

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

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

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: 29 January 2021