

**AGENDA - Members' Council**  
**10.00 – 13.00 on 29 January 2021**

Virtual meeting via Microsoft Teams

Item	Approx. Time	Subject	Lead		Action	Minutes allotted
	09.00	<i>New Governors / Directors pre-meet (30 minutes)</i>				30
	09.30	<i>Governors only pre-meet (25 minutes)</i>				25
1.	10.00	Welcome, introductions and apologies	Angela Monaghan, Chair	<b>Verbal</b>	To receive	3
2.	10.03	Declarations of Interests	Angela Monaghan, Chair	<b>Verbal</b>	To receive	2
3.	10.05	Minutes of the previous meeting and the joint Trust Board and Members' Council meetings held on 30 October 2020	Angela Monaghan, Chair	<b>Paper</b>	To approve	5
4.	10.10	Matters arising from the previous meeting held on 30 October 2020 and action log	Angela Monaghan, Chair	<b>Paper</b>	To approve	10
5.	10.20	Chair's report – to include feedback from the Trust board meeting held on 26 January 2021	Angela Monaghan, Chair	<b>Paper</b>	To receive	5
6.	10.25	Chief Executive's update	Rob Webster, Chief Executive	<b>Verbal</b>	To receive	20
7.	10.45	<b><u>Members' Council business items</u></b>				
	10.45	7.1 Governor engagement feedback	John Laville, Lead Governor	<b>Paper/Verbal</b>	To receive	10
	10.55	7.2 Assurance from Members' Council groups and Nominations Committee	Angela Monaghan, Chair	<b>Paper</b>	To receive	5
	11.00	<b>BREAK</b>				10

	11.10	7.3 Update on Members' Council Elections	Andy Lister, Head of Corporate Governance (Company Secretary)	<b>Paper</b>	To receive	5
	11.15	7.4 Trust performance update – Q3 2020/21	Non-executive and executive directors	<b>Presentation</b>	To receive	35
	11.50	7.5 Focus On - Estates and Sustainability	Kevin Gelder, Strategic Planning, Capital Projects and Estates Planning Lead and Adam Newman, WRM Sustainability Consultants	<b>Presentation</b>	To receive	45
	12.35	7.6 Members' Council Biennial Evaluation Update	Andy Lister, Head of Corporate Governance (Company Secretary)	<b>Verbal</b>	To receive	5
<b>8.</b>	12.40	<b><u>Trust Board appointments</u></b>				
	12.40	8.1 Appointment of Non-Executive Director	John Laville, Lead Governor	<b>Paper</b>	To approve	10
	12.50	8.2 Chair's Appraisal 2021 – process	Deputy Chair and Senior Independent Director	<b>Paper</b>	To discuss	5
<b>9.</b>	12.55	<b><u>Closing remarks, work programme, and future meeting dates</u></b>				
		- Work programme 2021 (attached)				
		- Provisional Members' Council meeting dates 2021/22				
		➤ 11 May 2021				
		➤ 17 August 2021				
		➤ 16 November 2021				
		➤ 8 February 2022				
	13.00	<b>CLOSE</b>	Angela Monaghan, Chair	<b>Paper and verbal item</b>	To agree	5

**Minutes of the Members' Council meeting held on 30 October 2020**  
**Meeting Held Virtually by Microsoft Teams**

<b>Present:</b>	Angela Monaghan (AM)	Chair
	Kate Amaral (KA)	Public – Wakefield
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Adrian Deakin (AD)	Staff – Nursing
	Dylan Degman (DDe)	Public – Wakefield
	Daz Dooler (DDo)	Public – Wakefield
	Lisa Hogarth (LH)	Staff – Allied Healthcare Professionals
	Tony Jackson (TJ)	Staff – Non-Clinical Support Services
	Adam Jhugroo (AJ)	Public – Calderdale
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Cllr Steven Leigh (SL)	Appointed – Calderdale Council
	Ros Lund (RL)	Appointed – Wakefield Council
	Ruth Mason (RM)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Tom Sheard (TS)	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Tony Wilkinson (TW)	Public – Calderdale
<b>In attendance:</b>	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance & Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Chris Jones (CJ)	Non-Executive Director
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Rob Webster (RW)	Chief Executive
	Laura Arnold (LA)	Administrative Support
	Aimee Willett (AW)	Corporate Governance Manager (author)
	Richard Mills	Non-Executive Director, Sheffield Health and Social Care NHS Foundation Trust
	Terry Proudfoot	Lead Governor, Sheffield Health and Social Care NHS Foundation Trust
<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
	Evelyn Beckley (EB)	Appointed – Staff Side organisations
	Carol Irving (CI)	Public – Kirklees
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Debs Teale (DT)	Staff – Nursing support
	Barry Tolchard (BT)	Appointed – University of Huddersfield

Attendees

Carol Harris (CH)  
Subha Thiyagesh (ST)  
Salma Yasmeen (SY)  
Sam Young (SYo)

Director of Operations  
Medical Director  
Director of Strategy  
Non-Executive Director

**MC/20/32 Welcome, introductions and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

AM explained the logistics of how the meeting would be run due to it being conducted virtually through Microsoft Teams. AM noted that the meeting was not being recorded and attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

AM explained that there were two meetings, the quarterly Members' Council meeting and the annual joint Trust Board and Members' Council meeting held in private to allow governors to contribute to future plans for the Trust. AM noted that papers will be taken as read to allow focus on the performance report and Members' Council objectives.

AM welcomed observers Richard Mills, Non-Executive Director, and Terry Proudfoot, Lead Governor, both from Sheffield Health and Social Care NHS Foundation Trust.

AM noted some governor changes and welcomed Councillor Steven Leigh and Councillor Mussarat Pervaiz to the Members' Council. AM also thanked Councillor Bill Armer, Councillor Chris Pillai and Councillor Nicola Sumner, who had stepped down from their roles as governors, for their contributions to the Members' Council.

AM noted that this would be the last Members' Council meeting for Ruth Mason who has been appointed governor for Calderdale and Huddersfield NHS Foundation Trust for nine years. AM and governors recognised the contributions that Ruth had made during this time and thanked her for her time as a governor.

It was noted that a couple of governors did not receive hard copies of the papers in advance of the meeting, and that some papers were not received. AM advised that the team would contact those governors outside the meeting, and that presentation items would be presented at the meeting and circulated afterwards to all governors.

**Action: Laura Arnold**

**MC/20/33 Declarations of Interests (agenda item 2)**

No new declarations for the register of interests were received in advance of the meeting. Declarations had been requested from new governors and would be reported as received.

AM declared an interest for item 8.1 and Chris Jones (CJ) declared an interest for item 8.2.

**It was RESOLVED to NOTE the declarations of interest as outlined above.**

**MC/20/34 Minutes of the previous meeting held on 31 July 2020 (agenda item 3)**

Tony Wilkinson (TW) advised of one amendment to his constituency (Calderdale, not Wakefield) in the attendance list was required.

**Action: Aimee Willett**

**Subject to the above amendment, it was RESOLVED to AGREE the minutes of the Members' Council meeting held on 31 July 2020 as a true and accurate record.**

#### **MC/20/35 Action log of previous meetings held on 31 July 2020 (agenda item 4)**

AM noted that actions highlighted in blue are considered complete unless there were any further issues anyone would like to raise.

Updates were given on the following actions:

- MC/20/25 – recording of meetings – AM advised an update would be provided on today's agenda as the review of the Trust Constitution has been deferred until 2021 due to Covid-19.
- MC/20/26 – 'governor intranet' – AM noted governor would be informed of any developments relating to this, at current there was no resource to progress.
- MC/20/27i – service user letters – Tim Breedon (TB) noted that a meeting has not been organised yet. TB plans to extend involvement in the meeting to others and will arrange and facilitate a meeting via Microsoft Teams. John Laville (JL) requested that the meeting take place as soon as possible as this has been an outstanding action for some time. TB and AM noted that previous discussions were deferred prior to Covid-19 due to governor absences, and that this would be progressed.
- MC/20/27i – Flexible Assertive Community Treatment (FACT) – TB advised that this would be included on the Members' Council Quality Group work plan for discussion at a future meeting.

JL raised an issue that was discussed at the governor pre-meeting regarding governors holding votes. AM updated that a digital system to allow voting to be carried out electronically is being considered but is not yet available. AM noted that voting is currently carried out in line with the Trust Constitution by show of hand / verbal confirmation / confirmation in the chat function of Microsoft Teams. The Constitution states that a paper / private ballot can be requested by a majority of governors present at a meeting. If a private ballot is requested, this would currently be taken outside of the meeting.

#### **MC/20/36 Chair's report – to include feedback from the Trust Board meeting held on 28 July (agenda item 5)**

AM's report outlined activity of Chair and Non-Executive Directors (NEDs) since last meeting and AM noted the following key items from the Trust Board meeting held on 27 October 2020:

- The Trust Board meeting focussed on business and risk and involved detailed discussions regarding review and updates to the strategic risks to form the Board Assurance Framework (BAF). AM noted that the review of the BAF had been delayed due to Covid-19. The strategic risks were reviewed against strategic objectives. A review of the corporate organisational level risk register also took place at the meeting.
- Updates were received regarding activity, partnership development and integrated care across the Integrated Care Systems (ICSS) / Health Care Partnerships (HCPs).
- Discussions took place regarding Covid-19 response arrangements. Command and control arrangement remain in place.
- The integrated performance report (IPR) for month 6 was discussed in detail.
- Priority programmes for the next 18 months were discussed and agreed. This review has also been delayed by Covid-19.
- The Board received the health and safety annual report, approved a change to the Responsible Officer (RO) for the Medical Directorate and formally approved in public the Quality Report and Account 2019/20, which was also for receipt by the Members' Council at this meeting.
- The Board received assurance from the Committees and partnership groups.

Dylan Degman (DDe) noted that the Trust previously launched an improvement network which offered the opportunity for people to become improvement facilitators. DDe queried if there were any more licences available and if this opportunity could be extended again to governors. AM confirmed that this has previously been offered to governors and to other volunteers within the

Trust. TB advised that there were a small number of licences available, and he would confirm how many were available. Once this information was received, governors would be notified.

**Action: Tim Breedon**

Mike Ford (MF) introduced himself as it was his first Members' Council meeting and that he would look forward to working with governors.

**It was RESOLVED to NOTE the Chair's report.**

### **MC/20/37 Chief Executive's update (agenda item 6)**

Rob Webster (RW) reported updates on the following key points:

- The second wave of the Covid-19 pandemic is most prevalent in the North West, North East, Yorkshire and into the East Midlands areas of England, and there continues to be an impact on the health and care system and the populations that the Trust serves.
- Last week, South Yorkshire was placed under tier 3 restrictions which has led to continual and substantial pressure in the system. This has led to a requirement to step up collective conversations across South Yorkshire. Yesterday it was announced that West Yorkshire would also be placed under tier 3 restrictions.
- The Trust is playing an active part and is involved in all gold emergency response arrangements in all places and involved in ICS / HCP collective efforts.
- It is not known when the curve of Covid-19 infections will turn, and currently Yorkshire and the Humber has some of the highest levels in the country. Planning scenarios have been developed on patients in 20% of the acute hospital beds across the area becoming occupied by people with a positive Covid-19 diagnosis.
- Planning arrangements continue, and the Trust offers a 24/7 telephone crisis line. The Trust needs to continue to be clear on reinforcing the simple messages to the public, and to consider the impact and consequence on staffing.
- Over 200 staff are currently absent from the organisation because of Covid-19. Business continuity plans ensure that the Trust has enough staff to cover essential services. Three silver command meetings take place per week, plus one gold command meeting and directors meet weekly outside of the command structure. The Trust remains at Operational Pressures Escalation Level (OPEL) 2.
- Work is ongoing to manage financial planning for the remainder of the year. Performance in relation to waiting times continues to improve. The Trust remains focussed on operational delivery.

Bob Clayden (BC) informed that he was a member of a support group in Wakefield and queried if the group would be legally allowed to continue to meet under the tier 3 restrictions. RW noted that the Trust would be able to offer advice and guidance regarding this, and TB would contact BC outside of the meeting.

**Action: Tim Breedon**

Tony Jackson (TJ) queried if, in light of the tier 3 restrictions announcement, the Trust was still going to allow family visits. TB advised that the policy in place denotes that this is currently dependent upon the setting. The current arrangements are being reviewed in line with tier 3 restrictions and will be discussed at the silver command meeting. Updates would be reported in Rob's Covid-19 briefings, which are copied to governors.

RW noted that another key issue currently being considered is if carers can be considered key workers.

Councillor Steven Leigh (SL) noted that a review of Covid-19 arrangements had taken place in Calderdale. SL advised that he was unfamiliar with OPEL and suggested that the current level suggested the situation was not near to crisis level, however he felt that the nation is currently in a big crisis.

RW explained the OPEL structure and that this is a standard set of definitions used by all NHS organisations and considers how pressure in services is managed. Level 2 means some level of business continuity, but that disruption is managed internally without any external support. Level 3 means that external support is required, and level 4 means that delivery of some core services has stopped. The Trust continued to deliver services and OPEL is reviewed at every silver command meeting. Some services may require OPEL 3, however the overall level for the Trust is currently 2. RW noted that some partners currently have a different OPEL to the Trust.

TW continued the earlier discussion relating to family visits, including in nursing homes and out of area beds, and queried which of the NEDs were taking a particular interest in this area of planning. AM responded to say that the Board operates as a unitary Board and retains collective responsibility, rather than NEDs having a specific area of interest. Discussions and decisions receive scrutiny from all executive and non-executive directors. Some issues are discussed in more detail by Committees, for example out of area beds is discussed at the Clinical Governance & Clinical Safety Committee.

Keith Stuart-Clarke (KSC) queried if there had been any guidance with regards to shielding. RW noted that there is currently no requirement or expectation that people will shield, but that there will be a revision of those considered to be vulnerable. Targeted support will be offered to those who have shielded previously.

**It was RESOLVED to NOTE the Chief Executive's update.**

#### **MC/20/38 Members' Council Business Items (agenda item 7)**

##### **MC/20/38a Review of Members' Council objectives (agenda item 7.1)**

AM asked JL to introduce this item as JL and Bill Barkworth (BB) have done a lot of work and engagement with all governors on this as part of their roles as Lead and Deputy Lead Governors.

JL began by congratulating RW on his recognition in the Queen's birthday honours list, and thanked RM for her contribution as a governor.

JL advised that a review of the Members' Council objectives had taken place and proposed objectives for 2021-23 had been put forward for agreement at this meeting. JL added that this continues from the work with the Equality, Involvement and Communications team with governors in terms of expanding involvement in communities.

JL talked through the progress against objectives from 2018-20 and noted overall there had been a good performance against objectives.

JL and BB had held virtual meetings with governors to discuss overall ideas and to review a draft of the new objectives, which had received input from the majority of governors. A draft was also shared with the Board and comments were incorporated where possible.

JL noted that there are currently no metrics or timings against the objectives and that this would be discussed once they were agreed.

**Action: Members' Council Co-ordination Group**

#### **Section 1 – Involvement**

JL noted that this section considered the ongoing role of governors and ensuring the voice of different groups was heard across the Trust. JL and BB began holding six-weekly meetings with governors earlier in the year and have held 1:1 discussions with individual governors with the aim to improve communication and ensure governors felt like they were part of a team. The next round of meetings were likely to take place before the end of November.

**Action: John Laville / Bill Barkworth**

An involving communities workshop took place recently with an action to formalise a feedback procedure for governors. Ongoing work with the Equality, Involvement and Communications team would consider key groups in each area and look at mapping to identify gaps, where the Trust and governors are involved currently and where we can be involved further.

**Action: Dawn Pearson**

### **Section 2 – Quality**

JL noted that part of this section included governor opportunities to see the Trust at work through planned visits. It was acknowledged that this is not possible at the moment due to Covid-19 but that this would be considered in the future.

### **Section 3 – Effectiveness**

JL noted that part of this section was working to increase representation, diversity and inclusion across the Members' Council and membership and advised the upcoming elections were an opportunity to do this.

JL outlined another key element of the role of governors of holding NEDs to account. JL encouraged governors to have a representative at each public Board meeting to support their role in doing this. AM advised that one change was needed to this section of the objectives as the governors hold NEDs to account for the performance of the Board rather than Executive Directors as currently stated.

**Action: Aimee Willett / Laura Arnold**

Phil Shire (PS) queried how to get greater diversity across the governors and membership, and BC queried the recording of equality and diversity information. RW added that there also needed to be support to encourage individuals with a learning disability to nominate to become a governor. RW advised that one way to encourage this is through a refresh of the election materials.

**Action: Aimee Willett / Equality, Involvement and Communications Team**

BC advised that he has been offered a chance to promote the elections in a newsletter for a group that he is currently involved with. It was agreed that this information would be sent to BC.

**Action: Aimee Willett**

Following the discussion and subject to the amendment outlined above, the objectives for 2021-23 were agreed.

AM thanked JL and BB for their hard work on engaging governors in this process.

**It was RESOLVED to NOTE the progress against the Members' Council objectives for 2018 – 2020 and to APPROVE the objectives for 2021 – 2023.**

### **MC/20/38b Governor engagement feedback (agenda item 7.2)**

JL asked that the paper be taken as read.

SL raised a number of queries following a review of Covid-19 arrangements that had taken place in Calderdale:

- What arrangements are in place for dentistry during the Covid-19 pandemic?
- There is a concern that waiting times for young people accessing mental health services in Calderdale can only get worse.
- Is anything happening in the region regarding faster analysis of Covid-19 test results? If analysis is not performed at an optimum timescale, it will be ineffective.
- Has any consideration been given to the administration of flu jabs, and are we prepared for this?
- How are elderly and disadvantaged people accessing online portals? Many do not have access to online services.
- What is the optimum way to operate hospitals in the area?



AM responded to say that some of SL's queries related to some services that were outside the parameters of the Trust, such as dentistry. AM advised that some queries would be dealt with as part of the performance presentation later in the meeting and assured that all of the issues highlighted by SL are being addressed even if they were not discussed in detail as part of this meeting. It was agreed to address these questions in item 7.7.

**It was RESOLVED to NOTE the governor engagement feedback.**

MC/20/38c Assurance from Members' Council groups and Nominations Committee (agenda item 7.3)

AM advised to take the item as read.

**It was RESOLVED to RECEIVE the assurance from Members' Council groups and Nominations Committee**

MC/20/38d Quality report and accounts 2019/20 (agenda item 7.4)

AM noted that the Quality Report and Account 2019/20 was to be formally received by the Members' Council.

PS queried receipt of the report before this meeting. AM confirmed that the report has been reviewed through the Members' Council Quality Group (MCQG) prior to approval by Trust Board. AM reminded that this is a particular area of focus for the MCQG and that any governors with an interest in this are welcome to attend the group meetings even if they are not a group member.

PS advised that he would raise any issues and comments through the MCQG.

**It was RESOLVED to RECEIVE the Quality report and accounts 2019/20.**

MC/20/38e Members' Council election 2021 (agenda item 7.5)

Aimee Willett (AW) updated the Members' Council to inform of the upcoming election the details outlined in the paper. AW confirmed that governors would receive a letter outlining all of the seats vacant, or becoming vacant, in 2021 and the process for nomination and elections.

BC noted that elections have been deferred locally and queried if that would impact on the governor elections. AW confirmed that Civica, who run the election on behalf of the Trust, has confirmed that they will be able to run the election to the timescale outlined in the paper.

**It was RESOLVED to RECEIVE the update on the Members' Council elections 2021.**

MC/20/38f Trust Constitution update (agenda item 7.6)

AM outlined that resource has been taken up with the Covid-19 response and further work will on the Trust Constitution will be pushed back with an aim to review by April 2021. The Executive Management Team (EMT) has discussed the deferral and has not identified any significant risks as a consequence of delaying the review.

**It was RESOLVED to NOTE the update in relation to the ongoing review of the Trust's Constitution.**

MC/20/38g Integrated Performance Report (IPR) (agenda item 7.7)

Mark Brooks (MB) talked through which directors would cover which sections of the presentation.

Performance metrics – MB highlighted the following key points:

- Areas highlighted in green are good, those in red highlight where the Trust is not meeting performance targets.
- MB advised that TB would provide further information later in the presentation on the increase in out of area admissions for children.

- Improving access to psychological therapies (IAPT) is now back on schedule following a dip during the first wave of the Covid-19 pandemic.
- MB noted that there is no target for serious incidents (SIs) however this is included in the report to show the trend. With a tolerance in place, MB noted that this is fairly static.
- Information governance (IG) confidentiality breaches have increased. This is due to staff adapting to working from home and some normal processes and checking have not been undertaken. Work on an improving awareness programme is underway to try to reduce the number of breaches.
- Child and adolescent mental health services (CAMHS) referral to treatment rates are improving.
- Finance – the Trust was able to break even during the first two quarters due to financial arrangements in place relating to Covid-19. Financial planning for the remainder of the year continues.
- Core levels of staff sickness (non-Covid-19 related sickness) are currently lower than usual. MB added that the Trust also has more staff than this time last year and that there currently is a lower turnover of staff. MB acknowledged that this could be related to Covid-19.
- MB talked through the Covid-19 response metrics and the differences since last quarter.

#### Quality – TB highlighted the following key points:

- Throughout the Covid-19 pandemic, cohorting arrangements have been in place. Some sections of wards have been isolated where there have been positive Covid-19 diagnoses.
- Enhanced support was provided into care homes and it is anticipated that this will increase again during the second wave of the pandemic.
- The Trust is alert to the fact that the digital offer is not appropriate for everyone and continue to review arrangements in place and offer face to face where required.
- As part of the Friends and Family Test (FFT) 52 of 484 respondents rated the service as poor or very poor. TB noted that the majority of issues raised related to the pandemic such as lack of face to face appointments or service users feeling staff were not wearing the appropriate personal protective equipment (PPE).
- The Trust has reinforced the importance of receiving feedback and has changed the way that feedback is received. 55% of feedback in September 2020 was received by text message.
- Safer staffing levels – TB advised that occasionally staffing levels are over 100% due to the specific needs of a service user and the extra support required. TB noted that this is only relevant to inpatient wards.
- TB explained that higher levels of acuity have been apparent since the early stages of the Covid-19 pandemic which means that some service users are accessing services at a later stage in their illness and therefore require additional levels of support.
- Incident reporting – TB noted that all incidents recorded as amber and above are reviewed on a weekly basis to ensure that the right action has been taken and that learning from incidents is shared immediately.
- A scan of all incidents recorded where Covid-19 is listed as part of the incident takes place, particularly any incidents related to self-harm and suicide.

#### NHS Improvement national targets compliance – MB highlighted the following key points:

- During the Covid-19 pandemic, the Trust has maintained meeting most of the key performance indicators (KPIs).
- Diagnostic metrics were suspended at the beginning of the Covid-19 pandemic.

#### Workforce – AGD highlighted the following key points:

- Although non-Covid-19 related sickness levels have reduced, AGD noted that sickness absence due to stress and anxiety have increased.
- The Occupational Health service continue to look at different ways to support staff.
- There is an organisational push for frontline staff to receive the flu vaccine. As in previous years, there is a staged approach to vaccines and frontline staff are targeted first before the vaccine is opened up to all staff.

- The appraisal process has been resumed following a pause due to the Covid-19 pandemic, AGD added that a new e-appraisal system launched at the beginning of the year.
- AGD noted that action plans are being developed at a local level in support of the feedback staff have given through the staff survey in relation to health and wellbeing.

Financial performance – MB highlighted the following key points:

- The Trust was able to break even due to temporary finance arrangements in place for the first part of the year.
- MB noted that this would be more challenging for the remainder of the year. The Trust has been provided with one month's income to ensure suppliers are paid on time. MB noted an increase in pressure in inpatient services as services are spending more than they did previously.

AM asked for any questions in relation to the IPR presentation.

JL queried the safer staffing levels referred to for Appleton and Priestley and how many times the fill rate fell below 90%. TB responded to say that this was on four or five occasions and was not for the whole period referenced in the report.

SL queried if the number of video consultations was considered average or low. RW responded to say that the Trust has recently received national benchmarking reports including the levels of digital consultations which will be discussed by the EMT and can then be fed back.

**Action: Mark Brooks / Tim Breedon**

SL continued by asking about the safer staffing levels on wards and suggested this seemed a higher number of staff than was apparent when he had been a patient at Calderdale Royal Infirmary (CRI). AM confirmed that the CRI is run by Calderdale & Huddersfield NHS Foundation Trust hospital and not part of South West Yorkshire Partnership Trust. She also referred to TB's earlier point explaining the reason for increased staffing levels in some of our inpatient areas.

SL queried what a 'never event' was and TB responded to say that this is a specified event that should never happen within the Trust services.

SL asked if, as part of the FFT surveys, the right questions are being asked and if they are relevant. TB outlined that the questions included in the survey are specified nationally and the Trust recognises the limitations of restricted options.

PS queried which services that had been halted due to the Covid-19 pandemic had not yet restarted. TB responded to say that the Trust has tried to maintain an offer across all services and is now aiming to move back to the levels of service provided before the pandemic.

Adam Jhugroo (AJ) queried what plans were in place with regards to poor results in the staff health and wellbeing survey relating to poor psychological and physical health. AGD outlined that support to staff has been part of the response to the Covid-19 pandemic. The Occupational Health helpline was set up quickly and can still be accessed and a workforce support hub which offers a range of support and information regarding building resilience and keeping well is available. Further work is ongoing to look at how teams can build resilience together.

Lisa Hogarth (LH) noted that a lot of services that provide support to young people have been impacted and delayed, that young people have been placed on adult wards and was concerned that decisions made by the Trust may impact on young people. TB responded to say that the Trust is not commissioned to provide inpatient beds for children and young people and placements are only made into our adult wards when it is in the interest of safety of service users as "the least worst option". A new unit with 22 beds for children and young people is being built in Leeds and should be available in October 2021. This issue is discussed regularly by the Trust's Operational Management Group (OMG).

LH continued by asking to what extent the Board is considering working from home for staff in terms of risk assessments, financial impact and staff wellbeing. AGD noted that this will be considered as part of the health and wellbeing review and picked up in staff appraisals. The Trust is moving from what was an emergency response to the Covid-19 pandemic to a long-term response. The Trust is in the process of finalising a working from home risk assessment process which will be sent to all staff and will include cataloguing what equipment staff have and what they need. Further discussions are set to take place with regards to reviewing the home working policy and ensuring that staff are not out of pocket.

AM asked that any further questions were submitted outside of the meeting.

**It was RESOLVED to RECEIVE the update in relation to the IPR.**

MC/20/38h Highlight report – how demand for mental health and learning disability services will be changing in light of Covid-19 and what that means for our services (agenda item 7.8)

Sean Rayner (SR) introduced the presentation which included what the future demand on services might be based on the available intelligence, and how the Trust would meet that need.

SR noted a potential increase in the demand for mental health services related to times of economic hardship. The Trust services operate as part of a wider health and care system and changes to service arrangements at different levels have potential impacts on other areas in the system.

As governors had not had chance to review the slides in advance of the meeting due to significant demand pressures on the executive team, AM advised questions would be received outside the meeting and discussed at the next Members' Council meeting.

**It was RESOLVED to RECEIVE the update in relation to how demand for mental health and learning disability services will be changing in light of Covid-19 and what that means for our services.**

#### **MC/20/39 Trust Board Appointments (agenda item 8)**

*AM reported she needed to vacate the chair due to a conflict of interest. Items relating to the appointment or remuneration of the Chair or Non-Executive Directors had to be chaired by the lead governor, John Laville. Directors left the discussion for this item. Alan Davis (AGD) remained to support JL with any questions about process.*

#### MC/20/39a Review of Chair's remuneration (agenda item 8.1)

JL talked through the process and background of the paper.

Trevor Lake (TL) advised that he would abstain from the decision for this item as he is a Chair from a neighbouring trust.

TW noted that the Chair would not receive any further increase in the future unless NHSI increase their scale. TW also noted that NED roles are part time, and this should be considered in line with remuneration reviews.

RM noted that the Nominations Committee had been through a thorough process and comprehensive conversation before making the recommendation to the Members' Council. DDe supported RM's comments and added that technical aspects were discussed by the Nominations Committee.

Tom Sheard (TS) confirmed that AM is a high performing Chair and would support the recommendation. JL asked for a vote and the Members' Council agreed to recommendation unanimously.

**It was resolved to CONSIDER and AGREE the recommendation of the Nominations Committee to increase the Chair's remuneration to £50,000pa effective from the date of reappointment on 1 December 2020.**

*AM re-joined the meeting.*

MC/20/39b Appointment of the Deputy Chair / Senior Independent Director (agenda item 8.2)  
JL ran through background of the paper and the process.

PS outlined that this is not a competitive process, but governors still need to be assured that they appoint the right person for the role. PS queried if CJ has the genuine independence and assertiveness for the role as he was appointed as a NED in 2019. JL advised that CJ has previously been a NED with the Trust and AGD confirmed this.

DDe responded to PS's query advising that CJ's ability to perform role was discussed by the Nominations Committee who agreed that he could fulfil role, and that any required support can be discussed further by the Nominations Committee.

AM supported what has been said and advised that from CJ's most recent appraisal, independence was one of the strongest factors following feedback from colleagues. The Nominations Committee felt CJ to be a very strong candidate based on knowledge from current and previous term of office.

**It was RESOLVED to APPROVE the recommendation from the Nominations Committee on the appointment of Chris Jones as Deputy Chair / Senior Independent Director from 1 February 2021 until the end of his term of office, 4 August 2022.**

**MC/20/40 Any other business (agenda item 9)**

No further items received.

**MC/20/41 Closing remarks, work programme, and future meeting dates (agenda item 10)**

**It was RESOLVED to RECEIVE the work programme for 2020/21**

Members' Council Meetings 2020/21

The dates for the remaining Members' Council meetings in 2020/21 held in public were noted as follows:

- 29 January 2021, afternoon meeting

AM closed the meeting with a further thank you to RM.

**Signed:**

**Date:**

**Notes of the Annual Joint Trust Board and Members' Council meeting  
held on 30 October 2020 virtually via Microsoft Teams**

<b>Present:</b>	Angela Monaghan (AM)	Chair
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Dylan Degman (DDe)	Public – Wakefield
	Daz Dooler (DDo)	Public – Wakefield
	Lisa Hogarth (LH)	Staff – Allied Healthcare Professionals
	Tony Jackson (TJ)	Staff – Non-Clinical Support Services
	Adam Jhugroo (AJ)	Public – Calderdale
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Cllr Steven Leigh (SL)	Appointed – Calderdale Council
	Ros Lund (RL)	Appointed – Wakefield Council
	Ruth Mason (RM)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Tom Sheard (TS)	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Tony Wilkinson (TW)	Public – Calderdale
<b>In attendance:</b>	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance & Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Chris Jones (CJ)	Non-Executive Director
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Rob Webster (RW)	Chief Executive
	Laura Arnold (LA)	Secretary to the Chair, Non-Executive Directors and Members' Council
	Aimee Willett (AW)	Corporate Governance Manager (author)
<b>Apologies:</b>	<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
	Evelyn Beckley (EB)	Appointed – Staff Side organisations
	Jackie Craven (JC)	Public – Wakefield
	Adrian Deakin (AD)	Staff – Nursing
	Carol Irving (CI)	Public – Kirklees
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Debs Teale (DT)	Staff – Nursing support
	Barry Tolchard (BT)	Appointed – University of Huddersfield

#### Attendees

Carol Harris (CH)  
Subha Thiyagesh (ST)  
Salma Yasmeen (SY)  
Sam Young (SYo)

Director of Operations  
Medical Director  
Director of Strategy  
Non-Executive Director

### **Welcome, introductions and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

AM explained the logistics of how the meeting would be run due to it being conducted virtually through Microsoft Teams. Attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

AM noted that this meeting was an opportunity for governors to be involved in discussion regarding future plans and to support them in their role of holding Non-Executive Directors (NEDs) to account for the performance of the Board.

### **The role and importance of governors (agenda item 2)**

AM provided an overview of the structure of the Members' Council.

John Laville (JL) gave an overview of the remaining slides relating to the role and importance of governors. Key points included:

- The importance of governor engagement within their place, and the actions in place to increase engagement.
- Examples of governor duties and activities over the past 12 months to fulfil those duties.

### **Update on our strategic context (agenda item 3)**

Rob Webster (RW) provided an overview of the information provided in the slides relating to the Trust's strategic context and environment, including integrated care system (ICSs) and other local developments.

RW noted that the government has recognised that places matter and that planning done through systems rather than organisations will be more effective.

RW added that before the Covid-19 pandemic, the Trust was working with partners to provide joined-up care across the footprint, as outlined in the slides. During the pandemic, this has proven to be helpful and successful within communities.

### **Update on our vision, mission, values, strategic objectives and strategic ambitions (agenda item 4)**

RW talked through the information provided in the slides and outlined that the Trust strategy is to ensure the organisation remains responsive and aligned to plans.

RW talked through the Trust's strategic objectives and the emphasis and focus across the four key strategic areas: improve health, improve care, improve our use of resources, and make this a great place to work.

RW noted that some tweaks have been made to Trust strategic ambitions and direction as a consequence of the Covid-19 pandemic.

Bob Clayden (BC) suggested that the mental health alliance in Wakefield seems to be struggling to secure finance to fund a job role. It was queried whether this related to the Positive Mental

Health Network as opposed to the mental health alliance. It was agreed that Sean Rayner (SR) would discuss with BC outside of the meeting.

**Action: Sean Rayner**

JL queried if system working added another layer of bureaucracy and if it took 'care closer to home' further away from each place. RW responded to say that the arrangements were not prescriptive, except in some circumstances, and the provider alliance allowed services within a sector to work together. RW noted that Clinical Commissioning Groups (CCGs) like the system working and the arrangements in place are working. RW added that services still try to work as closely to a person as possible, and only at a system level if required.

Tony Wilkinson (TW) noted that there is no reference in the Trust strategy to the wider concept of integrating social care and asked if this was not invited or if there were no opportunities at this stage. RW responded to say that social care was integral to plans.

### **Our future plans (agenda item 5)**

AM explained the next part of the meeting would include a presentation from Mark Brooks (MB) followed by group discussions facilitated by NEDs. AM advised that all governors had been allocated a group and would need to use the Teams link provided to access the group.

MB provided an overview of the presentation noting that due to the Covid-19 pandemic, planning was suspended with the focus on the response to the pandemic and business continuity. The Trust has been involved with shaping ICS plans that were submitted in October 2020, and the Trust has submitted plans for workforce, activity, mental health investment and finance.

MB gave an overview of the key points from planning and response guidance and urgent actions to address inequalities outlined in the presentation.

MB asked the governors groups to discuss at least two of the following topics:

1. What can we do as a Trust and working with our partners to reduce inequalities in the provision of services?
2. Is there any further action we can take to support staff wellbeing during the period of the pandemic?
3. What are your views regarding how we should restore our core service provision e.g. use of video, telephone, face to face? What about the use of group therapy? How do we balance the need for safety with allowing visitors?
4. Responding to climate change and the sustainability agenda remain key priorities. Do you have any thoughts about actions the Trust can take to improve further in this area?

TW requested further details on the concept of integration in the NHS and noted involvement with social care services is vitally important for the arrangement of care for people with Alzheimer's. AM responded to say that social care and health integration is included in each place at a West Yorkshire and South Yorkshire level and agreed communication of this to governors should be improved.

**Action: Salma Yasmeen / Sean Rayner**

### **Group 4 feedback provided by Kate Quail (KQ)**

What are your views regarding how we should restore our core service provision e.g. use of video, telephone, face to face? What about the use of group therapy? How do we balance the need for safety with allowing visitors?

- The group discussed digital inclusion issues and the need to ensure service users are comfortable or able and are supported as much as possible when using technology.
- The group felt telephone contact should be discouraged as service users cannot see non-verbal communications.



- Face to face, group and 1:1 sessions should be resumed when possible and a choice should be offered to service users as some may prefer virtual contact. If and when face to face contact is resumed, large rooms with adequate ventilation should be used, and staff and service users need to have the correct personal protective equipment (PPE).
- The safety of visitors should also be considered, and the group suggested taking visitor's temperature on entering the premises, plus checking if people say they are exempt from wearing a face mask.

Is there any further action we can take to support staff wellbeing during the period of the pandemic?

- The Trust should continue actively supporting people and the group suggested a wellbeing champion in each business delivery unit (BDU) who was not a staff member's line manager to offer additional support. The group noted that some other organisations such as the housing association have wellbeing officers for staff.

KQ noted that there were some additional points from the group that she would collate and circulate.

#### Group 3 feedback provided by Ruth Mason (RM) and Erfana Mahmood (EM)

What are your views regarding how we should restore our core service provision e.g. use of video, telephone, face to face? What about the use of group therapy? How do we balance the need for safety with allowing visitors?

- The group felt that returning to face to face sessions was important, as well as keeping patients and service users at the heart of what we do.
- The group discussed the 'digital divide' and the need to take into account that some people have access to technology whereas others do not. The group suggested that the Trust should be an advocate for closing the divide and work closely with partners to help with this.

Responding to climate change and the sustainability agenda remain key priorities. Do you have any thoughts about actions the Trust can take to improve further in this area?

- EM outlined that the group felt the Trust had had some 'quick wins' through the estates and sustainability strategies and discussed how governor input on climate change and sustainability could be improved suggesting a discussion took place at a future session.
- The group also felt it would be useful to have the engagement of staff to progress this agenda.

#### Group 2 feedback provided by Charlotte Dyson (CD)

What can we do as a Trust and working with our partners to reduce inequalities in the provision of services?

- The group outlined a number of key points including understanding who the most vulnerable people are, especially those who are difficult to reach. The Trust needs to provide services that meet their needs, not what we think they need.
- Systmone is a good system, however, does not meet all needs. There could be a literacy barrier, and some may not be able to complete forms or may not have access to digital services.

Responding to climate change and the sustainability agenda remain key priorities. Do you have any thoughts about actions the Trust can take to improve further in this area?

- The group suggested the Trust could learn from other organisations.
- The group discussed national guidance on how the Trust should manage sustainability issues.
- The group felt that the Trust should ensure it works with partners to make sure we are procuring in the right way and supporting and reinvesting in the local economy.

Group 1 feedback provided by Chris Jones (CJ)

What can we do as a Trust and working with our partners to reduce inequalities in the provision of services?

- The group discussed how the voice of young people is heard across services and how this could be improved.
- The group acknowledged digital inclusion and exclusion and how service users can express a choice around this.
- The group outlined the importance of the Trust being culturally accessible for all of the communities we serve, particularly around language.

Is there any further action we can take to support staff wellbeing during the period of the pandemic?

- The group noted the importance of ensuring that staff feel valued and feel that they are engaged in decision making in the response to the Covid-19 pandemic.
- Messages and systems need to be as clear and simple as possible.
- Staff need to be encouraged to take leave and take care of themselves.

AM thanked all of the directors and governors for their input and noted that the above feedback would be considered by the Members' Council Co-ordination Group regarding future areas of focus for the Members' Council.

**Action: Members' Council Co-ordination Group**

## MEMBERS' COUNCIL 30 OCTOBER 2020 – ACTION POINTS

= completed actions

### Actions from 30 October 2020

Minute ref	Action	Lead	Timescale	Progress
MC/20/32	It was noted that a couple of governors did not receive hard copies of the papers in advance of the meeting, and that some papers were not received. AM advised that the team would contact those governors outside the meeting, and that presentation items would be presented at the meeting and circulated afterwards to all governors.	Laura Arnold	October 2020	Complete.
MC/20/34	Tony Wilkinson (TW) advised of one amendment to his constituency (Calderdale, not Wakefield) in the attendance list was required [in the minutes of the meeting held 31 July 2020].	Aimee Willett	October 2020	Complete.
MC/20/36	Dylan Degman (DDe) noted that the Trust previously launched an improvement network which offered the opportunity for people to become improvement facilitators. DDe queried if there were any more licences available and if this opportunity could be extended again to governors. AM confirmed that this has previously been offered to governors and to other volunteers within the Trust. TB advised that there were a small number of licences available, and he would confirm how many were available. Once this information was received, governors would be notified.	Tim Breedon	November 2020	Update January 2021: IHI licence allocation is being reviewed during Q4 20/21 and governors will be notified of availability once complete.
MC/20/37	Bob Clayden (BC) informed that he was a member of a support group in Wakefield and queried if the group would be legally allowed to continue to meet under the tier 3 restrictions. RW noted that the Trust would be able to offer advice and guidance regarding this, and TB would contact BC outside of the meeting.	Tim Breedon	November 2020	Complete.
MC/20/38a	JL noted that there are currently no metrics or timings against the objectives and that this would be discussed once they were agreed.	Members' Council Co-ordination Group	December 2020	Timings and metrics were discussed at the last Members' Council Co-ordination Group on 14 December 2020.

<b>MC/20/38a</b>	JL and BB began holding six-weekly meetings with governors earlier in the year and have held 1:1 discussions with individual governors with the aim to improve communication and ensure governors felt like they were part of a team. The next round of meetings were likely to take place before the end of November.	John Laville / Bill Barkworth	November 2020	Complete. Meetings held in November, future meetings to be scheduled.
<b>MC/20/38a</b>	Ongoing work with the Equality, Involvement and Communications team would consider key groups in in each area and look at mapping to identify gaps, where the Trust and governors are involved currently and where we can be involved further.	Dawn Pearson	TBC	January 2021 update - Ongoing as part of the Equality, Involvement, Communication and Membership strategy.
<b>MC/20/38a</b>	AM advised that one change was needed to this section of the objectives as the governors were holding NEDs to account for the performance of the Board rather than Executive Directors as currently stated.	Aimee Willett / Laura Arnold	October 2020	Complete.
<b>MC/20/38a</b>	Phil Shire (PS) queried how to get greater diversity across the governors and membership, and BC queried the recording of equality and diversity information. RW added that there also needed to be support to encourage individuals with a learning disability to nominate to become a governor. RW advised that one way to encourage this is through refresh of the election materials.	Aimee Willett / Equality, Involvement and Communications Team	December 2020	Complete– equality and diversity information is collected through membership applications. This information has been shared with engagement colleagues. Election materials and timescales for election shared with comms and engagement colleagues.
<b>MC/20/38a</b>	BC advised that he has been offered a chance to promote the elections in a newsletter for a group that he is currently involved with. It was agreed that this information would be sent to BC.	Aimee Willett	December 2020	Complete.
<b>MC/20/38f</b>	SL queried if the number of video consultations was considered average or low. RW responded to say that the Trust has recently received national benchmarking reports including the levels of digital consultations which will be discussed by the EMT and can then be fed back.	Mark Brooks / Tim Breedon	January 2021	Complete. Following discussion by EMT, this will be reflected in Q3 IPR update.

#### **Actions from 30 October 2020 (joint Trust Board and Members' Council meeting)**

<b>Minute ref</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress</b>
<b>Joint TB/MC-1</b>	Bob Clayden (BC) suggested that the mental health alliance in Wakefield seems to be struggling to secure finance to fund a job role. It was queried whether this related to the Positive Mental Health Network as opposed to the mental health alliance. It was agreed that Sean Rayner (SR) would discuss with BC outside of the meeting.	Sean Rayner	October 2020	Complete.

<b>Joint TB/MC-2</b>	TW requested further details on the concept of integration in the NHS and noted involvement with social care services is vitally important for the arrangement of care for people with Alzheimer's. AM responded to say that social care and health integration is included in each place at a West Yorkshire and South Yorkshire level and agreed communication of this to governors should be improved.	Salma Yasmeen / Sean Rayner	January 2021	Complete. Previous updates provided to Members' Council through priority programme updates and strategy updates. The Brief goes out to all Governors and they were also issued last month with a copy of 'Our Year' which summarises the services we provide in each of our areas. Happy to provide an update at a future meeting if that will be helpful.
<b>Joint TB/MC-3</b>	AM thanked all of the directors and governors for their input and noted that the above feedback would be considered by the Members' Council Co-ordination Group regarding future areas of focus for the Members' Council.	Members' Council Co-ordination Group	December 2020	Complete – added to Members' Council Co-ordination group agenda for 8 March 2020.

#### **Actions from 31 July 2020**

<b>Minute ref</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress</b>
<b>MC/20/25</b>	AM reported the topic of recording meetings had been looked at in detail. This meeting was being recorded and the reasons had been explained. Any member wishing to record the meeting for inclusion purposes could contact the Trust to seek permission to record the meeting. This would be formalised within the Constitution review in October 2020.	Andy Lister	April 2021	The constitution update has been deferred due to the second wave of Covid-19 to April 2021.
<b>MC/20/26</b>	AM reported that <i>The Headlines</i> in particular were aimed at staff. Should governors require particular access to an item they could request it through the membership office. Dawn Pearson was looking at a potential 'governor intranet' as part of her inclusion work and AM would check what, if any progress had been made on this given the current situation with Covid-19.	Angela Monaghan	TBC	Work on the governor intranet has been delayed due to Covid-19. Unable to provide a timescale at present.
<b>MC/20/27i</b>	TB agreed that there was scope for work to be done in respect of letters and the language used. AM clarified that a previous meeting had been arranged for CI to meet with Mike Doyle to discuss this issue. Given governor absence and then recent events, this had been unable to take place. TB agreed to set up a meeting with CI and Mike	Tim Breedon	January 2021	TB updated at Members' Council 30 October 2020: a meeting will be arranged and facilitated via MS Teams.

	Doyle to review language in letters to service users. AJ also reported he would like to be involved in this work.			Update January 2021: Discussed at Members' Council Quality group and added to action log for follow up. Member of Quality team contacting CL during January 21 to progress.
<b>MC/20/27i</b>	<p>Paul Batty (PB) commented that Assertive Outreach Teams (AOT) used to deal with service users who were likely to disengage. The FACT (Flexible Assertive Community Treatment) model currently in use had the potential to lose those service users that were disengaging, especially those that were quiet and made very little contact.</p> <p>TB reported that when transitions were made in the models of care it was important not to lose sight of any gaps and continue to evaluate things. The development of community forensic teams across the system was an ongoing piece of work with the forensic commissioners. This would be a useful point of discussion in the MCQG.</p>	Tim Breedon	November 2020	Update January 2021: Added to the Members' Council Quality Group work plan.

Members' Council  
29 January 2021

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

**Purpose**

Keeping you informed. The papers and presentations provided to the Members' Council, plus the weekly *Headlines*, and *The View*, and the monthly *The Brief*, all of which are circulated to Governors, provide comprehensive and up-to-date information on Trust performance and activity.

In addition, during the pandemic, the Chair and Chief executive have continued to offer governors monthly question and answer (Q&A) sessions, and governors have received the Chief executive's *Coronavirus Update*, now produced weekly (118 editions to date).

This report aims to supplement these by highlighting:

- Chair and NED activity since the previous Members' Council meeting;
- key issues discussed at Board meetings in the last quarter; and
- any other current issues of relevance and interest to Governors not covered elsewhere in the agenda.

**Recommendation**

**Governors are recommended to note the contents of this report and raise any items for clarification or discussion.**

**1. Chair and Non-executive Director activity since 1 November 2020**

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 held on 30 October 2020. Please note that NEDs are expected to work around 3 days a month and the Chair around 3 days a week, although in practice all work considerably longer.

Due to Covid-19, the Chair and NEDs are continuing to work largely from home and meetings are conducted virtually. This means they have been able to carry out the core part of their roles, using digital technology, but have had limited opportunity to engage directly with service users, carers and staff outside of governance meetings.

The Chair and NEDs have attended a wide range of webinars, development events and virtual meetings to keep up-to-date on policy and governance matters, both nationally and regionally.

**Governance meetings – Chair and NEDs:**

Since the last report, the Chair and NEDs have prepared for and attended three Board meetings (see below for further details), plus the following committees and governance groups:

- Audit Committee (5 January 2021) – Mike Ford (chair), Sam Young, Chris Jones
- Clinical Governance and Clinical Safety Committee (10 November 2020) – Charlotte Dyson (chair), Angela Monaghan, Kate Quail
- Finance, Investment and Performance Committee (26 October and 24 November 2020 and 25 January 2021) – Chris Jones (chair), Sam Young, Kate Quail
- Workforce and Remuneration Committee (12 November 2020 and 19 January 2021) – Sam Young (chair), Charlotte Dyson, Angela Monaghan
- Mental Health Act Committee (3 November 2020) – Kate Quail (chair), Erfana Mahmood, Charlotte Dyson
- Equality and Inclusion Committee (8 December 2020) – Angela Monaghan (chair), Erfana Mahmood, Chris Jones, Mike Ford
- Charitable Funds Committee (24 November 2020) – Erfana Mahmood (chair), Angela Monaghan, Mike Ford
- Nominations Committee (22 December 2020 and 20 January 2021) – Angela Monaghan (chair)
- Members' Council Coordination Group (14 December 2020) – Angela Monaghan, Charlotte Dyson
- Barnsley Integrated Care Partnership Group (29 October and 26 November 2020 and 28 January 2021) – Angela Monaghan
- West Yorkshire & Harrogate (WYH) Health & Care Partnership Board (1 December 2020) – Angela Monaghan
- WYH Mental Health, Learning Disability & Autism Collaborative Committees in Common (21 January 2021) – Angela Monaghan
- South Yorkshire & Bassetlaw (SYB) Collaborative Partnership Board (8 January 2021) – Angela Monaghan
- Interim Clinical Ethics Advisory Group (18 November 2020) – Angela Monaghan

**The following gives a high-level summary of the additional activity undertaken by the Chair and NEDs during this period:**

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

- monthly meetings with the Lead Governor and Deputy Lead Governor
- Governor Q&A sessions (monthly)
- New Governor induction meetings – Cllr Steven Leigh, Andrea McCourt, Tony Wright



- West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
- *Moving Forward* graduation event
- Celebrating Carers Rights Day and Launch of Carers Passport
- monthly Trust Welcome Events for new staff and volunteers (virtual)
- 1:1 meetings with chief executive, Rob Webster (weekly)
- 1:1 meetings with Deputy Chair (monthly)
- Reciprocal mentoring programme
- Extended Executive Management Team
- Consultant recruitment interview panels
- LGBT+ staff network meeting
- Induction meeting with BAME staff network Chair, Manreesh Baines
- Induction meeting with new Deputy Director of HR, Lindsey Jensen

**Chair external activity:**

- Chair of monthly health and care system meetings with MPs from North Kirklees and Wakefield
- Regular meetings with other NHS provider chairs in region
- NHS Confederation Mental Health Network weekly governance webinars for NHS Trust chairs
- SYB mental health, learning disability & autism alliance workshop
- Yorkshire & the Humber NHS Trust Chairs' network meeting
- Informal discussions with potential applicants for the NED role
- NHS Providers Chairs' and Chief Executives' Network meeting
- NHS England/King's Fund roundtable discussion: the role of the NHS as an anchor organisation
- Y&H Academic Health Science Network roundtable to explore sustainable health innovation

**Additional NED activity:**

- All:
  - Holding NEDs to account session
  - Trust Board engagement events with staff side representatives (December) and representatives of the staff carers' network (January) to listen to the experience and feelings of staff
  - NEDs' monthly meeting
  - Corporate trustee training
- Chris Jones:
  - Contributed to the IPR development review
  - Attended the SYB mental health, learning disability and autism alliance initial meeting
  - Attended WYH mental health, learning disability and autism collaborative meeting
  - Met Lead Freedom to Speak Up Guardian (FTSUG)
  - Met General Manager for Kirklees and Calderdale CMH services
  - Attended Board agenda setting

- Charlotte Dyson:
  - NED recruitment shortlisting and interview panel
  - Induction meeting with new Deputy Director of Nursing & Quality, Darryl Thompson
- Mike Ford:
  - Completion of SWYPFT induction programme
  - Attendance at NHS Providers New NEDs' training programme
  - Participation in PwC facilitated NED Network events on topics including "How to ensure appropriate level of assurance during pandemic" and "What does System by Default mean?"
  - Involvement in IPR development review
  - Attendance at Chartered Accountants webinar on delivering an inclusive workforce
  - Discussions regarding relaunch of Staff Disability Network
  - Attendance at NHS Providers NED network event
  - Meeting with Assistant Director of IT to review updated Digital Strategy
- Kate Quail:
  - Involvement in IPR development review
  - West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
  - Participation in PwC facilitated NED Network event on ICS developments

## **2. Non-Executive Director Recruitment**

The Nominations Committee agreed, at their meeting in November, to undertake recruitment for a new Non-Executive director to replace Charlotte Dyson when she completes her second term of office on 30 April 2021.

It was agreed, following discussion with the Board, that we should seek someone with senior-level experience and skills in workforce / HR / organisational development, and/or with a senior clinical background.

Recruitment opened on 18 November and closed on 16 December. We received a total of 18 applications and shortlisted 6 for interview.

All 6 candidates met with three stakeholder groups on 7 January, representing governors, staff, and service users and carers.

Interviews were held on 12 January and a recommendation for appointment made to the Nominations Committee, which is meeting on 20 January. The final recommendation for appointment is coming to the Members' Council for approval on 29 January.

I would like to say a huge thank you to all the governors who supported this process.

## **3. Key issues discussed at Board meetings**

Since the previous Chair's report, the Board has met three times (virtually) and the key items discussed are highlighted below.

Governors are welcome and encouraged to attend all public Board meetings (virtually at present) and there is the opportunity to raise questions and comments at the end of each meeting, which are recorded in the minutes. Papers are available on our website a week before at [www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting](http://www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting) and for all previous meetings.

#### **Standing items:**

There are 8 public board meetings a year plus four strategic board meetings held in private. At every public board meeting, we start the meeting with a **service user, carer or staff story**, receive a report from the Chief Executive setting out the current context and relevant national developments, discuss the monthly **Integrated Performance Report (IPR)** including the finance report, receive updates on **business developments** in our two integrated care systems (West Yorkshire & Harrogate and South Yorkshire & Bassetlaw), and receive **assurance from our board committees**.

In addition, 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, which is received at every board meeting.

#### **1 December 2020 - performance and monitoring meeting:**

In addition to the standing items, the public Board:

- Agreed to support the Calderdale Care Closer to Home Alliance Partnership Agreement.
- Approved the new Equality, Involvement, Communications and Membership Strategy and delegated responsibility for agreeing and monitoring the action plans to the Equality & Inclusion Committee.
- Received an update on our emergency preparedness, resilience and response (EPRR) compliance.
- Received the 6-monthly report on safer staffing.
- Received a report on sustainability performance in 2019/20 and development of the Trust's new sustainability strategy.

There were no questions from members of the public at this meeting.

In the **private session**, the board received a verbal update on serious incident investigations; discussed commercially confidential business developments including integrated care developments in Barnsley and provider collaborative developments in West Yorkshire; discussed the national proposals for developments in integrated care systems; and discussed board succession planning.

There was also a meeting of the **Corporate Trustee** in December. This is the governing body for SWYPFT's four linked charities – EyUp!, Creative Minds, Spirit

in Mind, and the Mental Health Museum. It received assurance from the Charitable Funds Committee on the operations of the charities.

It was reported that members of the Corporate Trustee attended a training session on 12 November, run by Hempsons, on their duties and responsibilities as trustees.

**15 December 2020 – strategic board:**

Strategic board meetings take place in private and enable the board to discuss and develop policy and strategy, as well as undertake board development.

At this meeting, the board:

- discussed the NHS England/Improvement proposals on **integrated care system developments** and agreed our response to the consultation. See *the Trust's submission attached*.

We also contributed to submissions from each of the place-based partnerships in Barnsley, Calderdale, Kirklees, and Wakefield, the West Yorkshire & Harrogate Mental Health, Learning Disability and Autism Collaborative, the West Yorkshire & Harrogate ICS, and the South Yorkshire & Bassetlaw ICS. All these submissions were prepared at short notice over the Christmas and New Year holiday period and submitted by the deadline of 8 January.

- Received a presentation from WRM (sustainability consultants) and discussed the Trust's new **sustainability strategy** and production of the Green Plan.
- discussed the Trust's **stabilisation and recovery plans** in response to Covid.
- Held the first session in a Board development programme on ***Leading for Inclusion***.

**26 January 2021 – business and risk meeting**

The January meeting is taking place just prior to the Members' Council on 26 January. I will be able provide a verbal update at the Members' Council meeting.

**Angela Monaghan**  
**Chair**

# Integrating Care - Next steps to building strong and effective integrated care systems across England – DRAFT Trust Response

Organisation	South West Yorkshire Partnership NHS Foundation Trust
Name	Chair - Angela Monaghan/CEO - Rob Webster

## Legislative Proposals:

*Q1. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?*

### Comments:

#### Agree

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) welcomes the publication of Integrating Care: Next steps to building strong and effective integrated care systems across England, which builds on the NHS Long Term Plan ambitions and the lessons learned from successful collaborations during the Covid-19 response as this represents a step change in the evolution of system working underpinned by detailed policy and proposed legislation. We welcome the continued focus on place, provider collaboration and system working.

We fully support the proposals that will enable us to embed the approach that is already well established through the two Integrated Care Systems that we are part of, West Yorkshire and Harrogate Integrated Care System (WYH ICS) and South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). The WYH ICS has built a system approach that clearly reflects the principles of subsidiarity and primacy of place. The key to making the step change will be to continue to build on the established relationships in each of the places that we provide services including Kirklees, Calderdale, Wakefield, Barnsley and across South Yorkshire and West Yorkshire.

As a Trust, we are already working with other providers across WYH and SYB through the Mental Health, Learning Disabilities and Autism collaboratives to ensure that we collectively improve care and services for people that we serve, including making best use of our collective resources, workforce and skills. This is evidenced through the WYH ICS new Eating Disorders model of care and Tier 4 CAMHS specialist unit that is in development and will enable young people to be cared for closer to home. The Trust is the identified lead provider for the WYH Forensic new models of care and also leads the Yorkshire and Humber Operational Delivery Network for Learning Disabilities.

We strongly support the approach that the WYH ICS has led in ensuring that local authorities, social care, VCS, educational bodies and other public services work together at place and system level to meet the needs of their populations.

In developing the proposals and legislative changes, we would welcome further consideration of the following key points:

- Greater clarity about the statutory accountability of organisations in relation to place, provider collaboratives in place and across ICS and the system. This clarity should be provided in parallel to the development of ICSs.

## Integrating Care - Next steps to building strong and effective integrated care systems across England – DRAFT Trust Response

- We would like to see a clear commitment and some assurances that all ICSs give equal voice to Mental Health, Learning Disability & Autism, Community and Primary Care. West Yorkshire and Harrogate has given equal and significant voice to all partners and is a recognised exemplar and we would want to see this continued and evident through all ICSs.
- Greater clarity on the potential role of the ICS in specialised commissioning and its impact on providers and collaboratives will be welcome.
- Greater clarity on social care funding and how pooled budgets will work in practice.
- Greater clarity on how ICSs will work together to ensure Trusts and providers that operate across more than one ICS geography are not disadvantaged and planning and governance is proportionate and simplified to enable them to continue to deliver services in communities.
- We would also encourage a change approach that is simple and clearly phased taking into consideration the impact on our collective workforce given the unprecedented demands on all health and care systems and our people that are experiencing fatigue.

**Q2.** *Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?*

**Comments:**

**Neutral**

Option 2 creates a simpler governance and assurance structure and has the potential to strengthen ICS level accountability. Any proposed changes will need to build on the progress that places and systems are making and not be received as a top down major restructure that distracts from the significant collective effort that will be required in 2021 to deliver our commitments to the public and fully restore services inclusively.

We welcome primacy of place, which is paramount in decision making and collaboration with communities and the public to tackle inequalities, address the wider determinants and improve health and care outcomes.

Our CCGs play a critical role in leading system integration, driving our population health-based approach and supporting the development of clinical leadership at place and neighbourhood level and ensuring clear and strong accountability. It is critical that if Option 2 is implemented, we would need to ensure that we can retain accountability, leadership capacity and skills at place level and that these are not weakened by the proposed changes. We must also retain the ownership of the ICS by the partners and build on the collaboration that has evolved over recent years and ensure that the role of the ICS in formal oversight does not dominate what should be a focus on working together at the most appropriate scale to best serve our differing populations.

Under either option, a clear transition plan for staff affected by the changes will be critical in minimising any disruptions and supporting our people during what is already an unprecedented and challenging time.

The focus on service user and wider public accountability measures outlined in the proposals are welcome and we would want to see these adopted and strengthened across all ICSs.

## Integrating Care - Next steps to building strong and effective integrated care systems across England – DRAFT Trust Response

*Q3. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?*

**Comments:**

**Strongly Agree**

We welcome local flexibility that enables us to continue to build on our success to date in each of the places that we provide services in partnership with Local Authorities and the voluntary and community sector. As an NHS provider, we are unsure as to the extent that local authorities can be mandated to participate in ICSs, however, we do believe that such partnerships only work when all relevant partners, according to local need, are considered part of the governance architecture. This is particularly important for us as a Trust that aims to enable people to live well in their communities and achieve their potential. This means supporting people as close to home and as part of their natural neighbourhoods and communities. We can only do this if local authorities, VCSE groups and Primary Care Networks work with us in partnership to redesign services to meet people's needs. These organisations must be represented equally in ICS governance as a result and we would expect permission to shape structures in this regard.

Whilst we welcome local flexibility, we would endorse a stronger commitment to ensure that the voice of the public and communities is strengthened and maintained in Place partnership arrangements through Healthwatch and the voluntary and community sector and through provider organisations.

*Q4. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?*

**Comments:**

**Agree**

We would support this approach in principle as there are clear advantages of commissioning strategically at system level and aligning resources and funding to population need, however, we would ask for greater clarity on the commissioning proposals and specifically how funding will be allocated and prioritised at both place level and ICS level simultaneously and how pooled budgets with Local Authority partners will work in practice. We would also want greater clarity on how existing contractual arrangements will be transitioned and what this will mean for provider organisations and Foundation Trusts.

**Other Comments:** *Please provide any other comments you have on the NHSE/I proposals.*

**Comments:**

Providers will be faced with significant additional roles and responsibilities. It will be important that the capacity for some functions currently held in CCGs is transferred to support providers or local place-based partnerships.

## **Integrating Care - Next steps to building strong and effective integrated care systems across England – DRAFT Trust Response**

There are opportunities to simplify and clarify the governance of Foundation Trusts. A review of the reporting requirements placed on FTs will be essential.

The role of other government departments, especially MHCLG and DFES, and other ALBs will need to change to reflect these developments.

Overall, we support the focus on accelerating digital innovation and transformation of services through clinical leadership and would want to see a stronger emphasis on an asset-based approach that also enables genuine and meaningful co-production with diverse groups and communities.



**Members' Council  
29 January 2021**

<b>Agenda item:</b>	<b>7.1</b>
<b>Report Title:</b>	<b>Governor engagement feedback</b>
<b>Report By:</b>	Corporate Governance Team on behalf of Governors
<b>Action:</b>	To receive

The following events were attended by governors since the last Members' Council meeting on 30 October 2020 up to 11 January 2021 (note, this does not include Members' Council meetings).

<b>Name / representing</b>	<b>Groups / committee / forum</b>	<b>Involvement activity</b>
ADAMOU, Marios Elected – staff medicine and pharmacy		
AMARAL, Kate Elected – public Wakefield		
BARKWORTH, Bill Elected – public Barnsley	<ul style="list-style-type: none"> <li>• 14.12.20 Co-ordination Group</li> <li>• 22.12.20 Nominations Committee</li> <li>• 07.12.20 Quality Group</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 18.12.20 Non-executive Director shortlisting panel</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
BATTY, Paul Elected – staff social care working in integrated teams		
CLAYDEN, Bob Elected – public Wakefield	<ul style="list-style-type: none"> <li>• 14.12.20 Co-ordination Group</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> </ul>

<b>Name / representing</b>	<b>Groups / committee / forum</b>	<b>Involvement activity</b>
		<ul style="list-style-type: none"> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
CRAVEN, Jackie Elected – public Wakefield		<ul style="list-style-type: none"> <li>• 08.12.20 Holding Non-executive directors to account session</li> </ul>
DEAKIN, Adrian Elected – staff nursing		
DEGMAN, Dylan Elected – public Wakefield	<ul style="list-style-type: none"> <li>• 22.12.20 Nominations Committee</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 07.01.21 Non-executive director stakeholder group (Governors)</li> </ul>
DOOLER, Daz Elected – public Wakefield		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> </ul>
HOGARTH, Lisa Elected – staff allied health professionals	<ul style="list-style-type: none"> <li>• 14.12.20 Co-ordination Group</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> </ul>
IRVING, Carol Elected – public Kirklees	<ul style="list-style-type: none"> <li>• 07.12.20 Quality Group (In attendance)</li> </ul>	
JACKSON, Tony Staff – non clinical support		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> </ul>

Name / representing	Groups / committee / forum	Involvement activity
		<ul style="list-style-type: none"> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
JHUGROO, Adam Elected - public Calderdale		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 07.01.21 Non-executive director stakeholder group (Governor group)</li> </ul>
LAKE, Trevor Appointed - Barnsley Hospital NHS FT		
LAVILLE, John Elected - public Kirklees	<ul style="list-style-type: none"> <li>• 07.12.20 Quality Group</li> <li>• 14.12.20 Co-ordination Group</li> <li>• 22.12.20 Nominations Committee</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
LEIGH, Steven Appointed – Calderdale Council		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> </ul>

<b>Name / representing</b>	<b>Groups / committee / forum</b>	<b>Involvement activity</b>
		<ul style="list-style-type: none"> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
LUND, Ros Appointed – Wakefield Council		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> </ul>
McCARTHY, Pauline Appointed – Barnsley Council		<ul style="list-style-type: none"> <li>• 08.12.20 Holding Non-executive directors to account session</li> </ul>
McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Trust		<ul style="list-style-type: none"> <li>• 08.12.20 Holding Non-executive directors to account session</li> </ul>
NEWTON, Debbie Appointed – Mid-Yorkshire Hospitals NHS Trust		
PERVAIZ, Mussarat Appointed – Kirklees Council		
SHEARD, Tom Elected – public Barnsley		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
SHIRE, Phil Elected – public Calderdale	<ul style="list-style-type: none"> <li>• 07.12.20 Quality Group</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> </ul>

Name / representing	Groups / committee / forum	Involvement activity
SMITH, Jeremy Elected – public Kirklees		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
STUART-CLARKE, Keith Elected - public Barnsley	<ul style="list-style-type: none"> <li>• 07.12.20 Quality Group</li> </ul>	<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
TEALE, Debs Staff - Nursing support	<ul style="list-style-type: none"> <li>• 14.09.20 Co-ordination Group (in attendance)</li> </ul>	<ul style="list-style-type: none"> <li>• 27.11.20 WY MHLDA Joint Governor / NED event</li> <li>• 01.12.20 Trust Board</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
TOLCHARD, Barry Appointed - University of Huddersfield		

Name / representing	Groups / committee / forum	Involvement activity
WILKINSON, Tony Elected – public Calderdale		<ul style="list-style-type: none"> <li>• 30.10.20 Joint Trust Board and Members' Council meeting</li> <li>• 08.12.20 Holding Non-executive directors to account session</li> <li>• 21.12.20 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> <li>• 11.01.21 Q&amp;A Governor Session with Rob Webster and Angela Monaghan</li> </ul>
WRIGHT, Tony Appointed – Staff side organisations		

There were no emails received for governors via the governor email address ([Governors@swyt.nhs.uk](mailto:Governors@swyt.nhs.uk)) since the last Members' Council meeting on 30 October 2020.

## Members' Council 29 January 2021

### Agenda Item 7.2 Assurance from Members' Council Groups and Nominations Committee Meetings

#### Members' Council Co-ordination Group (MCCG)

The Co-ordination Group co-ordinates the work and development of the Members' Council and:

- With the Chair, develops and agrees the agendas for Members' Council meetings.
- Works with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
- Acts as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

<b>Date</b>	14 December 2020
<b>Presented by</b>	John Laville, Lead Governor and Chair of MCCG
<b>Key items for Members' Council to note</b>	<ul style="list-style-type: none"> <li>• Tony Wright was automatically approved for the appointed governor vacancy on the MCCG as there were no other self-nominations for the vacancy. See paper attached.</li> <li>• The Members' Council (MC) biennial evaluation process was agreed. There is a separate update on this on the agenda.</li> <li>• The MC development plan was agreed, in response to the new MC objectives agreed at the November MC meeting.</li> <li>• The agenda for the January MC meeting was discussed and agreed. It was agreed to have a 'focus on' estates and sustainability.</li> <li>• It was agreed not to nominate anyone for the NHS Providers Governor Advisory Committee. <b>MCCG recommend to the Members' Council that the decision on who to vote for is delegated to and discussed at the next MCCG meeting on 8 March, noting that the deadline for voting will close on 26 March 2021. DECISION REQUIRED</b></li> </ul>
<b>Approved Minutes of previous meeting/s to be received</b>	<ul style="list-style-type: none"> <li>• Amended notes for the meeting held on 8 June 2020 attached.</li> <li>• Notes of the meeting held on 14 September 2020 attached.</li> </ul> <p><i>Please note these notes may be redacted if dealing with personal, sensitive or confidential information.</i></p>

## Members' Council Quality Group (MCQG)

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

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

<b>Date</b>	7 December 2020
<b>Presented by</b>	Tim Breedon, Director of Nursing, Quality and Deputy Chief Executive
<b>Key items for Members' Council to note</b>	<ul style="list-style-type: none"><li>• To note the pressured agenda, items deferred, work programme for the Quality group, considering restrictions, reports that have been discussed.</li></ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	<ul style="list-style-type: none"><li>• Notes of the meeting held on 10 August 2020 attached.</li></ul>

## Nominations Committee

The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the:

- Identification, nomination and appointment the Chair and Non-Executive Directors of the Trust.
- Identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board.
- Identification, nomination and appointment of the Lead Governor of the Members' Council.

<b>Date</b>	22 December 2020
<b>Presented by</b>	Angela Monaghan, Chair of the Trust and Nominations Committee
<b>Key items for Members' Council to note</b>	<ul style="list-style-type: none"><li>• This was a single agenda-item meeting to approve the shortlist of candidates for interview for the Non-Executive Director role.</li></ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	<ul style="list-style-type: none"><li>• Notes of the meeting held on 2 October 2020</li></ul> <p><i>Please note these notes may be redacted if dealing with personal, sensitive or confidential information.</i></p>



**Members' Council  
29 January 2021**

<b>Agenda item:</b>	<b>7.2</b>
<b>Report Title:</b>	<b>Governor appointment to Members' Council and Trust Board groups and committees</b>
<b>Report By:</b>	Corporate Governance Team
<b>Action:</b>	To receive

**Purpose**

The purpose of the paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality & Inclusion Committee.

**Recommendations**

**The Members' Council is asked to RECEIVE the update on appointments as outlined below.**

**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**

The Corporate Governance Team wrote to all governors seeking self-nominations for available vacancies on groups. The following self-nominations were requested to be put forward for the vacancies:

<b>Members' Council Co-ordination Group</b>	- Public governor, Kirklees	- No nominations received
	- Public governor, rest of Yorkshire & the Humber ( <i>note, this seat is currently vacant</i> )	- N/A

	- Appointed governor	- Tony Wright
<b>Members' Council Quality Group</b>	<ul style="list-style-type: none"> <li>- Public governor, Kirklees</li> <li>- Public governor, rest of Yorkshire &amp; the Humber (<i>note, this seat is currently vacant</i>)</li> <li>- Appointed governor</li> </ul>	<ul style="list-style-type: none"> <li>- No nominations received</li> <li>- N/A</li> <li>- No nominations received</li> </ul>
<b>Nominations Committee</b>	- Appointed governor	- No nominations received

#### Outcome

Following the process of the governor appointment to Members' Council groups and committee, there was only one self-nomination received for the Members' Council Co-ordination Group. Tony Wright will automatically fill the appointed governor vacancy for the group.

Supporting statement for the self-nomination is attached.

The remaining vacancies will continue to be promoted.

*Co-ordination Group members: Angela Monaghan, Charlotte Dyson, John Laville, Bill Barkworth, Bob Clayden, Lisa Hogarth, Adam Jhugroo, 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**

**29 January 2021**

**Self-nomination statement**

**Tony Wright – Members' Council Co-ordination Group**

Having recently been elected to the Trust Member's Council Staff Side seat at our recent Staff Committee AGM, I am very much looking forward to supporting the work of the Trust Member's council as an appointed member. I will be attending my first Trust Council meeting in January and as usual when I commit to something, I want to play my part doing everything I can to help things function to their full potential as they are designed to do.

Having worked in our NHS in various roles for over 27 years, I fully believe in what I consider to be the nation's proudest ever achievement – our beloved National Health Service. For the past thirteen years or so, I have had the honour of working full time as an elected trade union officer, first with Barnsley PCT then with SWYPFT when the 2 Trusts merged. As both myself and our Chief Executive always say to staff at the Welcome Events for new starters, we have excellent partnership working between the recognised trade unions and the Trust. That didn't happen by accident, it is something we have all worked hard to build and although not everyone is aware of its importance, it serves the Trust well. It's all about working together for the best possible outcome.

In regard to the duties of the Co-ordination Committee itself, as an experienced Branch Chair and Staff Side Secretary, I am fully aware of the importance of planning and making the best use of the time Council members spend together at the quarterly meetings. Part of my role as Staff Side Secretary is co-ordinating all planning and communications the Staff Committee is involved in. This includes agreeing the schedule for the bi-monthly Trust Partnership Forums and the numerous other important discussions we are part of in support of the partnership working we have.

I already have experience of acting in a similar role as I have been a Trustee (Non-Executive Director) on the Barnsley Civic Enterprise board for over 2 years. I am fully averse with the procedures and etiquette required for participation in formal meetings. This includes a constant focus on equality and a welcoming approach to everyone taking part. I also currently serve as an elected representative of the Yorkshire and Humberside region, on the UNISON National Executive Council (NEC). The UNISON NEC is comprised of elected delegates from across the 4 nations and is responsible for guiding the business of the largest UK trade union, which has a membership of over 1.3 million.

In regard to the role of supporting governor development, whilst I may be new to the Trust council, I have many years' experience of supporting and developing people in

their roles working to an agreed programme which I gained through my work as Chair and various preceding roles in the UNISON branch. Just like the partnership working mentioned earlier, I welcome the fact that there may be differing views on the Co-ordinating Committee and it will be important for us to work together as a group to find the best way forward in support of the Trust, the service users, families and carers we provide support to, and of course the staff.

If I am called upon to be part of the Co-ordination Committee, I will work with my fellow committee members to ensure that the work carried out reflect the vision, mission and values of the Trust, whilst providing efficient and meaningful support to the Members Council it serves.

Please accept my self-nomination for the vacant post on the Co-ordination council group, for Appointed Governor position.

Tony Wright, 13<sup>th</sup> November 2020.

## Action Notes of the Members' Council Co-ordination Group held on 8 June 2020

### Virtual meeting via Skype

#### Present:

John Laville (Chair) (JL)  
Bill Barkworth (BB)  
Bob Clayden (BC)  
Charlotte Dyson (CD)  
Lisa Hogarth (LH)  
Adam Jhugroo (AJ)  
Angela Monaghan (AM)  
Ruth Mason (RM)

#### In attendance:

Laura Arnold – Author (LA)  
Andy Lister (AL)  
Tom Sheard (TS)  
Dawn Pearson (DP)

#### Apologies – members:

None

No.	Item	Action
1.	<b>Welcome and Introductions</b> John Laville (JL) welcomed all to the meeting. Apologies, as above, were noted.	
2.	<b>Declaration of Interests</b> JL informed the group that he wished to withdraw his self-nomination for the Equality and Inclusion Committee, which meant he no longer had a conflict of interest in item 5.1 for the Equality and Inclusion Committee discussion.  Bill Barkworth (BB) declared that he has recently joined Barnsley Healthwatch. It was noted that there was no conflict of interest for this meeting. This declaration will be reported to the next Members' Council meeting and recorded on the register of interests.	LA/AL
3.	<b>Action Notes and Action Points from previous Co-ordination Group meeting</b> The Group confirmed that the action notes from the meeting held on 14 April 2020 were accurate, subject to the following amendment: <ul style="list-style-type: none"> <li>Spelling error in Bob Clayden's surname.</li> </ul> The Action Points were recorded / updated on a separate log.  Angela Monaghan (AM) mentioned that the development sessions are currently on hold until after the after the coronavirus pandemic, although a discussion for the dates will be looked into.	LA
4.	<b>Update to the Members' Council Co-ordination Group terms of reference</b> Members reviewed and approved the Terms of Reference to be submitted to the Members' Council on 31 July 2020 for approval.	
5.	<b>Members' Council Development</b>	
5.1	<b>Self-nomination for vacancies and membership on Trust Board and Members' Council groups and committees</b> JL summarised the purpose and background to the item and confirmed he still wished to withdraw his self-nomination for the Equality and Inclusion Committee. JL originally self-	

No.	Item	Action
	<p>nominated to make sure that the vacancy would be filled if there were no other self-nominations in the same group. As there were two other nominations for the Equality and Inclusion group; JL withdrew his nomination.</p> <p>KSC was automatically appointed as the representative for a publicly elected member for Barnsley for the Members' Council Co-ordination Group.</p> <p>There were no self-nominations for the Members' Council Quality Group.</p> <p>The members of the group discussed the two self-nominations for the Equality and Inclusion Committee. AM commented that Dylan Degman and Daz Dooler are both highly involved and committed governors and either would be a fantastic addition to the attendance of the committee. Bob Clayden (BC) commented that he thought Daz's statement was very good and BB commented that he found it difficult to choose.</p> <p>After a lengthy discussion between the two statements, governors found it hard to distinguish between the two governors and AM summarised the overall opinion of the group is the level of experience and length of service. Charlotte Dyson (CD) commented that all governors should continue to feel supported to make sure they still feel able to contribute to all groups.</p> <p>The members of the group then made a recommendation to support Daz Dooler's self-nomination for attendee to the Trust Board Equality and Inclusion Committee.</p> <p>JL will communicate the outcome of this item to the governors who have self-nominated after this meeting. Laura Arnold (LA) will provide the contact details.</p>	JL/LA
5.2	<p><b>Development plan update</b></p> <p>AM advised that this development plan needs to be reviewed into a focused and prioritised list. The actions are currently stalled because of capacity and the Coronavirus pandemic but all development should be linked to the Members' Council objectives.</p> <p>The decision taken in a previous Members' Council meeting is to hold the Members' Council evaluation biennially rather than annually.</p> <p>Focused and deliverable development plan to be discussed in January 2021.</p> <p>Holding Non-Executive Directors to Account and Understanding NHS Finance was agreed. Ruth Mason, who facilitated the <i>Holding Non-Executive Directors to Account</i> session, last year, has kindly offered to facilitate it again this year. Understanding NHS Finance will be held internally by Mark Brooks.</p> <p>There was also a suggestion of a 'buddying system' which could help new governors to the Trust, BDU briefings in different localities, and intranet to be provided for governors.</p> <p>BC suggested that any actions need to be able to be completed virtually and governors may need IT support. AM advised that if governors need this they should contact the support team.</p> <p>JL and BB are also keen to help develop good local networks which may have collapsed due to Coronavirus and engagement with members in their locality.</p>	AM/JL RM/MB JL/BB
5.3	<p><b>Governor attendance at Members' Council meetings</b></p> <p>AM reminded the Group that, in line with the process agreed by the Members' Council, a register of attendance at Members' Council meetings was held centrally. This was intended</p>	

No.	Item	Action
	to support any governors who were having difficulty in attending, and the Trust Chair would routinely make contact with a governor who had missed three consecutive meetings. The group discussed those governors who have missed three or more consecutive Members' Council meetings and agreed next steps.	
<b>5.4</b>	<b>Governor's induction pack – annual update</b> The group approved the revised induction pack for governors. They were complimentary of the contents and felt this was a really useful document for new governors.	
<b>5.5</b>	<b>Raising issues and governor engagement</b> Dawn Pearson (DP) <u>presented her paper on the Communication, Engagement and Involvement Strategy refresh.</u>  She gave the background to this item and the group discussed this and the overall opinion of the group was positive. JL mentioned that this approach gave him a great deal of confidence, Ruth Mason (RM) commented that the approach was holistic and this was impressive and BB was excited by this.  Adam Jhugroo (AJ) asked if the responses were equal across the localities that the Trust covers. DP responded saying that they are equal across the localities and this is done by testing the different approaches that were used such as electronic, paper survey, postcard and using the infrastructure in communities.  For example, the engagement activity was able to tap into Calderdale and Kirklees thriving volunteers, in Wakefield there is the Recovery College and Healthwatch, and in Barnsley there is already a conversation place-based approach; DP mentioned it is important not to duplicate conversations but use their intelligence to support this.  Diverse geographical representation is easily covered, but the views of people from protected characteristic groups, and children and young people, can be harder to gather.  AJ asked if this included the travelling community. DP commented that the strategy views are of those who are already engaged and the objective will remain to engage all groups, including those who are not engaged.	
<b>6</b>	<b>Future Members' Council agenda and discussion items for consideration</b>	
<b>6.1</b>	<b>Draft agenda for Members Council Meeting to be held on 31 July 2020</b> , taking account of: <ul style="list-style-type: none"> <li>- Governor / Director pre-meet</li> <li>- Draft minutes from Members' Council meeting 1 May 2020</li> <li>- Feedback received from Members' Council meeting 1 May 2020</li> <li>- Development session</li> <li>- Members' Council work programme</li> <li>- Holding NEDs to account</li> <li>- Annual Members' meeting update</li> </ul> In terms of the agenda for the next Members' Council meeting, it was proposed to have a full agenda. BC questioned how the governors pre meet will work virtually and JL commented that 'Governors / Directors pre-meet' is different to the usual governors pre-meet as it is a chance for the new governors to meet all board directors and to understand their portfolios. Andy Lister (AL) will co-ordinate  CD also commented that the agenda would need to factor in the appraisal of the Chair which would be approximately 20 minutes long.	<b>AL</b>



No.	Item	Action
	<p>At this point, AJ mentioned that sometimes there is not enough time to discuss certain items in depth particularly the IPR report and CQC action plan update. He also commented that it is a governor's duty to read the papers prior to any meeting any questions should be raised in the meeting only once the papers have been read. JL mentioned that questions could be raised in advance. AM commented that governors were always invited to do this, which could be done via telephone or email.</p> <p>It was decided that the format would be:            New Governors/Directors pre-meet (optional)            All governors pre-meet (optional)            Private session with CD to discuss the Chair's appraisal            Formal meeting will begin.            Break            Formal meeting resumes (increased time for item 8.1 and item 8.2)            Formal meeting ends</p> <p>Timings still to be finalised.</p> <p>Development session will take place on a different day. Holding Non-Executive Directors to account will take place in October 2020 and it was decided to hold 'Understanding NHS Finance' session and AL and AM will look into the dates for governors which JL will support.</p> <p>BC asked about how voting would be done virtually, and AM commented that she and AL will look into this.</p>	<p><b>AL/AM/ JL</b></p> <p><b>AL/AM</b></p>
6.2	<p><b>Items for consideration from the Members' Council Quality Group, Nominations' Committee, Trust Board and Board committees</b></p> <p>The Nominations' Committee will make recommendations regarding the appointment and re-appointment of Non-Executive Directors. There were no further items for consideration.</p>	
6.3	<p><b>Items requested by Governors</b></p> <p>None.</p>	
6.4	<p><b>Items deferred from previous Members' Council meetings.</b></p> <p>Integrated performance report – to be included on agenda.            Care Quality Commission (CQC) action plan – to be included.            Review and approval of Trust Constitution – deferred due to COVID-19            Consultation / review of Audit Committee terms of reference – to be included            Nominations' Committee annual report – to be included</p>	
7.	<p><b>Work Programme</b></p> <p>The Work Programme was received, all read and accepted.</p>	
8.	<p><b>Any Other Business</b></p> <p>AL mentioned that the NHS Providers Governor Focus Conference will be held virtually on the 8 and 9 October 2020. It was suggested by the group for the Lead Governor and Deputy Lead Governor to attend the event although BB is happy to step back if any other governor would like to attend.</p> <p>AL will look into the number of places for governors to attend.</p>	<p><b>AL</b></p>

No.	Item	Action
9.	<b>Dates of future Co-ordination Group meetings</b> All Mondays, 10.00am to 12 noon:  14 September 2020 – virtual meeting 14 December 2020 – Meeting Room 1, block 7, Fieldhead Hospital 8 March 2021 – venue to be arranged	

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## Action Notes of the Members' Council Co-ordination Group held on 14 September 2020

### Virtual meeting via Teams

#### Present:

John Laville (Chair) (JL)  
Bill Barkworth (BB)  
Bob Clayden (BC)  
Adam Jhugroo (AJ)  
Angela Monaghan (AM)  
Ruth Mason (RM)  
Lisa Hogarth (LH)

#### In attendance:

Laura Arnold – Author (LA)  
Andy Lister (AL)  
Debs Teale (DT)  
Dawn Pearson (DP) until and including item 6.5  
Mike Ford (MF)

#### Apologies – members:

Charlotte Dyson (CD)

No.	Item	Action
1.	<p><b>Welcome and Introductions</b></p> <p>John Laville (JL) welcomed all to the meeting. Apologies, as above, were noted.</p> <p>Mike Ford (MF), new Non-Executive Director, joined the Members' Council Co-ordination Group meeting as an observer, he gave a brief introduction for himself and some background info.</p> <p>All members and attendees gave a brief background of themselves for the benefit of MF.</p>	
2.	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest noted in relation to today's agenda.</p>	
3.	<p><b>Action Notes from previous Co-ordination Group meeting</b></p> <p>The Group confirmed that the action notes from the meeting held on 8 June 2020 were accurate, subject to the following amendments from Angela Monaghan (AM):</p> <ul style="list-style-type: none"> <li>Healthwatch should be one word.</li> <li>Item 4 - Members reviewed and approved the Terms of Reference to be submitted to the Members' Council on 31 July 2020 for approval.</li> <li>Item 5.3 - AM reminded the Group that, in line with the process agreed by the Members' Council, a register of attendance at Members' Council meetings was held centrally. This was intended to support any governors who were having difficulty in attending, and the Trust Chair would routinely make contact with a governor who had missed three consecutive meetings. The group discussed those governors who have missed three or more consecutive Members' Council meetings and agreed next steps.</li> <li>Item 5.5 - For example, the engagement activity Diverse geographical representation is easily covered, but the views of people from protected characteristic groups, and children and young people, can be harder to gather.</li> <li>Item 6.4 - Integrated performance report – to be included on agenda.</li> </ul>	

No.	Item	Action
	<p>Care Quality Commission (CQC) action plan – to be included.  Review and approval of Trust Constitution – deferred due to COVID-19  Consultation / review of Audit Committee terms of reference – to be included  Nominations' Committee annual report – to be included</p>	
4.	<p><b>Matters arising from previous Co-ordination Group meeting and review of progress against agreed actions</b>  <u>Action Points from 8 June 2020</u>  Item 5.2 – Holding Non-Executive Directors to Account and Understanding NHS Finance – To be discussed as part of the agenda</p> <p>Item 5.3 – Governor attendance at Members' Council meetings. AM has confirmed both action points are complete. Cllr Pillai may step down as Governor for the Trust as he will be appointed Mayor of Calderdale. A replacement for appointed governor for Calderdale Council will be sought.</p> <p>Item 6.1 – Bob Clayden (BC) commented that this action point still remains un-actioned. Andy Lister (AL) commented that there is a current process for virtual voting, although BC suggested that a different method needs to be arranged. JL agreed with BC. AL and AM agreed to keep this action open and to look into this.</p> <p><u>Action points from 2 March 2020</u>  Item 5.3 – to be discussed as part of today's agenda.</p> <p>Item 5.4 – Dawn Pearson (DP) will progress this action point after Covid-19 emergency.</p> <p>Item 5.6 – to be discussed as part of today's agenda.</p> <p>Item 6.3 – AM commented that this action is not considered a priority and will be progressed after the Covid-19 Emergency.</p> <p><u>Action points from 9 December 2019</u>  Draft agenda for Members' Council meeting 1 November 2019 – it was agreed to formally close this action point and direct to the Members' Council Quality Group action log.</p>	
5.	<p><b>Members' Council Objectives</b>  AM commented that the Members' Council Objectives will be submitted to the next Members' Council meeting on 31 October 2020, they were last agreed in 2018.</p> <p>JL mentioned that separate meetings with small groups of governors will be arranged to discuss the draft Member's Council Objectives, making sure that all governors have the chance to contribute prior to the next Members' Council meeting and then to arrange a second meeting to put the ideas into the draft objectives. A staff governor meeting has already taken place on 3 September 2020.</p> <p>AM suggested that her and JL/BB/AL to meet (post the above meetings) to discuss the existing Members' Council Objectives and then produce a draft set of objectives.  Ruth Mason (RM) commented from her experience working with Calderdale and Huddersfield NHS Foundation Trust Governors is to create SMART (specific, measurable, achievable, realistic and time bound), clear objectives concentrating on the two main statutory duties for all governors; 'hold to account' and 'to represent the interests of members and of the public'.</p>	

No.	Item	Action
<b>6</b>	<b>Members' Council development</b>	
<b>6.1</b>	<b>Revised development plan - update from last meeting</b>  Members' Council are currently in the process of renewing the Members' Council Objectives, once this is complete, governors will then look at the development plan to carry out the objectives once set. To note in the next agenda.	
<b>6.2</b>	<b>Development sessions (dates to be agreed)</b> <ul style="list-style-type: none"> <li>- Understanding NHS finance</li> <li>- Holding Non-executive directors to account</li> </ul> <p>AL informed the group that due to Mark Brooks' current capacity; it may be difficult to set a date for the 'Understanding Finance Session'. Bill Barkworth (BB) suggested that it may be useful to ask the auditors or NHS Providers for a session around 'Understanding NHS Finance'. BC commented that in previous years, the auditors gave a very good presentation around this session. Mike Ford (MF) offered to speak to Paul Hewitson from Deloitte in the first instance.</p> <p>Ruth Mason (RM) agreed to facilitate a training session for holding Non-executive directors to account which will be arranged prior to the development session.</p> <p>Core Skills training will be offered to all governors, taking place on 27/28 October 2020 and Effective Questioning will be taking place March 2021. Both of these sessions will be run by NHS Providers Governwell.</p>	<b>MF</b>
<b>6.3</b>	<b>Membership on Members' Council groups</b> JL informed the group that there were no self-nominations for vacancies. The Corporate Governance team will write to all governors prior to the next Members' Council Co-ordination Group inviting them to self-nominate to vacancies.	
<b>6.4</b>	<b>Governor attendance at Members' Council meetings</b> The group discussed those governors who have missed three or more consecutive Members' Council meetings and agreed next steps.	
<b>6.5</b>	<b>Raising issues and governor engagement</b> DP gave the group a presentation relating to <i>Governor engagement: A suggested approach to raising issues and capturing feedback</i> .  During the presentation, DP mentioned the different communication channels and to have a refreshed membership page. BC commented that the intranet is not available to all governors and there needs to be a way of reaching all included and have formats which are available to everyone. DP replied saying that we need to look at a format everyone could access.  MF asked about the RIG (Research Involvement Group) and if this was related, DP and MF will liaise separately to the group.  DP stated there is still a lot of work to do around this agenda. There is a list of stakeholders being prepared, these relate to different geographical areas which the Trust covers. DP suggested that Governors may like to look at aligning themselves with a stakeholder as a relationship lead or link. BB offered to test that way of working and then report back to DP.	<b>DP / MF</b>  <b>DP / BB</b>

No.	Item	Action
	<p>BC asked if there was a group in Portobello on the stakeholder list, DP will look into this and report back to the group, however the list may require a review by Governors to ensure all stakeholders are included.</p> <p>JL confirmed that no governor will contact the stakeholder groups until DP confirms this way of working.</p> <p>The group requested a further session on this way of working. LA and DP to set up.</p> <p>Lisa Hogarth (LH) requested a copy of the presentation. Laura Arnold (LA) will send to all a copy to all in the meeting.</p>	<p><b>DP</b></p> <p><b>LA / DP</b></p>
<b>7</b>	<p><b>Annual Members' Meeting update</b></p> <p>AL presented the proposed agenda for the next Annual Members' Meeting. He confirmed that postal and email invites have been sent to governors and members. The link to join will be on the Trust website, and the Comms team have produced a banner on the website and communications have been posted on social media.</p> <p>There had been a suggestion for break out rooms, which AL commented that this may be difficult to arrange virtually. AM asked if Microsoft Teams meetings could be run in parallel and then people would be able to select which meeting they wished to join. AL will look into this.</p> <p>Debs Teale (DT) asked about the Members' Council development actions for 2019-20, Ref no 19/4 regarding Freedom to Speak Up Guardians. DT had applied nearly a year ago but commented that no training was available. AM will raise this issue with Alan Davis and in the Clinical Governance and Clinical Safety Committee on 15 September 2020.</p>	<p><b>AL</b></p> <p><b>AM</b></p>
<b>8</b>	<b>Future Members' Council agenda</b>	
<b>8.1</b>	<p><b>Draft agenda for next Members' Council meeting, with consideration given to:</b></p> <ul style="list-style-type: none"> <li><b>a. Draft minutes from previous Members' Council meeting</b></li> <li><b>b. Feedback received from governors on last Members' Council meeting</b></li> <li><b>c. Items from Members' Council work programme</b></li> <li><b>d. Items from the Members' Council Quality Group</b></li> <li><b>e. Items from Nominations Committee</b></li> <li><b>f. Items from Trust Board and committees</b></li> <li><b>g. Items requested by Governors - none</b></li> <li><b>h. Items deferred from previous Members' Council meetings</b></li> </ul> <p>AM presented on screen the draft Members' Council and Joint Trust Board and Members' Council agenda. Points a. to h. above have been taken into account.</p> <p>Assurance from Members' Council Groups and Nominations Committee is now a standing item on the work programme as a formal assurance process.</p> <p>Separate date for 'Holding Non-executive directors to account' is yet to be finalised and agreed.</p> <p>BC suggested that item 7.7 Highlight Report could involve the effects of Covid-19 on demand for mental health services, and how are services responding to this. It was agreed to have this as the highlight report and AM will look into this.</p>	<p><b>AM</b></p>

No.	Item	Action
9	<p><b>Work Programme</b></p> <p>The Work Programme was received, all read and accepted, noting that the 'Holding Non-Executive Directors to account' session to be held at a separate date.</p>	
10.	<p><b>Any Other Business</b></p> <p>None</p> <p>JL thanked all present during the meeting.</p>	
9.	<p><b>Date of next Co-ordination Group meeting</b></p> <p>All Mondays, 10.00am to 12 noon:</p> <p>14 December 2020 - virtual meeting 8 March 2021 – virtual meeting</p>	

**Action Notes of the Members' Council Quality Group held on 10 August 2020  
From 14.00 while 16.30**

**Dial in only meeting via Skype for Business.**

**Present**

Tim Breedon (Chair) (TB)  
John Laville (JL)  
Keith Stuart-Clarke (KSC)  
Phil Shire (PS)  
Daz Dooler (DDo)

**Apologies – Members**

Bill Barkworth (BB)  
Adrian Deakin (AD)

**Apologies – In attendance**

None

**In attendance**

Karen Batty (KB)  
Laura Arnold (Author) (LA)

No.	Item	Action
1.	<b>Welcome, introductions and apologies</b>  Tim Breedon (TB) welcomed everyone to the meeting. The apologies, as above, were noted.	
2.	<b>Declarations of Interest</b>  There were no further declarations over and above those made previously.	
3.	<b>Notes from the meeting held on 26 June 2020</b>  The notes were agreed.  With regards to the action points from 26 June 2020, TB commented that there will be a meeting with Subha Thiyagesh (Medical Director) taking place on 11 August where new guidance for risk assessments will be issued.	
4.	<b>Quality account</b>  Karen Batty (KB) gave a background to the item and explained the report is set into three sections and invited members to raise any issues that they particularly wished to discuss. Comments could also be raised outside of this meeting by no later than 17 September 2020.  KB also noted that the scheduled date for completion of the quality accounts has been deferred due to the pandemic, the new deadline is December 2020, although the Trust is aiming towards September 2020 for completion.  After the draft report has been presented at the Members Council Quality group on 10 August 2020, it will then be presented to Acute Trusts, CCG's and Healthwatch for comments during week commencing 24 August 2020. Once the comments have been	



No.	Item	Action
	<p>taken on board, the report will then go through Clinical Governance and Clinical Safety Committee and then be presented at Trust Board by September 2020.</p> <p>KB noted that the quality account report no longer requires an external audit from Deloitte and the local indicator has been stood down.</p> <p>Part 3: Our performance against quality initiatives 2019/20 of the report was discussed first. KB commented that the key for the RAG rating will have more detail in the final report:</p> <p>Green: achieved 90% plus of goals and KPI measures. These are on schedule.</p> <p>Amber: progress is being made</p> <p>Red: not achieving goals set and progress is outside of 10% due to a significant delay.</p> <p><u>SAFE</u></p> <p>KB gave a brief overview of the RAG ratings for Safer staffing, Patient safety strategy and Suicide prevention plan, all these initiatives are within 10% of completion and all rated green.</p> <p>John Laville (JL) asked how the Trust knows if prone restraints are being captured accurately. TB advised that there has been an awareness campaign held internally within the Trust around prone restraint and there are baselines and benchmarking measures in place which compares nationally and locally the number of all incidents, not just prone restraints. KB added that there is a robust process in place that ward managers will look at the clinical records of patients weekly and cross reference this with records on Datix, and the matrons also complete this check once a month. This process is also reliant on the professionalism of the staff producing the report and accurate record keeping as part of their role.</p> <p>Phil Shire (PS) commented on the introduction of <i>SafeCare</i> which is currently on hold due to Covid-19 and asked if there is a system in place to ensure that the appropriate workforce is in place to meet the changing nature of needs on each ward, particularly as staff will need to be notified a certain amount of time before their shift is due to start. KB commented that there is a framework which gives a systematic way of looking at resources based on the acuity of the patient group. TB added that there is a professional guidance tool to aid decision making when additional staff are required for the weeks ahead. the consistent use of additional staff provides important evidence in terms of future establishment reviews. PS asked if the additional staff that are required will be agency or bank, TB commented that the Trust mostly uses bank, and there is little use of agency. If agency is utilised regular staff, known to the service are preferable.</p> <p>JL asked for more information about the Suicide champion. KB advised that the Suicide champion is based on the ward or local team; they are registered professionals (either band 6 or 7) and are responsible for leading the Zero suicide prevention plan. They are the focal point for expertise within the team and will relay information from the Suicide group.</p> <p>PS commented that the information is robust, although there is still a lot of work to address the priorities the CQC report found. He asked how the Trust gets to a position that no longer requires improvement. TB advised that all the information in the quality account report will direct the Trust to that position and KB added that all the domains of the report interlink.</p> <p>JL highlighted that the report does not have the evidence to show the KPI's and the metrics that produce the overall RAG rating and asked about the assurance of the</p>	

No.	Item	Action
	<p>statements mentioned in the report. TB was able to respond that this report must keep to a certain level of detail and depth. Most of the information to support the KPI's and the metrics are available in other documents which will feed into Clinical Governance and Clinical Safety Committee. KB will look into adding some more information and evidence that will support the statements in the report.</p> <p><u>EFFECTIVE</u></p> <p>The initiatives for Outcome measures and Effective care pathways are all within 10% of completion and rated green. Clinical record keeping initiative is waiting for more evidence, although this is likely to be rated as green.</p> <p>There were areas for improvement within the Policy and procedures initiative which has been set as a priority so that staff have the right guidance.</p> <p>The Care closer to home project is assurance for the Effective care pathway. A monthly report is produced and the information will feed into the committee. JL asked about the reference to support this, where TB responded to say all of the items included are reported in the IPR and then reported into Trust Board.</p> <p><u>CARING</u></p> <p>The patient experience: Friends and family test is currently rated as 84% and therefore rated as amber. This is closely tracked within the organisation and community health services have decreased by 0.67%; this was related to children's vaccinations and immunisation clinics. This falls within the remit of physical health and is not a widespread issue.</p> <p>In response to an enquiry from JL regarding staff time spent dealing with complaints, KB advised that all complaints are logged on the Datix system with timescales attached and the sign off process is tracked. KB noted that certain types of complaints could have different times allocated to them.</p> <p><u>RESPONSIVE</u></p> <p>Improve access to CAMHS, Equality and Inclusion strategy and Learning Disability waiting times are all waiting for more information and data and therefore are blank at the moment. Transitions of care and Care close to home project milestones are all being met and therefore rated as green.</p> <p>PS asked if a patient requires a service in which the Trust does not provide, will an out of area placement be offered? TB confirmed that any services which are not offered by the Trust, they will be referred into the appropriate service for their needs.</p> <p>JL expressed concern regarding the 18-week waiting time for CAMHS and will escalate this with the CCG's.</p> <p><u>WELL LED</u></p> <p>These initiatives are all within 10% of completion and therefore rated as green.</p> <p>PS commented that he did not feel that the scores reflected his own view on one of the Quality monitoring visits, whereas JL felt these scores did reflect his visit to Ward 18 and Ward 19.</p> <p>Part 2: Priorities for improvement and statements of assurance from the Board was then discussed. KB commented that the Trust has continued to align this section to the Quality Improvement Strategy and CQC improvement plan</p> <p>TB asked where the Trusts response to Covid-19 would be placed and KB commented that this would be placed in Part 1 of the report which will also include safety elements</p>	<p><b>KB</b></p>

No.	Item	Action
	<p>and PPE</p> <p>Keith Stuart-Clarke (KSC) commented on Quality Improvement in the Responsive initiative to add the Trust keeping in touch with patients who are waiting to be assessed for therapy as this could put pressure on people while waiting for treatment. KB noted this.</p> <p>KB then gave a timetable for the Quality report:</p> <ul style="list-style-type: none"> <li>➤ 10 August 2020 - Members' Council Quality Group</li> <li>➤ 20 August 2020 – Draft report to be presented at Executive Management Team meeting (EMT)</li> <li>➤ W/C 24 August 2020 – Consultation with external stakeholders.</li> <li>➤ 15 September 2020 – Clinical Governance and Clinical Safety Committee for approval</li> <li>➤ 29 September 2020 – Trust Board for approval</li> <li>➤ December 2020 – Deadline to be submitted to NHSI and NHS Choices.</li> </ul> <p>PS and JL commented that they thought they draft Quality Account report was a well written and comprehensive document.</p>	<p><b>KB</b></p>
<p><b>5.</b></p>	<p><b>Date of Next Meeting(s) and agreement of agenda items</b></p> <p>The next meeting would be held on Monday 9 November 2020 from 14.00 - 16.00.</p>	

**Minutes of the Nominations Committee  
held on 2 October 2020 at 11.00 am  
Virtual meeting via Microsoft Teams**

**Present:**

Angela Monaghan (AM)	Chair of the Trust (Chair of the Committee)
Marios Adamou (MA)	Staff elected governor (Medicine and Pharmacy)
Bill Barkworth (BB)	Deputy Lead Governor (Publicly elected governor, Barnsley)
Dylan Degman (DD)	Publicly elected governor (Wakefield)
John Laville (JL)	Lead Governor (Publicly elected governor, Kirklees)
Ruth Mason (RM)	Appointed governor (Calderdale & Huddersfield NHS Foundation Trust)

**Apologies:** Members

Attendees

Rob Webster (RW) Chief Executive

**In attendance:** Attendees

Alan Davis (AGD) Director of Human Resources,  
Organisational Development & Estates  
Andy Lister (AL) Company Secretary (author)

**NC/20/42 Welcome, introduction and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting and checked everyone had access to the papers. It was noted that the meeting was quorate and could proceed.

**NC/20/43 Declarations of interest (agenda item 2)**

The Chair declared an interest in relation to item 4 and reported that John Laville (JL) lead governor of the Members' Council would chair item 4.

**NC/20/44 Minutes of and matters arising from previous meeting held on 23 June 2020 (agenda item 3)**

**It was RESOLVED to APPROVE the Minutes from the meeting held on 23 June 2020.**

Matters arising

- AM updated that Mike Ford (MF) was appointed as the new Non-Executive Director effective from 1 September 2020.
- At Trust Board on 29 September 2020, MF was formally appointed as Audit Committee chair (effective retrospectively from 1 September 2020) and further appointed as a member of Equality and Inclusion Committee, and the Charitable Funds Committee, a committee of the Corporate Trustee.
- AM's reappointment as Chair has been recommended and approved.
- The skills matrix for Trust Board was on today's agenda.
- The Nominations Committee Annual report and terms of reference were taken to the Members' Council on 31 July 2020 and approved.

## **NC/20/45 Chair's remuneration review (agenda item 4)**

*AM left the meeting due to a conflict of interests in this item and JL took over as chair.*

- Alan Davis (AGD) explained that foundation trusts are responsible for determining the remuneration arrangements for their Non-Executive Directors (NEDs) and Chairs.
- In the past Capita used to set the benchmark for the Chair and NEDs.
- Each year we have used the NHS Provider benchmark to make sure Chair remuneration is consistent with organisations of a similar size.
- The Chair's remuneration used to be on an incremental scale and the Chair would progress through the scale based on a satisfactory appraisal.
- Last year NHS England/Improvement sent out regulations and guidance for foundation trusts. Although deemed guidance, if the guidance wasn't followed the regulator would hold the individual Trust to account.
- The guidance gave a remuneration for Chairs based on the size of the organisation.
- The expectation was that on reappointment or appointment Trusts would adopt the new pay range of £44k to £50k.
- The Members' Council had agreed that on reappointment the new remuneration arrangements would be adopted and that the chair could move within that pay range.
- AM was currently paid £47,975. Had she been on the old incremental scale she would have progressed to £50,500 following a satisfactory appraisal, just above the new national pay range.
- AGD recommends, following consultation with the deputy chair, Charlotte Dyson (CD), that AM moves to the top of the national pay scale to a remuneration of £50k.
- On agreement the Nominations Committee would make the recommendation to the Members' Council who make the final decision.

Marios Adamou (MA) agreed with AGD's summary and supported the recommendation.

Bill Barkworth (BB) queried whether local decision making around remuneration rates had gone and if it was now all determined nationally?

AGD reported that formally, as a Foundation Trust, we are responsible for determining remuneration rates for NEDs and Chairs but it had gone back to a national level. If we as a Trust didn't comply with national guidance, we would be asked for the reasons why.

JL confirmed that everybody agreed to AM's remuneration going to £50k from 1 December 2020.

AD reported he would prepare a paper for Members' Council and inform CD of the outcome.

**It was RESOLVED to AGREE to recommend to the Members' Council that the Chair's remuneration is increased to the top of the NHSI&E pay range with effect from 1st December 2020.**

## **NC/20/46 Appointment of the Deputy Chair / Senior Independent Director (agenda item 5)**

*AM re-joined the meeting as Chair.*

- AM introduced the item and gave an overview.
- CD was the current Deputy Chair and Senior Independent Director (SID). She had been reappointed for a further six months during Covid-19 and would step down from the role at the end of January 2021.
- All NEDs are eligible to take on this role and AM had spoken to all NEDs to ask for expressions of interest, with an indication to MF that it was not considered to be

compatible with the role of Audit Committee chair. There is nothing constitutional to prevent this, but it is seen as best practice that the Audit Committee chair retains a higher degree of independence than other NEDs.

- Chris Jones (CJ) was the only NED to have expressed an interest in the role. AM had then held discussions with all the NEDs, including CJ, who had confirmed his interest and AM was happy to recommend him for the role.
- AM explained that as a Trust we had combined these two roles but officially they are separate. She noted that some Trusts have adopted the same practice and some have separated them.
- There are potential conflicts between the two roles, but these can be managed, and AM's proposal was that the roles remained together at this time with a review to take place when the role next came up for renewal.
- AM's recommendation was to nominate CJ to replace CD from 1 February 2021 and CJ to retain that role until the end of his term of office in 18 months' time.
- Under the new NHSE/I NED remuneration guidelines, additional remuneration for this role is limited to £2,000 per annum. Only two Board roles can attract additional remuneration on the Trust Board, the other in our case being Audit Committee chair.

Ruth Mason (RM) reported this was a sensible move and fully approved the recommendation.

JL reported he was happy to endorse CJ but was slightly disappointed only one NED had shown interest in the role.

AM explained that other NEDs had different reasons why they hadn't come forward for the role at this particular time.

BB reported he was curious as to whether any tension had arisen between the two roles previously?

AM reported CD as SID had to manage a complaint against AM last year from one of the governors and that is where a potential conflict had arisen. In practice, CD was scrupulous about process and made sure she could act independently. An external reviewer was brought in to manage the process.

AGD reported the combined role had been in place for a long time and he had never come across a conflict (prior to that above). It was a difficult situation last year, but CD managed it very professionally and it was possible that any NED could have a conflict of interest at any time.

BB asked if this was the only time there had been a conflict?

AGD stated it was the only time when the combined role had been questioned and, on that occasion, it was more about the circumstances than the role itself.

BB agreed with AGD and fully supported the recommendation.

MA stated he fully supported the recommendation. CJ was thorough, scrupulous and personable. He took full interest on all matters of the Trust.

Dylan Degman (DD) asked if CJ would be appointed in January?

AM stated the recommendation was that CJ took over on 1 February 2021. Having spoken to both CJ and CD the decision had been taken to let CD's term of office run its full course to allow a handover and prepare CJ for the role.

DD asked if this was the case would it be beneficial to review the combined role earlier?

AM recommended the role be reviewed toward the end of CJ's term of office and suggested a discussion take place in a year's time to give six months to carry out a review. This would be added to the Nominations Committee work programme for 2021.

**Action: Andy Lister**

AM summarised that everyone supported the recommendation and that CJ had a very different background and skill set to AM and this diversity of approach would be helpful in the future.

**Having reviewed the attached role description and person specification for the role of Deputy Chair / SID it was RESOLVED to RECOMMEND Chris Jones to the role of Deputy Chair / SID, effective from 1 February 2021 until the end of his current term of office as a NED, for approval at the Members' Council on 30 October 2020.**

#### **NC/20/47 Future skills and expertise requirements of the Board and Non-Executive Director recruitment (agenda item 6)**

- AM reported the attached table shows terms of office for each NED and behind that a calendar of when things need to be discussed.
- CD's role as NED doesn't finish until April 2021 despite her role of Senior Independent Director / Deputy Chair ending on 31 January 2021.
- The next two NEDs up for review will be Erfana Mahmood (EM) and Sam Young (SYo) whose terms of office end on 2 August 2021.
- AM was in the process of conducting NED appraisals, during which intentions around seeking re-appointment are discussed. EM has indicated she will be seeking re-appointment after her current first term. SYo's appraisal had not taken place yet. AM noted she hopes SYo will wish to seek re-appointment for a second term.
- CD does not want to seek re-appointment as she will reach the end of her second term at the end of April 2021.
- A NED would normally be appointed for up to two terms of office, a total of six years, and beyond this would be seen as exceptional. NEDs may serve up to nine years in total, but after six years any further re-appointment must be reviewed every 12 months.
- Option 1, in which CD stands down, and EM and SYo seek and are recommended for reappointment. In this case only one recruitment process will be required to replace CD, opening at the end of November / beginning of December.
- Option 2, if EM or SYo decide not to seek re-appointment we would potentially have two recruitment processes. In this case, the question is, would we want to run them separately, or combine them, starting one recruitment process at the end of Jan, leading to appointments for all 3 NED roles at the April Members' Council meeting?

JL commented, in relation to Option 1, given the current climate and the delays that had been experienced when recruiting MF, the timings looked congested given the time of year and the situation we're in.

AGD reported that his team would be able to handle the recruitment in-house. Christmas would be avoided. AGD proposed to close the post before Christmas or move it to January. Once applications were in, the advert would be closed, giving more time to shortlist over the Christmas period, otherwise we will have to advertise in early January.

AM commented that, if we were advertising for more than one position, we might need to start the process in January 2021. All posts could then be appointed at Members' Council at the end of April just prior to CD's term ending.

There would then be a three-month gap for the people potentially replacing Sam and / or Erfana to come into the place. AM recommended one process rather than two in the case of appointing to more than one NED role.

BB agreed this was a sensible approach.

RM agreed this was the least-worst option.

DD agreed with the proposal.

AM presented a slide on MS Teams showing the current Trust Board skills mix.

AM reported the NEDs had a mixture of skills but in most cases there was a primary skill set for which they had been recruited. For example, MF is a qualified accountant and that was the primary factor required in his recruitment, as well as the other skills he brings.

The slide showed a range of skills that had been identified at various times as being relevant for the Board. In red the primary area of expertise for each NED had been highlighted. AM reported she had created this slide this morning based on her knowledge of the NEDs and it may need amending.

CD's primary area is communications and marketing, MF's is financial, CJ's is financial, EM's is legal, AM's is voluntary and community sector, Kate Quail's (KQ) is clinical, and SYo's is digital and transformation.

Other skills documented include transformation, further education, housing, NHS, and population health.

Further relevant areas of skill and expertise not present as a primary focus in the current NED team are workforce and organisational development, sustainability and estates.

AM gave a breakdown of the diversity of the current board. Of the current NEDs there are five females, two males, one NED is from a BAME background and six are white.

Any data in terms of disability and sexual orientation is currently unknown as the NEDs had not been asked.

AM reminded the committee about the Trust's four strategic objectives, improving health, (where population health was important), improving care, (quality improvement, safety and patient experience), improving the use of resources, (predominantly financial but included digital and IT) and finally making SWYPFT a great place to work, (workforce and engagement).

AGD stated it is a unitary board and as well the NEDs there are also the executive directors. The skill set should be considered as a whole.

Reflecting on CD's contribution in relation to marketing and communications, this has been a real benefit to the Trust. Would the loss of CD present a gap in this area?

JL stated he felt there was a lack of commercial and private sector experience. Most experience was in relation to the public sector. JL feels the private sector brings a different way of thinking.

BB reported he liked the matrix but needed to triangulate it more to individuals. EM for example had a private sector background and that wasn't referenced. There was a need for more information on each individual.



AM reported that the paper documented what each non-exec had written about themselves, but BB was right to point out EM, MF and CJ also had a private sector background.

RM stated she would vote for someone with a workforce background given the challenges that lay ahead for the NHS.

DD stated he had noticed that the digital, communications and marketing section was empty. Was there any reason why this wasn't a major skill set?

AM reported that when SYo was appointed it was primarily for her digital and transformation skills and CD for her communications and marketing skills. Other directors also have these skills to some degree, including Mark Brooks and Salma Yasmeen

DD stated we are moving into a more digital based era and therefore it needed to be a relevant skill set in future candidates.

AM noted the digital gap was identified three years ago when SYo and EM were recruited.

MA reported the important thing is what the organisation requires in the context it's in now. In relation to the private sector comment MA would echo that private sector thinking has more pace.

JL commented that workforce, private sector and organisational development expertise could all be found in one person. Communication and marketing within the Trust was very good. Workforce was essential going forward, this, accompanied with private sector thinking and urgency, would be good.

BB reported he came from the private sector, but also worked alongside the public sector too, and his experience was there plenty of pace, innovation and urgency in both sectors. One thing that was missing, was local authority experience of social care and how that links with health? Did any of the board members have local authority experience?

AM reported that KQ has a varied background and had worked closely with local authorities. A diversity of experience was required with both public and private sector experience and agreed with BB that urgency and pace didn't only exist in the private sector

AGD reported we needed to be careful not to pigeon-hole applications.

AM agreed and stated it would be good if we understood the primary gaps and then identified secondary skill sets required. AM was to have a discussion with Board members prior to recruitment process taking place and would convey the view of the Nominations Committee that the focus should be on workforce skills and expertise, with consideration also given to clinical, social care, digital, and communications and marketing skills and expertise.

**Action: Angela Monaghan**

**It was RESOLVED to AGREE the options for proposed for recruitment and appointment of one or more Non-Executive Directors, as appropriate, to NOTE the discussion and views regarding the future skills requirements of the Board, and to make a RECOMMENDATION to the Members' Council for approval on 30 October 2020 following discussion with the Board.**

**NC/20/48 Work Programme 2020/21 (including impact Covid-19) (agenda item 7)**

AM reported the recruitment process would be timetabled once we knew what the process was going to be.

**It was RESOLVED to NOTE the work programme.**

**NC/20/49 Issues and items to bring to the attention of Members' Council and Trust Board (agenda item 8)**

- AM to have a conversation with Trust Board in relation to the skills mix and focus for future NED recruitment.
- The recommendations for items 4, 5 and 6 would go to the Members' Council on 30 October 2020.

**NC/20/50 Any other business (agenda item 9)**

RM reported this was her last Nominations Committee and wanted to say thank you and goodbye. There would therefore be a vacancy coming up on the Nominations Committee for an appointed governor.

AM thanked RM for all her contributions.

AGD thanked RM for all her contributions and had always valued her input and support.

JL thanked RM on behalf of everyone who wasn't there to say thank you.

MA commented that RM was irreplaceable.

**NC/20/51 Date of next meeting (agenda item 10)**

Date for the next meeting was to be confirmed.

**Members' Council  
29 January 2021**

<b>Agenda item:</b>	<b>7.3</b>
<b>Report Title:</b>	Members' Council elections 2021 – update
<b>Report By:</b>	Corporate Governance Manager
<b>Action:</b>	To receive

**EXECUTIVE SUMMARY**

Purpose and format

The purpose of this paper is to update the Members' Council on election process for 2021.

**Recommendation**

**The Members' Council is asked to RECEIVE the update.**

Background

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

Election process

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

Elections 2021

The Chair wrote to all governors in December 2020 to advise further on the process and to confirm which public and staff governors' current term end on 30 April 2021.

Elections will be held for the following seats:

**Public**

- Kirklees – 3 seats
- Wakefield – 2 seats
- Rest of Yorkshire and the Humber – 1 seat

*NB. There are currently no vacant seats or governor terms ending in 2021 for Barnsley and Calderdale.*

**Staff** (all 1 seat)

- Allied Healthcare Professionals
- Medicine and Pharmacy
- Nursing
- Psychological therapies
- Social care staff working in integrated teams

The timetable for the election is as follows:

- Nominations opened on Monday 11 January 2021.
- Nominations close on Monday 8 February 2021.  
*Candidates will be able to withdraw their nomination up to Thursday 11 February 2021.*
- Election voting opens on Thursday 4 March 2021.
- Election voting closes on Tuesday 6 April 2021.
- Results declared on Wednesday 7 April 2021.
- Terms of office begin on 1 May 2021.

*NB. If there are uncontested seats in one or more of the constituencies and an election is not required, results may be available before 7 April 2021.*

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

Governors are asked to assist by talking to people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching, as well as promoting voting by members.

**Members' Council  
29 January 2021**

<b>Agenda item:</b>	<b>7.5</b>
<b>Report Title:</b>	<b>Estates Update</b>
<b>Report By:</b>	Strategic Planning, Capital Projects and Estates Planning Lead
<b>Action:</b>	To receive

**Introduction**

This paper is designed to provide the Members Council with an update on the Trust's estate including the Estate Strategy, completed and planned disposals and the capital programme.

**Recommendation**

**The Members' Council is asked to receive the update in relation to Estates.**

**Background**

The Trust has delivered against the aims and objectives within the 2012-2022 Estates Strategy, with an estate very different from that in 2012. A new strategy is to be developed which will take the Trust to 2030 addressing a number of identified challenges and opportunities as well as ensuring the Trust retains flexibility to manage unforeseen events.

Whilst the Trust has largely completed its estate rationalisation programme, the disposal of Mount Vernon Hospital and the Keresforth Centre are expected to complete within the next 12 months.

Despite an extremely challenging 12 months the Trust is on course to invest over £2m within its estate by the end of the financial year.

## **Estates Update**

### **Estate Strategy**

The Trust's Estates Strategy 2012 – 2022 has three core aims:

- To modernise the inpatient estate
- To develop the community infrastructure
- To dispose of buildings and land that are surplus to requirements

The Trust has delivered against the aims and objectives within the strategy with a current estate very different from that in 2012.

The occupation of the Crofton staff accommodation in May 2019 marked the completion of the Unity Centre and in effect the Estate Strategy. A new strategic plan covering 2020 – 2030 was scheduled to be submitted for approval to Trust Board in 2020 however the Covid pandemic has delayed this.

The current proposal is to produce an interim strategy by March 2021 intended as a holding position whilst the Trust navigates the pandemic. This plan intended to last for the next twelve to 18 months. The new 10-year strategy will then be completed with a focus on –

- Estates impact of the Older Peoples Transformation
- Potential replacement of the Dales and Priestley inpatient units
- Kirklees estate requirement in particular the development of a North Kirklees Hub and proposals for South Kirklees with the Folly Hall leases terminating in October 2025
- Proposals for the Barnsley community estate as a result of all Trust leases within GP practices (5) and two LIFT buildings coming to an end before 2030

The strategy will also review the future estate requirements in light of the changes to work styles brought about by the pandemic. This will include the effective utilisation of technology for both clinical and administrative purposes and a potential increase in flexible working which all have an impact on how and where we deliver our services.

### **Disposal of Surplus Estate 2020**

- The sale of Ossett Health Centre and the Sycamores completed in February 2020 with a capital receipt to the Trust of £900,000. The site is being developed for extra care accommodation

- The last remaining non-operational land at the former Southmoor Hospital in Hemsworth was sold in July 2020 for the development of 12 affordable homes. The Trust received a capital receipt of £115,000.

### **Disposal of Surplus Estate 2021**

- Mount Vernon Hospital is scheduled to complete by the end of January / early February following a lengthy planning process. The site is to be developed for housing. The Trust will receive a guaranteed £1.5m.
- The sale of the Keresforth Centre is expected to complete mid 2021 with the site and adjacent playing fields developed for a new secondary school, subject to planning approval. The Trust will receive a guaranteed minimum value of £1.5m with the final figure determined following confirmation of costs associated with the build.

Owing to the scale of the Barnsley estate, which is much more varied than other Trust areas there is more scrutiny from both the commissioner and public who are keen to ensure that the healthcare estate is effectively utilised, and the rationalisation of sites does not impact on the quality of service provision within the district.

The Trust has committed to reinvest the proceeds from both sales within Barnsley and even prior to the receipt of funds will have invested over £2m within the estate between 2019/20 and 2020/21 with further funds allocated in the 2021/22 minor capital programme, subject to Board ratification. Investment has been focussed on improving both the service user experience and ensuring our estate is fit for purpose and compliant to modern standards.

### **Capital Plan**

The Capital Plan has been subject to extensive change in what has been an extremely challenging year, however the Trust is still on course to invest over £2m by the end of the financial year.

Significant schemes have included the ongoing replacement of doors and windows within ward areas and the relocation of Keresforth Learning Disabilities service to Mapplewell Health Centre.

In addition, the Trust has committed funds for green initiatives including solar panels at Laura Mitchell H&WB Centre and Baghill House as well as electric vehicle charging points at Fieldhead and Kendray Hospitals.

The 21/22 Minor Works prioritisation process has been undertaken and will be brought before Board for approval.

The capital programme is in the process of changing across the Integrated Care System. This will mean the Trust will develop capital plans within a wider ICS capital strategy, the impact of these changes is still being considered. It is anticipated that this will help improve access to strategic capital from central sources.

## **Sustainability**

- A new Sustainability Strategy (Green Plan) is to be submitted to Board for approval in March
- A Decarbonisation Strategy is also being prepared to provide a road map to assist the Trust achieve the ambitious NHS carbon net zero commitments

**Kevin Gelder**

**Strategic Planning Lead (Estates)**





**SUSTAINABILITY**

# **Members' Council Green Plan Update**

**Friday 29<sup>th</sup> January (11:50 – 12:35)**



## WRM Sustainability Background

- Specialist consultancy based in Yorkshire
- Work across the UK
- Provide strategic advice to organisations to help ingrain sustainability
- Track record working with the NHS to deliver wide range of projects



# Green Plan- Sustainability



# Green Plan- Value



## Reduce Carbon Emissions

- ✓ Mitigate impacts of climate change
- ✓ Meet national targets
- ✓ Moral imperative for action



## Reduce Air Pollution

- ✓ Protect local population
- ✓ Improve local environment
- ✓ Save NHS £££s



## Reduce impact on Human Health

- ✓ Mitigate long term-health impacts of climate change
- ✓ Mitigate short-term health impacts of air pollution



## Reduce Plastic Waste

- ✓ Preserve natural resources
- ✓ Reduce pollution of oceans
- ✓ Protect wildlife



## Reduce Costs

- ✓ Improve efficiency of service delivery
- ✓ Lower operating costs
- ✓ Generate revenue



## Contractual Compliance

- ✓ Fulfil the terms of the NHS Standard Service Contract



## Improve Reputation

- ✓ Prove to staff and patients that you are actively managing environmental impacts

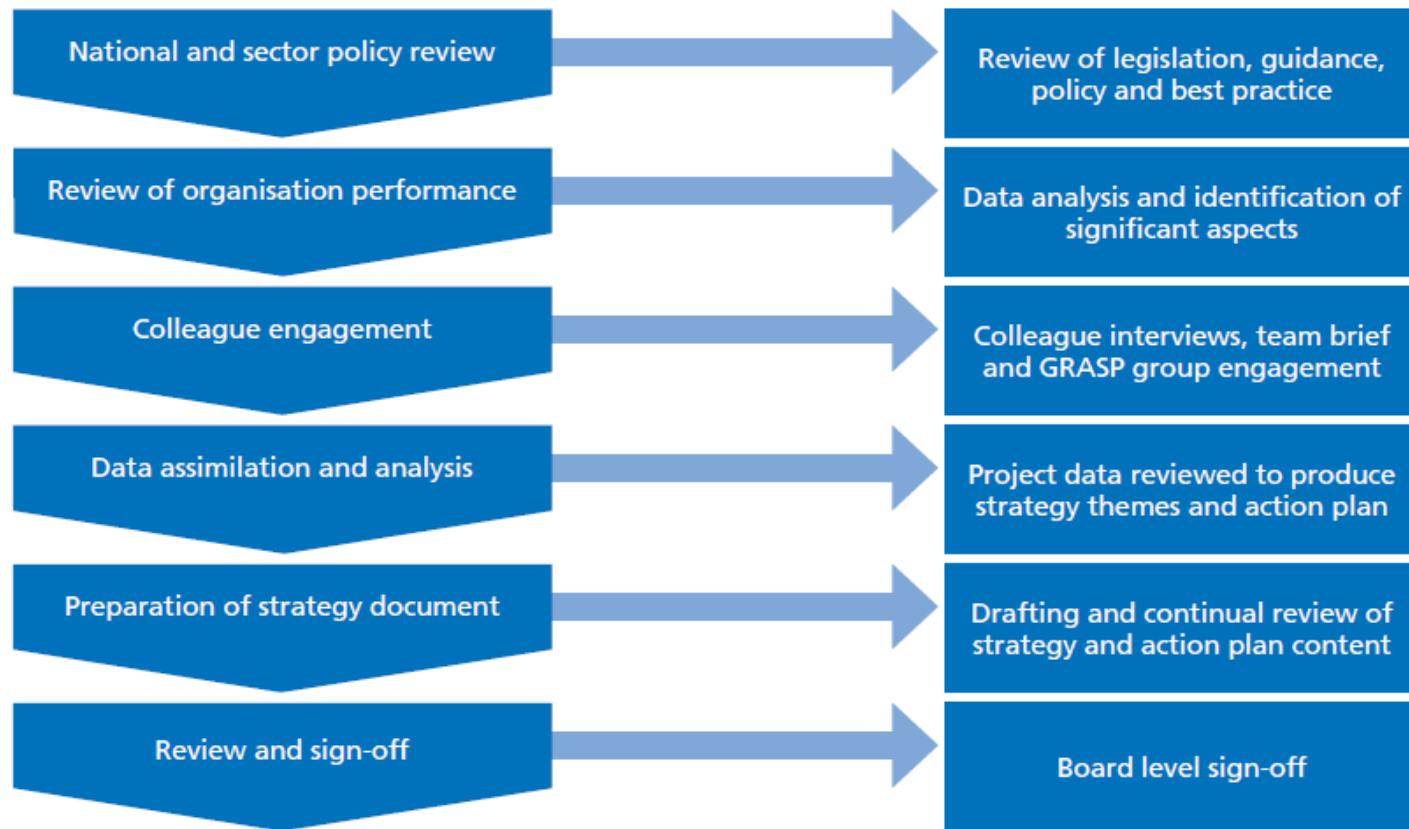


## Secure Senior level support

- ✓ Centralise sustainability in one document
- ✓ Improve recognition from Band 9s
- ✓ Secure senior level support for sustainability



# Green Plan- Development



**Members' Council  
29 January 2021**

<b>Agenda item:</b>	<b>8.1</b>
<b>Report Title:</b>	Non-Executive Director (NED) appointment
<b>Report By:</b>	Corporate Governance Manager and Company Secretary on behalf of the Nominations Committee
<b>Action:</b>	To approve

## **EXECUTIVE SUMMARY**

### Purpose and format

The purpose of this report is to update the Members' Council on the appointment of a Non-Executive Director (NED) to replace Charlotte Dyson who is retiring from the Trust Board on 30 April 2021. Governors will be asked to approve the recommendation from the Nominations Committee.

### Recommendation

**The Members' Council is asked to RECEIVE the update and APPROVE the recommendation from the Nominations Committee to appoint of Natalie McMillan as a new Non-Executive Director.**

### Background

The role of the Nominations Committee is to ensure the right composition and balance of Trust Board and to oversee the process for appointing the Chair and Non-Executive Directors, Deputy Chair / Senior Independent Director, and the Lead Governor / Deputy Lead Governor.

### Recruitment Process

The Nominations Committee agreed the recruitment process for a Non-Executive post with the requirement that they were either a clinician and / or had experience at a senior level in Human Resources, Workforce Development and Organisational Development. The timetable for recruitment was as follows:

- Post advertised nationally on a number of online recruitment websites the week commencing – 16 November 2020.
- Closing date – 16 December 2020.
- Shortlist agreed by Nominations Committee – 22 December 2020.

Six candidates were shortlisted and invited to meet three stakeholder groups and have a formal interview.

- On 7 January 2021 the candidates met three stakeholder groups comprising of:

service users and carers, governors, and staff.

- The final panel interviews took place on 12 January 2021.

The Nominations Committee met on 20 January 2021 and discussed and agreed the recommendations for appointment from the final interview panel. The attached paper outlines the recruitment process and panel decision.

Natalie McMillan has a strong background in health and workforce development and good connections with the Trust. The interview panel were impressed by her experience, value base and commitment.

The commitment of candidates was covered in detail in the governor stakeholder group. The group concluded that based on her values and the way she portrayed herself, Natalie McMillan is genuinely committed to the Trust, and she sees this as a long-term role and a priority.

**On behalf of the Nominations Committee, the Chair is making the following recommendation to the Members' Council: to APPOINT Natalie McMillan as Non-Executive Director for a period of three years from 1 May 2021.**

**Members' Council 29 January 2021**

**Non-Executive Director Recruitment 2021**

**Candidate attraction**

The Nominations Committee agreed the recruitment process for the Non-Executive Director (NED) vacancy following Charlotte Dyson's decision not to seek reappointment. Taking account of the skills and experience of NEDs on the Board it was agreed to seek someone who was either a clinician or had worked at a senior level in Human Resources / Workforce Development / Organisational Development. The position was advertised nationally through a combination of online recruitment websites including: Yorkshire Post On-Line, LinkedIn, NHSI/E public appointments and a number of other public sector appointment sites. In support of the recruitment process prospective applicants were able to have an informal discussion with the Chair and / or Deputy Chair and / or the Chief Executive and a virtual drop-in event was held.

The post was advertised week beginning 16 November 2020 with a closing date of the 16 December 2020.

**Shortlisting**

Following the closing date, 20 applications were received. All the applications received were carefully reviewed by the Chair, Deputy Chair, Deputy Lead Governor, Medical Director and Director of Human Resources, Organisational Development and Estates, and graded in one of four categories as shown below:

Grade 1 - Recommended for interview

Grade 2 - Strong Marginal for discussion

Grade 3 - Marginal for discussion

Grade 4 - Not recommended

The outcome of the review was that the 20 applications received were graded as follows:

Grade 1: 6

Grade 2: 3

Grade 3: 8

Grade 4: 3



A shortlisting report was prepared for the Nominations Committee on the 22 December 2020 recommending a shortlist of the five candidates initially graded 1 for the final interviews. The report provided an overview of the background and relevant experience of all the candidates who applied with the reasons for either shortlisting or not.

The Nominations Committee felt that a sixth candidate should be added to go forward to the final assessment.

### **Final assessment**

The final assessment process consisted of stakeholder meetings and a final Interview both used Microsoft Teams.

The six shortlisted candidates selected for final assessment met using Microsoft Teams with the three focus group discussions on 7 January 2021 with:

- Governors
- Service users / carers
- Staff / Staff Side / Staff Equality Network representative

The final interviews were held on 12 January 2021.

The interview panel members were:

- Angela Monaghan – Chair
- Bill Barkworth – Deputy Lead Governor
- Charlotte Dyson – Deputy Chair / Senior Independent Director
- Manreesh Baines – Chair of the BAME Staff Equality Network

Alan Davis, Director of Human Resources, Organisational Development and Estates was in attendance supporting the panel.

The panel asked a common set of questions to all candidates, covering nine competencies aligned to the person specification. They also asked follow-up questions of individual candidates, as appropriate, that took account of any areas for further testing identified by the three stakeholder groups. Each candidate was scored on a scale of 0-5 against the nine areas of competency.

Following all interviews, the candidate with the highest score, was Natalie McMillan. She was also the highest scoring candidate for each individual panel member.

Natalie is an experienced HR director with significant NHS and Non-Executive Director experience. The panel were impressed with her and she performed strongly across all competencies; in particular, they felt she demonstrated a good understanding of and commitment to the values of the Trust and gave a strong response to the questions on equality, diversity and inclusion. She is an excellent communicator, has a strong

value base and has a real commitment to make a difference. She got excellent feedback from the three Stakeholder groups.

Overall, the panel felt that Natalie's skills, expertise and experience strongly met the requirements and would strengthen the board.

### **Panel Decision**

Following the interview process and feedback from the focus groups the unanimous decision of the panel was to recommend to the Nominations' Committee that Natalie McMillan is appointed as a NED with effect from 1 May 2021. The final recommendation for appointment will need to go the Members' Council on 29 January 2021.

### **Term of office and remuneration**

In accordance with the Trust's Constitution, the Standing Orders for the practice and procedure of the Trust Board within the Trust's Constitution states under section 3.8 that the Members' Council is responsible for the appointment "*...for an initial period of three years or as determined by the Nominations Committee.*"

The remuneration for the role is £13,584 pa as agreed by the Members' Council at its meeting on 1 November 2019.

### **Recommendation**

**The Members' Council is asked to APPROVE the recommendation from the final interview panel and the Nominations Committee to appoint Natalie McMillan to the role of Non-Executive director with South West Yorkshire Partnership NHS Foundation Trust for an initial three year term, with effect from the 1 May 2021.**

**Members' Council  
29 January 2021**

<b>Agenda item:</b>	<b>8.2</b>
<b>Report Title:</b>	<b>Chair's appraisal – process</b>
<b>Report By:</b>	Deputy Chair / Senior Independent Director Corporate Governance Team
<b>Action:</b>	For discussion

## **EXECUTIVE SUMMARY**

### Background

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

NHS England & NHS Improvement published an appraisal framework for NHS provider chairs which aims to establish a standard approach across the system. The previous appraisal process has been reviewed to ensure it is consistent with the broad principles established by this framework.

The Chair's full appraisal was completed in December 2019 / January 2020, with an interim appraisal completed in June / July 2020 to bring the Chair's appraisal in line with other NEDs and to take into consideration the impact of Covid-19.

### Process

There are three strands to the initial process, as per previous years:

- 1. Facilitated by the Deputy Chair / SID, governors will be asked to assess the Chair's performance via a survey and discuss the results as part of a virtual interactive session in May 2021.** This will include considering the following areas:
  - Chairing of meetings of the Members' Council
  - Leadership style
  - Corporate understanding and strategic awareness
  - Personal style
  - Independence and objectivity
  - Self-development
  - Impact

The Chair's outline job description and the current Chair's profile is attached for information. It should be noted that each governor's response is entirely confidential and responses cannot be attributed to an individual.

2. All Directors and Non-Executive Directors will be asked to complete a questionnaire.

3. The Chair will undertake a self-assessment.

As part of the process, the Deputy Chair / SID will establish with the Lead Governor and Deputy Lead Governor if there are any additional views or comments they would wish to make or governors would wish to raise; discuss with the Chief Executive to establish any additional views or comments from the Directors; and also canvass any additional views and comments from Non-Executive Directors.

The Deputy Chair / SID will discuss the process with the Chair at a pre-appraisal meeting and determine which external stakeholders, such as the Chairs of other organisations in the Trust's area, will be invited to contribute to the appraisal process.

Following the collation of responses, the Deputy Chair / SID and Chair will discuss the outcome, objectives and any areas of professional / personal development on a one-to-one basis.

A final report will come to the Members' Council in August 2021, summarising the outcome, the new objectives for the coming year and any areas for development agreed with the Chair.

## Job Description

### Chair outline job description

#### Essential expertise

- Embrace and demonstrate the mission, vision and values of the organisation.
- Board level experience in a large, complex and dynamic organisation.
- Strong commercial or high level public sector background.
- Clear sense of strategic direction and track record of performance management.
- Demonstrable evidence of challenge and support appropriate to a unitary board.
- Extensive experience of governance arrangements within a highly regulated and complex environment.
- Ability to communicate effectively and develop working relationships both internally and externally across a diverse range of stakeholders.
- Ability to manage complex relationships across a number of organisational boundaries.
- Ability to be a strong ambassador for the Trust in a range of complex relationships.

#### Desirable expertise

- Experience at Board level within an NHS Foundation Trust.
- Experience of working in a Non-Executive Director capacity in other sectors, such as community or voluntary organisations.
- The ability to demonstrate an understanding of the needs of the people who use our services and the health inequalities in the populations served by our Trust.

#### Essential competencies

In addition to the essential criteria outlined above candidates interviewed will need to show that they have the competencies required to be effective in this Chair role.

Competence	Explanation
Strategic thinking	Able to look ahead and work with others to develop practical but ambitious plans
Self belief and drive	Enjoy a challenge and be prepared to stand up for your views. You should be enthusiastic about improvement and believe change is possible
Patient and community focus	Be committed to supporting people's expectations of healthcare in your community, obtained through the public, voluntary or private sector

<b>Competence</b>	<b>Explanation</b>
Intellectual flexibility	Be a sharp and clear thinker who can weigh up other people's ideas and have ideas of your own
Team working ability	Be able to build constructive relationships and work effectively in a team of people and be able to let others take on the operational work
Effective influencing and communication skills	Be able to gain respect through a personal empowering style supported by effective communication and influencing skills
Sound understanding of corporate governance and high standards of personal conduct	Be tough enough to hold others to account for their performance but realistic enough to accept being held to account for your own performance

## Responsibilities

### Strategy

- provide leadership to the Members' Council and Trust Board, ensuring their effectiveness in all aspects of their role and agenda;
- work with board members in developing and promoting the trust's vision, values, aims and strategic objectives;
- pro-actively direct and manage major board decisions and their development ensuring that 'due process' has been applied at all stages of decision making and full and complete consideration has been given to all options during the process; and
- lead and direct work within the trust with other non-executives, the chief executive and other executive directors.

### Human resources

- support, encourage and where appropriate 'mentor' other board members and senior executives;
- arrange the regular evaluation of the performance of the board of governors and the board of directors, their committees and individual directors, and facilitate the effective contribution of non-executive directors, directors and governors and ensure constructive relations; and
- take responsibility, in conjunction with the board, for own personal development and ensure that this remains a priority.

### Operations

- take responsibility for ensuring that the board monitors the progress of the business against the planned objectives;
- use general management and leadership ability and personal knowledge of the community to guide and advise on the work of the board of directors and governors of the trust;

- ensure that the board establishes clear objectives to deliver the agreed plans and meet the terms of its authorisation and regularly review performance against these objectives;
- plan and conduct board meetings, in conjunction with the chief executive;
- encourages the best use of resources including the development of effective risk and performance management processes;
- share and use relevant expertise with senior managers and clinicians in a changing healthcare environment;
- promote appropriate processes and procedures to deliver high standards of professional, clinical, administrative and personal behaviours across the trust;
- be aware of and understand relevant, regulatory and central government policies; and
- comply at all times with the trust's published health and safety policies, in particular, by following agreed safe working procedures and reporting incidents using the trust's risk reporting systems.

### **Communication and relationships**

- ensure the effectiveness, constructive dialogue and harmonious relations with a number of bodies including the board of directors, the board of governors, stakeholders in the Trust's community, national healthcare stakeholders, regulators such as NHS Improvement and the Care Quality Commission;
- ensure the provision of accurate, timely and clear information to directors and governors, so that within the boundaries of probity, good governance and risk, the trust meets all its statutory objectives and remains within the terms of its authorisation;
- participate fully in the work of the board of directors and of governors and maintain appropriate links with the chief executive and individual directors, as well as with the wider local and national health and social care community;
- develop high level relationships with key stakeholders, including the trust's financiers, but ensuring that the interests of all stakeholders are fairly balanced at all times;
- bring balance to the use and influence of external advisers;
- represent the trust's views with national, regional or local bodies or individuals and ensure that the views of a wide range of stakeholders are considered;
- uphold the values of the trust, to be an appropriate role model and to ensure that the board promotes equality and diversity for all its patients, staff and other stakeholders;
- be an ambassador for the trust; be knowledgeable and aware of local issues, and assist the trust in its efforts to support local regeneration as a major employer; and
- set an example on all policies and procedures designed to ensure equality of employment. Staff, patients and visitors must be treated equally irrespective of gender, ethnic origin, age, disability, sexual orientation, religion etc.

## Trust Board profile 2020

**Angela Monaghan**

**Date of appointment:** *1 August 2017 Non-Exec Director*  
**1 December 2017 Chair**  
**1 December 2020 re-appointed**  
**Chair**



<b>SUMMARY OF RELEVANT QUALIFICATIONS</b>	<ul style="list-style-type: none"> <li>➤ BA Hons, Economics</li> </ul>
<b>CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP</b>	<p><u>Areas of interest:</u>          All aspects of the Trust's work, with a particular interest in:</p> <ul style="list-style-type: none"> <li>➤ Staff, service user and carer engagement</li> <li>➤ service improvement</li> <li>➤ partnerships with the voluntary and community sectors</li> <li>➤ equality and inclusion</li> <li>➤ leadership</li> <li>➤ governance</li> <li>➤ strategic developments (including ICSs)</li> </ul> <p><u>Trust Committee membership:</u></p> <ul style="list-style-type: none"> <li>➤ Chair of Equality and Inclusion Forum</li> <li>➤ Member of Clinical Governance and Clinical Safety Committee</li> <li>➤ Member of Workforce and Remuneration and Committee</li> <li>➤ Member of Charitable Funds Committee</li> <li>➤ Chair of Members' Council</li> <li>➤ Member of Members' Council Co-ordination Group</li> <li>➤ Chair of Nominations' Committee</li> </ul> <p><u>Partnership Group Membership</u></p> <ul style="list-style-type: none"> <li>➤ Member of West Yorkshire Mental Health, Learning Disability and Autism Collaborative</li> <li>➤ Member of West Yorkshire &amp; Harrogate Health and Care Partnership Board</li> <li>➤ Member of Barnsley Integrated Care Partnership Board</li> </ul>
<b>SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT</b>	<ul style="list-style-type: none"> <li>➤ Over 20 years' experience of leading charities and social enterprises at both regional and national level (14 of those as a Chief Executive) and NHS bodies.</li> <li>➤ Former Chief Executive of a children's hospice.</li> <li>➤ Former Non Executive Director and Chair of an NHS Primary Care Trust.</li> <li>➤ Significant experience of non executive roles in a wide range of voluntary and community sector organisations.</li> </ul>
<b>KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS</b>	<ul style="list-style-type: none"> <li>➤ Continue to strengthen knowledge and understanding of mental health, with a particular focus on autism.</li> <li>➤ Complete Institute for Healthcare Improvement (IHI) Programme.</li> <li>➤ Complete Board development programme.</li> <li>➤ Reciprocal mentoring programme.</li> </ul>



## Members' Council annual work programme 2020/2021

**! – item amended to focus on Covid-19 and business continuity**

**# - item deferred**

Agenda item/issue	31 Jan 2020	1 May 2020	31 Jul 2020	30 Oct 2020	29 Jan 2021
<b>Standing items</b>					
Declaration of interests	x	x	x	x	x
Minutes and matters arising	x	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
Assurance from Member's Council groups and Nominations' Committee	x	x	x	x	x
Integrated performance report	x	#	x	x	x
<b>Trust Board appointments</b>					
Appointment / Re-appointment of Non-Executive Directors <i>(if required)</i>	x	x	x	x	x
Ratification of Executive Director appointments <i>(if required)</i>	x	x	x	x	x
Review of Chair and Non-Executive Directors' remuneration			x *process and timescales	x *recommendation for Chair's remuneration	
<b>Annual items</b>					
Evaluation / Development session					#
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)		# *not required as under threshold			
Annual report and accounts			x		
Quality report and external assurance			x		

<b>Agenda item/issue</b>	<b>31 Jan 2020</b>	<b>1 May 2020</b>	<b>31 Jul 2020</b>	<b>30 Oct 2020</b>	<b>29 Jan 2021</b>
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				#	
Members' Council Training & Development - Understanding NHS Finance			# *a separate session TBA		
<b>Members' Council Business</b>					
Members' Council elections	x *update	x *outcome		x *process	x *update
Chair's appraisal	x		x *mid-year appraisal		x *process
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			
Nominations' Committee annual report <sup>1</sup>		#	x		
Appointment of Lead Governor		x			
Appointment of Trust's external auditors		x			
Holding Non-Executive Directors to account			#	x	
Review of Members' Council objectives				x	
Members' Council meeting dates and annual work programme				x	
<b>Other items</b>					
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	x