

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

<b>Present:</b>	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
<b>In attendance:</b>	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
<b>Apologies:</b>	<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 an 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, and 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.

Lisa Hogarth (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. LHo 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:** 2 August 2019