Health & Care Partnership (WY&HH&CP) where they have paid lay members who represent the public. He felt the role of Lead Governor was sufficiently important and should not be down to a procedure where it was down to the person who had the spare time, which is nothing against JC. He asked whether within NHS requirements if there was a possibility of enhancing the role. AM noted the comments which could be raised in discussion of the future process. Trevor Lake (TL) commented that, within Monitor's guidelines, governors cannot be remunerated for the role.

PS asked that as JC's current term of office as a governor was only until 30 April 2020, would another process need to take place for a Lead Governor after that date. AM commented that the recommendation was to appoint to that time and prior to that the next process would be discussed. NA asked if JC would be able to re-stand. AM commented that the process for future appointments would be discussed through the Nominations' Committee. NA asked if JC was re-elected as a governor would she be able to put herself forward again. AM commented that she could not be re-appointed as Lead Governor before re-election.

AM requested that the recommendation be put to a vote. A vote took place of the governors present and the recommendation was supported.

It was RESOLVED to CONSIDER and AGREE the recommendation from the Nominations Committee to appoint of Jackie Craven as Lead Governor until the end of her current governor term on 30 April 2020.

Jackie Craven returned to the room.

The Chair advised JC that the recommendation was supported.

MC/19/21 Declaration of Interests (agenda item 3)

AM reported that the paper provided information regarding additional declarations made by governors on their interests since the Members' Council meeting held on 3 May 2019. Two additional declarations were received since the paper was distributed from the following:

- Bill Armer (BA) - No interests declared.

- Ros Lund (RL) - Councillor for Wakefield Council.

Jeremy Smith (JS) asked if there were circumstances where an entry can be updated. AM commented that if any declarations changed, notification needs to be provided.

It was RESOLVED to NOTE the individual declarations from governors and to CONFIRM the changes to the Register of Interests.

MC/19/22 Minutes and actions of the previous meeting held on 3 May 2019 (agenda item 4)

The following amendments were requested to the draft Minutes of the Members' Council meeting held on 3 May 2019

- Carol Irving (CI) - page 4 update the wording of her comment that she would like the communication pathway looked at in relation to services users who do not attend appointments and reassurance that service users won't be told via a letter that they are being discharged from Trust services. CI commented that she would raise further comments under agenda item 8i as she thinks it should be set in stone that these letters are not sent out before the person is spoken to face to face.
- Lin Harrison (LHa) - page 9-10 should be LHa in first paragraph and then Lisa Hogarth (LHo).
- LHo - Page 9 add the word financial to her question regarding whether there was any impact from Interserve on the Trust.
- Stefanie Hampson (SH) - page 5 update to the wording of her comment to say that you wouldn't be able to re-appoint someone who left the organisation into their previous role.

Action: Emma Jones / Angela Monaghan

AM commented that the draft Minutes would be revised and brought back to the next meeting for consideration.

NA asked if the re-appointment of Non-Executive Director (NED) should be updated to an appointment. AM commented that the Minutes accurately reflected the item that was discussed. The paper from the last meeting was recommending a re-appointment and when asked to clarify at that meeting it was re-confirmed. NA commented that he had written a separate letter requesting clarification regarding the NED appointment and was hopeful that he would get a response.

Adrian Deakin left the room.

AM clarified a point raised in previous meeting feedback, that when Trust Board attendees were using their iPads during the meetings it was to view the meeting papers electronically.

The following matters arising were discussed:

- MC/19/11 Minutes of and matters arising 1 February 2019 (MC/18/34 regarding governor service visits) & MC/18/27f Governor engagement feedback (service visits) - AM commented there was a paper under agenda item 4.2 regarding opportunities available for governors to visit services. In relation to Patient Led Assessment of the Care Environment (PLACE) inspection, governors had been invited to attend training and an additional date to those in the paper had been scheduled for Monday 2 September 9.30am-11.30am. In relation to Quality Monitoring Visits (QMV) which followed Care Quality Commission (CQC) inspection, they would commence once a new action plan is agreed and governors will be required to get a Disclosure & Barring Service (DBS) check to take part. Governors may also request bespoke visits to services in their constituency and the Trust would seek to arrange these. If there was

scope for more than one governor to attend bespoke visits the information would be circulated. If governors could please send their requests to the Membership Office to then pass on to the relevant team.

NA commented that he thought governors were not supposed to take a clinical role and if the inspection included making a judgement on clinical aspects it seemed not really within the remit of governors. Carol Harris (CH) commented that as part of QMV it would be useful to have a non-clinical view and participants who were not clinicians would not be asked to give a clinical opinion.

PS commented that he thought it was a great step forward and thanked the Trust for getting them set up. He felt it would give governors a role in the quality monitoring of the services and the role needs to be determined by what participants could bring, noting that governors who did not have clinical expertise would not be asked to give a clinical opinion.

LHa commented as a member of staff she appreciated the Trust making it happen and also the governors willing to give their time, as it was important to keep the floor to board connection.

Bob Clayden (BC) commented that he already had a DBS check that was linked to the Trust. AM commented that if it was already linked to the electronic renewal service the Trust should be able to access the details.

NA provided an example if he went to The Dales and looking at how service users are treated in a certain way he might think that it was not right even if they were appropriately treated as he did not have any formal training to understand whether there is or isn't a formal process in place that was appropriate.. CH commented that an example might be during a conversation with a service user they said that they did not know what their care plan was. That feedback would be useful for the Trust to know as it might be that they have the appropriate care plan in place, however it hadn't been sufficiently communicated and non-clinical feedback in that perspective would be good.

Debs Teale (DT) commented that if participants saw something that they were not sure about it would be an opportunity to ask and learn. If she went into a service she would ask both the service users and staff members.

- MC/19/12 Chair's report and feedback from Trust Board and Chief Executive's comments (discharge letters) - Mike Doyle (MD) commented that concerns arose through the investigation of a service incident where sadly a service user took their own life following a letter regarding their discharge. MD assured governors that the staff always attempt to have face to face contact before discharge to explain the options available to keep the door open on an individual basis. A detailed investigation was completed and from that modification will be made to some of the templates used and the approach taken. MD will meet with CI to look at this further. Daz Dooler (DD) commented that it might be the intention of the Trust that all service users have face to face contact, however it was not happening and service users were getting letters regularly being discharged. CI commented that the communication needed to be more robust using different means of technology and understanding of how to best communicate with people in crisis.

Action: Mike Doyle/Carol Irving

Adrian Deakin returned to the room.

AM commented that the concerns had been heard and would be followed up and any feedback from that to come to a future meeting. MD commented that he would be keen to hear any feedback. LH commented that staff knew that letters should always be used

as an absolute last resort, and when used they try to word it so that it leaves the door open.

- MC/19/14g Governor engagement feedback (governor only pre-meetings) - AM commented that this was considered by the Members' Council Co-ordination Group and a question was included on the Members' Council meeting feedback form to allow all governors to indicate if they would be interested in the scheduling of governor only pre-meetings prior to Members' Council meetings. If it was requested, the Trust would facilitate the scheduling of governor only pre-meetings.

MC/19/21a Governor representation on the Trust Board Equality and Inclusion Committee (agenda item 4.1)

AM reported that a paper had been prepared following a matter arising at the last meeting (MC/19/14f Update of the Scheme of Delegation) regarding how a governor had been originally appointed to the previous Trust Board Equality & Inclusion Forum and whether that should go through a further process now that the Forum has changed to a Committee. AM outlined the information within the paper.

NA commented that it was an important point of principle as there were a lot of governors who had an interest and lived experience in respect of equality and inclusion. He commented that he had nothing against Dr Nasim Hasnie (NH), however none of the other governors had the opportunity to put themselves forward. NH has been appointed all the way through and he felt there were a lot of governors who were interested and would like the opportunity to present themselves for consideration in that respect. He felt it would be entirely appropriate to open it to all and not just have the same person appointed by someone who was not a governor, who had chosen them from the very start, and have not gone through any process. He noted that NH was also on the Nominations' Committee and if the aim was to try to get as many governors as possible to join as many of their groups as possible he felt it set a bad precedent and that he felt the Nominations Committee' tended to support their own members.

AM commented that the item was not in relation to the Nominations' Committee. In the past there had been no formal process for appointing governors and as part of the new process, agreed by the Members' Council in November 2018, existing governor members on groups were able to stay until the end of their current term. NA commented that he raised the issue that there should be some ability of governors to put themselves forward, rather than one governor being there all along. He felt that governors should agree and go with the process that it be open to all governors to nominate themselves to be appointed.

SH asked for clarification that if NH remained as the governor attendee to the end of his current governor term in April 2020, that even if he was re-elected as a governor, all governors would still have the opportunity to then put themselves forward. AM confirmed this was correct.

AM commented that the comments were acknowledged and requested that the recommendation be put to a vote. A vote took place of the governors present and the recommendation was supported.

It was RESOLVED to CONFIRM that, in order to provide continuity, Dr Nasim Hasnie remains in attendance at the Trust Board Equality & Inclusion Committee until the end of his governor term of office on 30 April 2020, and that a process to appoint a representative to the committee be undertaken prior to 30 April 2020, in accordance with the agreed procedure for appointing governors to sub-groups and committees.

Dr Nasim Hasnie entered the meeting.

MC/19/21b Governor visits to services (agenda item 4.2)

This paper outlined the opportunities available for governors to visit services and was discussed under matters arising.

MC/19/23 Chair's report and feedback from Trust Board and Executive Director comments (on behalf of Chief Executive)

Chair's report and feedback from Trust Board

AM commented that a written report had been included in the meeting papers. The report covered items discussed at Board meetings as well as meetings attended by the Non-Executive Directors (NEDs) to recognise the work taking place. The report highlighted that the Trust's Constitution was due for review and would include the review of associated documents including the Code of Conduct for Governors. A facilitated workshop would be set up to provide all governors with the opportunity to feed into the review.

Action: Emma Jones

An update was provided on the Trust Board meeting held on 30 July 2019 with governors JL and KSC in attendance. The meeting was a business and risk meeting where the following were discussed:

- Board Assurance Framework (BAF) and Corporate/Organisational level Risk Register (ORR) were reviewed to ensure the right mitigations were in place and also some areas realigned to the fourth strategic objective to 'Make SWYPFT a great place to work'.
- Updates were given on the two Integrated Care Systems (ICSs), with a lot of collaborative work taking place in the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP).
- The Integrated Performance Report (IPR) with an update provided under agenda item 8 and the full report available on the Trust website.
- An update was provided on the Estate Strategy which was due to run to 2022, however the good news was that all planned projects had been completed with the opening of the Unity Centre so that Strategy would be reviewed and updated, including an environmental sustainability strategy.
- An annual update on progress against the Equality Strategy.
- In the private session of Trust Board, the Board discussed areas that were considered commercial in confidence in relation to risk, financial position and performance, serious incidents, an update on care closer to home work to reduce the number of out of area beds and improve the whole pathway, business developments in each ICS, and receive the minutes of any private partnership boards.
- There was also a Corporate Trustee for charitable funds meeting.

AM commented that the governor development session on understanding NHS Finance, which was originally scheduled for this meeting, would be rearranged to a later date.

Action: Emma Jones / Angela Monaghan

LHo asked if there would be staff involvement in the update to the Estate Strategy. AGD commented that it would involve service users, carers and staff which was how the current Strategy was developed. SH commented that staff side were quite heavily involved.

DT commented in relation to the opening of the Unity Centre, she had been involved in coordination of the decoration with involvement from service users.

PS commented that under the items discussed in the private session of Trust Board on 25 June 2019, it included the approval to progress an application to lead a provider collaborative for a forensic new care model and asked if this was the main way business development would be taking place rather than through tender processes. MB commented that it was one way and there would still be tenders for specific services. However where there are opportunities to collaborate these would be explored and in relation to the forensic new care model it was a national process where providers were asked to form a collaborative rather than manage the services individually.

NA asked, in relation to the review of Trust Constitution and the facilitated workshop, if there would be a limit to how many could attend. AM confirmed that there would be no restriction. NA asked if there was a Code of Conduct for Directors and if it was on the website. EJ commented that, as part of the appointment and then annually, there were declarations that were reported to Trust Board which included a Declaration of Interests, Fit and Proper Persons, and for NEDs there was an additional Declaration of Independence, however there was not a specific document called the Code of Conduct for Directors. AGD commented that there was a national Standard of Business Conduct that has been in place for a long time and it was in all senior manager and executive directors' contracts. The CQC looked at Fit and Proper Persons and the skills and composition of the Board as part of their well-led element of their inspection. Erfana Mahmood (EM) commented as a NED that there were several elements, including legislation, the requirements of Monitor (now NHS Improvement), the service contract, and the Nolan Principles. NA commented that governors did not get to see NEDs' service contracts. AM commented that those points would be taken on board and the information would be made available to be viewed by governors.

Action: Angela Monaghan/Emma Jones

Executive Director's comments

AGD commented that the Chief Executive's report was included in the public papers for the Trust Board meeting held on 30 July 2019 and highlighted the following:

- There was a new Prime Minister and cabinet changes taking place, however Matt Hancock had remained the Secretary of State.
- There was a ramping up around a potential 'no deal' Brexit to ensure nationally that stock was in place and to provide assurance to staff and service users in relation to plans.
- The NHS interim people plan was published with the full plan to be agreed later in the year. There are five key areas which are consistent with the Trust's workforce plan and engagement and listening events had been taking place with staff around improving leadership culture, addressing workforce shortages including nursing, delivering 21st century care, and developing a new operating model for workforce planning.
- The CQC had provided their draft inspection report and a factual accuracy check was taking place.
- A lot of work was taking place in relation to bidding for contracts, with an example being the Barnsley Stop Smoking service where the Trust was the provider. It went out to tender, a bid was put in and the Trust was successfully awarded the new contract. AM commented that work was taking place to look at how governors could be kept more up to date with contracts and tenders. MB commented, in terms of contract opportunities, there had been some additional funding nationally which all trusts have to bid for in order to receive a share. LHo asked if the Trust would need to radically change the Barnsley Stop Smoking service under the new contract. MB commented that there were some changes but not particularly radical. AM commented that this was a good point as sometimes when the Trust was successful in a bid to retain a service it did not mean that there were not changes requested under a new contract.

Angela Monaghan asked the Lead Governor to preside over the meeting as the chair for the next two items. Jackie Craven took the chair.

MC/19/24 Trust Board appointments (agenda item 6)

MC/19/24a Review of Chair and Non-Executive Directors' remuneration - process and timescales (agenda item 6.1)

AGD reported that the paper outlined the current process which is used every year. The Trust is a participant in the NHS Providers' Annual Remuneration Survey as part of national benchmarking. The results of this would be used as the basis of reviewing whether the current remuneration was appropriate and an analysis and comparison is done by the Nominations'

Committee, who would then make a recommendation to the full Members' Council on any changes.

NH commented that he supported the established procedure as it currently exists as the annual review was considered in line with national salaries. Any recommendation would be based on this annual review for a decision to then be made.

NA asked what difference was there to the process used before the Nominations' Committee used the survey as a basis of a review. AGD commented that the Trust had previously used external consultants, as there was not any benchmarking data available at the time. When external consultants are used there is a cost, which is one of the reasons why NHS Providers ask the trusts to submit their data so judgements can be made and external consultants were not needed. It was an objective process which was evidence based, justifiable, fair and appropriate. NA asked if the benchmarking information was subjective. AGD commented the benchmarking information comes from what Chair and NEDs are actually paid by NHS Organisations and broken down by region, speciality, and whether the organisations were a trust or a foundation trust. The Nominations' Committee might look at the average nationwide, then compared to northern trusts, and what it looked like compared to trust of a similar speciality.

JC requested that the recommendation be put to a vote. A vote took place of the governors present and the recommendation was supported.

It was RESOLVED to REVIEW and SUPPORT the process for the review of the Chair and NED remuneration.

MC/19/24b Non-Executive Director appointment (agenda item 6.2)

The paper provided an update on the Non-Executive Director (NED) recruitment and recommendation from the Nominations' Committee on the appointment.

BC asked, if the recommended candidate was successful, if they would be starting their terms of office again as a new Director. AGD commented that the recommendation for appointment was additionally for three years and then there could potentially be a second three years subject to the agreement of the Members' Council.

NA commented that following on from the previous Members' Council meeting he had written specific questions to various directors in relation to probity in relation to the previous process of appointing a NED. He advised that the reason he wrote those questions, which were very specific, was to ensure governors have confidence in the process of appointment and the Nominations' Committee and that governors also have the reputation of the Trust enhanced in respect of other bodies. He felt every single one of those six questions was left unanswered, was not responded to by the appropriate people and they were given plenty of time. He advised that it will be nine weeks when the Chief Executive returns from leave since he requested a meeting with him in respect of concerns of not having specific questions answered. He also wrote to EJ to say it was inappropriate to appoint a person when governors hadn't received answers in relation to questions and have not had an opportunity to discuss these with the Chief Executive. He felt it was unfair to the recommended candidate and that anyone involved in this including the executive should rethink their handling of this. He commented that he wrote specific questions that were not accusatory and wanted to demonstrate probity and he did not think that that the lack of response was appropriate and therefore he requested that the recommendation be put back to the next Members' Council meeting. He commented that it was nothing to do with the recommended candidate's ability.

Charlotte Dyson (CD) commented that the communications to which NA was referring were not on the agenda for discussion in the meeting. She advised that she had received a letter from NA and, as Senior Independent Director, had replied. NA commented that CD had not responded and he had replied back and underlined the questions and anyone reading would

understand that. He commented that it was disingenuous of CD to respond to that and all CD did was get MB to issue a general context response, which he felt was poor.

SH asked, in relation to the paper, whether there has been a recruitment process that the recommended candidate had been through. JC confirmed that the recommended candidate did apply and has gone all the way through the recruitment process. AGD added that the role was open to national advert and subject to applicants having a financial qualification. It went through the full recruitment process as used previously.

LHa commented that there had been a healthy and robust debate at the last Members' Council meeting where it was felt that the recommendation to re-appoint wasn't robust. Now that she knows it has been through a robust process that she and other governors were a part of she felt really encouraged and reassured as a member of the Members' Council.

TL commented that this was a good example of how governors can challenge back when not comfortable with a process and consequently a good process has been gone through. He felt the Trust should be assured and that he would be comfortable to move to approval on those grounds.

NA commented that he 100% agreed with LHa and TL that the process this time has been absolutely correct and how it should be and that governors can be confident in that respect. The update however did not reflect an acceptance that there were things worthy of review of how it was handled before. He commented that he was happy with the recommended candidate who was an excellent choice, however he just wanted to expect that this should not happen again.

JC requested that the recommendation be put to a vote. A vote took place of the governors present and the recommendation was supported.

It was RESOLVED to RECEIVE the update and APPROVE the recommendation from the Nominations' Committee to appoint Chris Jones as a Non-Executive Director for a period of 3 years, with effect from 5 August 2019.

Angela Monaghan resumed the chair.

MC/19/25 Members' Council business items (continued) (agenda item 7)

MC/19/25a Governor appointment to Members' Council groups (agenda item 7.1)

AM reported that the paper outlined the process that had taken place and recommendation from the Members' Council Co-ordination Group on the appointment.

AM requested that the recommendation be put to a vote. A vote took place of the governors present and the recommendation was supported.

It was RESOLVED to CONSIDER and AGREE the recommendation from the Members' Council Co-ordination Group to appoint Phil Shire to the Members' Council Quality Group.

Jackie Craven left the room.

Debs Teale left the room.

MC/19/25b Annual Report and accounts 2018/19 and Quality Account 2018/19 (agenda item 7.2)

MB reported that in 2018/19 the Trust met all of its financial targets and all submissions of the Annual report and accounts, including the Quality Account, were made on time to the regulators.

A detailed process takes place internally including a review of the accounts by the financially qualified Non-Executive Director and chair of the Audit Committee, Laurence Campbell, with comments taken into account. Some of the documents from the final Annual Report, accounts and Quality Account were within the meeting papers, including the Annual Governance Statement, which the Chief Executive signs as assurance that the Trust has a sound set of controls in place. The Annual Report, accounts and Quality Account will be reported to the Annual Members' Meeting in September 2019 and are available on the Trust's website.

Jackie Craven returned to the room.

Debs Teale returned to the room.

The key messages from the audit of the Annual Report and accounts including the Quality Account were presented by Caroline Jamieson (CJa).

Lisa Hogarth left the room.

PS asked in relation to the benchmarking data if it was only in comparison to other organisations that Deloitte was auditing. An example was in relation to profitability compared to other benchmarked mental health trusts, which showed that the Trust was not profitable. MB commented that historically mental health providers had typically performed better and it was in some acute providers where there were deficits. In the last few years, the Trust had moved from a very healthy financial position to being less healthy. Some of this is due to the fact that the Trust operates on a block contract and needed to absorb annual cost increases on a declining income base, as well as incurring higher costs for out of area bed placements. Particularly notable is that income which has been lost was from the loss of services which were profitable and this has a higher impact on the Trust's margins.

Lisa Hogarth returned to the room.

PS asked how bad the deficit would need to be before the auditor said the Trust was not sustainable and not doing enough in relation to its finances. MB noted that the Trust has a healthy cash balance and is generating a surplus once provider sustainability funding (PSF) is taken into account. MB commented that in the first instance the responsibility sits with the Trust Board and NHS Improvement as the Trust's regulator. A lot of work was taking place with the regulators to agree what the financial sustainability plan will be.

NH asked, in relation to the block contract, if there were elements that were not profitable. MB confirmed there were. NH asked if this placed the Trust at risk. MB commented that when the national PSF money is included the Trust was profitable.

NH commented that within the audit report on the Quality Account there were areas that were rated as 'satisfactory' and asked if that meant they required improvement. CJa commented that the reason they are coloured in blue within the report is that a difference had been identified, although it was one or two differences which were very minor and did not change the overall position, otherwise they would all have been green. The areas that are rated as 'N/A' for not applicable are where the auditors are not required to give an opinion. NH suggested it be changed to not required rather than not applicable.

NA asked, in relation to the significant risk traffic lights, what benchmark was placed on the template which shows that everything is perfect, and how was it estimated that everything was overly prudent or perfect. CJa commented that the external audit process was more to do with looking at the overall control environment and identifying any errors. When doing testing there were some areas that the Trust had over provided and therefore it was not rated as green. Judgements were on the prudent side and the green circle is part of the audit report template used by Deloitte and knowledge gained over the years. Through the audit it was found that there were not really any errors and the judgement is taken on the management as a whole.

JL asked if the savings were in this financial year or cumulative. MB commented that in summary every year the Trust has to make a level of saving in order to achieve its financial target and there may be an increase in costs such as pay. Some areas of saving may be non-recurrent and the recurrent and non-recurrent are separated. An example of non-recurrent may be in relation to training where the Trust may decide to hold off on spending for a period of time as a one off saving to meet the target. An ongoing area where the Trust is focussing on is in relation to the use of out of area beds which cost a lot of money and might not be good for service users and carers. The Trust would not re-report savings made in other years. He will cover this off in more detail at the finance training session.

AM reminded governors that the development session on understanding NHS finance would be re-arranged.

It was RESOLVED to RECEIVE the Annual Report, accounts and Quality Account for 2018/19 including the auditor's report.

MC/19/25c 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 continues to be a standing item on the Members' Council agenda as an opportunity for governors to formally feedback on the events they have attended and for other governors to ask them questions. In addition, LHo and PW had requested to provide feedback on the national governor conference they attended.

The key messages from the national governor conference were presented by LHo and PW, highlighting that a lot of good work was taking place by the Trust to support the Members' Council and membership, with potential future areas for focus being the BAME community and young members as well as governor networking.

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

MC/19/26 Integrated Performance Report Quarter 1 2019/20 and Focus on suicide prevention (agenda item 8)

MC/19/26i Focus on - suicide prevention (agenda item 8i)

The key messages from the work taking place in the region were presented by MD and LHa. This was an area identified at a previous Members' Council meeting requiring further information.

CI commented, in relation to her recent comments around letters dismissing service users from services, that the communication pathway needed to be reviewed as some people did not always know how to communicate their feelings. She would like it to be set in stone that letters are not sent out and that staff try to communicate and find out what it is that people need, as it can help save lives.

NA commented that he thought the strategy was very good and covers what needs to be focussed on. However the figures on prevention only went up to 2017 and that was because the figures since then are very disappointing and the strategy has not had an impact on the suicide rate. NA asked, in relation to North Bridge, what the improvements were. LHa commented that the improvements were not finished. Highways England had to have full engineering assessments and to ensure that any changes are effective and based on research. NA commented that the work did not appear to be joined up as notices can attract some people. LHa commented that this was why the 'messages of hope' was a contentious issue. NA commented that they needed to be mindful as they could be displaced and go to other areas. LHa commented that assurance has been provided by Highways England that they are looking at other areas.

SH commented that she heard on the news about potentially making first aid in mental health training more widely available and asked if it was part of the strategy. MD commented that this was one of the areas that would be looked at as part of a learning needs analysis. It was provided locally within the Trust. LHa commented that, as part of a meeting with Yorkshire Ambulance staff, the Trust identified some bespoke training may be needed. SH asked if the Trust would be able to provide their training to external agencies. MD commented that it may be possible as part of the collaborative partnerships.

DD commented that he did not feel the installation of nets would stop suicide and the reasons behind why people take their own life needed to be looked at such as access to or the cost of access to services. Nationally the Trust needed to get together with other trusts. MD commented that it formed part of a presentation by the Debt Support Service.

AM suggested that governors could continue the conversation during the break.

MC/19/26 Integrated Performance Report Quarter 1 2019/20 (agenda item 8)

The key messages from the Integrated Performance Report were presented by Laurence Campbell (LC), Mike Doyle (MD) in relation to quality, Mark Brooks (MB) in relation to finance, and Alan Davis (AGD) in relation to workforce. Governors were reminded that full Integrated Performance Reports (IPRs) are available in Trust Board papers and on the Trust's website.

PS commented, in relation to CAMHS, it appears that less than a third of children referred are seen within 18 weeks and asked if there were problems in the service such as capacity or if it was masking a much larger problem, such as services in schools. CH commented that it was all of those issues. In Calderdale and Kirklees there was less of a wait, however in Barnsley and Wakefield it was significantly greater. In Calderdale and Kirklees the Trust works with voluntary providers and referrals are triaged and where support can be provided outside of specialist CAMHS, people will be signposted. A specific change programme has been identified in CAMHS and will focus on Barnsley and Wakefield first. It includes looking at the combination of pathways which are not currently where they should be both within our services and others, that some jobs are challenging to recruit to, and there are some issues where the demand is higher than the Trust service is currently commissioned to provide. AM commented that it was an area that could be looked at in further detail by the Quality Group.

Action: Tim Breedon

LHo commented in relation to the collection of data for the Friends and Family Test (F&FT) whether different technology could be used such as a text message so that people can answer the question later. MD commented that other media and devices could be looked at.

Action: Tim Breedon

AJ asked how many people responded to the F&FT from the percentage given. AM commented that the detail was in the full IPR and would be included in the future presentations to the Members' Council.

Action: Tim Breedon

LHo asked who looked at the information within staff appraisals. AGD commented that, for the performance indicator, managers are asked for a return of when it was completed, and other information should be fed up through management arrangements such as training needs analysis. The Trust would be piloting an e-appraisal system which may provide further analysis.

NA commented that inappropriate out of area bed days had steadily decreased but is still RAG rated red and asked why the level was set so low and why other statistics weren't. MB commented that, in relation to out of area beds, there was a three-year trajectory and the reason the target was so challenging in comparison to some others is that it was a significant financial and quality risk to the Trust. Some other targets are set nationally.

JL commented that the agency cost did not bear any relation to the inefficiency of having those staff. MB agreed but added that a lot of the Trusts agency staff were longer term as they were roles that the Trust couldn't easily recruit to. AM noted that there was a quality element as well as financial.

AJ asked in relation to the use of restraint and admissions under the Mental Health Act, whether they were monitored in relation to BAME service users. He asked if the number could be represented differently as it did not reflect how many people it included and what proportion from those communities were detained. AM commented that it was an area that could be looked at in further detail by the Quality Group, including what metrics should be presented as part of the performance update at Members' Council meetings.

Action: Tim Breedon

MC/19/27 Holding Non-Executive Directors to account - annual session (agenda item 10)

The governors held an interactive 'speed-dating' session with the Non-Executive Directors to hold them to account in their role on the Trust Board.

MC/19/28 Customer Services and Serious Incidents Annual Reports 2018/19 (agenda item 9)

Due to time constraints this item was not presented. Hardcopies of the presentation were provided to governors prior to the meeting.

MC/19/29 Closing remarks, work programme, and dates for 2019/20 (agenda item 11)

AM thanked the governors for their attendance and input.

Meeting feedback

A hardcopy form was available for governors should they wish to provide feedback on the meeting, which would also be circulated electronically.

Work programme

The work programme for 2019 was included with meeting papers for noting.

Dates for 2019/20

The dates for the Members' Council meetings in 2019-20 held in public were noted as follows:

- Monday 16 September 2019, Annual Members' Meeting (Wakefield) - afternoon meeting, 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.
- Friday 31 January 2020 (Barnsley) - 9.30am-2.00pm, Legends Suite, Barnsley Football Club, Grove St, Barnsley S71 1ET.

Signed:

Date:

MEMBERS' COUNCIL 2 AUGUST 2019 – ACTION POINTS

 = completed actions

Actions from 2 August 2019

Minute ref	Action	Lead	Timescale	Progress
MC/19/22 Minutes and actions of the previous meeting held on 3 May 2019	<p>The following amendments were requested to the draft Minutes of the Members' Council meeting held on 3 May 2019</p> <ul style="list-style-type: none"> ➤ Carol Irving (CI) - page 4 update the wording of her comment that she would like the communication pathway looked at in relation to services users who do not attend appointments and reassurance that service users won't be told via a letter that they are being discharged from Trust services. CI commented that she would raise further comments under agenda item 8i as she thinks it should be set in stone that these letters are not sent out before the person is spoken to face to face. ➤ Lin Harrison (LHa) - page 9-10 should be LHa in first paragraph and then Lisa Hogarth (LHo). ➤ LHo - Page 9 add the word financial to her question regarding whether there was any impact from Interserve on the Trust. ➤ Stefanie Hampson (SH) - page 5 update to the wording of her comment to say that you wouldn't be able to re-appoint someone who left the organisation into their previous role. 	AM/EJ	1 November 2019	Complete. Updated draft Minutes of the Members' Council meeting held on 3 May 2019 on agenda for approval at the Members' Council meeting on 1 November 2019.
	Re: MC/19/12 Chair's report and feedback from Trust Board and Chief Executive's comments (discharge letters) - MD will meet with CI to look at this further.	MD/CI		Complete. MD and CI discussed at the Members' Council meeting on 2 August 2019.

Minute ref	Action	Lead	Timescale	Progress
MC/19/23 Chair's report and feedback from Trust Board and Executive Director comments (on behalf of Chief Executive)	The report highlighted that the Trust's Constitution was due for review and would include the review of associated documents including the Code of Conduct for Governors. A facilitated workshop would be set up to provide all governors with the opportunity to feed into the review.	EJ		Complete. Workshop scheduled for 9 December 2019.
	AM commented that the governor development session on understanding NHS Finance, which was originally scheduled for this meeting, would be rearranged to a later date.	EJ/AM		Complete. Development session scheduled for 14 November 2019.
	NA asked if there was a Code of Conduct for Directors and if it was on the website. EJ commented that, as part of the appointment and then annually, there were declarations that were reported to Trust Board which included a Declaration of Interests, Fit and Proper Persons, and for NEDs there was an additional Declaration of Independence, however there was not a specific document called the Code of Conduct for Directors. AGD commented that there was a national Standard of Business Conduct that has been in place for a long time and it was in all senior manager and executive directors' contracts. The CQC looked at Fit and Proper Persons and the skills and composition of the Board as part of their well-led element of their inspection. Erfana Mahmood (EM) commented as a NED that there were several elements, including legislation, the requirements of Monitor (now NHS Improvement), the service contract, and the Nolan Principles. NA commented that governors did not get to see NEDs' service contracts. AM commented that those points would be taken on board and the information would be made available to be viewed by governors.	AM/EJ		

Minute ref	Action	Lead	Timescale	Progress
MC/19/26 Integrated Performance Report Quarter 1 2019/20	PS commented, in relation to CAMHS, it appears that less than a third of children referred are seen within 18 weeks and asked if there were problems in the service such as capacity or if it was masking a much larger problem, such as services in schools. CH commented that it was all of those issues. In Calderdale and Kirklees there was less of a wait, however in Barnsley and Wakefield it was significantly greater. In Calderdale and Kirklees the Trust works with voluntary providers and referrals are triaged and where support can be provided outside of specialist CAMHS, people will be signposted. A specific change programme has been identified in CAMHS and will focus on Barnsley and Wakefield first. It includes looking at the combination of pathways which are not currently where they should be both within our services and others, that some jobs are challenging to recruit to, and there are some issues where the demand is higher than the Trust service is currently commissioned to provide. AM commented that it was an area that could be looked at in further detail by the Quality Group.	TB		Complete. CAMHS included as an agenda item for the Members Council Quality Group meeting on 14 November 2019.
	LHo commented in relation to the collection of data for the Friends and Family Test (F&FT) whether different technology could be used such as a text message so that people can answer the question later. MD commented that other media and devices could be looked at.	MD/TB		Complete. F&FT data now collected by text and other electronic devices. Further options being explored.
	AJ asked how many people responded to the F&FT from the percentage given. AM commented that the detail was in the full IPR and would be included in the future presentations to the Members' Council.	TB		Complete. Now included in future quarterly reports.
	AJ asked in relation to the use of restraint and admissions under the Mental Health Act, whether they were monitored in relation to BAME service users. He asked if the number could be represented differently as it did not reflect how many people it included and what proportion from those communities were detained. AM commented that it was an area that could be looked at in further detail by the Quality Group, including what metrics should be presented as part of the performance update at Members' Council meetings.	TB		To be scheduled for discussion by the Members Council Quality Group.

Outstanding actions from 3 May 2019

Minute ref	Action	Lead	Timescale	Progress
MC/19/12 Chair's report and feedback from Trust Board and Chief Executive's comments	CI commented that she would like reassurance that service users won't be told via a letter that they are being discharged from Trust services. An inquest identified that a service user who did not attend an appointment with a counsellor received a letter that they had been discharged. RW commented that he had not seen the details of the inquest but it was important that the Trust communicates with services users effectively. Any areas of concern from inquests would be fed back through the Clinical Governance & Clinical Safety Committee and assurance on this specific case would be sought from Tim Breedon, Director of Nursing & Quality.	TB		Superseded. This was discussed further at the Members' Council meeting on 2 August 2019 (see Minute ref MC/19/22).

Outstanding actions from 1 February 2019

Minute ref	Action	Lead	Timescale	Progress
MC/19/05e Feedback from Annual Members' Meeting 2018	SH commented that there was a free bus that transported people between Dewsbury Hospital and Pinderfields Hospital that could be used. Debbie Newton (DN) commented that she could talk to her Trust to see whether this was an option.	DN / EJ	August 2019	Complete. Mid Yorkshire Hospitals NHS Trust offered the use of the free bus as one of the public transport options. Details were placed on the website.
	RW commented that as we move towards supporting people being digitally enabled a further area to consider was whether the meeting could be streamed live.	SY / EJ	August 2019	Unable to be facilitated for 2019 event. Will be considered for future events.
	NH commented that it was important to be inclusive and include engagement and suggested that as part of the planning to consider schools being invited to attend.	EJ	August 2019	Complete. Details sent to neighbouring colleges to encourage attendance.

Outstanding actions from 2 November 2018

Minute ref	Action	Lead	Timescale	Progress
MC/18/38 Performance	AM commented that the Members' Council Co-ordination Group could also consider timing for a further discussion by Members'	AM / JC		Ongoing. On the list of possible items for consideration by the Members' Council Co-

Minute ref	Action	Lead	Timescale	Progress
Report Quarter 2 2018/19 (Focus on sickness absence)	Council, with the possibility for a staff governor to present.			ordination Group.

**Members' Council
1 November 2019**

Agenda item:	5
Report Title:	Chair's Report
Report By:	Chair of the Trust and Members' Council
Action:	For information

Purpose

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

- issues discussed at Board meetings
- Chair and NED activity
- other issues of relevance and interest to Governors

Recommendation

The Members' Council are recommended to NOTE the contents of this report and RAISE any items for clarification or discussion, either at or outside of the Members' Council meeting.

Report

1. Chair and Non-executive Director activity in the last quarter

To support governors in their role of holding the Chair and Non-executive directors (NEDs) to account, this section of the report highlights the range of activity in which they have been engaged since the previous Members' Council meeting. Please note that NEDs are expected to work around 3 days a month and the Chair 3 days a week.

Chris Jones (CJ) has joined the Board since the last Chair's report, following his appointment by the Members' Council on 2 August, since when he has been participating in the NED induction programme. This includes meetings with directors and key staff, service visits and attendance at a range of governance meetings.

The membership of some Board committees has now changed to take account of Chris's appointment, and the new committee membership is noted below.

a. Governance Activity:

As usual, the NEDs and chair have prepared for and attended the Board, and the following committees and governance groups in the last quarter:

- Audit Committee (quarterly) – Laurence Campbell (LC)(chair), Sam Young (SY), Chris Jones
- Clinical Governance and Clinical Safety Committee (bi-monthly) – Charlotte Dyson (CD)(chair), Angela Monaghan (AM), Kate Quail (KQ)
- Workforce and Remuneration Committee (quarterly) – Sam Young (chair), Charlotte Dyson, Angela Monaghan
- Mental Health Act Committee (quarterly) – Kate Quail (chair), Laurence Campbell, Erfana Mahmood (EF)
- Equality and Inclusion Committee (quarterly) – Angela Monaghan (chair), Erfana Mahmood
- Charitable Funds Committee (quarterly) – Erfana Mahmood (chair), Charlotte Dyson, Angela Monaghan
- West Yorkshire & Harrogate Mental Health Services Collaborative Committee in Common (quarterly) – Angela Monaghan (chair)
- Finance Oversight Group (fortnightly) – Laurence Campbell (chair), Chris Jones (chair from 21 Sep), Sam Young + all NEDs invited to attend
- Nominations' committee (as required/at least once a year) – Angela Monaghan (chair)
- Barnsley Integrated Care Partnership Group (monthly) – Angela Monaghan and Charlotte Dyson deputising
- West Yorkshire & Harrogate Health & Care Partnership Board (quarterly) – Charlotte Dyson deputising for Angela Monaghan
- Members' Council Coordination Group (quarterly) – Angela Monaghan
- Members' Council Quality Group (quarterly) – Charlotte Dyson
- Annual Members' Meeting – Angela Monaghan (chair), Charlotte Dyson, Kate Quail, Laurence Campbell

Additional Chair Activity:

Chair engagement with SWYPFT staff, governors, NEDs, volunteers, service users and carers:

- monthly meetings with Lead Governor Jackie Craven
- 1:1 induction meetings with new governors
- monthly Trust Welcome Events for new staff and volunteers
- Official opening of the Unity Centre at Fieldhead
- Presentation of Institute of Healthcare Improvement (IHI) certificates to SWYPFT staff and volunteers
- Consultant interview panel
- BAME staff network annual celebration event – Nasim Hasnie, governor, also attended
- 2 'Going Green' staff engagement meetings on environmental sustainability
- Input to NHS Leadership Academy Aspiring Chief Executives programme
- Extended executive management team meetings (EMT) (monthly)
- 1:1 meetings with chief executive, Rob Webster (monthly)

- NEDs' meetings (quarterly)
- 1:1 meetings with Deputy Chair (monthly)

Chair attendance at external meetings and events:

- Meeting with South Yorkshire and Bassetlaw (SYB) ICS lead, Andrew Cash
- Board to board meeting with Locala
- Meeting of SYB mental health trust chairs
- West Yorkshire chairs' network
- Chaired West Yorkshire & Harrogate Mental Health Services Collaborative Governor and NED engagement event (Leeds)
- South Yorkshire & Bassetlaw ICS guiding coalition conference
- Meetings with individual MPs: Angela Smith (Penistone & Stocksbridge)
- Meeting of NHS system leaders and MPs for Wakefield and North Kirklees (quarterly) – Yvette Cooper, Paula Sheriff, Tracy Brabin, Mary Creagh

Additional NED activity:

- Meeting with staff governor (CD)
- Quality monitoring visits to Crofton Ward and Unity Centre (KQ)
- Infection prevention and control celebration event (CD)
- Independent Hospital Manager reviews (for Mental Health Act Committee) (KQ, LC, EF)
- Locala Board to Board meeting (KQ)
- Batley Girls High School (EF)
- Presentation to Extended Executive Management Team on role of a NED (LC, EF)
- Consultant recruitment panel (LC)
- Service visits to: Kirklees Recovery College (CD, KQ); Sahara Group (EF);
- NHS Confederation national conference (free place) (CD)
- Meeting with Freedom to Speak Up Guardians (CD)
- NEDs' quarterly meeting (all)

2. Issues discussed at Board meetings

Since the previous Chair's report, the Board has met three times and the key items discussed are highlighted below. May I please remind Members' Council that all 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, which are recorded in the minutes. Papers are available on our website a week before at www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting and for all previous meetings.

a. Standing items

At every public board meeting, we start the meeting with a **service user story**, discuss the monthly **Integrated Performance Report (IPR)**, which includes the finance report, receive updates on **business developments** in our two integrated care systems (West Yorkshire & Harrogate and South Yorkshire & Bassetlaw), and receive **assurance from our board committees**.

Also, at every *business and risk* meeting (quarterly), we discuss the **board assurance framework** (which sets out the key risks to our strategic objectives plus corresponding controls and assurance), and the **corporate risk register**. And at every *performance and monitoring* meeting (quarterly), we discuss the quarterly **serious incident report**.

Additional items at each meeting are as set out in the annual board work programme.

b. July 2019

As reported verbally at the last Members' Council meeting, the July Board meeting took place at Kendray hospital, Barnsley and was a *business and risk* meeting. There were 5 members of the public in attendance, including 2 governors.

The meeting opened with a **service user story** from our Barnsley neighbourhood rehabilitation and crisis team and full details are in the minutes.

In addition to the standing items, the Board:

- discussed the 6-monthly strategic overview of our business and associated risks – a report linking the SWOT, PESTLE, risk and priority programmes;
- discussed an update on our estate strategy. It was agreed to prepare a new estate strategy by the end of this year, even though the current one is due to run until 2022, because it has already been delivered successfully;
- received our 2018/19 Equality and Diversity annual report;
- agreed changes to board committee membership.

In the **private session** the Board discussed a number of commercially confidential items, including some risks, aspects of financial performance, care closer to home, serious incident investigation updates, business developments in our two ICSs, and minutes of private partnership boards.

There was also a meeting of the **Corporate Trustee** in July.

c. September 2019 – strategic (there is no board meeting in August)

The early September meeting was a *strategic* board meeting, which is not held in public. At that meeting we discussed the draft five-year plans for the Trust and for the two integrated care systems in which we operate. It was agreed that there is good alignment between these.

The board also held the first session of the NHS Improvement Leading for Improvement board development programme, which it has joined. This session was on *measuring for improvement*.

d. September 2019 - public

The September public board was a *performance and monitoring* meeting and took place at Fieldhead hospital, Wakefield. There were 6 members of the public in attendance, including three governors.

The meeting opened with a story from a **service user** currently detained in Newton Lodge, who talked about the impact of restrictive practices on the ward, and how they are not all negative but help service users feel safe in secure services. Full details are in the minutes.

In addition to the standing items, the Board:

- received an update on Brexit preparations;
- endorsed and supported the Calderdale Health and Wellbeing Plan;
- approved the Trust's Medical Appraisal/Revalidation Annual Report 2018/19 and agreed that we are fully compliant with the regulations;
- received the Trust's Sustainability Annual Report 2018/19;
- approved the Workforce Race Equality Standards (WRES) 2019 report and the Workforce Disability Equality Standards (WDES) and WRES action plans for 2019/20;
- received the CQC inspection report, which formally noted the Trust is now rated as GOOD, and set out draft plans to address the *must and should do actions* in the CQC inspection report. These will now be monitored through the IPR; and
- noted the process for producing the ICS 5-year plans and the Trust's role in that, and commented on the draft West Yorkshire & Harrogate ICS 5-year plan.

In the **private session** the Board discussed a number of commercially confidential items, including some risks, aspects of financial performance, the Trust's draft five-year plan, serious incident investigation updates, business developments in our two ICSs, and minutes of private partnership boards.

e. **October 2019**

The October Board meeting, which is a *business and risk* meeting, is taking place just prior to the Members' Council on 29 October at Folly Hall, Huddersfield and I will be able provide a verbal update at the Members' Council meeting.

3. **Governor Development and Engagement Opportunities**

There have been a number of development and engagement opportunities made available for governors since the last Members' Council meeting. These have included:

- Annual Members' Meeting – 16 September
- Joint NHS Providers GovernWell training - Core Skills – 25 September
- Patient Led Assessments of the Care Environment (PLACE) training and inspections – various dates
- BAME staff network annual celebration event – 15 October
- WYMHSC Joint NED and Governor event – 22 October
- Kirklees CCG public engagement events

Still to take place:

- Understanding NHS Finance – 14 November

- Review of the Trust's Constitution – 9 December

In addition, our Library and Knowledge Service Manager, Sarah Hennessy, has offered an open invitation to governors to attend Trust **Knowledge Cafés**. Sarah says:

“The knowledge café creates an informal space where people can get together around a table in small groups to have open, creative conversations on a topic of mutual interest. It's an opportunity to learn from one another's collective knowledge and experience which can improve decision making and innovation. There are no flipcharts, no action plans, no feedback. The learning comes from the conversation itself.

We hold a café every couple of months on various topics which affect our work in the Trust such as suicide prevention, leadership, smoking cessation, etc. Please feel free to suggest a topic for a future knowledge café.

The next knowledge café will be on the topic of Service improvement, change and innovation. Wednesday 30th October, 10:30-12:00 in the Large Conference Room at Fieldhead.”

If you would like to attend this event, or be invited to future Knowledge Cafes, please let Emma Jones know.

4. Changes to Members' Council Membership

Since the last meeting, the following governors have resigned:

- Debby Walker (staff – non clinical support) – effective from 29 August 2019
- Hannah Jackson (public – Kirklees) – effective from 21 September 2019
- Stefanie Hampson (appointed – staff side) – effective from 24 October 2019. The new staff side representative will be Evelyn Beckley.
- Mike Walker (public – Kirklees) – effective from 18 November 2019

Vacant elected positions will be offered in the 2020 elections.

**Members' Council
1 November 2019**

Agenda item:	6.1
Report Title:	Chair and Non-Executive Director remuneration
Report By:	Director of HR, OD and Estates on behalf of the Nominations Committee
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 following a review by the Nominations Committee.

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. The Nominations Committee, supported by the Director of Human Resources, Organisational Development and Estates have reviewed the remuneration arrangements for the Chair and Non-Executive Directors, in light of a document published by NHS Improvement and NHS England titled 'Structure To Align Remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts'. This document, which was published in September 2019 makes recommendations to NHS Foundation Trusts on levels of payments for Chairs and Non-Executive Directors. Whilst the statutory responsibility for determining the remuneration of the Chair and Non-Executive Directors remains with the Members Council, NHS Improvement and NHS England are expecting NHS Foundation Trusts to follow their structure and if not, explain the reasons why.

The structure sets out a flat rate of £13,000 per annum for a Non-Executive Director role and a pay range for Chair's based on the size of the organisation (annual turnover). The relevant Chair's pay range for the Trust is £44,100 - £47,100 - £50,000 per annum.

In addition, for Non-Executive Directors, a supplement can be paid of up to £2,000 per annum in recognition of designated extra responsibilities e.g. Chair of the Audit Committee.

Non-Executive Directors

Non-Executive Directors of South West Yorkshire Partnership NHS Foundation Trust currently receive a flat rate of £13,584 per annum, which is slightly above the NHS Improvement and NHS England suggested rate. The structure proposes that where remuneration is currently above their proposed rate, then changes are only made for new appointments and at re-appointment.

The Nominations Committee felt that the current rate for Non-Executive Directors is broadly in line with the NHS Improvement and NHS England rate. They are recommending the rate of £13,584 per annum for Non-Executive Directors is frozen and not uplifted until such time as the NHS Improvement and NHS England rate exceeds it. The Nominations Committee is proposing all new appointments and any re-appointments continue to be appointed on the frozen rate of £13,584 per annum.

There are two current Non-Executive Director roles which attract an additional supplement of £5,120 per annum and these are Deputy Chair/Senior Independent Director and Chair of the Audit Committee. The recommendation of the Nominations Committee is that on either re-appointment or a new appointment, the supplement should be reduced to £2,000 per annum to align with NHS Improvement and NHS England's recommendation. The current incumbents will continue to receive the £5,120 per annum until such time as they are either re-appointed or no longer undertake the duties.

Chair

The Chair's current remuneration is £45,450 per annum which is the second point on the Trust's incremental scale. The Trust's Chair incremental scale is £42,420pa - £45,450p.a. - £47,975p.a. - £50,500p.a - £53,025pa and progression up the scale is determined by the Members Council based on the annual appraisal.

The Nominations Committee felt that the current arrangements where the Members' Council can agree progression for the Chair to the next incremental point, would still be in line with the NHS Improvement and NHS England remuneration structure.

The Nominations Committee felt that either on re-appointment for a further term or on a new appointment, that the current incremental scale is replaced and that a fixed point within the NHS Improvement and NHS England pay range is agreed, based on the complexity of the role and skills and experience of the individual, for the term of the Chair's appointment.

Outcome

The Nominations Committee recommends that the current remuneration levels for Non-Executive Directors remain frozen and not uplifted until the NHS Improvement and NHS England flat rate exceeds it. In relation to the Chair, the recommendation is that the Members Council should still have the option to agree that the Chair progresses to the third point of the incremental scale following the completion of the 2019 appraisal in January 2020. However, on either re-appointment or a new appointment, a fixed rate is agreed for the whole of the term of appointment within the NHS Improvement and NHS England pay range for Chairs.

**Members' Council
1 November 2019**

Agenda item:	7.1
Report Title:	Governor appointment to Members' Council groups
Report By:	Lead Governor and Chair of the Trust on behalf of the Members' Council Co-ordination Group
Action:	To agree

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to seek the Members' Council approval for the appointment of a governor to the Members' Council Co-ordination Group.

Recommendation

The Members' Council is asked to CONSIDER and AGREE the recommendation from the Members' Council Co-ordination Group to appoint John Laville to the Members' Council Co-ordination Group.

Background

At the Members' Council meeting on 2 November 2018, a process was approved regarding how governors become members of its sub-groups (attachment 1) and the establishment of consistent member numbers across the Members' Council Co-ordination Group and Members' Council Quality Group. The objectives of these changes were to address the 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. All governors continue to be welcome to be in attendance and participate in the meetings even if they are not a 'formal' member of these two groups.

Process

Following two requests from governors to stand down from their roles on groups along with existing vacancies, the Company Secretary wrote to all governors on 29 August 2019 seeking self-nominations for available vacancies on groups. Further reminder emails were sent on 5 September 2019 to the groups of governors of the specific vacancies where no self-nomination had been received. The following self-nominations were requested to be put forward for the vacancies:

Group	Vacancy	Self-nominations received
Co-ordination Group	1 x Public governor - Calderdale	Nil
Co-ordination Group	1 x Public governor - Kirklees	<ul style="list-style-type: none"> • Jeremy Smith • John Laville
Quality Group	1 x Public governor - Barnsley	Nil
Quality Group	1 x Appointed governor	Nil

As more than one self-nomination was received for the vacancy on the Co-ordination Group, in accordance with the process the Co-ordination Group discussed the self-nominations at its meeting on 9 September 2019

Outcome

The members of the Co-ordination Group individually assessed the self-nominations and following a discussion by the Group, it was agreed by those present to recommend the appointment of John Laville as a 'formal' member to the Co-ordination Group. However, they recognised that both candidates would make a valuable contribution and also strongly encourage Jeremy Smith to attend and participate meetings as an attendee where possible.

The remaining vacancies for 1 x Public governor - Calderdale on the Co-ordination Group and 1 x Public governor - Barnsley and 1 x Appointed governor on the Quality Group will continue to be promoted.

Co-ordination Group members: Angela Monaghan, Charlotte Dyson, Jackie Craven, Bill Barkworth, Bob Clayden, Paul Williams, Lisa Hogarth, Ruth Mason

Governor appointment to Members' Council groups and committee

Approved by Members' Council 2 November 2018

Process for appointment

When vacancies arise, the proposed process for appointment recommended is a shortened version of the process for the appointment of the Lead Governor, which has been in place since 2009.

Step 1	When a vacancy arises, governors are invited to self-nominate, supported by a brief verbal or written statement about why they are putting themselves forward. If only one self-nomination is received, they will automatically fill the vacancy, otherwise the process will move to Step 2.
Step 2	If more than one self-nomination is received for a vacancy, the Members' Council Co-ordination Group will discuss the self-nominations supported by input from the Chair and make a recommendation to the full Members' Council.

The recommended term of membership on a group for any new members will be for three (3) years to allow for consistency of membership. If a governor wishes to stand down from a group, or is not re-elected / re-appointed as a governor on the Members' Council during the three years, the above process would take place to fill the vacancy.

It is expected that governors are a member of only one group to allow opportunities for more governors to be involved, however if sufficient membership is not reached through the self-nomination process this would be extended to two.

Current members on all groups (as at 2 November 2018) remain until the end of their governor term or until they step down.

All governors continue to be welcome to attend and participate at the Members' Council Co-ordination Group and Members' Council Quality Group even if they are not 'formal' members. Non-members would not normally attend the Nominations' Committee, for reasons of confidentiality, unless invited by the Chair.

**Members' Council
1 November 2019**

Agenda item:	7.3
Report Title:	Process for the appointment of external auditors
Report By:	Director of Finance
Action:	To agree

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to update the Members' Council on the arrangements for external audit and agree the process for the appointment in 2020.

Recommendation

The Members' Council is asked to APPROVE the process for the appointment of external auditors and AGREE a governor representative to participate in the process.

Background

Every NHS foundation trust must have an auditor that is appointed by the Members' Council. It is a legal requirement that the Members' Council appoint or remove the auditor at a general meeting of the Council. The current Trust auditors are Deloitte LLP who were appointed in 2015. This was following a successful tender exercise and the contract allowed for service provision for five years, with a break clause option after three years if this was felt necessary. At the Members' Council meeting in August 2018 it was agreed not to enact this break clause and as such Deloitte's contract will expire in September 2020. This means the 2019/20 year-end audit will be the final one performed by Deloitte under current contracting arrangements.

External auditors review and report on:

- the financial aspects of the Trust's corporate governance arrangements
- the Trust's accounting statements
- the Trust's arrangements to manage its performance specifically related to the economy, efficiency and effectiveness of its use of resources

In addition to the above the external auditor also provides a limited assurance opinion in relation to the content of the Trust's Quality Account and nationally mandated performance indicators along with the Trust's reported local indicator.

Role of the Audit Committee

Members of the Audit Committee are exclusively Non-Executive Directors, two of the three members are qualified accountants. Included in the responsibilities of the Audit Committee is the requirement to monitor and review the integrity of the financial statements of the Trust, its financial controls and its internal audit function.

The Audit Committee plays a key role in supporting the Members' Council in the appointment of an external auditor.

Process

Given the fact the existing auditor's contract expires the Trust needs to undertake a process to appoint. The purpose of this paper is to agree that process. It is expected as per the reference guide for NHS foundation trust governors (2013) section 7.1, that Audit Committee will run the process to appoint a new auditor, but the final decision on any appointment rests with the Members' Council. To enable this to work effectively and in partnership the following form a good approach:

- Audit Committee to agree a clear process with the Members' Council for nominating a new auditor, or reappointing the existing one, including a timetable showing the deadline by which a new appointment should be made
- Prepare a specification defining the role and capabilities required, including the necessary qualifications, skills and experience and agree the specification with any governors' working group or similar
- Run a formal procurement process to obtain the best candidate as fairly and transparently as possible. This process must be within procurement law
- Based on tender responses draw up an agreed short-list based on merit and objective criteria

Ultimately the Audit Committee and governor representatives should present to the full members' council:

- The procurement process followed
- Results of the procurement process
- Recommendations

To make this work practically it is recommended that a small working group is assembled to carry out the work associated with the appointment of an external auditor. The proposal is that this working group consists of:

- Laurence Campbell – Chair of the Audit Committee
- Chris Jones – Audit Committee member and qualified accountant
- **One governor representative**
- Mark Brooks – Director of Finance

The group will be supported and advised by Tony Cooper, the Trust's Head of Procurement.

Timescales

The timescales have yet to be finalised. In the first instance a governor representative needs to be agreed. In all likelihood this process will complete in May 2020, so ideally it needs to be a governor whose current term does not end on 30 April 2020. The next step is then to agree the tender specification for the appointment. This would require the involvement of the governor representative. The draft document will be drawn up by the Director of Finance and Head of Procurement and submitted to the Audit Committee members and governor representative for comment and ultimately agreement. Ideally this process will be complete by the end of January 2020.

Following this the tender document will be circulated and bid responses received. These will be reviewed and assessed in response to the criteria established in the tender specification. A short list will be prepared and the governor representative will need to be involved in this assessment and short-listing exercise under the leadership of the Audit Committee. This is likely to take place in March 2020.

Finally the short-listed audit companies will be invited to present their bids and from this a recommendation will be made for the Members' Council to approve. The governor representative will again be involved in this process and be able to answer questions at the Members' Council. This final stage of the process is likely to take place in April/May of 2020.

**Members' Council
1 November 2019**


Agenda item:	7.4
Report Title:	Governor engagement feedback
Report By:	Company Secretary on behalf of governors
Action:	To receive

The following events were attended by governors since the last Members' Council meeting on 2 August 2019 up to 16 October 2019 (note, this does not include Members' Council meetings):

Name	Role	Events attended / feedback provided
Kate Amaral	Public Governor - Wakefield	➤ Patient Led Assessment of the Care Environment (PLACE) inspection 24 September 2019
Bill Barkworth	Public Governor - Barnsley	➤ Members' Council Co-ordination Group 9 September 2019 ➤ Excellence Awards judging 10 September 2019.
Bob Clayden	Public Governor - Wakefield	➤ PLACE inspection 26 September 2019
Jackie Craven	Lead Governor (Public Governor - Wakefield)	<ul style="list-style-type: none"> ➤ Nominations Committee 26 July 2019 ➤ Members' Council Quality Group 21 August 2019 <ul style="list-style-type: none"> ➤ Integrated performance report. ➤ Care Quality Commission (CQC) action plan. ➤ Quality Account. ➤ Members' Council Co-ordination Group 9 September 2019 <ul style="list-style-type: none"> ➤ Annual Members' Meeting planning update ➤ Membership Strategy annual action plan update ➤ Members' Council development including membership on groups, feedback on holding NEDs to account annual session, and Development plan action update. ➤ Future agenda and discussion items for consideration including the draft agenda for Members' Council meeting 1 November 2019, items requested by Governors, items previously suggested by Members' Council Coordination Group, and items deferred at Members' Council meeting on 2 August 2019. ➤ Governor attendance at Members' Council meetings.
Daz Dooler	Public Governor - Wakefield	<ul style="list-style-type: none"> ➤ NHS Providers GovernWell training - Core Skills 25 September 2019 ➤ BAME celebration event - 15 October 2019
Dr Nasim Hasnie OBE	Public Governor - Kirklees	<ul style="list-style-type: none"> ➤ Nominations Committee 26 July 2019 ➤ Members' Council Quality Group 21 August 2019 ➤ NHS Providers GovernWell training - Core Skills 25 September 2019 ➤ BAME celebration event - 15 October 2019

Name	Role	Events attended / feedback provided
Lin Harrison	Staff Governor - Psychological therapies	<ul style="list-style-type: none"> ➤ Attending various meetings as Suicide Prevention Project Manager for WY&H ICS (including South Yorkshire and Bassetlaw Suicide Prevention Meeting, NHS England Northern regional leads meeting on Suicide Prevention, International Suicide Bereavement Conference and WY&H Suicide Prevention Action Network Meeting (SPAN). ➤ Speaking at the launch of the West Yorkshire and Harrogate Suicide Bereavement Service on Harrogate on World Suicide Prevention Day. ➤ Speaking at the Leeds Suicide Audit workshop on World Suicide Prevention Day to promote the WY&H Suicide Bereavement Service.
Lisa Hogarth	Staff Governor - Allied Healthcare Professionals	<ul style="list-style-type: none"> ➤ Members' Council Co-ordination Group 9 September 2019
John Laville	Public Governor - Kirklees	<ul style="list-style-type: none"> ➤ Excellence Awards judging 10 September 2019.
Phil Shire	Public Governor - Calderdale	<ul style="list-style-type: none"> ➤ Members' Council Quality Group 21 August 2019
Jeremy Smith	Public Governor - Kirklees	<ul style="list-style-type: none"> ➤ Excellence Awards judging 10 September 2019. ➤ NHS Providers GovernWell training - Core Skills 25 September 2019
Keith Stuart-Clarke	Public Governor - Barnsley	<ul style="list-style-type: none"> ➤ Excellence Awards judging 10 September 2019. ➤ PLACE inspection 26 September 2019
Debs Teale	Staff Governor - Nursing support	<ul style="list-style-type: none"> ➤ Members' Council Quality Group 21 August 2019

There were no emails received for governors via the governor email address (Governors@swyt.nhs.uk) since the last Members' Council meeting on 2 August 2019.



Agenda item 8

Performance & Finance

Update

Quarter 2 2019/20



Members' Council
1 November 2019



Agenda

- Summary Performance Metrics
- Quality
- NHS Improvement Targets
- Workforce
- Finance

Summary Performance Metrics

KPI	Threshold	Dec Q3	Mar Q4	Jun Q1	Sep Q2
Single Oversight Framework	2	2	2	2	2
Children & Younger People in adult inpatient wards	0	1	1	3	0
% SU on CPA Followed up Within 7 Days of Discharge	95%	95.4%	98.2%	100%	97.2%
Physical health – cardiometabolic assessment	Community 75% Inpatient 90%	83.8%	88.1%	87.1%	86.6%
% LD referrals with assessment, care package and commenced service delivery within 18 weeks	90%	84.2%	82.8%	77.5%	tbc
Inappropriate Out of Area Bed days	<300 days	899	616	703	345
Friends & Family Test – Mental Health	85%	90%	95%	86%	86%
Friends & Family Test - Community	98%	99%	99%	97%	98%
Delayed Transfers of Care	3.5%	1.7%	1.6%	0.6%	1.4%

SU – service users

LD – learning disability

CPA – care programme approach

With **all of us** in mind.

Summary Performance Metrics

KPI	Threshold	Dec Q3	Mar Q4	Jun Q1	Sep Q2
Patient & Safety Incidents involving moderate or severe harm or death (quarter)		87	90	96	122
Proportion of people detained under Mental Health Act who are black, asian & minority ethnic	Trend monitor	13.0%	16.6%	14.5%	tbc
IG confidentiality breaches	<24	45	32	26	26
CAMHS referral to treatment < 18 weeks	Trend monitor	33.4%	24.3%	32.7%	36.3%
Surplus/(deficit)	(£0.2m) – full year	£5k	(£770k)	(£1.2m)	£0.2m
Agency spend	£5.3m (full year)	£1.6m	£1.6m	£1.8m	£2.0m
Cost Improvement Programme delivery	£10.6m	£2.3m	£3.8m	£2.0m	£2.2m
Financial risk in forecast	0			(£2.8m)	(£1.1m)
Sickness absence	4.5%	5.0%	5.0%	4.8%	5.0%
Staff Turnover	10%	12.8%	11.9%	12.0%	11.8%
Actual level of vacancies	Trend monitor			10.7%	12.8%

With **all of us** in mind.

Quality Update 2019/20

– Quarter 2

CQUIN Income (Quality Indicators)

- 2019/20 CQUIN income target of £2.3m
- Currently working on 19/20 Q2 submission – aiming for full achievement with risk associated with flu vaccinations and mental health data quality
- Overall value of scheme has reduced to 1.25% of contract value with the difference now included in the core contract

Quality Update 2019/20

– Quarter 2

Patient Experience – Friends and Family Test (FFT)

- 86% of respondents would recommend Trust services
- 98% of respondents would recommend Trust community health services
- The September results show an improvement in the number of people that would recommend community services compared to last month, the position for mental health services remains the same. On review of the results and the comments of those who would not recommend, we have not identified any trends or issues within the comments.

Quality Update 2019/20

– Quarter 2

Safer Staffing

In recognition of the continued over achievement on fill rates an establishment review has been conducted and the implementation plan is now underway. The establishment changes will result in a change in our fill rate achievement levels and this be being assessed through the safer staffing group. Reporting arrangements against the new establishment levels are being finalised.

The figures (%) for September 2019:

Registered Staff - Days 82.7% (an increase of 2.5 on the previous month); Nights 96.1 (an increase of 2.4 on the previous month)

Registered average fill rate - Days and nights 89.4% (an increase of 2.5% on the previous month)

Non Registered Staff - Days 138.5% (an increase of 0.6% on the previous month); Nights 142.7% (a decrease of 4.1 %on the previous month)

Non Registered average fill rate:

Days and nights 140.6% (a decrease of 1.7% on the previous month)

Overall average fill rate all staff: 115.0% (an increase of 0.4% on the previous month)

No wards, an improvement of two on the previous month, fell below the overall fill rates of 90% or above.

Overall Fill Rate	Month-Year		
Unit	Jul-19	Aug-19	Sep-19
Specialist Services	117%	117%	117%
Barnsley	115%	115%	111%
C & K	112%	110%	114%
Forensic	109%	108%	107%
Wakefield	134%	141%	142%
Overall Shift Fill Rate	116%	116%	116%

With **all of us** in mind.

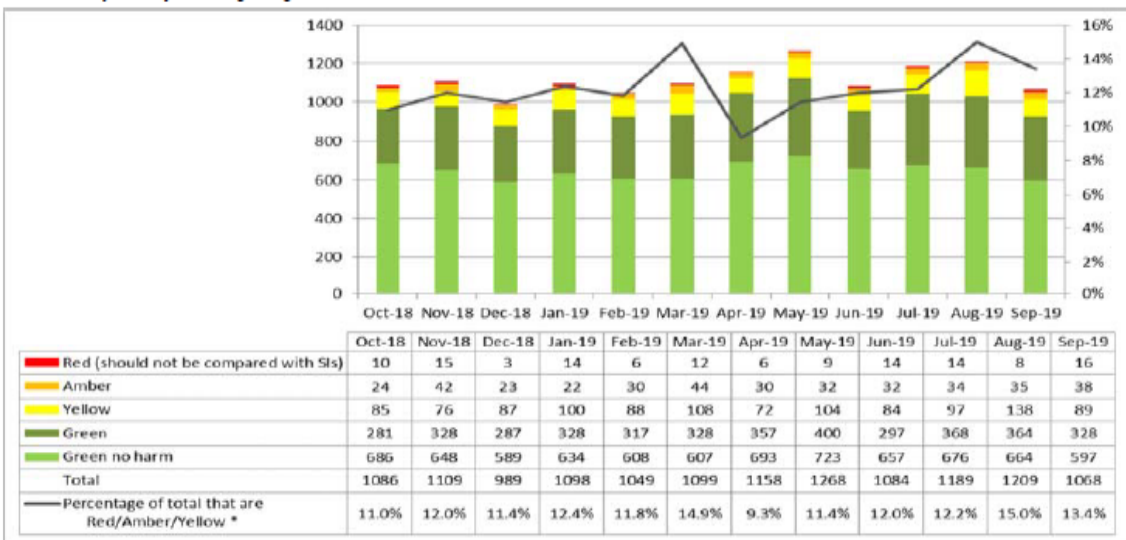
Quality Update 2019/20

Incident Reporting

- All serious incidents investigated using root cause analysis techniques.
- Weekly risk panel scans for themes.
- No never events reported in September 2019.
- 13.4% of incidents were in red, amber and yellow categories. This is a slight decrease and will be reviewed.
- Restraint incidents currently under close review as part of restricting physical interventions programme

Summary of Incidents since October 2018

Incidents may be subject to re-grading as more information becomes available



With all of us in mind.

* A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).
The distribution of these incidents shows 86% are low or no harm incidents.

NHS Improvement Compliance

Single Oversight Framework Risk Rating

- Actual Rating of 2 – targeted support
- Ratings of 1 – 4, with 1 being the best

Performance against mandated standards of access and outcomes:

- Performing above target for vast majority of national indicators

NHS Improvement

Access standards and Outcomes – Trust Performance



**South West
Yorkshire Partnership**
NHS Foundation Trust

KPI	Threshold	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	99.3%	97.2%	98.9%	98.8%
% Admissions Gatekept by CRS Teams *	95%	98.9%	96.8%	99.7%	99.6%
% SU on CPA Followed up Within 7 Days of Discharge	95%	97.1%	99.2%	97.4%	97.2%
IAPT - Treatment within 6 weeks of referral *	75%	94.4%	88.7%	83.6%	77.2%
IAPT - Treatment within 18 weeks of referral *	95%	99.6%	99.2%	98.7%	98.4%
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	92.6%	80.5%	83.1%	84.0%
Maximum 6 week wait for diagnostic procedures	99%	97.9%	100%	98.9%	97.2%
IAPT – Proportion of people completing treatment who move to recovery *	50%	52.4%	55.4%	53.9%	52.3%

* to August 2019

IAPT - Improving access to psychological therapies
CPA - Care programme approach
SU - Service user
Nice - National Institute for Clinical Excellence
CRS - Community recovery service

Workforce

- The Trust sickness rate at the end of September 2019 was 5%.
- Appraisal rate is 83.8% from band 6 and above which is below the target level of 95%. There still remains some issues around recording appraisal completion, there is now a targeted action plan to ensure achievement.
- All mandatory training is above 80% required compliance level.
- Staff turnover rate has fallen slightly to 11.8%.

Financial Performance



**South West
Yorkshire Partnership**
NHS Foundation Trust

Key performance indicators

Performance Indicator	Year to date	Forecast
NHS Improvement financial risk rating	2	2
Normalised deficit	(£1.1m)	(£0.2m)
Agency spend	£3.9m	£7.4m
Cash	£32.4m	£31.3m
Capital expenditure	£1.7m	£6.0m
Delivery of cost improvement	£4.4m	£10.6m*
Better payment	99%	98%

*£1.3m currently considered as being at risk

Financial Performance - Highlights


- £1.1m deficit at the end of the second quarter. Improved position compared to Q1
- Expenditure of £0.9m on out of area bed placements. 60% lower than same period last year
- Agency staffing costs of £3.9m. 45% higher than our cap.
- Actual performance is better than plan, but requires £0.9m surplus over last 6 months of the year to achieve our plan
- Full year target of £0.2m deficit. Achievement enables access to £1.8m of provider sustainability funding
- High level of demand and pressure continues in many inpatient wards leading to an overspend on staff in these areas. Offset by vacancies in other areas.
- Cash balance of £32.4m.
- Capital spend of £1.7m mainly on Fieldhead re-development. Capital plan for the year reduced by £1m as national capital over-subscribed
- Financial risk rating of improved to 2 as deficit reduces

With all of us in mind.

Agenda item 8i

Focus on

Creative approaches to wellbeing & recovery



Members' Council
1 November 2019





With **all of us** in mind.





Social Prescribing

What is it and why is it important
to us?



With **all of us** in mind.



What is it?



<https://youtu.be/O9azfXNcqD8>



With **all of us** in mind.

What it is and what it isn't

It is	It Isn't
Independence creating	Dependence creating
Local knowledge	A service
Increasing connections/friendships	What you already do
A conversation listening to peoples needs	A pad
A commitment to meet need	A database
Open access	A referral
Knowledge of local communities	An asset map
A long term relationship	A short term post
A way of addressing inequality	Provision for those with most demands
Part of a new way to deliver primary care	An addition to traditional models of GP

Information taken from London South Bank University

With **all of us** in mind.

Why is it important to us?

- Social Prescribing has proven links to reduce services
<https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf>
- There is growing evidence that this approach is highly affective
<https://www.kingsfund.org.uk/publications/social-prescribing>
- As a service we are facing higher demands without the financial support to match this need
<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-uk-and-worldwide>
- We need to work differently to match the needs of the people we serve
https://www.lsbu.ac.uk/_data/assets/pdf_file/0018/251190/lbu_asset-based_health_inquiry.pdf

Creative Minds

- Part funds projects with the community
- Build partnerships up with community groups to produce projects/groups for people to attend.
- Bridges the gap between the NHS and the community to work together more effectively.
- Supports peers to set up their own groups and become self sustainable.
- Match funds projects so every £ the NHS put in at least £ is added by the community.

<https://www.southwestyorkshire.nhs.uk/creative-minds/home/>

Recovery Colleges

- There is a Recovery College in each BDU of the Trust, 4 based in each local authority area and one on the Forensic wards.
- The aim is to support learners to stay well through a variety of courses. Courses are co-produced with people who have a lived experience and partner organisations.
- They are students or learners who grow and learn at a pace that suits them as individuals.

<https://www.southwestyorkshire.nhs.uk/recovery-college/home/>

Spirit In Mind



South West
Yorkshire Partnership
NHS Foundation Trust

- Spirit In Mind is a faith based initiative which draws on the strengths and special characteristics of faith communities:
- Mindfulness and stress reduction for staff and s/u and carers as well as faith organisations.
- Offers awareness and training sessions on mental wellbeing.
- Works on schemes like; good neighbour, action on loneliness, homeless, debt counselling, befriending and bereavement and foodbanks.

<https://www.southwestyorkshire.nhs.uk/spirit-in-mind/spirit-in-mind-updates>

With **all of us** in mind.

Mental Health Museum



South West
Yorkshire Partnership
NHS Foundation Trust

- Heritage lottery funds allowed presentations and showcases with other museums and NHS properties
- Works with schools to bring schoolchildren to help reduce the stigma around mental health and learning disabilities
- Helping to reduce the myths and perceptions of mental health and learning disabilities
- Showcasing artwork of people with disabilities both physical and mental.

<https://www.southwestyorkshire.nhs.uk/mental-health-museum/visit-us/>

With **all of us** in mind.



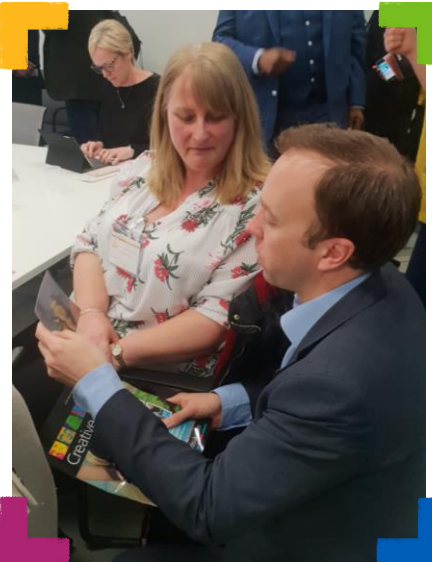
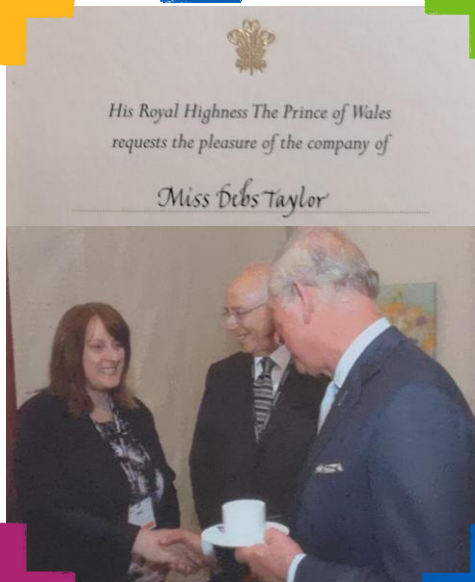
My social prescribing journey...



... so far



With **all of us** in mind.





Thank you for listening



Any questions?



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
Standing items				
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
Trust Board appointments				
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	
Annual items				
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

Agenda item/issue	Feb	May	Aug	Nov
Members' Council Business				
Members' Council elections	x	x		
Chair's appraisal	x			x
Consultation / review of Audit Committee terms of reference		x		
Members' Council Co-ordination Group annual report		x		
Members' Council Quality Group annual report		x		
Appointment of Lead Governor		x	x	
Holding Non-Executive Directors to account			x	
Review and approval of Trust Constitution				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>				
Other items				
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

Members' Council annual work programme 2020

Agenda item/issue	Jan	May	Jul	Oct
Standing items				
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
Trust Board appointments				
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	
Annual items				
Evaluation / Development session (to be confirmed for 2020)	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

Agenda item/issue	Jan	May	Jul	Oct
Members' Council Business				
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		
Members' Council Co-ordination Group annual report		x		
Members' Council Quality Group annual report		x		
Appointment of Lead Governor		x		
Appointment of Trust's external auditors		x		
Review and approval of Membership Strategy		x		
Holding Non-Executive Directors to account			x	
Review of Members' Council objectives				x
Members' Council meeting dates and annual work programme				x
Other items				
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