

Members' Council
09.00 – 12.10 on 8 February 2022
Virtual meeting via Microsoft Teams

Item	Approx. Time	Subject Matter	Lead	Action	Minutes allotted
	9.00	<i>Governors only pre-meet (25 minutes followed by 5 minute break)</i>	<i>John Lavielle, Lead Governor</i>		25
1.	9.30	Welcome, introductions and apologies	Marie Burnham, Chair	Verbal To receive	3
2.	9.33	Declarations of Interests	Marie Burnham, Chair	Verbal To receive	2
3.	9.35	Minutes of the previous Members' Council meeting held on 16 November 2021 and Joint Trust Board and Members' Council meeting held on 16 November 2021	Marie Burnham, Chair	Paper To approve	3
4.	9.38	Matters arising from the previous meeting held on 16 November 2021 and action log	Marie Burnham, Chair	Paper To receive	5
5.	9.43	Chair's report and feedback from Trust Board	Marie Burnham, Chair	Paper To receive	7
6.	9.50	Chief Executive's comments on the operating context	Interim Chief Executive	Verbal To receive	10
7.	10.00	<u>Trust Board appointments</u>			
	10.00	7.1 Ratification of Chief Executive Appointment	Lindsay Jensen, Interim Director of HR and OD	Paper To approve	10

	10.10	7.2 Review of SID and deputy chair	Marie Burnham, Chair	Paper	To approve	10
	10.20	7.3 NED appointments including proposal for Associate NEDs	Lindsay Jensen, Interim Director of HR and OD	Paper	To receive/approve	10
	10.30	<i>Break</i>				5
8.	10.35	<u>Members' Council business items</u>				
	10.35	8.1 Governor feedback	John Laville, Lead Governor	Paper	To receive	10
	10.45	8.2 Assurance from Members' Council groups and Nominations Committee	Marie Burnham, Chair	Paper	To receive	5
	10.50	8.3 Patient Experience Annual Report	Natalie McMillan - Non-Executive Director/Chair of Clinical Governance Clinical Safety Committee	Paper	To receive	15
	11.05	8.4 Members' Council elections – update	Andy Lister, Head of Corporate Governance (Company Secretary)	Verbal	To receive	5
	11.10	8.5 Local indicator for Quality Accounts	Darryl Thompson, Director of Nursing, Quality and Professions	Paper	To approve	5
	11.15	8.6 Update to the Trust Constitution	Andy Lister, Head of Corporate Governance (Company Secretary)	Paper	To approve	5
	11.20	8.7 Chair appraisal process	Chris Jones - Senior Independent Director	Paper	To receive	5
	11.25	<i>Break</i>				5

9.	11.30	<u>Members' Council business items (presentations)</u>				
	11.30	9.1 Integrated Performance Report	Non-executive directors with support from Executive directors Marie Burnham, Chair	Presentation	To receive	30
10.	12.00	<u>Any other business</u>		Verbal item	To receive	5
11.	12.05	<u>Closing remarks, work programme, and future meeting dates</u> Work programme 2022/23 (attached)	Marie Burnham, Chair	Paper and verbal item	To receive	5
		Members' Council meetings 2022: 10 May 2022 16 August 2022 15 November 2022 (including the annual Joint Trust Board and Members' Council meeting) 14 February 2023				
	12.10	<u>Close</u>				
	12.20 – 13.10	<u>Development Session (optional)</u> Vaccination as a condition of deployment (VCOD) and the impact for governors	Lindsay Jensen Interim Director of HR and OD, Julie Williams Associate Director of Corporate Governance, Performance and Risk	Presentation	To receive	50

Minutes of the Members' Council meeting held at 09.30 on 16 November 2021

Meeting Held Virtually by Microsoft Teams

Present:	Angela Monaghan (AM)	Chair
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Claire Den Burger-Green (CDBG)	Public - Kirklees
	Brenda Eastwood (BE)	Appointed Barnsley
	Gary Ellis (GE)	Appointed – Mid Yorkshire Hospital NHS Trust
	Carol Irving (CI)	Public – Kirklees
	Tony Jackson (TJ)	Staff – Non-Clinical Support Services
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust
	Adam Jhugroo (AJ)	Public – Calderdale
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Andrea McCourt (AMc)	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
	Nik Vlissides (NV)	Staff – Psychological Therapies
	Lisa Ward (LW)	Public - Kirklees
	Tony Wilkinson (TW)	Public – Calderdale
In attendance:	Mark Brooks (MB)	Interim Chief Executive
	Lindsay Jensen (LJ)	Director of Human Resources, Organisational Development
	Carol Harris (CH)	Director of Operations
	Mike Ford (MF)	Non-Executive Director
	Mandy Griffin (MG)	Non-Executive Director
	Erfana Mahmood	Non- Executive Director
	Kate Quail (KQ)	Non-Executive Director
	James Sabin (JS)	Director of Finance & Resources
	Darryl Thompson (DTh)	Director of Nursing, Quality and Professions
	Julie Williams (JW)	Assistant Director of Corporate Governance, Performance and Risk
	Salma Yasmeen (SY)	Director of Strategy
	Grace Coggill (CG)	Secretary to the Chair, Non-Executive Directors and Members' Council (author)
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
Apologies:	<u>Members' Council</u>	
	Tony Wright (TWr)	Appointed – Staff Side organisations
	Helen Morgan (HM)	Staff – Allied Healthcare Professionals
	Debs Teale (DT)	Staff – Nursing support
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Chris Jones (CJ)	Deputy Chair / Senior Independent Director
	Natalie McMillan (NM)	Non- Executive Director
	Dr Subha Thiyagesh (ST)	Medical Director

MC/21/36 Welcome, introductions and apologies (agenda item 1)

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

AM explained that the meeting is held in public and that members of the public are able to join via the link published on the Trust website. The meeting is being live streamed for the purpose of inclusivity, to enable members of the public access to the meeting. Private items are included on the agenda for this meeting, and members of the public will be asked to leave when the items arise.

The meeting is recorded to support minute taking. The recording will be destroyed once the minutes have been approved (it was noted that attendees of the meeting should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place). Attendees were requested to remain on mute, unless speaking.

It was RESOLVED to RECEIVE the Welcome, introductions and apologies as described above.

MC21/37 Declarations of Interests (agenda item 2)

AM reported the register had been updated since the last meeting.

Name	Declaration
ELLIS Gary Appointed – Mid Yorkshire Hospitals NHS Trust	Director, of Wholly owned subsidiary companies of The Coalfields Trust Non-Executive Director, Mid Yorkshire Hospitals NHS Trust Non-Executive Director, Berneslai Homes
LAVILLE, John Publicly elected - Kirklees	Director and Shareholder, EMS (Hartshead) Ltd (dormant company). Member/Carer Representative, Kirklees Mental Health Partnership Board. Trustee and Chair, Popplewell Charity. Patient Representative, North Kirklees Primary Care Commissioning Committee Chair, Kirklees Mental Health Carers Forum Chair, Brookroyd Patient Reference Group and Member of PCN PRG Chair/Trustee, Popplewell's Charity
WRIGHT, Tony Staff elected – staff side organisations	Board of Trustees Chair, "There for You", the UNISON Welfare Charity Trustee, Barnsley Civic Trust Trustee, UNISON

It was RESOLVED to NOTE the changes made by Governors.

MC21/38 Minutes of the previous Members' Council meeting held on 17 August 2021 and 19 October 2021 (agenda item 3)

Darryl Thompson (DTh) noted Debs Teale (DT) and DTh attended the meeting on 17 August 2021. On pages 12,13 and 14 comments made are recorded to be those of Debs Teale (DT) but the comments are those of DTh.

DTh asked for the minutes to be amended to reflect these changes. Andy Lister (AL) to amend the minutes as requested.

Action: Andy Lister

It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 17 August 2021 as a true and accurate record with the noted amendments.

MC21/39 Matters arising from the previous meeting held on 17 August 2021 and action log (agenda item 4)

AM informed the Members' Council that she will refer to items that are due today and that remain open.

MC/21/21 - the Green Plan, a meeting was to take place with Estates and Staff Side. An update in relation to this action is still required.

Action: Nick Phillips

MC/21/24 – AM noted the three items under this action reference are on today's agenda and can be closed.

MC21/25g - to understand if the high number of serious incidents in Kirklees is usual and proportionate to the population size - It was agreed that a discussion will take place outside of the meeting between Carol Harris (CH), Darryl Thompson (DTh), John Laville (JL) and Andrea McCourt (AMc).

JL stated that the meeting had not taken place and he has emailed the people concerned.

DTh explained that there was work underway on the analysis of this data which has given some useful insight and Carole Harris (CH) has identified that it is not a direct comparison as the same service is not provided in the same area.

AM thanked DTh for the update.

Item MC20/25 – AM noted the updated constitution is on today's agenda. To close

Item MC20/26 – AM noted there is still no further update as yet. To remain open.

It was RESOLVED to NOTE the updates to the action log.

MC21/40 Chair's report and feedback from Trust Board (agenda item 5)

AM explained the purpose of the report is to note anything relevant not on today's agenda and provide updates on what the Non-Executive Directors (NEDs) and Chair have been doing for the Members' Council to hold NEDs to account, and to give the headlines from the Board meetings that have taken place during this quarter.

AM noted governor changes since the last meeting and welcomed Gary Ellis (GE) from Mid Yorkshire Hospitals NHS Trust and reported the appointment of Marie Burnham (MB) as the new Chair designate.

An additional item has arisen since the report was written in relation to a domestic homicide report which will be published on 24 November 2021. No details can be shared at this time as it is embargoed until it is published on the 24 November 2021.

This is a serious and complex incident that took place in June 2017 following which, an independent review of the investigation has been commissioned by NHS England and carried out by an external company called "Sancus Solutions" and is referred to as the "Sancus report".

Their view of the investigation has been ongoing for over 4 years and the Trust has responded to Sancus and given its findings full and final consideration. The report sets out some significant learning opportunities for the Trust, and as a learning organisation the Trust is ready to accept and make any changes necessary.

It was RESOLVED to RECEIVE the Chair's report

MC21/41 Members' Council Business Items (agenda item 6)

MC/21/41a Governor Feedback (agenda item 6.1)

John Laville (JL) advised that the report is included in the pack.

- The Wakefield meeting did not take place due to technical issues. The headline is there is a considerable amount of activity going on in the community and in services which comes as no surprise given the nature of the pandemic.
- In Kirklees there have been good discussions around waiting times and policy in areas such as Child and Adolescent Mental Health Services (CAMHS) and Autism services and there is now a waiting list of carers to support, and demand is outstripping capacity.
- In Barnsley there is a new group to support people with strokes, in the December meeting a discussion will take place to propose governors getting involved with the community groups.

AM thanked the governors for all the activity that is taking place

It was RESOLVED to RECEIVE Governor feedback

MC21/41b Assurance from Members' Council groups and Nominations Committee (agenda item 6.2)

AM advised that there was a brief update included in the papers from Members' Council, Members' Council Quality Group and Nominations Committee for information and asked for questions.

Tony Wilkinson (TW) asked for confirmation that the Quality Group accounts are scrutinised by the auditors for robustness of the figures that are used to arise at the decisions.

Mark Brooks (MB) explained for the last 2 years auditors have not reviewed the quality accounts due to the impact of Covid-19 restrictions, but the quality accounts have been disclosed to the required standard to meet necessary requirements.

A full audit of the financial accounts is carried each year by Deloitte and they attend the Members' Council meeting and report the outcome. MB emphasised that there have been no issues identified in the last 2 years during the pandemic.

Mike Ford (MF) reported as the Chair of the Audit Committee. The internal auditor 360 Assurance carry out an annual programme of audit work and give assurances about processes and assurance is received from both internal and external audit.

It was RESOLVED to RECEIVE Assurance from Members' Council Groups and the Nominations Committee

MC21/41c Members' Council elections – process (agenda item 6.3)

Andy Lister (AL) informed the group of the vacancies that will be coming up in the New Year as a result of Governors reaching the end of their terms.

Current vacancies are: 1 seat in Barnsley, 1 seat in Calderdale, 4 seats in Kirklees, 1 seat in Wakefield and 1 seat in the rest of Yorkshire and neighbouring counties. One of the 4 Kirklees seats is now vacant as a result of a resignation.

Numbers are being provided to Civica of public and staff members so they can give a financial quote for the election.

For information postal voting and e-voting numbers tally at 8883 for public members. 6620 will be postal votes and 2163 by email, 4400 staff members will be voting by email.

The election process will be put on the Trust website. There is a provisional timetable and opening nominations will be 20 January 2022 and the deadline will be mid-February 2022.

The final date for nomination withdrawal will be around 22 February 2022 and notice of poll around 10 March 2022. Voting packs will be despatched on the 11 March 2022 and the close of election will be in early April with declarations to be ready for Members' Council in May 2022.

JL commented that a video will be pulled together before the next election and made public and this is being monitored through the Members' Council Coordination Group. AM stated there are restrictions on what sitting Governors can and can't say and need to make sure what is done is within the rules, Civica (the elections services company) will make this clear.

It was RESOLVED to RECEIVE the update on Members' Council Elections.

MC21/44d Review of Members' Council objectives (agenda item 6.4)

AM explained this item was to receive and not discussed.

Bill Barkworth (BB) gave a brief explanation of the paper and action log.

AL noted that an email had been received requesting for Governors' to be involved in Quality Monitoring visits and this would be circulated.

Action: Andy Lister

It was RESOLVED to RECEIVE the Members' Council objectives.

MC21/45e Update to the Trust Constitution (agenda item 6.5)

AL reported the last amendment of the constitution had been approved on 17 August 2021 where the rest of Yorkshire Constituency was extended to include adjacent counties, with a further addition to Annex 1 about Non-Executive Director recruitment.

Trust Board has approved the Constitution amendments presented today, to come to the Members' Council for ratification.

Phil Shire (PS) questioned Annex 6 and requested clarification on what the process would be to monitor governors.

AM clarified that the Code of Conduct for governors was in existence in this format before, and the wording has not been changed but incorporated into the Constitution along with Codes of Conduct relevant to Directors.

AL stated any decision in relation to conduct would be taken by the Members' Council and it would be a group decision.

AM confirmed there is a process around addressing behaviour of governors.

Bob Clayden (BC) referred to the Governor Handbook and noted it had recently been amended and is only published yearly.

AL confirmed the amendments had already been updated in the handbook and the Constitution presented today aligns with the handbook.

Trevor Lake (TL) noted on page 107, item 7 around public constituency makes reference to the areas and should make reference to annex 1 and annex 3. AL agreed to reference annex 1 and 3 and will resolve this.

Action: Andy Lister

It was RESOLVED to APPROVE the updates to the Trust Constitution.

MC21/44f Focus on item - Health and Inequalities (item 6.6)

Salma Yasmeen (SY) presented a PowerPoint presentation and gave a summary overview of the slide pack which covered the following:

- People with mental health or learning disability are known to have reduced years of life
- Black, Asian, and Minority Ethnic (BAME) more likely to experience poor health
- Gypsy, Roma and Traveller communities face large barriers to accessing services
- People with a physical or sensory disability experience impacts relating to communication, information, and the built environment
- Those living in our more deprived areas have a lower average life expectancy and experience poorer health
- There is evidence that LGBTQ+ people have disproportionately worse health outcomes
- Some people experience multiple impacts and disadvantages
- Meeting the requirements of the Public Sector Equality Duty and our legal obligations under the Equality Act 2010 and NHS Constitution.

In conclusion moving forward the plan is to cover the following points:

- As we will be developing action plans for April 2022 –March 2023 we want to know:
 - What are we doing well that we need to continue doing?
 - What do we need to start doing that we are not doing?
 - What do we need to do more/less of?

AM noted the importance of work being carried out to focus on our service users, carers and communities.

AM explained WRES is Workforce Equality Standards and WDES is Workforce Disability Equality Standards.

BC asked about Community Supporters. SY explained Community Supporters is a group working in partnership with Creative Minds who will engage with our communities to capture the impact of Covid-19. Community Supporters are people who have been trained to go out and capture stories. They are volunteers who have shown an interest to be involved in this work.

Claire Den Burger-Green (CDBG) asked about work being carried out in relation to autism, especially adult autism. SY explained there is a huge amount of work being carried out in this regard and the presentation today only have a brief overview of the work being carried out.

AM noted there may be a gap in relation to neuro diverse people, and suggested contact with the disability staff network. There are some Trusts who have developed Neuro Diverse Staff networks that specifically support people who identify as being Neuro Diverse, be that autism or other areas, and this might be something the Trust wants to consider.

CDBG agreed it is a step forward for staff and the neuro diverse community needs to be engaged.

Sean Rayner (SR) reported the West Yorkshire Mental Health Learning Disability and Autism collaborative, of which the Trust is a partner, is undertaking a detailed review into autism services across West Yorkshire which will focus on work taking place.

Gary Ellis (GE) noted it is an excellent presentation and particularly likes the framework for service improvement, and noted teams need to be mindful of referral and wider partnership working.

A discussion took place around partnership working and the charities involved, and examples of working with partners through partnership arrangements.

JL commented that it was a really good presentation and great plans but queried how is the Trust going to recognise it is succeeding and asked for examples of really good outcomes.

AM responded that it was vital things have got to change and there needs to be a focus on outcomes, there is an importance around correct strategy that once established will then identify what needs to be monitored.

SY responded giving examples included in the Integrated Performance Report (IPR), the dashboards and action plans that are developed.

SY reported when working with partners there is an aim to try and improve health checks that are critical to improve early identification of any physical health issues, any psychological health issues for people who have mental health or serious mental health issues or learning disabilities.

SY stated the Trust knows through work with partners this has made a difference looking at the numbers of people who have had a physical health check. There is work ongoing directly with Healthwatch to ensure we receive feedback about what more work needs to be done.

JL reported he sits on the Kirklees Primary Care Commissioning Committee, which has a dashboard and noted there is a stark difference between GP practices that are engaged, and practices that are not. There is a lot of work to do to get every practice engaged.

Erfana Mahmood (EM) reported the Trust charities have an annual report which gives examples of good outcomes. We are trying to improve reporting against equality involvement communications, strategy and outcomes.

It was RESOLVED to NOTE the presentation on Health Inequalities.

MC21/44g7 Focus on item – Integrated Care Systems (ICS's) and new ways of working – including provider collaboratives (agenda item 6.7)

SR presented the slides and explained the purpose of the presentation as follows:

- The purpose of this presentation is to summarise the development of Provider Collaboratives in an NHS/Integrated Care System context.
- The nomenclature with regards to Provider Collaboratives (PCs) can be confusing, and this presentation will attempt to clarify and illustrate (not exhaustively) the different types of PCs that the Trust is involved with or will be in future.
- The different forms of PCs (existing and proposed) will continue to evolve, and the Trust is pro-actively working in our 4 Place-based partnerships and 2 ICS's to support and influence the way the PCs develop and operate.

AM thanked SR for the presentation and stated there are different place partnerships within each of the ICS's. The Trust straddles two ICS's West Yorkshire and South Yorkshire, and is engaged in place-based partnerships in Calderdale, Kirklees, Wakefield and Barnsley.

Tony Wilkinson (TW) asked about plans for fast-track implementation.

SR replied the arrangements are to be implemented in what are very challenging circumstances for all providers for the NHS. The capacity to put these changes in place is limited at present but there has been real strength from conversations already having taken place. SR gave an example of Kirklees, the domiciliary care sector/social care provider representatives were giving some real examples of pressures of recruiting staff. The collaborative agreed recruitment has to be a priority, and SR gave an example of how staffing issues in relation to social care had been addressed in the Wakefield place-based partnership.

AM referenced the new twenty-two bed CAMHS unit in Leeds which has had work conducted by the CAMHS collaborative across West Yorkshire and noted there are numerous examples of how collaborative working is being directly linked to delivering better services.

Mark Brooks (MB) noted a strong example is the response to Covid-19 pandemic, using Barnsley as an example. Providers have come together to manage the pressure across the whole system, examples being supporting vaccinations and discharge from hospitals.

PS commented he could see this working where there is already a lead provider as the Trust is for forensic and secure services but questioned how the provision of services would work in terms of Trusts performing well and those requiring improvement.

SR reported the emphasis of the new arrangements is on collaboratives and collaboration with a reduced emphasis on competition. Using the Wakefield place as an example, all partners have been very clear that they will hold each other to account for performance. That would be one of the assumptions of a provider collaborative. In the West Yorkshire arrangements similar discussions have taken place in terms of mental health, learning disability and autism collaborative and where we sit compared to each other against several benchmarks, we will hold each other to account and support each other to improve.

PS asked about the budget arrangements for place-based collaboratives.

MB reported the new arrangements provide an opportunity to change how funds have flowed historically which won't be straight forward. Since the start of the pandemic, money has not been our restricting or constraining factor, our constraining factor about service improvement has been the number of work force we have, in particular, qualified work force.

Through speaking with partners there is a really good intention we use money to provide the best services possible in places and a lot will depend on how things develop in the forthcoming months and how much delegation is given to places from the integrated care systems about how they spend their money. This will be a focus for the Trust as developments progress.

AM asked MB if there will still be the ability to pool budgets between the NHS and Local Authorities?

MB replied the potential is still there to deal with winter pressures in some of the systems the Trust is working in. We are looking very closely how we can support social care through the winter period to ease some of the pressures on the NHS.

JL wanted to respond to TW's question, he noted the amazing progress of the Kirklees alliance despite the pandemic and this is a significant step forward from JL's initial experience of the NHS when everyone appeared to work in silos.

Trevor Lake (TL) noted that from his involvement in arrangements the focus would be around "place". TL referenced the Integrated Care Partnership group in Barnsley and how well this had worked in recent years. TL felt that as central ICS's become more comfortable with the working arrangements in places, there will be a devolution of money and responsibilities in South Yorkshire allowing the partners to decide where the money is spent and how services can work together to provide better services. There will be far more scope for collaborative working to improve services.

Mike Ford (MF) noted the arrangements are complex, but collaboration is the way forward. The focus of the Non-Executive Directors is to make sure that the arrangements improve services.

Salma Yasmeeen (SY) reminded the Members' Council that part of the Trust strategy for the last 4-5 years was to work well with partners to improve services. There are significant potential benefits to working collaboratively to improve services.

AM stated that Trust Board discusses collaborative working with West Yorkshire and South Yorkshire and where risks are apparent there is a risk register to identify and focus work. AM reported these reports are available on the Trust website in the Board papers.

MB reported that pooling budgets between the NHS and local authorities is a possibility and has taken place before. The work of the provider collaboratives could include local authorities as well as NHS providers and their allocated budgets.

It was RESOLVED to NOTE the presentation on Integrated Care Systems and new ways of working.

MC21/45 Members' Council Business Items

MC/21/48a Integrated Performance Report

AM noted the report is presented for information only and summarised the key headings.

AM reported performance is being maintained in key areas currently but there is significant pressure across the system.

JL noted that calls to the occupational health helpline have almost doubled in the last twelve months and shows the increasing pressure on staff.

CH thanked JL for realising the pressure on staff but reported the Trust is still managing to maintain good performance against our key metrics. Calls to the help line have increased putting extra pressure on occupational staff. Demand increases impact on staff leaving them feeling stretched.

AM mentioned out of area beds have been used to release pressure on inpatient wards but this is a temporary arrangement.

MF noted workforce pressures and potential impact for the Trust of the compulsory vaccine.

CH explained that the Trust is working with staff to understand what the impact will be and liaising with staff who haven't been vaccinated.

It was noted the legislation for staff vaccination comes into effect on 1 April 2022 and Mandy Griffin (MG) noted this a key area of focus for the Workforce and Remuneration Committee.

MC21/46 Any Other Business

No items.

MC21/47 Closing remarks, work programme, and future meeting dates

AM informed the group that future meeting dates will be circulated shortly.

Date of next Members' Council meeting 8 February 2022

MC21/48 Members' Council Private Session

The minutes dated 17 August 2021 approved as a correct record.

**Notes of the Annual Joint Trust Board and Members' Council meeting
 held on 16 November 2021 virtually via Microsoft Teams**

Present:	Angela Monaghan (AM) Bill Barkworth (BB) Bob Clayden (BC) Jackie Craven (JC) Claire Den Burger-Green (CDBG) Brenda Eastwood (BE) Gary Ellis (GE) (until 2pm) Tony Jackson (TJ) John Laville (JL) Andrea McCourt (AMc) (until 2pm)	Chair Public – Barnsley (Deputy Lead Governor) Public – Wakefield Public – Wakefield Public - Kirklees
	Tom Sheard (TS) Phil Shire (PS) Tony Wilkinson (TW)	Appointed Barnsley Appointed – Mid Yorkshire Hospital NHS Trust Staff – Non-Clinical Support Services Public – Kirklees (Lead Governor) Appointed – Calderdale and Huddersfield NHS Foundation Trust Public – Barnsley Public – Calderdale Public – Calderdale
In attendance:	Mark Brooks (MB) Carol Harris (CH) Mike Ford (MF) Lindsay Jensen (LJ) Mandy Griffin (MG) Erfana Mahmood (EM) Natalie McMillan Kate Quail (KQ) James Sabin (JS) Darryl Thompson (DTh) Julie Williams (JW) Salma Yasmeen (SY) Laura Arnold (LA) Grace Coghill (CG) Andy Lister (AL) Marie Burnham (MBu)	Interim Chief Executive Director of Operations Non-Executive Director Interim Director of HR and Organisational Development Non-Executive Director Non- Executive Director Non- Executive Director Non-Executive Director Interim Director of Finance & Resources Director of Nursing, Quality and Professions Assistant Director of Corporate Governance, Performance and Risk Director of Strategy and Change and Interim Deputy Chief Executive Secretary to the Chair, Non-Executive Directors and Members' Council Secretary to the Chair, Non-Executive Directors and Members' Council (author) Head of Corporate Governance (Company Secretary) Chair designate
Apologies:	<u>Members' Council</u> Cllr Howard Blagbrough (HB) Carol Irving (CI) Adam Jhugroo (AJ) Trevor Lake Helen Morgan (HM) Jeremy Smith (JS) Keith Stuart-Clarke (KSC) Debs Teale (DT) Nik Vlissides (NV) Lisa Ward (LW) Tony Wright (TWr)	Appointed – Calderdale Council Public – Kirklees Public – Calderdale Appointed – Barnsley Hospital NHS Foundation Trust Staff – Allied Healthcare Professionals Public – Kirklees Public – Barnsley Staff – Nursing support Staff – Psychological Therapies Public - Kirklees Appointed – Staff Side organisations

Attendees

Chris Jones (CJ)

Dr Subha Thiyagesh (ST)

Deputy Chair / Senior Independent Director

Medical 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. The meeting is being recorded to support minute taking. 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 represents an opportunity for governors to be involved in discussion regarding and input to 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 and John Laville (JL) noted that the presentation was very similar to that presented by JL recently at the Annual Members' Meeting and therefore asked to take the presentation as read and asked for questions from governors. No questions were raised.

Update on our strategic context (agenda item 3)

Mark Brooks (MB) provided an overview of the information provided in the slides relating to the Trust's strategic context and environment, including recent challenges during the pandemic, integrated care systems (ICSs) and other local developments.

MB noted that when the operating environment is challenging, as it has been in recent months, it is more important than ever to recognise the importance of Trust values in our daily work and, when making decisions.

MB added detail in relation to the challenges of operating during a pandemic, the importance of "place" in relation to the Trust and delivering collective ambitions in our integrated care systems.

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

AM introduced the item and provided a summary overview of how the Trust revises its strategy and strategic objectives and reported on how Trust values are important in everything the Trust does. AM explained the four pillars of the strategic overview.

MB explained the Trust's strategic ambitions and the priority areas for 2021/22.

Our future plans (agenda item 5)

James Sabin (JS) the interim director of finance and resources, explained the 21/22 H2 (half two) plan and key priorities from planning guidance, including mental health priorities, key assumptions in the 2021/22 H2 finance plan and workforce plan, and looking forward to 2022/23 planning.

JS then reported on how the Trust wants to move forward and address some key issues namely:

1. Addressing Inequalities
2. Involvement and engagement
3. Workforce and our people

Governors were then asked to join break out rooms and consider the following in their groups:

As the Trust is developing and refreshing action plans for April 2022 – March 2023 we would like you to consider the key area of focus and discuss:

- What are we doing well that we need to continue doing?
- What do we need to start doing that we are not doing?
- What do we need to do more/less of?

Gary Ellis (GE) asked given the current Trust surplus at the end of H2 what level of flexibility is being built into planning for next year given the unknown quantities of what efficiency savings may be asked for?

JS reported the Trust will continue to underspend given the number of vacancies, even after the utilisation of bank and agency staffing but will continue to drive to improve efficiency and reduce waste. There is currently non-recurrent flexibility given the current underspend, and this will likely continue into the next financial year. This will give us time to develop plans for future efficiencies and review benchmarking and productivity data. JS reported he did not expect the Trust to see financial difficulty this year or next.

Phil Shire (PS) queried when the vacancy level generates a surplus and roles can't be recruited into from agency or bank, where is the impact of the vacancies is seen? The data doesn't suggest a decline in quality or waiting list times.

JS responded that out of area beds had been utilised to manage demands on inpatient wards to manage safe staffing levels. Fixed allocations for Covid-19 from the ICS have also had an impact on the Trust finances and contributed to the overall surplus position. As more of the workforce is mobilised going forward, the underspend will reduce and longer term, we will need to look at efficiencies.

JL queried the difference between the integrated care board and integrated care partnership.

AM explained the integrated care board is the statutory NHS body that will receive all of the funding. The partnership is an alliance of all the partners, local authorities, voluntary and community sector, NHS Trusts etc that will help to guide the strategy and direction of the partnership.

A query was raised about how funding would work from the integrated care boards. AM explained that rather than money being passed between organisations partnership working would mean organisations worked through partnership strategies to deliver care with the resources allocated to them.

Group 1 Feedback (Nat McMillan)

- Addressing inequalities – neuro diverse services may need more focus and benchmarking; how do we know we are addressing inequalities when we have local difference
- Involvement and engagement – the need to get out and engage with communities. How to get people to understand pathways and how governors can help
- Workforce – the need to understand why people are leaving the Trust and engaging properly with staff about any potential issues.

Group 2 Feedback (Mike Ford/Mandy Griffin)

- Addressing inequalities – we need to understand what the issues are and what we can control and influence and take appropriate actions and measure outcomes
- Involvement/engagement – innovation during the pandemic should continue, the Trust should not return to ways of working prior to the pandemic

- Workforce – line management training and the importance of the quality of the workforce as well as volume and not promoting people to line management when they don't have the necessary skills and staff salaries and what flexibility we have to attract staff through appropriate remuneration

Group 3 Feedback (Erfana Mahmood)

EM reported they had viewed the three questions from the carer aspect and felt SWYPFT were doing really well and needed to continue.

- Carers are well recognised by the Trust
- Physical ill health may be being neglected due to attention being focussed on mental wellbeing and this may be an area for improvement through standardised training.
- There is respect for carers demonstrated within teams, but more work may be required through the Equity guardians to support this view

Group 4 Feedback (Kate Quail)

- Health inequalities – how do we know how well we are doing, there is requirement for data and monitoring to assess progress.
- How do our staff know if service users are accessing public health screening? Cancer screening, annual health checks etc How do we make sure service users have access to these screenings
- The Trust needs to focus on employing people with learning disabilities
- Workforce – The Trust has a strong focus on being a good employer, but if we can't recruit should we be looking at productivity and how roles may be changed.

AM requested all Non-Executives to forward discussion outcomes to Mark Brooks, Salma Yasmeen and James Sabin.

Action: Mike Ford, Mandy Griffin, Erfana Mahmood, Nat McMillan, Kate Quail

MB noted the benefit of the insight obtained from these events and how it will be used to formulate future strategy and it will conduct a "you said, we did" process.

JL thanked everyone for their attendance and thanked AM for her service as Chair in recent years.

Members' Council 8 February 2022 – Action log

= completed actions

Actions from 16 November 2021

Minute ref	Action	Lead	Timescale	Progress
MC/21/38	Minutes from the meeting 17 August pages 12, 13 and 14 referred to DT and should be DTh. Minutes to be changed to correct this error.	Andy Lister	November 2021	Complete.
MC/21/39	Item MC21/21 the Green Plan a meeting was to take place with Estates and Staff Side. Nick Phillips (NP) to give an update on whether this meeting has taken place.	Nick Philips	February 2022	Complete. Update as per action 21/21 below.
MC/21/44d	AL to circulate request for Governors to be involved in quality monitoring visits.	Andy Lister	November 2021	Complete
MC/21/45e	Trevor Lake (TL) referred to page 107 item 7 around public constituency makes reference about the areas that are covered and makes reference to annexe 1 and annexe 3 and requested clarity. AL agreed to reference annexe 1 and 3 and will resolve this.	Andy Lister	February 2022	Complete

Actions from 17 August 2021

Minute ref	Action	Lead	Timescale	Progress
MC/21/21	Alan Davis (AGD) reported the Board had approved the Green Plan noting that sustainability is much wider than just the Green Plan. Nick Phillips, Head of Estates and Facilities, is leading on both the Estates and Sustainability strategies and the Board is fully engaged with the process. AGD and Nick Phillips to engage with staff side.	Alan Davis / Nick Phillips	January 2022	Update – Staff side are now engaged in the de-carbonisation element of the Green plan and an external company is being tendered to carry out work on the broader sustainability work.

MC/21/25g	Andrea McCourt (AMc) commented that it would be useful to understand if the higher number of serious incidents in Kirklees is usual and proportionate to population size and usual distribution or if there is a particular issue. CH/DT will liaise with JL/AMc outside of the meeting.	Carol Harris / Darryl Thompson / John Laville / Andrea McCourt		<p>November 21 - JL has emailed the people concerned.</p> <p>DTh explained that there was work underway on the analysis of this data which has given some useful insight and Carol Harris (CH). Comparison of death rates by 100,000 population, given the very different levels of service offer across each BDU. The Patient Safety Team has agreed to trial the use of SPC Charts to monitor variance within each BDU over time (therefore, comparing each BDU against itself to observe any trend change or outlying figures).</p>
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Actions from 31 July 2020

Minute ref	Action	Lead	Timescale	Progress
MC/20/26	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.

**Members' Council
08 February 2022**

Agenda item:	5
Report Title:	Chair's Report
Report By:	Marie Burnham - Chair of the Trust Board, Members' Council and Corporate Trustee
Action:	For information

Purpose

The purpose of this report is to keep you informed and support you in your role of holding the Non-Executive Directors to account for the performance of the Board. This report covers activity since the Members' Council meeting held on 17 August.

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 regular question and answer (Q&A) sessions, and governors have received the Chief executive's Coronavirus *Update*.

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 asked to NOTE the contents of this report and raise any questions or comments.

1. Governor Changes

Since our meeting in November, there has been one change to the Members' Council, which is:

- Tom Sheard, publicly elected governor for Barnsley has resigned from the Members' Council.

I would like to thank Tom for his service

2. First months as new Chair

Since starting with the Trust on 1 December 2021, I've been on a number of socially distanced visits to our services in Huddersfield, Halifax, Wakefield and Barnsley, meeting over 500 staff in a COVID safe way. I've also sent out more than 100 welcome cards to new staff, written two editions of The View reporting back from our Board meeting and been able to spend time in my office, with staff support with COVID restrictions.

I've joined the Trust at a critical time as I'm currently involved in recruiting a permanent Chief Executive, a new Non-Executive Director, a Senior Independent Director, Deputy Chair, a new PA for the Chair and NEDs as well as developing the new role of Associate Non-Executive Directors.

We have launched our 2022 Excellence awards, offering a chance to celebrate the work of individuals and teams. Yorkshire Smokefree Calderdale recently presented on a live digital health webinar, where they spoke about their use of health apps in service delivery. Our extended executive management team heard how during the Barnsley Integrated Care Delivery Group, Barnsley Hospital NHS Foundation Trust regularly references the great support they get from community services and how they feel it helps them perform better than others in South Yorkshire.

We also looked at our overall performance and our end of year financial position, and both of these are looking very strong. I regularly meet with trade unions and hope to set up monthly meetings with them. Openness and transparency is critical in our Trust if we want to continuously improve, so as part of our governance arrangements I will be driving for further clarity around what our staff networks, Freedom to Speak Up Guardians, and the other support sources we have can do.

3. Chair and Non-executive Director activity since 16 November 2021

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 Chair's report to Members' Council meeting held on 16 November 2021. Please note that NEDs are expected to work around 3 days a month and the Chair around 3 days a week, although in practice most work considerably longer.

Due to Covid-19, the Chair and NEDs are still continuing to work almost entirely from home and most 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.

a) Governance meetings – Chair and NEDs:

There have been some changes to the NED membership of committees, which are reflected below.

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 (11 January 2022) – Mike Ford (chair), Chris Jones, Mandy Griffin
- Clinical Governance and Clinical Safety Committee (2022) – Nat McMillan (chair), Kate Quail.
- Finance, Investment and Performance Committee (22 November, 20 December and 24 January 2022) – Chris Jones (chair), Kate Quail, Nat McMillan
- Workforce and Remuneration Committee (18 January 2022) – Mandy Griffin and Nat McMillan
- Equality and Inclusion Committee (7 December 2022) – Marie Burnham (chair), Chris Jones, Erfana Mahmood, Mike Ford
- Charitable Funds Committee (17 November 2022) – Erfana Mahmood (chair), Marie Burnham, Mike Ford
- Nominations' committee (12 January 2022) – Marie Burnham (chair) and Chris Jones in attendance as SID
- Members' Council Coordination Group (13 December 2021) –, Chris Jones
- Barnsley Integrated Care Partnership Group (23 September and 28 October 2021) – Angela Monaghan
- West Yorkshire & Harrogate (WYH) Health & Care Partnership Board (7 September 2021) – Angela Monaghan
- WYH Mental Health, Learning Disability & Autism Collaborative Committees in Common (5 October and 21 October 2021) – Angela Monaghan
- Interim Clinical Ethics Advisory Group (18 August and 20 October 2021) – Angela Monaghan

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

b) 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
- 1:1 meetings with various key members of staff in the wider Trust
- Chaired Equality, Involvement & Inclusion Committee Meeting
- Chaired Nominations Committee
- Trust Welcome Events for new staff and volunteers (monthly)
- 1:1 meetings with the chief executive (weekly)
- 1:1 meetings with the Deputy Chair (monthly)
- Extended Executive Management Team briefings (monthly)
- NEDs' meetings (monthly)
- Board agenda setting (monthly)
- Write 'The View' monthly following board meetings
- Visited Laura Mitchell Health and Wellbeing Centre and The Dales in Calderdale and Folly Hall Mills in Huddersfield
- Compulsory Vaccinations Session for Board Members
- Workforce and Remuneration Committee meeting
- Weight Management Committee meeting

c) Chair external activity:

- Central Lancashire Maturity Matrix Feedback Session
- Lancashire Lay Chairs/Vice Chairs meeting
- Attended WY&H Partnership Board Meeting
- CCG Lay Members and ICP
- Central Lancashire Integrated Care Partnership Board
- Additional Workforce and Remuneration Committee Meeting
- Regular catch ups with Gatenby Sanderson re Chief Exec recruitment
- ICP Senior Leadership Team Away Day
- Mental Health Chairs Weekly Conference Call
- NHS System Leads/MP Meeting
- WY Chairs catch up
- Lancashire Senior Leadership Team Meeting
- ICS Chair/SY Trust Chairs - SY ICB
- RC Principals' meeting
- Chaired NHS Providers digital board development session
- Central Lancashire Peer to Peer Maturity Matrix Session
- WYMHSC Committees in Common
- Integrated Care Partnership Group
- Webinar Update on IPC in MHLD Settings
- Regular meetings with other NHS chairs in region
- WY&H Chairs and Leaders Reference Group

d) Additional NED activity:

- **All NEDs:**
 - NED meetings (monthly)
- **Chris Jones:**
 - Reciprocal mentoring meeting
 - Ad hoc meetings on financial arrangements with ICS
 - Meeting with Freedom to Speak UP Guardians and Director of HR/OD

- Review of FSUG case for CEO
- Participation in quality monitoring visit of Barnsley IHBT
- **Mike Ford:**
 - Attendance at WY&H ICP Reference Group meetings
 - Meeting with Nicola Wright, Deloitte, who has taken over as the Trust's external audit partner
 - Various meetings with Executive management to discuss
 - Trust's preparation for COVID Public Enquiry
 - Complex Incident reporting
 - Cyber security risk management
 - Planning for impact of compulsory vaccines
 - Risk Management strategy
 - Introductory meeting with new Chair
 - Quality Monitoring Visit to Kirklees IHBT Team
 - Reciprocal mentoring activity
 - Attendance at virtual opening event for Red Kite View
- **Kate Quail:**
 - Members' Council
 - West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
 - Compulsory Vaccinations - Session for Board Members
 - Quality Monitoring Visit (QMV) to Neuro Rehabilitation Unit - Barnsley
 - QMV to Willow Ward Older Peoples' Services - Barnsley
 - QMV to Poplars - Older Peoples' Services - Hemsworth
- **Erfana Mahmood:**
 - Participation in review of Trust's Risk Appetite Statement
 - NED CQC preparation briefing session
 - QI review meeting
 - Discussed NED role with potential candidate
 - Attended trustee training
 - Participation in CEO recruitment process
- **Nat McMillan:**
 - Clinical Governance Group
 - Carer's network
 - NHS Providers conference
 - Members Council Quality Group - meeting with the governors
 - Participation in CEO recruitment process
- **Mandy Griffin:**
 - Workforce Remuneration Committee
 - Now active as chair for the committee I have attended and chaired all scheduled meetings and been active around a number of activities these include:
 - Recruitment of trust chair – complete
 - Recruitment of CEO – completion expected 4th February
 - Recruitment of Chief Peoples Officer (CPO)- completion 25th March

- Review of the VCOD – Presented to committee on 18th January
- Discussing and developing the Workforce committee, Workforce KPIs
- Responded to and involved in FTSU processes including bullying and harassment concerns with lead governor
- Reviewed Workforce risks – Still under review

Audit Committee

- As member of the committee attended all scheduled meeting had a particular focus this month of reviewing the cyber risk and impact on trust not just from a data breach perspective but an operational perspective too!

Mental Health act committee

- As member of the committee, I have attended all scheduled meetings

Board responsibilities

- Fully completed agreed Induction programme
- Attended QMV in Barnsley at Oaks Park – rapid response team
- Attended QMV in Baghill – Wakefield core east team
- Joined IPR working group
- Panel member for interview of the Liaison Psychiatrist post
- Attended Board development session
- Attended all private and public board meetings as scheduled
- Met with NHS providers to help prepare agenda for the Digital board session in February

Sustainability

- Having agree to be the board sustainability champion for the trust, I have completed a number of workshops on carbon literacy and sustainable healthcare. I have met and attended the sustainability group meeting and supported the procurement to recruit an external partner to develop the trusts sustainability strategy.

External activities

- Panel member for the recruitment of Non- executive Director for Bradford District Care Trusts with a focus on the role having a digital focus
- Completed the Leeds accredited carbon literacy training and board development sessions by sustainable healthcare.

4. 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. Papers are available on our website a week before at www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting and for all previous meetings.

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. Thank you to those governors who have attended Board meetings in the last 3 months.

Standing items at Board:

There are 8 board meetings a year held in public, 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 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 set out in the annual board work programme, which is received at every board meeting.

30 November 2021 – performance and monitoring:

The story at this board was from the recovery team leader from Barnsley who presented her story about workforce challenges and how, as part of the community mental health transformation programme, the role that people with lived experience have played and how a critical mass of peer support workers has been developed.

In addition to the standing items, the **public** board:

- received an update on national developments with integrated care systems and the forthcoming White Paper, and implications for future planning in the Trust, including financial planning in the second half of this year (H2).
- received assurance on safer staffing
- received a report on operational and financial planning arrangements for the second half of 21/22
- received an update on the System Oversight Framework
- received assurance on serious incidents (quarterly report)
- approved the freedom to speak up strategy and equality impact assessment.
- received the medical education annual report
- approved the formulation of a new Board committee – Collaborative Committee - to deal with the commissioning aspects of being a lead provider in the adult secure lead provider collaborative.

In the **private** session, the board received a written update on complex serious incident investigations; agreed the draft Barnsley Place agreement; discussed a number of commercially confidential business developments including adult secure collaborative in south Yorkshire. A Calderdale Cares Partnership was discussed and agreed to be presented to Trust Board in January for endorsement.

There was also a meeting of the Corporate Trustee for charitable funds in November. This is the governing body for SWYPFT's four linked charities – EyUp!, Creative Minds, Spirit in Mind, and the Mental Health Museum.

22 December 2021 – Strategic meeting

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

In this strategic meeting, the board:

- Took part in a Board development session – leading for inclusion
- Received an annual update health and safety training
- ICS developments and the Trust's role in each of the places the Trust serves, including development of provider collaboratives.
- Reviewed and discussed Board future training needs

25 January 2022 – business and risk meeting

The story at this board meeting came from the quality and governance lead for social workers who gave an insight to a “day in the life of a social worker at SWYPFT, which was very positive.

In addition to the standing items, the **public** board:

- approved a revised an update against internal audit actions for Freedom to Speak up
- approved the Emergency Preparedness Resilience and Response Policy
- Received an update on technical changes to the constitution which will now go to the members council for approval
- Reviewed the roles of the senior independent director and deputy chair which will now go to the members council for approval
- received the ligature annual report
- approved the Calderdale Cares Partnership Agreement.
- received an updated on vaccinations as a condition of deployment

In the **private** session, the board received a report on complex serious incident investigations; discussed commercially confidential business developments and risks; approved the further development of the Barnsley Provider Alliance; and received an update on the South Yorkshire Adult Secure Provider Collaborative.

Marie Burnham

Chair

**Members' Council
8 February 2022**

Agenda item:	7.2
Report Title:	Proposal for revised arrangements for Deputy Chair / Senior Independent Director
Report By:	Chair of the Trust
Action:	To approve

EXECUTIVE SUMMARY

Purpose and format

For the Members' Council to agree a recommendation to the separation of the Deputy Chair and Senior Independent Director (SID) roles, following discussion and agreement at the Nominations Committee on 12 January 2022, and Trust Board on 25 January 2022.

Should the Members Council approve this motion, the Trust Board has agreed to delegate authority for final sign off to the Chair and Interim Chief Executive.

Recommendation

- **The Members' Council is asked to REVIEW the attached role description / person specification for the role of Deputy Chair and SID and support the Nominations Committee recommendation**
- **SUPPORT the recommendation of the appointment of Mike Ford to be Senior Independent Director to the Members Council from 1st April 2022.**
- **SUPPORT the recommendation of the appointment of Mandy Griffin to be Deputy Chair attracting additional remuneration of £2000 from 1st April 2022.**
- **NOTE the delegation of authority through the Chair and Chief Executive for final Board sign off following the Member's Council on 8 February 2022.**

Background

The Trust's Constitution requires the Trust to appoint a Deputy Chair, and Monitor's (now NHS Improvement) Code of Governance requires the Trust, in consultation with the Members' Council, to appoint one of its Non-Executive Directors as the Senior Independent Director (SID).

The role of the Nominations Committee is to ensure the right composition and balance of the Board and, secondly, to oversee the process for the identification, nomination and appointment of the Chair and Non-Executive Directors (NEDs), Deputy Chair / Senior Independent Director, the Lead Governor and Deputy Lead Governor.

The SID provides independent counsel to the Chair and serves as an intermediary for the

other Directors when necessary. The SID has a key role as the Board lead for Freedom to Speak Up (FTSU).

The SID is available to Governors if they have concerns that the normal channels of the Chair, Chief Executive, Director of Finance & Resources, Assistant Director of Corporate Governance or Head of Corporate Governance (Company Secretary) have failed to resolve, or for matters where such contact is inappropriate.

At present the SID is also currently the Deputy Chair. Further detail of both roles is shown in the attached role description / person specification.

There is currently no formal benchmarking for the dual role and the Chair has considered a range of practice across other organisations. Some trusts combine the roles and others separate them. A number of neighbouring Trusts have separate roles.

The Chair recommends it is appropriate for the role to be split on the basis that should the Chair be unable to perform her duties, the deputy chair could not be considered in their deputised Chair role to be fully independent on matters relating to the SID, for example Freedom to Speak Up concerns.

Current Appointment

Chris Jones was appointed as a NED from 5 August 2019 for a period of 3 years until 4 August 2022. He was appointed as Deputy Chair / SID on 1 February 2021 but has taken the decision to retire from the Trust on 31st March 2022.

As a Foundation Trust with an annual turnover of £201m and £400m we have the flexibility to remunerate two Non-Executive Directors with additional monies to the value of £2000 for those with specific additional responsibilities as stipulated by NHSE/I.

Chris Jones currently receives an additional remuneration of £2,000 pa.

Nominations Committee

On 12 January 2022 the Nominations Committee discussed and agreed the proposal to separate the Deputy Chair and Senior Independent Director roles and agreed to recommend to the Members Council the appointment of Mike Ford to be Senior Independent Director and Mandy Griffin to be Deputy Chair from 1st April 2022.

This was subject to further review by Trust Board on 25 January 2022 who also agreed to make the recommendation to the Members Council.

Recommendation for Appointment

1. Mike Ford was first appointed as a Non-Executive Director and Audit Committee chair on 1st September 2020. The role of Audit Committee chair attracts an additional remuneration of £2000.

Following discussion between the Chair and fellow Non-Executive Directors, Mike Ford has been nominated for the role of Senior Independent Director. This is supported by his fellow Non-Executive Directors. Should he be successfully appointed, Mike will not receive any additional remuneration for the SID role.

2. Mandy Griffin was first appointed as a Non-Executive Director on 1st October 2021. Following discussion between the Chair and fellow Non-Executive Directors it has been agreed that Mandy Griffin is to be nominated for the role of Deputy Chair and is to receive additional remuneration of £2000 on approval by the Members Council.

The profiles of both Mike Ford and Mandy Griffin are attached for governor's information

Role Descriptions

Deputy Chair job description

Essential expertise

- Has embraced and lived the values of the organisation.
- Has demonstrated commitment and effective participation in the Board / Committees of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).
- Has commercial or high-level public-sector background and an understanding of governance arrangements in a highly regulated and complex environment.
- Has demonstrated a clear sense of strategic direction and a previous track record of performance management.
- Has undertaken challenge and support appropriate to the Board.
- Has established and managed complex relationships internally and across a number of organisational boundaries.
- Has displayed the ability to be a strong ambassador for the Trust and support the work of the Chair.

Desirable experience

- Has experience of working as a Non-Executive Director in other sectors, such as private, community or voluntary organisations.
- Has established an understanding of the needs of the people who use our services and health inequalities in the populations served by our Trust.

Essential competences

Competence	Explanation
Strategic thinking	Has been able to look ahead and work with others to develop practice and ambitious plans.
Patient, service user and community focus	Has shown commitment to supporting people's expectations of healthcare in the local community, through the public, voluntary or private sector.
Self-belief and drive	Has shown the ability to challenge constructively with the motivation to improve NHS performance and the confidence to take on challenges.
Intellectual flexibility	Has been a sharp and clear thinker who can weigh up other people's ideas and have ideas of their own.
Team working ability	Has built constructive relationships and worked effectively in a team of people whilst enabling others to take on the operational work.

Competence	Explanation
Effective influencing and communication skills	Has gained respect through a personal empowering style supported by effective communication and influencing skills.
Sound understanding of corporate governance and high standards of personal conduct	Has been tough enough to hold others to account for their performance but also to accept being held to account for their own performance.

Responsibilities

Strategy

- Provides deputy leadership to the Members' Council and Trust Board, supporting their effectiveness in all aspects of their role and agenda.
- Works with the Chair and Board members in developing and promoting the Trust's vision, values, aims and strategic objectives.
- Pro-actively supports the work of the Chair / stands in for the Chair, in managing Board decisions and their development ensuring that 'due process' has been applied at all stages of decision making and that full and complete consideration has been given to all options.
- Supports direct work of the Trust in leading with the Chair and other non-executives, the Chief Executive and other executive directors.

Human Resources

- Supports, encourages and, if appropriate, mentors other Board members and senior executives.
- Supports and participates in the regular evaluation of the performance of the Members' Council and the Board of directors, Committees and individual directors, and facilitates the effective contribution of non-executive directors, directors and governors and ensure constructive relations.
- Takes responsibility for own personal development and ensures that this remains a priority.

Operations

- Supports the Chair in taking responsibility for ensuring the Board monitors the progress of the business against planned objectives.
- Uses leadership skills and experience to advise and support the work of the Trust, the operation of the Board and the work of the governors.
- Supports the Chair in ensuring the Board establishes clear objectives to deliver agreed plans and meets the terms of its authorisation, regularly reviewing performance against the objectives.
- Supports the Chair in planning and conducting Board meetings.
- Encourages the best use of resources including the development of effective risk and performance management processes.
- Shares and uses relevant experience with senior managers and clinicians in a changing healthcare environment.
- Promotes appropriate processes and procedures to deliver high standards of professional, clinical, administrative and personal behaviours across the Trust.
- Is aware and understands relevant regulatory and central government policies.
- Complies at all times with the Trust's published health and safety policies and procedures, following agreed safe working procedures and reporting incidents using the Trust's reporting systems.

Communication and relationships

- Support 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 England / Improvement and the Care Quality Commission.
- Ensures the provision of accurate, timely and clear information to directors and 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.
- Will liaise with the Chair and the Trust secretary in setting the agenda for the Members' Council.
- Will support the Members' Council Nominations Committee chair when the succession to the role of Trust Chair is being considered.
- Develops 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.
- Represents the Trust's views with national, regional and local bodies or individuals.
- Upholds the values of the Trust, as an appropriate role model and to ensure that the Board promotes equality and diversity for all its patients, staff and other stakeholders.
- Is an ambassador for the Trust, is knowledgeable about local issues, and assists the Trust to support local regeneration as a major employer.
- Sets an example on all policies and procedures designed to ensure equality of employment, to ensure staff, patients and visitors are treated equally irrespective of gender, age, disability, sexual orientation, religion, etc.

The Senior Independent Director role involves the following responsibilities:

- Is able to act independently of the Chair on behalf of the organisation.
- Is available to staff and governors if they have concerns relating to the Chair, Chief Executive or Director of Finance & Resources or the board of directors as a whole, compliance with the terms of authorisation, or the welfare of the Trust and, which contact through the normal channels have failed to resolve or for which such contact is inappropriate.
- Has a key role in acting as a sounding board and source of advice for the Chair, Chief Executive, executive directors and other non-executive directors.
- Will lead the evaluation of the Chair, from governors, executives and non-executives in consultation with the Members' Council and the setting of the Chair's objectives.
- Will attend sufficient meetings of the governors to enable them to have a balanced understanding of the issues and concerns.
- Will liaise with the Lead Governor and Deputy Lead Governor and provide support and advice where there are concerns about the Chair or other issues where it would be inappropriate to involve the Chair.
- Will work with the Lead Governor, Deputy Lead Governor and others involved by intervening to help resolve the issues of concern such as the Chair's performance, issues between the Chair and the Chief Executive (too close or not harmonious), where the strategy is not supported by the whole Members' Council or where key decisions are being made without reference to the board or where succession planning is being ignored.
- Will act as a source of reference for the staff governors / Freedom to Speak Up Guardians where there are concerns about the Chair or the Chief Executive.
- Is part of the Formal (Stage 2) process in the Whistleblowing Policy where referral to the Designated Senior Manager (the Director of Nursing and Quality) is inappropriate due to the nature of the issue (such as a concern about a director or senior manager). On receiving the referral, the Senior Independent Director will meet with the individual,

discuss their concerns and agree a timescale for a response, normally within 15 working days. (See paragraph 8.5 of the Whistleblowing policy).

- Other duties could be added to the role if required providing they are in keeping with the principle of independence and review.

Person specification

Area	Essential	Desirable
Qualifications	A non-executive director	
Knowledge and experience	Knowledge and experience of undertaking appraisals	
	Knowledge of governance and compliance	Experience of dispute resolution
Skills	Highly developed communication and negotiation skills	
Personal qualities	Open, engaging and approachable	
	Independent	
	Candid and has integrity	
Additional requirements	Willingness to attend meetings of the council of governors	

Trust Board profile 2021

Mike Ford

Date of appointment: 1 September 2020



SUMMARY OF RELEVANT QUALIFICATIONS	<ul style="list-style-type: none"> ➤ Qualified Chartered Accountant ➤ B.Sc. (Hons) Economics and Accounting
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	<p><u>Areas of interest:</u></p> <ul style="list-style-type: none"> ➤ Finance, Risk Management and Governance ➤ Equality and inclusivity with focus on disability <p><u>Committee membership:</u></p> <ul style="list-style-type: none"> ➤ Chair of Audit Committee ➤ Member of Equality and Inclusion Committee ➤ Member of Charitable Funds Committee
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	<ul style="list-style-type: none"> ➤ Mike is a qualified accountant with a successful track record at senior level in both commercial and public sector organisations. Most recently he was a senior executive at the BBC with roles in finance, internal audit, risk management and technology. In addition, he has been responsible for the successfully delivery of a range of significant technical and business change projects. ➤ Mike was also regularly involved in the promotion of inclusivity and diversity across the BBC with a specific focus on disability as well as being regularly involved in sensitive and complex support at work initiatives.
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	<ul style="list-style-type: none"> ➤ Further/in depth review of Trust's risk management approach ➤ In person visits to Trust's services deferred as a result of the pandemic ➤ Support to development of all new Trust strategies/policies including new Disability Policy

Trust Board profile 2021

Mandy Griffin

Date of appointment: 1 October 2021



SUMMARY OF RELEVANT QUALIFICATIONS	<ul style="list-style-type: none"> ➤ MSc In Health Informatics – University of Leeds 2015 ➤ CIO of the year – Digital Health Networks 2019 ➤ Shortlisted Women in IT excellence awards 2020
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	<p><u>Areas of interest:</u></p> <ul style="list-style-type: none"> ➤ Digital Transformation at an operational, strategic and board level ➤ Support trust strategies with a focus on the Digital and A Great Place to Work strategy ➤ Board Sustainability champion <p><u>Committee membership:</u></p> <ul style="list-style-type: none"> ➤ Chair of Workforce and Remuneration Committee ➤ Member of Audit Committee ➤ Member of Mental Health Act Committee
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	<ul style="list-style-type: none"> ➤ Managing Director of the Health Informatics Service an IM&T support service with a client base stretching across the UK, including Mental Health, Primary care, Acute care, Laboratory networks, Prisons and some NHS professional bodies ➤ Lead for the delivery of the one of the biggest Electronic Patient Record deployments in Europe, implementing a single domain across 2 hospital trusts including: inpatients, outpatients, emergency department, clinical documentation and e-prescribing ➤ Contributed to the production of the NHS digital boards development guidance with NHS providers ➤ Vice Chair of Digital Health Networks advisory panel 2019-2021. ➤ Digital lead delivery of Scan4safety programme across WYAAT, 2018-2021 ➤ Digital lead for delivery of the common LIMS programme 2019-2021 (Laboratory Information Management System) ➤ Advisory panel member for 2 IT consultancy organisations ➤ Extensive experience of partnership working across primary care ➤ Extensive experience of partnership working across the ICS ➤ Previous board experience and working with the membership



**South West
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	council of a Foundation Trust.
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	<ul style="list-style-type: none">➤ An deeper understanding of the services delivered by the trust so that I am able to advise and support the Digital transformation agenda➤ Become a knowledgeable and worthy champion of sustainability for the trust. .

Members Council 8 February 2022

Agenda item 7.3a

Title:	Recruitment of a Non- Executive Director
Paper prepared by:	Interim Director of Human Resources and Organisational Development
Purpose:	To provide to the Nominations Committee the timeline on the appointment process for a new Non-Executive Director following retirement of Chris Jones.
Mission / values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Future Skills requirements of the Board April 2021 Nominations Committee 12 January 2022 - Agenda item 6
Executive summary:	<p>Background</p> <p>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.</p> <p>Chris Jones has given notice and informed the Chair that he will retire from his role as Non-Executive Director at the end of March 2022.</p> <p>The advert was published in the Yorkshire Post online on Tuesday 18th January 2022. Applicants for the post will require an accountancy qualification. The closing date is Friday 11th February 2022 (12noon).</p> <p>Shortlisting will take place week commencing 14th February 2022 with recommendations presented to Nominations Committee on Friday 18th February 2022.</p> <p>The selection process will include a virtual meeting with stakeholders on Tuesday 1st March 2022. Formal panel interviews are expected to take place face-to-face on Wednesday 2nd March 2022.</p> <p>An additional Nominations Committee is being scheduled on Friday 5th March 2022 to agree the appointment before being ratified by the Members Council mid-March.</p>
Recommendation:	The Members Council is asked to NOTE the timetable and process for recruitment of a new NED.

Members Council 8 February 2022

Agenda item 7.3b

Title:	Proposal to establish two new Associate Non-Executive Director roles
Paper prepared by:	Interim Director of Human Resources and Organisational Development
Purpose:	To request that the Members Council supports and approves a change to the Trust constitution to establish two new Associate Non-executive Director roles to provide additional skills and capacity to support the delivery of board level work and board succession planning.
Mission / values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Proposal and paper presented to Nominations Committee on 12 January 2022.
Executive summary:	<p>Background</p> <p>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.</p> <p>The Associate Non-Executive director role is used successfully in the NHS to support Board succession plans and achieving a balance of Board level skills.</p> <p>Associate Non-Executive directors cannot participate in any formal vote at Board.</p> <p>Many Trusts are now appointing Associate Non-executive directors as a way of enhancing and bringing a diverse range of perspectives, skills, knowledge, experience, and competencies to the Board.</p> <p>The Associate Non-Executive director role is a 'step up' role aimed to attract potential Non-Executive Director candidates who do not yet have (sufficient) Board-level experience, or currently do not have the required availability – but have the ability and potential to succeed in a Trust Board-level role.</p> <p>Associate Non-Executive Directors are not Directors of the Trust or Board members and do not have the associated rights or liabilities, instead what they have is the ability to learn and influence as they do so that they operate as a full member of the team but without the same degree of accountability.</p>

	<p>By supporting the establishment of these roles, this provides opportunities for the right individuals with potential to become a future NED by supporting them to build on their competencies and acquire the knowledge, skills and experience needed to secure a full Non-Executive director role in our trust or elsewhere in the NHS FT system. Any such appointment in the Trust would be through the usual formal Non-Executive director appointment and selection process and there would not be any preferential process.</p> <p>Of the two roles, it is proposed that the focus will be on areas which are not part of the current roles, experience and skill sets of existing Non-Executive directors. This could include experience of supporting and reducing health inequalities, social care/ social housing, broader system and collaborative working</p> <p>It is proposed that the tenure of the roles will be two years an option for a 3rd year (requiring approval).</p> <p>Remuneration for the role is being explored but similar roles in other Trusts vary between £6k and £8k per annum. Remuneration options will be presented to the Nominations Committee for ratification on commencement of the recruitment process.</p> <p>Attached is a sample of a job/role description that would be developed further into a full recruitment pack and brought back for approval by the Nominations Committee at a future meeting. This would include the proposed level of remuneration in line with NHSE/I guidance.</p>
.Recommendation:	<p>The Members Council is asked to SUPPORT the proposal change to the Trust constitution by supporting and approving the establishment of two new Associate Non-Executive roles.</p>



**South West
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NHS Foundation Trust



**Associate
Non-Executive Director
2022**



With **all of us** in mind.

Draft/sample Job description

Associate Non-Executive Director outline job description

The Associate NED role is used successfully in the NHS to support Board succession strategy and achieving a balance of Board level skills. The Associate NEDs take full part in all aspects of Board work including as members of board sub committees. Associate NEDs do not participate in any formal vote at Board.

The successful candidates for the Associate role will be appointed by the Trust.

You will need to have a genuine commitment to patients and the promotion of excellent health care services. It is likely that you will have senior level experience gained in complex situations and organisations.

The Associate Non-Executive Directors bring their expertise and experience, as well as their particular knowledge as a member of the community to the work of the Board.

Your role will be to use your skills and your personal experience as a member of your community to:

- promote the success of the Trust to maximise the benefits for members and for the public;
- commit to working to, and encouraging within the Trust, the highest standards of probity, integrity and governance, and contribute to ensuring that the Trust's internal governance arrangements conform to best practice and statutory requirements;
- provide independent judgement and advice on issues of strategy, vision, performance, resources and standards of conduct and constructively challenge, influence and help the Executive Management Team develop proposals on such strategies;
- assist fellow Directors and NEDS in setting the Trust's strategic aims, ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives, and that performance is effectively monitored and reviewed;
- assist fellow Directors in providing entrepreneurial leadership to the Trust within a framework of prudent and effective controls, which enable risk to be assessed and managed;
- assist fellow Directors in setting the Trust's values and standards and ensure that its obligations to its stakeholders and the wider community are understood and fairly balanced at all times;
- engage positively and collaboratively in board discussion of agenda items and act as an ambassador for the Trust in engagement with stakeholders including the local community, dealing with the media when appropriate;
- monitor the performance and conduct of management in meeting agreed goals and objectives and statutory responsibilities, including the preparation of annual reports and annual accounts and other statutory duties;
- participate in and in some cases Chair Committees as required
- obtain comfort that financial information is accurate, and that financial controls and risk management systems are robust and defensible.
- attend and contribute to Members' Council meetings;
- bring independent judgement and experience based on commercial, financial, legal or governance expertise from outside the Trust and apply this to the benefit of the trust, its stakeholders and its wider community;
- Must be able to demonstrate a commitment to, and significant knowledge of, the communities the Trust serves.

Person specification

The Trust has identified the following skills/expertise for this appointment: (Need to be agreed at Nominations Committee)

- Health Inequalities
- Social housing/social care
- H&SC system Working.

Plus:

- Experience of working in or with large complex organisations
- Strong relationship management and influencing skills
- Committed to quality and delivering excellence
- Ability to engage positively and collaboratively in Board discussions
- Ability to act as an ambassador for the Trust
- Strong commitment to promoting equality, inclusion and diversity

In addition to the expertise detailed above, all candidates selected for interview will need to show that they have the competencies required to be effective in a board level role. They are:

Patient and community focus	A high level of commitment to patients, carers and the community, especially to disadvantaged groups, and the values of the Trust
Strategic direction	The ability to think and plan ahead, balancing needs and constraints.
Holding to account	The ability to accept accountability and probe and challenge constructively.
Effective influencing and communication	Be able to influence and persuade others.
Team working	Be committed to working as a team member.
Self-belief and drive	The motivation to improve NHS performance and confidence to take on challenges.
Intellectual flexibility	The ability to think clearly and creatively.

**Members' Council
8 February 2022**

Agenda item:	8.1a
Report Title:	Governor feedback
Report By:	Corporate Governance Team on behalf of Governors
Action:	To receive

The following events were attended by governors since the last Members' Council meeting on 16 November 2021 to 1 February 2022 (note, this does not include Members' Council meetings).

Name / representing	Groups / committee / forum	Involvement activity
BARKWORTH, Bill Elected – public Barnsley	<ul style="list-style-type: none"> 16.11.21 Member's Council 13.12.21 Co-ordination Group 12.01.22 Nominations Committee 	<ul style="list-style-type: none"> 23.11.21 21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
BLAGBROUGH, Howard Appointed – Calderdale Council		
CLAYDEN, Bob Elected – public Wakefield	<ul style="list-style-type: none"> 16.11.21 Members' Council 	<ul style="list-style-type: none"> 23.11.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
CRAVEN, Jackie Elected – public Wakefield	<ul style="list-style-type: none"> 16.11.21 Members' Council 	<ul style="list-style-type: none">
DEGMAN, Dylan Elected – public Wakefield		

Name / representing	Groups / committee / forum	Involvement activity
<p>DEN BURGER-GREEN, Claire</p> <p>Elected – public Kirklees</p>	<ul style="list-style-type: none"> 16.11.21 Members' Council 	<ul style="list-style-type: none"> 02.09.2021 'Give' volunteering network meeting 02.09.2021 Meeting with media manager at Carers Count re.: personal blog 03.09.2021 Kirklees Council co-production project - Direct Payment policy review 07.09.2021 Kirklees Council pre-training session for Senior leadership team (SCLT) 09.09.2021 Kirklees Council training session given to SCLT 09.09.2021 Kirklees Council co-production project - Integrated contact centre 09.09.21 ICS Public Involvement event 09.09.2021 Legislative Health and Social Care Bill proposal 10.09.2021 Suicide Awareness training provided by charity 'Ollie' 14.09.2021 University of Bradford induction training 15.09.2021 Kirklees Council co-production project - Direct Payment policy review 16.09.2021 SWYPFT Carers Leads network meeting 16.09.2021 University of Bradford induction training 20.09.21 NHS Providers Virtual Governor Workshop

Name / representing	Groups / committee / forum	Involvement activity
		<ul style="list-style-type: none"> 23.11.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event 08.12.21 Q&A Governor session with Marie Burnham and Mark Brooks
DOOLER, Daz Elected – public Wakefield		
EASTWOOD, Brenda Appointed – Barnsley Council	<ul style="list-style-type: none"> 16.11.21 Member's Council 	
ELLIS, Gary Appointed – Mid Yorkshire NHS Foundation Trust	<ul style="list-style-type: none"> 16.11.21 Member's Council 	
IRVING, Carol Elected – public Kirklees	<ul style="list-style-type: none"> 16.11.21 Member's Council 	
JACKSON, Tony Staff – non clinical support	<ul style="list-style-type: none"> (Note, 16.11.21 Members' Council ABSENT) 12.01.22 Nominations Committee 	
JHUGROO, Adam Elected - public Calderdale	<ul style="list-style-type: none"> 16.11.21 Members' Council 	
LAKE, Trevor Appointed - Barnsley Hospital NHS FT	<ul style="list-style-type: none"> 16.11.21 Members' Council 	
LAVILLE, John Elected - public Kirklees	<ul style="list-style-type: none"> 16.11.21 Members' Council 13.12.21 Co-ordination Group 	<ul style="list-style-type: none"> Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event 01.12.2021 Effective Chaining (NHS Providers)

Name / representing	Groups / committee / forum	Involvement activity
		<ul style="list-style-type: none"> 08.12.21 Q&A Governor session with Marie Burnham and Mark Brooks 19.01.2022 Q&A Governor session with Marie Burnham and Mark Brooks
McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Trust	<ul style="list-style-type: none"> 16.11.21 Members' Council 12.01.22 Nominations Committee 	<ul style="list-style-type: none">
MORGAN, Helen Staff – Allied Health Professionals	<ul style="list-style-type: none"> (APOLOGY – 16.11.21 Members' Council) 	
PERVAIZ, Mussarat Appointed – Kirklees Council	<ul style="list-style-type: none"> (Note, 16.11.21 Members' Council ABSENT) 	
POWELL, Beverley Elected – public Wakefield	<ul style="list-style-type: none"> (Note, 16.11.21 Members' Council ABSENT) 	<ul style="list-style-type: none"> 23.11.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event 19.01.2022 Q&A Governor session with Marie Burnham and Mark Brooks
SHIRE, Phil Elected – public Calderdale		<ul style="list-style-type: none"> 19.01.2022 Q&A Governor session with Marie Burnham and Mark Brooks.
SMITH, Jeremy Elected – public Kirklees	<ul style="list-style-type: none"> 16.11.21 Members' Council 	
STUART-CLARKE, Keith Elected - public Barnsley	<ul style="list-style-type: none"> 16.11.21 Members' Council 	<ul style="list-style-type: none">

Name / representing	Groups / committee / forum	Involvement activity
TEALE, Debs Staff - Nursing support	<ul style="list-style-type: none"> (Note, 16.11.21 Members' Council – 1st absence) 	<ul style="list-style-type: none"> 08.12.21 Q&A Governor session with Marie Burnham and Mark Brooks 19.01.2022 Q&A Governor session with Marie Burnham and Mark Brooks
VLISSIDES, Nik Staff – Psychological therapies	<ul style="list-style-type: none"> 16.11.21 Members' Council 	
WARD, Lisa Elected – public Kirklees	<ul style="list-style-type: none"> 16.11.21 Members' Council 	
WILKINSON, Tony Elected – public Calderdale	<ul style="list-style-type: none"> 16.11.21 Members' Council 	<ul style="list-style-type: none"> 23.11.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event 08.12.21 Q&A Governor session with Marie Burnham and Mark Brooks 19.01.2022 Q&A Governor session with Marie Burnham and Mark Brooks
WRIGHT, Tony Appointed – Staff side organisations	<ul style="list-style-type: none"> (Note, 16.11.21 Members' Council – 1st absence) 13.12.21 Co-ordination Group 	

Past Governors:

Name / representing	Groups / committee / forum	Involvement activity
SHEARD, Tom Elected – public Barnsley	16.11.21 Members' Council	

There were no emails received for governors via the governor email address (Governors@swyt.nhs.uk) since the last Members' Council meeting on 16 november 2021.

**Members' Council
8 February 2022**

Agenda item:	6.1b
Report Title:	Governor feedback
Report By:	Lead Governor
Action:	To receive

Governor Activity since last Members' Council Meeting – 17 August 2021

Calderdale governor only meeting – 11 January 2022

Technical problems meant that the meeting didn't happen with all governors present, (new system introduced by Corp. Gov. team introduced to prevent reoccurrence)

- Items discussed –
- Splitting of Deputy Chair / Senior Independent Director role'
 - Proposed Associate NED roles
 - Governor elections and vacancies
 - Governor training
 - Governors as observers on Board Committees

Staff governors only meeting – 11 January 2022

Only 2 staff governors present out of 4 due to work pressures but group joined by Keith Stuart-Clark (Barnsley) and Bob Clayden (Wakefield) made for rich discussion.

Items discussed as above,

- Main points of discussion, Associate NED roles and constitutional changes required, roles as a succession plan good, discussion on what the roles should cover, a number of views that "lived experience of our Trust at Board level is missing and other detailed aspects to the roles.
- In terms of current issues within the staff group discussion featured around the unprecedented workloads, stress, staff absence level and mandatory vaccines.

Kirklees governor only meeting – 11 January 2022

All Kirklees governors were present.

Items discussed as above,

- Generally Associate NED role felt to be positive move as with the splitting of Deputy Chair and SID roles.
- Discussions on the number of levels that the move would create, discussions on specialisms of the roles and when and where would the roles be advertised.

- Forthcoming elections and the need to “spread the word” to potential governors and help them through the process – 4 seats up for election / re-election.
- In terms of networking with community groups – still difficult with Covid restrictions.

Barnsley governor only meeting – 1 February 2022

Verbal update at MC

Wakefield Governor only meeting – 31 January 2022

Verbal update at MC

**Members' Council
8 February 2022**

Agenda item:	8.2
Report Title:	Assurance from Members' Council Groups and Nominations Committee
Report By:	Corporate Governance Team on behalf: Members' Council Co-ordination Group Members' Council Quality Group Nominations Committee
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to provide assurance to the Members' Council that their Co-ordination Group, Quality Group and the Nominations Committee are fulfilling their remit and meeting their terms of reference through the quarterly assurance update (below).

Recommendation

The Members' Council is asked to:

- **RECEIVE the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee.**

Background

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.

Date	13 December 2021
Presented by	John Laville, Lead Governor and Chair of MCCG
Key items for Members' Council	<ul style="list-style-type: none"> • Actions aligned to MCCG from the last Members' Council meeting held on 27 September 2021 discussed.

to note	<ul style="list-style-type: none"> • It was noted that Helen Morgan self-nominated for staff governor on the Members' Council Quality Group. • It was noted that there was no action required around governor attendance at Members' Council meetings. • An update was given to the group around the Members' Council Objectives 2021-2023. • An update on the insight report was given and it was noted there were no changes since the last Members' Council meeting on 16 November 2021. • The Members' Council biennial evaluation action log update was discussed. • The group discussed items for consideration for the MCCG meeting to be held on 8 February 2022. • An update was given on the election process and discussed the constitution and gave a summary of outstanding vacancies. • Recommendations are being considered for 'Holding Non-Executive Directors to Account for the performance of the Board'. • The group discussed the MCCG meeting review on what had gone well and what had gone not so well.
Approved notes of previous meeting/s to be received	<p>Approved notes of the meeting held on 27 September 2021 attached.</p> <p><i>Please note these notes may be redacted if they contain 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 high-level discussions on quality of care (using the quality performance report to lead the discussion).
- monitors the quality of care and facilitates discussion on patient experience, patient safety and clinical effectiveness.
- supports the production of the Trust's Quality Account.

Date	31 January 2022
Presented by	Darryl Thompson, Director of Nursing, Quality and Professions and Chair of MCQG Phil Shire, Governor and Co-chair of MCQG
Key items for Members' Council to note	<ul style="list-style-type: none"> • The group received a brief overview for the Care Quality Commission (CQC) action plan. • The group received a brief update on Quality Monitoring Visits. • The group received a report on Patient experience. • The group scrutinised the Integrated performance report (IPR).

	<ul style="list-style-type: none"> The group received an overview for the Quality account.
Approved Minutes of previous meeting/s to be received.	Approved notes of the meeting held on 8 November 2021 attached.
Nominations Committee The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the: <ul style="list-style-type: none"> identification, nomination and appointment of 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 and Deputy Lead Governor of the Members' Council. 	
Dates	12 January 2022
Presented by	Marie Burnham, Chair of the Trust and Nominations Committee
Key items for Members' Council to note	Meeting held on 12 January 2022: <ul style="list-style-type: none"> Agreed the proposal to separate the Deputy Chair and Senior Independent Director roles and agreed proposed NED candidates for each role once Chris Jones retires. To recommend to the Trust Board and Members Council for approval. Received an update on the NED recruitment process Considered the proposal of Associate Non-Executive Director roles and agreed to recommend the roles to Members Council for approval.
Approved Minutes of previous meeting/s for receiving	Approved minutes of the meetings held on 12 October 2021. <i>Please note these minutes may be redacted if they contain personal, sensitive or confidential information.</i>

Action Notes of the Members' Council Co-ordination Group held on 27 September 2021

Virtual meeting via Microsoft Teams

Present:

John Laville (Chair) (JL)
Bob Clayden (BC)
Adam Jhugroo (AJ)
Chris Jones (CJ)
Angela Monaghan (AM)
Keith Stuart-Clarke (KSC)
Tony Wright (TWr)

Apologies (Members):

Nil

In attendance:

Laura Arnold (LA) - Author
Bill Barkworth (BB)
Claire Den Burger-Green (CDBG)
Andy Lister (AL)
Dawn Pearson (DP) - item 14 only
Tony Wilkinson (TWi)

Apologies (In attendance):

Nil

No.	Item	Action
1	Welcome and introductions John Laville (JL) welcomed all to the meeting. Apologies, as above, were noted. The meeting was noted as quorate and JL asked for papers to be taken as read.	
2	Declaration of interests There were no declarations of interest noted in relation to today's agenda.	
3	Notes from previous Co-ordination Group meeting held 21 June 2021 The action notes were a true and accurate record of the meeting.	
4	Action Log from previous Co-ordination Group meeting held 21 June 2021 It was noted that the actions highlighted in blue are complete following the previous meeting. Item 7 – Members' Council Development against objectives – update Angela Monaghan (AM) noted that this action point is still in progress with Dawn Pearson (DP). Action to remain open. Item 8 – Governor training – update It was noted that this is on the agenda for this meeting to be discussed. Item 9 – Governor handbook – updated version for 2021.	

No.	Item	Action
	<p>Action to remain open.</p> <p>Item 10 – Members’ Council Biennial evaluation – outcomes and next steps All actions to remain open.</p> <p>Item 11 – Governor feedback – including issues emerging from governor forums Keith Stuart-Clarke (KSC) noted that this could be a good way to exercise publicity for Kendray Hospital in Barnsley. AM to liaise with the communications team around work with partners in the partnership group. AM noted that the role of governors plays an important role in this and to highlight prior to elections.</p> <p>Bob Clayden (BC) asked if the Trust was involved in ‘Silver Sunday’ on 3 October 2021. BC and AM to liaise outside of the meeting to discuss.</p>	<p>AM</p> <p>AM/BC</p>
5	<p>Membership on Members’ Council groups</p> <p>It was noted that there were no self-nominations for vacancies.</p>	
6	<p>Governor attendance at Members’ Council meetings</p> <p>It was noted that there is no action required.</p>	
7	<p>Members’ Council objectives 2021-2023 – update</p> <p>Bill Barkworth (BB) gave a brief overview for this item, noting that the pandemic is preventing many governor activities in the community.</p> <p>As part of their statutory duties, governors have been involved in recruitment for 2 non-executive directors and are currently in the process of Chair recruitment.</p> <p>It was noted that infection prevention control (IPC) measures are currently in place due to levels of infections currently in the Trust and governors are asked for support and understanding while considering service visits.</p> <p>Adam Jhugroo (AJ) asked if the reduction in face to face visits due to covid has caused a rise in discharge for non-engagement? AJ and LA to liaise separately outside the meeting.</p>	AJ/LA
8	<p>Governor feedback – including issues emerging from governor forums and governor insight report</p> <p>JL gave a brief overview for this item, noting that this is the first time the group had seen the newly created insight report.</p> <p>Claire Den Burger-Green (CDBG) noted the key points in the Kirklees governor only meetings. There was a focus around specific areas in autism awareness for adults and children, Child and Adolescent Mental Health Services (CAMHS) waiting times and assessments.</p>	

No.	Item	Action
	<p>KSC noted the key points in the Barnsley governor only meetings. Barnsley Aphasia group, which meet every second Friday. The group supports people by helping them to re-communicate, and speech language therapist employed by the Trust is also involved in the group.</p> <p>In the staff governor only meetings, it was noted that there are current work load pressures.</p> <p>In the Calderdale governor only meetings, it was noted that there were no significant issues.</p> <p>In the Kirklees governor only meetings, it was noted that Kirklees Mental Health Alliance group meeting was positive.</p> <p>Tony Wilkinson (TWi) asked who the report was produced by. It was noted that the Communications, Involvement and Engagement team gather insight from the insight reporting process and create the report.</p> <p>AM commented on the staff feedback recognising the current pressures staff are facing, noting that there is still significant support available to staff and further investment in occupational health support planned.</p> <p>Chris Jones (CJ) commented that there is an increase in reliance on agency staff to meet safer staffing numbers on our wards, which may bring additional pressure. There are fewer substantive staff than at the beginning of the year and the Trust is investing in further support. This is being reviewed in Trust committees.</p> <p>JL noted that the report does not include a section for follow up of actions.</p> <p>It was noted in the meeting that 'You told us, we listened' section on the Trust website will be live later in the week.</p> <p>Laura Arnold (LA) to send the insight report to all governors including the process.</p> <p>Bill Barkworth (BB) commented that the information in the report is very useful and contains detailed information and intelligence.</p> <p>The Communications, Involvement and Engagement team were praised for the hard work involved in creating the report.</p>	LA
9	<p>Governor training – update</p> <p>The item was introduced noting that the Governor development and training programme had been updated over the last two weeks to include the live link to GovernWell training courses.</p>	

No.	Item	Action
	<p>JL asked about the cost per course and how this relates to the budget for Members' Council training. AL confirmed that each course is around £200 - £300. AM will ask if it is possible to increase training spending for this year.</p> <p>BC asked if the face to face training will be held at Fieldhead Hospital, and it was noted to include this in the training programme.</p>	<p>AM</p> <p>LA</p>
10	<p>Members' Council biennial evaluation – action log update</p> <p>It was noted that action point 2 will involve the corporate governance team to continue to look at and try and improve executive summaries.</p> <p>It was noted that action point 5 will be discussed during the agenda setting item later in the meeting.</p> <p>It was noted that action point 6 is still ongoing and the Comms team are trying to progress given the current restrictions during the Covid-19 pandemic.</p>	
11	<p>Holding Non-Executive Directors to Account – annual session</p> <p>The background to this item was given to the group noting that there had been a separate meeting with Chris Jones, Andy Lister, Bill Barkworth, John Laville, Laura Arnold and Grace Coghill with three recommendations:</p> <ol style="list-style-type: none"> 1. Q&A Governor sessions to alternate between Chair and Chief executive, and Non-executive directors (NEDs). 2. NEDs to present papers at Members' Council meetings. <ul style="list-style-type: none"> - CJ noted willingness from all NEDs although governors were reminded that Executive directors will be aware of more of the operational detail in the report as opposed to NEDs 3. Governor observers at committee meetings. <ul style="list-style-type: none"> - CJ noted that this is currently under discussion with executive directors and board colleagues. It was noted that there are still other sources of assurance available to governors such as attendance at Trust Board meetings as there is feedback from committees presented at this meeting, and also the Chair's report which is included in Members' Council meetings, which includes feedback from NEDs and committee involvement. <p>The annual session is to be discussed at the next meeting.</p> <p>AM reiterated that governors observing committees is being discussed with Mark Brooks, Interim Chief executive and the executive management team. NHS Providers advise against governors being involved with or attending committees, although it was noted that there is a variety of practice amongst other Trusts. AM</p>	<p>CG/AL</p>

No.	Item	Action
	also reminded the group of the core role of a governor and making sure that this aligns with Trust practice.	
12	<p>Future Members' Council agenda and discussion items for consideration – 16 November 2021</p> <p>12.1 Draft agenda for next Members' Council meeting (paper attached – Chair of Members' Council)</p> <p>12.2 Draft agenda for next joint Trust Board and Members' Council meeting (paper attached - Head of Corporate Governance (Company Secretary))</p> <p>The draft agenda for the next joint Trust Board and Members' Council meeting was discussed first. AL noted that the meeting was predominantly strategic with group discussions facilitated by NEDs in previous years. This has been received positively by all, and the draft agenda was based on this.</p> <p>AM noted, for the benefit of new governors, that it is a constitutional requirement the Trust holds a joint Trust Board and Members' Council meeting each year. This meeting gives governors the opportunity to feed into the future plans of the Trust. JL asked about the topics to focus on and suggested this could be Calderdale and Barnsley's direction of travel and the Trust's long term plan.</p> <p>BB noted that the Members' Council meeting draft agenda is still focussed on formal business items and only leaves a small amount of time for discussions.</p> <p>AL noted that the work programme for the joint Trust Board/Members' Council meeting needs to be considered when amending the Members' Council agenda.</p> <p>AL suggested that the draft agendas be revised, with the Members' Council meeting held in November 2021 to be more strategic, and then the following meeting to include formal business with input from AM. This is to be circulated to the group. AM noted that the Members' Council work programme, which supports the agenda, has previously been approved by the Members' Council. It was also noted that papers could be taken as 'read' and not presented in the meeting, and some items could be indicated as 'for receipt' without discussion.</p> <p>Some items have a statutory role and need to stay on the agenda.</p>	AL/AM
13	<p>Annual Members Meeting (AMM) Planning Update</p> <p>AL gave an overview for the key items for the Annual Members' Meeting. It was noted that the meeting would be held virtually and would include the Annual Report and videos.</p> <p>The group were reminded that if they were aware of any videos or particular pieces of work that could be included in the Annual Members' meeting, to liaise with AL.</p>	

No.	Item	Action
	Tony Wright (TWr) commented that Staff Side and HR have been shortlisted for Partnership Working awards on behalf of The Healthcare People Management Association (HPMA). TWr to liaise with AL.	AL/TWr
14	<p>Involving people strategy – annual action plan update</p> <p>The group welcomed Dawn Pearson (DP), Communication, Involvement, Equality and Inclusion Lead.</p> <p>DP gave an overview for the Equality, Involvement, Communication and Membership Strategy 2020 – 2024. Noting that this strategy was signed off in December 2020. Since then, the Trust has been working through action plans to deliver and create accessible versions of the strategy. An easy read animation film has been uploaded to the Trust intranet and will be shortly uploaded to the website. A public involvement calendar has also been created with clear links for quality and to promote staff networks.</p> <p>It was noted that members of the Trust were interested in involvement training and the team are hoping to roll this out shortly.</p> <p>The insight report has now been created with links to Healthwatch colleagues and a dedicated email address to support the collection of data.</p> <p>DP noted that ‘You told us, we listened’ link to go live this week on the website and the missing information in the insight report is due to a timing issue for responses and the information being fed into groups and committees. This is being looked at by the team.</p>	
15	<p>Members’ Council Co-ordination Group work programme</p> <p>The group received the work programme.</p> <p>No further action required.</p>	
16	<p>Any other business</p> <p>None.</p>	
17	<p>Dates of 2020/21 Co-ordination Group meetings</p> <p>The group were in receipt of the future meeting dates.</p> <ul style="list-style-type: none"> ➤ Monday 13 December 2021 at 10.00 – 12.00 	

**Action Notes of the Members' Council Quality Group
held on 8 November 2021 from 10.00 until 12.00**

Dial in only meeting via Microsoft Teams.

Present

Darryl Thompson (Chair) (DT)
Phil Shire (PS) (Co-Chair)
Bill Barkworth (BB)
Keith Stuart-Clarke (KSC)

Apologies – Members

Jessica Carrington (J)
Tony Wright (TW)

In attendance

Grace Coggill (GC) - Author
Claire Den Burger-Green (CDBG)
Emma Cox (EC) deputising for Carol Harris
Tony Wilkinson (TW) -Observer
John Laville (JL)
Adam Jhugroo (Part of meeting)
Natalie McMillan (NMc) - Observer
Mandy Griffin (MG) - Observer
Carol Irving (CI)

Apologies – In attendance

Karen Batty (KB)
Carol Harris (CH)
Mark Brooks (MB)

No.	Item	Action
1.	Welcome, introductions and apologies Phil Shire (PS) welcomed everyone to the meeting. Introductions were made and the apologies, as above, were noted. The meeting was noted at quorate.	
2.	Declarations of interest There were no further declarations over and above those made previously.	
3.	Notes and actions from the meeting held on 10 May 2021 The notes were agreed. The action log was reviewed. Darryl Thompson (DT) gave an update regarding item 5 Update on Quality Monitoring Visits. An annual report will be presented to Members' Council to be available by June 2022 at the latest. John Laville (JL) objected to the report being delay until June 2022. Phil Shire (PL) commented of his surprise that the Trust doesn't make use of the material that is gained through the quality monitoring visits which then could be made available in a timelier way. DT flagged that it is made	

No.	Item	Action
	available for improvement within the organisation at Business Development level. PS asked for some mechanism to see the actions raised by the visits.	
4.	<p>Care Quality Commission (CQC) action plan</p> <p>Emma Cox (EC) reported that there are several groups working on in-patient care. There are CQC presentations giving an overview of which services were inspected, the quality and improvement work that has been undertaken and there will be a springtime presentation. EC asked what type of report would be helpful to the group going forwards and assured the group that they would receive reports in the future. PS commented that a report would be potentially a good report to see in terms of forthcoming CQC inspections. EC informed the group that there is a lot of preparation work on workforce development, training and development for staff, also ongoing monitoring of reducing restrictive physical intervention. DT agreed to share the presentation at the February MCQG meeting and wanted to flag the CPC action plan has 2 outstanding actions which are around care planning and clinical risk management. There is a lot of complexity around those and there are technical solutions being rolled out and a record keeping audit to be rolled out in the New Year. PS thanks D for the update and confirmed to see the presentation at the February meeting.</p> <p>JL asked if Natalie McMillan (NMc) had any comments as Chair of the Clinical Governance meeting and the CQC action plan is presented at the meeting. NMc responded and noted that more work doesn't need to be generated and suggested looking at how to build in assurances and is happy to discuss this outside of the meeting.</p>	
5.	<p>Update on Quality Monitoring Visits</p> <p>EC informed the group that 3 visits have been scheduled up to Christmas with 2 Leads currently involved with this. There have been 3 visits in CAMHS with one visit to Calderdale after Christmas. The visits have gone really well and received positively by services. Role descriptors can be shared and visits that occurred in March will be discussed outside of the meeting between DT/EC as to how information can be shared with the group. PS enquired as to whether Members should be involved with the visits as he must have missed the emails. DT commented that he thought Members were invited to the visits but would clarify this and apologised for any downfall. BB felt that the invitation should be invited to all Members and not just the Quality Group. JL was cautious as to how many slots were available and felt the Quality Group could report back to Members' Council. DT commented there had been significant changes and would look into what the usual processes are and if this is something that can just be reinstated.</p>	DT/KH/ KB
6.	<p>Patient Experience Report</p> <p>DT led on this paper and gave an update on feedback. The group felt it was a good report but needed clarification on the difference between a complaint and formal complaint. A discussion took place and DT gave an explanation regarding this question. Phil Shire (PS) suggested the report be reviewed section by section and</p>	

No.	Item	Action
	<p>asked for any comments. Comments/questions were raised, and DT responded to all comments/questions with explanations.</p> <p>JL commented on the final slide and stated it was good to see examples in the report and overall, it was an excellent report.</p> <p>DT gave thanks and will feedback to the team.</p>	
7.	<p>Integrated Performance Report (IPR)</p> <p>PS introduced this item and asked the group to go through the report section by section and asked for any questions or comments.</p> <p>PS commented on the section improved care, operational recovery and reset and if this was relating to recovering from Covid and the lessons of how to do things differently and if this is what the programme is now called.</p> <p>DT responded with an explanation of the new service provision.</p> <p>PS commented that there is a lot to look at around the in-depth topic around the pandemic. JL agreed and the same questions are being asked at Kirklees as to how to adapt to the new normal around Covid and lessons are to be learned with new ways of working.</p> <p>Mandy Griffin (MG) commented that every committee attended talks about the pressures on services. Is very impressed with digital progress and assured the group that video consultations will be investigated.</p> <p>DT wanted to flag that the numbers are lower than pre-covid it doesn't want to be seen that we are not doing well. Face to face contact is happening but staff changes it making things much harder than pre-covid.</p> <p>PS referred to page 12 and talked about NHS indicators. A discussion took place and the content reviewed.</p> <p>Adam Jhugroo (AJ) joined the meeting.</p> <p>The group reviewed and discussed the rest of the sections in the report. DT gave a narrative update on the sections.</p> <p>Keith Stuart-Clarke (KSC) asked if the IPR report could be formatted in a larger font due to eyesight problems as did Claire Den Burger-Green (CDBG) who also has sight issues. DT explained that the formatting of the report is not an unusual format and will feedback the challenge of the presentation.</p>	
8.	<p>Patient recovery – how this is defined in IAPT services</p>	

No.	Item	Action
	<p>CDG asked about the IAPT process and if each session was measured on a 2 weeks process.</p> <p>DT explained the process and that it is all about caseness.</p> <p>KSC commented that he had received excellent care from IAPT but that the questionnaire he found too strict with just yes or no answers. He asked if the questionnaire could be looked at.</p> <p>CDB endorsed that IAPT do have a very good service and asked for the definition of caseness.</p> <p>DT referred to KSC's question regarding the assessment tools as they are research based. He went on to define caseness.</p> <p>(AJ) asked how successful IAPT and for how long and requested figures on repeat referrals and single point of access and a deeper look at this.</p> <p>DT gave feedback of no increase in thresholds, however there are challenges with some single point of access.</p> <p>PS commented that at a later date single point of access should be put on the work programme.</p> <p>DT agreed that this is something that can be looked at.</p>	
9.	<p>Quality account</p> <p>DT explained there was no update on last year's accounts and for next year's accounts the Dept. of Health have said it is "business as usual", April/May time and there is no recognition that we are still going to be in the pandemic.</p> <p>PS asked what the deadline for sign off at the MCQG.</p> <p>DT advised there is a report going to Clinical Governance, Clinical Safety Committee on 9 November 2021 and the report can be shared after this meeting.</p>	
No.	Item	Action
10.	<p>Service user stories – suggestions of stories for presentation at Trust Board</p> <p>PS asked for any suggestions.</p> <p>None.</p>	

No.	Item	Action
11.	<p>Members' Council Quality Group annual work programme 2021</p> <p>To be reviewed at the meeting on 31 January 2022. Two items mentioned today are : Covid pandemic and bringing in new ways of working. Single point of access, possibility of presentation.</p> <p>NMc commented how the work plan can align with the Clinical Governance Clinical Safety Committee and how to streamline the feedback from the Committee to this group. NMc and PS to arrange to discuss.</p> <p>CDBG asked for clarification of access to NED's email addresses.</p> <p>JL responded and asked Grace to circulate NEDs email addresses to the group.</p>	<p>NMc/PS</p> <p>GC</p>
12.	<p>Any other business</p> <p>None.</p>	
13.	<p>Items to raise at Members' Council</p> <p>None.</p>	
14.	<p>Revised dates of next meeting(s) and agreement of agenda items</p> <ul style="list-style-type: none"> 31 January 2022 at 10.00 - 12.00 	

**Minutes of the Nominations Committee
held on 12 October 2021 at 12.00
Virtual meeting via Microsoft Teams**

Present:	Angela Monaghan (AM) John Laville (JL) Bill Barkworth (BB) Tony Jackson (TJ) Andrea McCourt (AMC)	Chair of the Trust Lead Governor, Publicly elected governor, Kirklees Deputy Lead Governor, Publicly elected governor, Barnsley Staff Governor, Non-Clinical Support Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust
In attendance:	<u>Attendees</u> Mark Brooks (MB) Lindsay Jensen Chris Jones (CJ) Emma Pickup (EP) Mark Bate (MBa) Andy Lister (AL) Grace Coggill	Interim Chief Executive (advisor to the committee) Deputy Director of Human Resources and Organisational Development Deputy Chair/Senior Independent Director GatenbySanderson GatenbySanderson Head of Corporate Governance (Company Secretary) (author) Secretary to the Chair, Non-Executive Directors and Members' Council (observer)
Apologies:	<u>Members</u> Dylan Degman (DD)	Publicly elected governor, Wakefield

NC/21/51 Welcome, introduction and apologies (agenda item 1)

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

NC/21/52 Declarations of interest (agenda item 2)

AM reported lead governor will chair item 5 due to her being the current Chair of the Trust, in the line with the terms of reference of the Committee.

NC/21/53 Minutes of and matters arising from previous meeting held on 30 September 2021 (agenda item 3)

It was **RESOLVED** to **APPROVE** the Minutes as a true and accurate of the meeting held on 30 September 2021.

NC/21/54 Matters arising from previous meeting held on 30 September 2021 – Action log (agenda item 4)

NC/21/49 – notice periods to be checked for all candidates – AM asked to deal with this after item 5.

NC/21/49 – unconscious bias training – this has taken place – John Laville (JL) noted the training was first class. It was of benefit to the interview process, in particular the panel

process and should form part of future procedure. JL felt it worked well being presented on the day of the interviews. To close.

NC/21/42 – updating governors in respect of the chair appointment at a suitable time – again to deal with after item 5.

It was RESOLVED to NOTE the updates to the action from 30 September 2021.

NC/21/55 Chair appointment – recommendation to Members Council (agenda item 5)

AM noted there isn't a paper for item 5 due to discussions taking place until moments ago. AM handed the Chair to JL.

JL reported the recommendation to the Nomination Committee is to put forward Marie Burnham for the role of Chair for the Trust to the Members Council for ratification.

JL reported it has been a thorough and close-run contest. The independent assessor has made an excellent contribution to the panel and gave good insight into inequalities.

The panel were unable to reach a decision last night and agreed to reflect overnight and interrogate the stakeholder panel feedback again this morning and reached unanimous decision.

Both candidates were appointable and had great strengths and the deciding factor was the landscape within which the Trust is operating, in that it is moving towards system working.

It was confirmed all three candidates had been interviewed.

Chis Jones (CJ) reported it had been a through and well-run process.

Mark Brooks (MB) endorsed CJ's comments and noted it has been a real credit to the governors who have been involved in all aspects of this process. All contributors to the stakeholder panels have been excellent. Everybody has worked to make sure we have made the right decision for the Trust.

Lindsay Jensen reported it has been a robust process. The four stakeholder groups were a important part of the process, as was the external advisor. Some real reflection on the candidates has taken place. Thank you to GatenbySanderson for their support. The panel has reached a good conclusion.

AM gave thanks to everyone involved in the process, especially JL for chairing it so well over the last few days.

It was confirmed that all candidates had been asked about time commitments and notice periods.

Bill Barkworth (BB) reported he had been unable to make the stakeholder meeting due to technical problems but was very pleased to hear how the well run the process had been and was happy support the decision of colleagues.

CJ reported the panel were aware of the need to consider the diversity of the Board in their views and decision making but this had been fully considered as part of the decision-making process.

It was RESOLVED to AGREE that Marie Burnham will be put forward to the Members Council for ratification as the Chair designate of the Trust.

NC/21/56 Work programme 2021/22 (agenda item 6)

AM noted the work programme and queried if the next meeting was April 2022.

AL noted the need to review the appointment and re-appointment of Non-Executive Directors prior to April 2022, including the review of the deputy chair roll and this would be likely to take place in February 2022.

Action: Andy Lister

It was RESOLVED to NOTE the work programme for 2021/22.

NC/21/57 Any other business (agenda item 8)

Nil

NC/21/58 Issues and items to bring to the attention of Trust Board / Members' Council (item 9)

AM noted there would be an extraordinary Members Council meeting at 12pm on 19th October 2021.

The Board will then be notified at the end of October 2021.

The recommendation to Members Council will take place in public unless there is a need to discuss any confidential matters in public. AL confirmed a virtual vote can be held if required.

NC/21/59 Date of next meeting (agenda item 10)

- To be confirmed

**Members' Council
8 February 2022**

Agenda item:	8.3
Report Title:	SWYPFT Patient Experience – Annual Report 2020/21
Report By:	Nat McMillan – Non-Executive Director and Chair of the Clinical Governance & Clinical Safety Committee
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

To provide a summary of feedback on experience of using Trust services received via the Customer Services function during 2020/21.

A positive service user experience underpins the Trust's mission and values. Ensuring people have access and opportunity to feedback their views and experiences of care is essential to delivering the Trust's values and is part of how we ensure people have a say in public services.

Recommendation

Members' Council is asked to RECEIVE and APPROVE the report and note the plans for 21/22

Background

On 9th This report was discussed and reviewed in detail within Clinical Governance and Clinical Safety Committee. Part of this discussion included the need to capture the protected characteristics of the person who the complaint is on behalf of, as well as of the complainant. We also discussed how future versions of this report might include a broader range of feedback to capture patient experience, beyond the customer services team activity.

Complaint's process

Extensive development work on the complaint's pathway was undertaken in 2020/21 to improve both the complaints pathway, process and data quality. We are adopting a continuous quality improvement approach to our complaints process to ensure we have a contemporary service that is fit for purpose and can respond efficiently & effectively to issues people raise.

There were 159 formal complaints in the year, 295 compliments and 426 comments and concerns. Access to treatment and drugs was identified as the most frequently raised negative issue. This was followed by communications, values and behaviours, clinical treatment and appointments. Most complaints contained a number of themes.

Key areas to note:

- For the financial year 2020/21 the customer services team received and dealt with 719 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 38% reduction compared to 2019/20 when the Trust received 1165 items of feedback
- Complaints typically contain a number of different themes and issues and anecdotally complaints have become more complex in nature with complainant's expectations about what can be achieved through the complaints process increased.
- Reopened complaints have remained largely stable at 12 in 2019/20 and 13 in 2020/21.
- 426 comments/concerns were received in 2020/21 which is a decrease of 36% from 2019/20 where 667 comments/concerns were received.
- 295 compliments were received in 2020/21 which is a significant decrease of 11% compared to 332 in 2019/20. The number of compliments does fluctuate and depends on how regularly clinical services send these in for customer services to record. The Trust promotes the importance of submitting compliments so that they can be monitored, used to boost staff morale and to share best practice
- Customer services monitors the progression of formal complaints against the Trust's internal target of providing a response within **40 working days** from the date that consent has been provided and the scope of the complaint investigation agreed. This is considerably quicker than the guidance set out in the NHS Complaints (England) Regulations 2009 which details that a response should be provided within 6 months from the date that a complaint is received.

This information, from the complaints process is shared with BDUs for review. Responding to feedback and ensuring changes in practice is monitored through BDU governance processes.

Development work for focus in 2021/22:

- Learning lessons from complaints
- Review of complex complaints
- Review of process to manage persistent complainants
- Review of process for reopened complaints
- Continue work on response times
- Update of complaint policy
- Review of reports to meet commissioner requirements.



**South West
Yorkshire Partnership**
NHS Foundation Trust

A large circular graphic composed of numerous blue brushstrokes of varying lengths and directions, arranged in a circular pattern around a central white circle.

Patient Experience (including complaints) Annual Report 2020/21

With all of us in mind.

Context

- The coronavirus (Covid-19) pandemic has continued to cause a strain on Trust services and complaints are taking longer than normal to complete.
- From March 2020 when the first national lockdown was initiated, the customer services team has predominantly worked from home with some office admin cover. During this time, telephone and email contact has been maintained for those wishing to raise feedback about Trust services. The opening hours for the phone lines have been extended from 9am to 1pm and are now open until 4pm. An automatic email alert advises enquirers that the team aim to provide an initial email response within two working days although this is generally quicker.
- Clinical services are always asked to triage any feedback received from the outset to ensure immediate and urgent issues are acted on. However, despite best efforts clinical services continue to be understaffed due to the impact of the pandemic and this has had an impact on the availability of staff to undertake complaint investigations and delays in obtaining the required approval during sign off.
- There were some initial allowances to the NHS complaint process from the Parliamentary and Health Service Ombudsman (PHSO) as new and open complaints could be put on 'pause' from 26th March 2020 although this ended on 30th June 2020.
- People have always been able to raise feedback about Trust services throughout the pandemic and formal complaints continue to be acknowledged within three working days. However, the acknowledgement letter now informs complainants that due to current service pressures complaints are taking longer to progress and subject to the appropriate consent, customer services will contact them when they are able to allocate their complaint to a named handler.
- The Department of Health and Social Care recently advised that the NHS Complaints Regulations 2009 have not been repealed or amended, and all healthcare organisations must continue to comply with them. However, they agreed that in some settings it may take longer to respond to a complaint and consider it permissible up until 30th April 2021 for this to go beyond the usually required six months.
- As a result of the pandemic the PHSO advised that it has a significant backlog of 3,000 cases awaiting review. The PHSO confirmed that it will only investigate cases under the second and final stage of the NHS complaints where there has been the biggest hardship.
- In February 2021 the PHSO advised that due to high work volumes, those cases submitted in January were unlikely to be allocated to a caseworker until July or August.

Summary

Annual update

- For the financial year 2020/21 the customer services team received and dealt with 719 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 38% reduction compared to 2019/20 when the Trust received 1165 items of feedback.
- The customer services team dealt with 159 formal complaints in 2020/21 compared to 166 in 2019/20.
- Complaints typically contain several different trends and issues and anecdotally complaints have become more complex in nature with complainant's expectations about what can be achieved through the complaints process increased.
- Reopened complaints have remained largely stable at 12 in 2019/20 and 13 in 2020/21.
- 426 comments/concerns were received in 2020/21 which is a decrease of 36% from 2019/20 where 667 comments/concerns were received.
- 295 compliments were received in 2020/21 which is a significant decrease of 11% compared to 332 in 2019/20. The number of compliments does fluctuate and depends on how regularly clinical services send these in for customer services to record. The Trust promotes the importance of submitting compliments so that they can be monitored, used to boost staff morale and to share best practice.
- Customer services monitor the progression of formal complaints against the Trust's internal target of providing a response within **40 working days** from the date that consent has been provided and the scope of the complaint investigation agreed. This is considerably quicker than the guidance set out in the NHS Complaints (England) Regulations 2009 which details that a response should be provided within 6 months from the date that a complaint is received.
- We are now trialling a response timeframe based on the increasing nature of complexity of the complaint which would aim to provide a response within **25, 40 or 60 working days** bearing in mind that this is still far quicker than the statutory guidance.
- Proactive partnership working between customer services and clinical services was having a positive impact on achieving the Trust's internal target that 80% of formal complaints should be closed within 40 working days. However, the impact of the Covid-19 pandemic has meant that the gains we had achieved have declined.

Summary

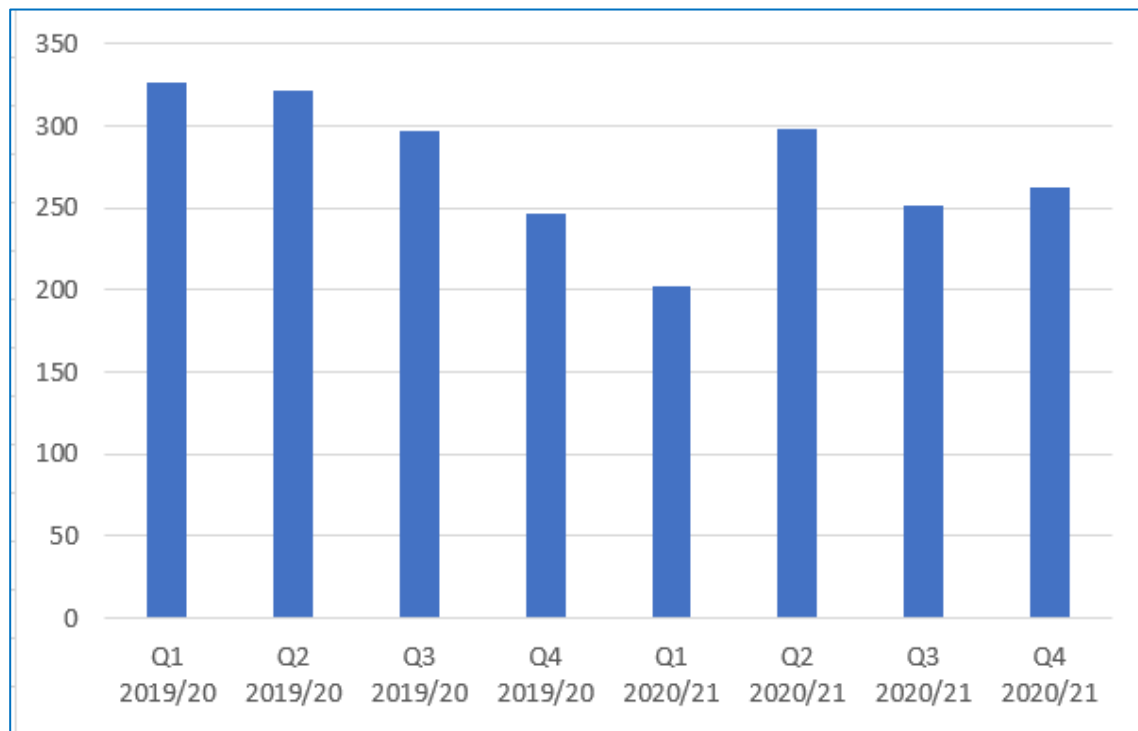
- All complaints are risk assessed on arrival in customer services using the Trust's Risk Matrix. In the first instance, this is undertaken by the customer services manager or their deputy. In addition, complex complaints are discussed with both the associate director of nursing and quality and the assistant director of legal services.
- Work is continuing to improve customer service processes to make sure that the Trust always responds in ways to maximise opportunities for learning and becomes more responsive where service issues arise. This will mean services will see the issues first, with a robust process in place to support them to create actions to resolve.

Risks

- Complaints are often complex and longstanding in nature and require thorough investigation to resolve the issues raised. Complainants' expectations of what can be achieved through the complaints process may be unachievable.
- Resources allocated to habitual or vexatious complainants has increased and requires a consistent and coordinated approach across the Trust. The Trust placed one complainant on restricted access in 2020/21 following a prolonged period of excessive contact.
- The biggest delays in the complaint process are the time for the completed investigation to be returned to customer services. This is being scrutinised further to generate further discussions with clinical services about the specific challenges they face in responding to complaints i.e., resource, and how these can be overcome to improve the Trust's response timeframes. This has become more challenging due to the impact of the pandemic and there have been considerable delays experienced from clinical services during sign off.

Feedback overview

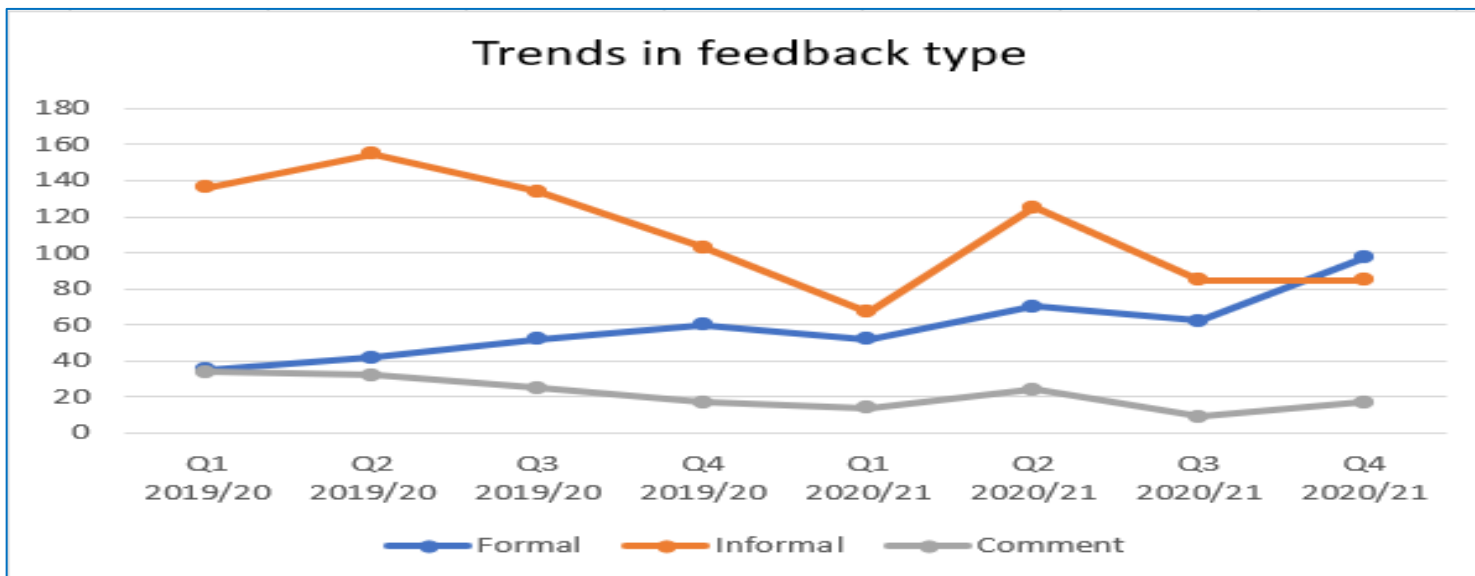
Total number of complaints, concerns, comments & compliments received into the Trust via customer services



Overall the pattern supports that there has been a decline in the volume of feedback across all categories including compliments since Q1 2019/20. However, the anecdotal trend remains in that the complexity of complaints, concerns and comments are increasing. We have also seen an increase in challenging behaviour from complainants since the pandemic began.

Complaints activity

Number of formal complaints, informal concerns and comments made into customer services per quarter



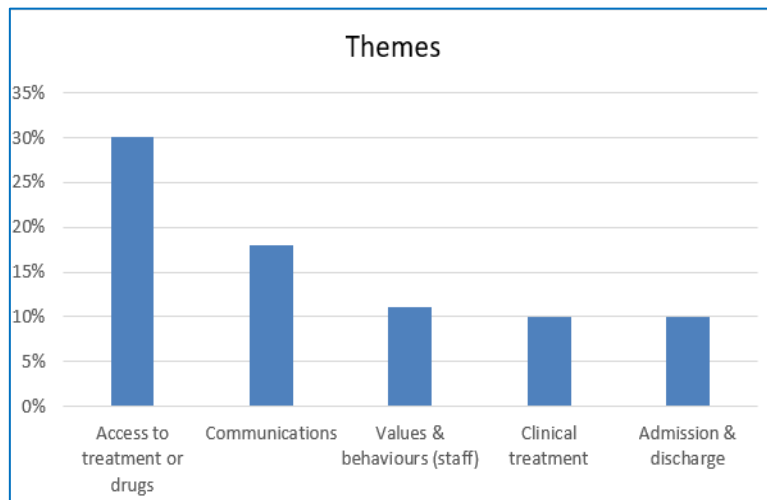
- Overall, the number of formal complaints are increasing from 35 in Q1 2019/20 to 97 in Q4 2020/21 with an average of 59 per quarter. Again, the increased figure for Q4 2020/21 may reflect pent up frustration with mental health services as a result of the pandemic given the changes in service delivery.
- There is a less consistent pattern for informal concerns and this has decreased from a record high of 155 in Q2 2019/20 to 85 in Q4 2020/21 with an average of 111 per quarter.
- There has been a significant reduction in service issues/comments from 34 in Q1 2019/20 to 17 in Q4 2020/21 with an average of 22 per quarter.

Regulation: Parliamentary and Health Service Ombudsman (PHSO)

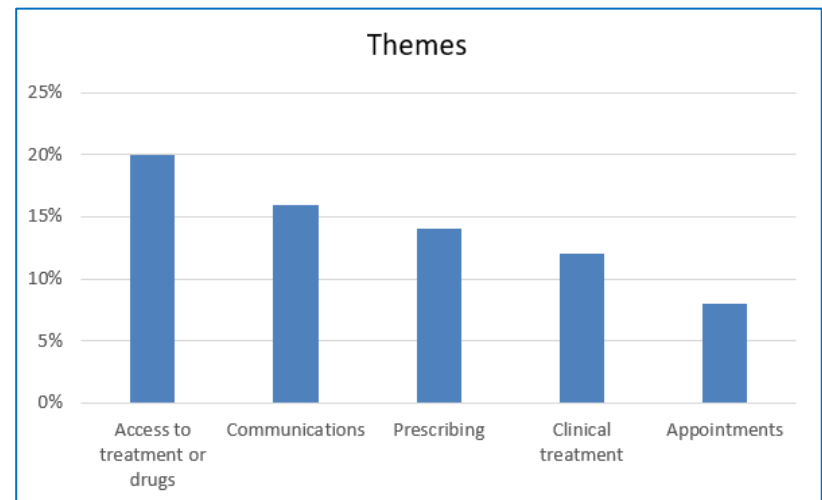
- During the previous reporting year, 2019/20 the Trust received 9 requests for information from the PHSO. All requests were responded to, and information shared with the PHSO to enable them to review and decide whether to investigate complaints at the second and final stage of the NHS complaints process.
- The Trust received 5 requests for information from the PHSO in 2020/21
 - The Trust received notification that 3 cases had closed with no further action or recommendations.
 - The Trust is still waiting for the outcome of the PHSO's scrutiny on 2 cases. 1 of these is a very complex and contentious complaint as the complainant's wife died in July 2020 whilst on the Melton Suite in Barnsley. The complainant has recently advised that he no longer wishes to engage with the Trust and is now pursuing legal action.
- As a result of the pandemic the PHSO has advised that it has a backlog of 3,000 cases awaiting review and will only investigate those where there has been the biggest hardship.

Top 5 themes for complaints

2020/21



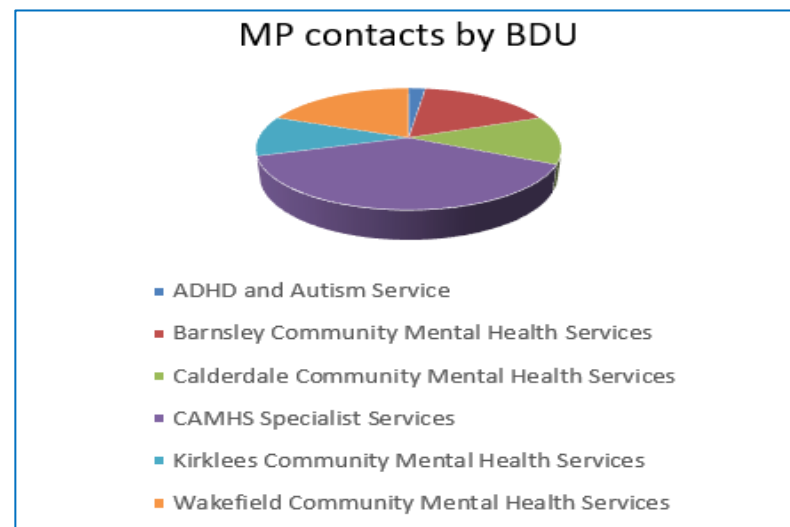
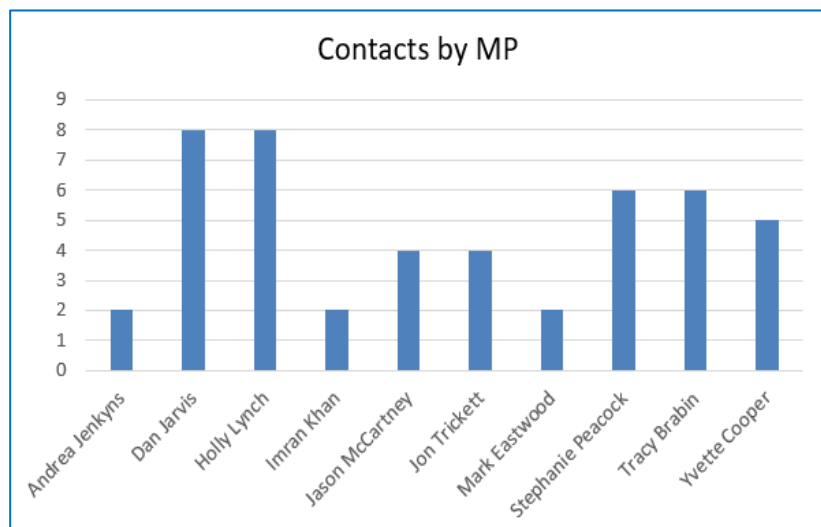
2019/20



- Complaints typically contain multiple themes/issues
- The top 2 primary subjects for complaints has remained consistent across both years, including by rank order
- Access to treatment is the most common theme for complaints about CAMHS
- It is concerning that Values & behaviours (staff) is the third most common reason for complaints in 2020/21.

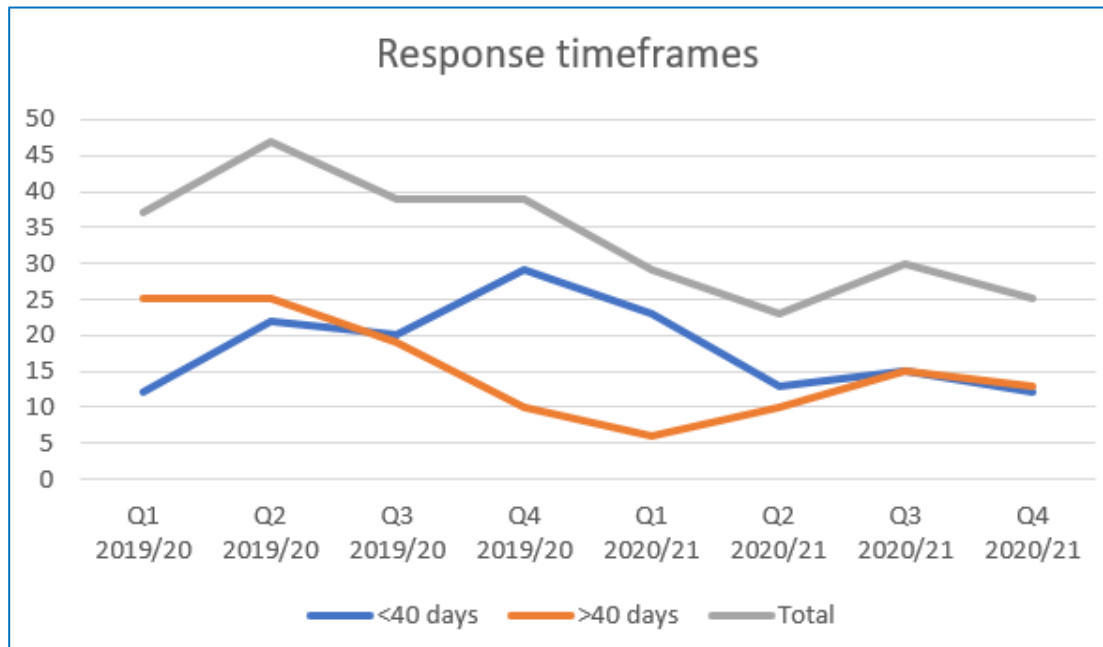
MP Contacts

- During 2020/21 the customer services team received 47 MP contacts compared to 55 MP contacts in 2019/20 which is a 15% decrease.
- Dan Jarvis (Barnsley) and Holly Lynch (Calderdale) made the majority of MP contacts in 2020/21.
- Overall the BDU which receives the most MP contacts is CAMHS Specialist Services with 38% and this is primarily about access to treatment.
- CAMHS Kirklees received the highest number of MP contacts at 39% followed by Barnsley at 33%, Wakefield at 17% and Calderdale at 11%.
- Wakefield Community Mental Health Services and Barnsley Community Mental Health Services received the second and third most MP contacts at 19% and 17%.



Complaints Key Performance Indicators (KPIs)

The Trust's KPI is to close 80% of formal complaints within 40 working days



Throughout 2019/20 the Trust was consistently improving on delivering complaint responses within 40 working days from the date that the timescales started (consent received and scope agreed). Unfortunately, many of the gains we made have diminished as a result of the pandemic and we are now trialling a target response timeframe based on the complexity of the concerns. This may help to better manage complainant's expectations as the NHS Complaints Regulations 2009 stipulate that a response should be provided within 6 months from the date it was received and this hasn't been amended as a result of the pandemic. The PHSO is guided by this and simply asks that organisations keep complainants updated about when they expect to respond.

Reopened complaints

During 2020/21 we reopened 13 formal complaints.

Once the individual has received the Trust's response to a complaint any new or outstanding issues this generates should be raised within a reasonable time – a guideline the PHSO use is twelve months from receipt of the response, though it very much depends on individual circumstances. As a Trust we ask complainants to come back to us with any outstanding concerns within one month. In such cases, the complaint file is reopened, and further investigation will take place to ensure that the Trust has addressed all of the issues raised and a further response is sent to the individual with the findings. In some cases, a second opinion or clinical advice will be sought. The Trust will endeavour to resolve reopened complaints through Local Resolution, however, once it is considered by the Trust that this is completed/exhausted the individual is advised of their right to refer their case to the PHSO for independent scrutiny.

Analysis of reopened complaints is complex. The reported figures are those that were reopened within a particular time frame, regardless of when the complaint was initially responded to. Complainants coming back to tell us they are not satisfied with their response is a positive indicator they have not lost faith in our organisation's ability to resolve their concerns as they have actively chosen to come back to us rather than approach the Parliamentary and Health Service Ombudsman (PHSO) directly.

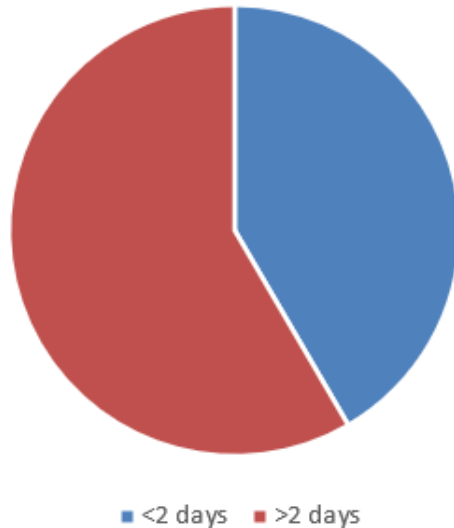
In line with the NHS Complaints (England) Regulations 2009, issues that the Trust has already responded to and is unable to provide any further meaningful comments will not be reopened or re-investigated.

We are currently developing a reporting function on DATIX to better capture the reason why complaints are reopened. This will enable us to monitor any themes and trends and work with services to minimise the need to reopen complaints.

Response times for informal concerns

Informal concerns closed against 2 day target

Resolution of informal concerns against target



The Trust's complaints process supports Local Resolution in the first instance and contact with the service provider to resolve concerns directly at source.

This revised approach means we are dealing with significantly more informal concerns – 363 informal concerns were dealt with in 2020/21. Of these, 42% were closed within 2 working days.

74 informal concerns (20%) exceeded the 2 working days target and had a date where services confirmed it had been resolved; the average number of working days to resolve for these was 13 and the range was between 3 and 64 days.

The figures on the chart are the percentage (%) compliance rates, for responses to informal concerns, within 48 hours (2 working days). However, we didn't receive further information from clinical services for 37% of informal concerns (n=136) to confirm that the feedback had been resolved so the figure of 58% exceeding the target may not be accurate.

The customer services team works closely with clinical services to ensure that informal concerns are responded to by services within 2 working days. However, with agreement from the complainant, this statutory timeframe can be extended.

Improvements in sign off process

- Customer services worked hard in 2019 to clear the backlog of outstanding complaint responses. The service has weekly team meetings hosted by the Customer Services Office Manager (CSOM) where active complaints are tracked and responses that are at 30 and 40 working days are monitored to ensure that these are being managed proactively and flagged as required.
- Sign off process has been streamlined and the internal clock for the 40 working day target now starts when signed consent from the service user has been received **AND** the scope of what will be investigated has been agreed with the complainant. Previously there were issues outside of the Trust's control when consent was received but there were difficulties agreeing the scope with the complainant to allow the investigation to proceed which negatively impacted on response times.
- Since 2018 responses are reviewed by the CSOM for quality at the start of the sign off process and prior to final progression to the Deputy Chief Executive. Quality improvement work on the complaint process has resulted in there being very few amends received in the latter stages of the sign off process which demonstrates that the quality of complaint responses has improved.
- Customer services have completed several reviews working alongside Business Delivery Units. As part of these reviews, it was identified that we needed to understand and identify what challenges the operational teams face when they are asked to respond to a concern or complaint within the established timeframes set out in the complaint regulations i.e. 48 hours for a concern and in the current complaint pathway 15 working days are allocated to operational services to investigate a formal complaint (time from when toolkit is sent to General Manager to the date toolkit is returned to CS team). Questionnaires were sent out to the services and the information returned was reviewed and recommendations implemented.

Risks

- The current most common delays in responding to complaints are related to the investigation process as customer services are reliant on the findings from clinical services to draft a response. There have been recent issues, particularly from CAMHS, with the quality of toolkits received which has significantly delayed the Trust's ability to respond on target.

Equality Data – April 2020 – March 2021

Equality data is a key indicator of who accesses the formal complaints process. **It is about the person raising the complaint, i.e. the complainant, and they are not necessarily the person receiving the service, i.e. the service user.** Where possible, data is captured at the time a formal complaint is made. However, if this is not captured or available at that time this may be collected at a later date when the equality data form is received. Information is shared with the complainant explaining why collection of this data is important to the Trust to measure equality of access to the complaints process.

The questionnaire includes the 9 protected characteristics; age, disability, gender reassignment, ethnicity, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. We also ask whether the complainant is a carer and if they are registered with their GP as one. This is in keeping with the types of services we offer and the Trust includes this additional characteristic which is given the same importance as the other 9 protected characteristics.

We offer assurance that providing equality data has no impact on care and treatment or on the progression of a complaint.

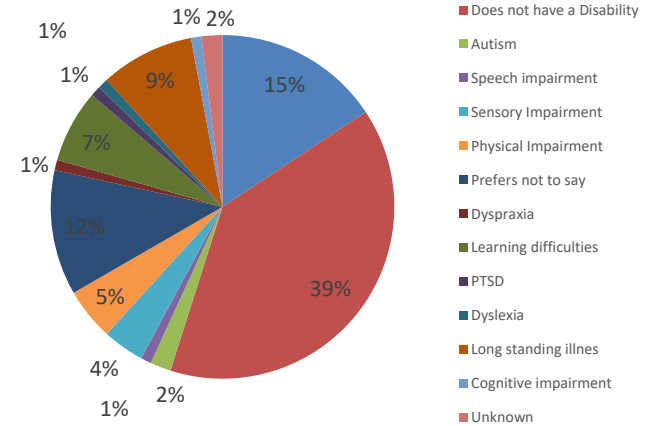
Data is **not** collected for third party agents which includes MPs and advocates.

The Team continues to explore best practice for equality data capture, both internally within the team and externally with partner organisations and networks and incorporates any learning into routine processes.

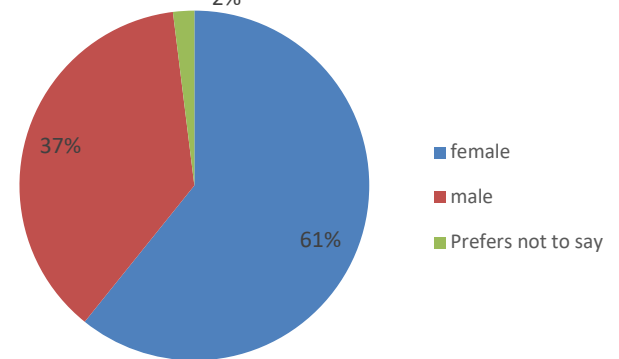
The pie charts show, where information was provided, the breakdown in respect of ethnicity, gender, disability, age and sexual orientation. Equality data is collated Trust wide.

The Trust's Equality and Diversity Managers are made aware of all complaints/feedback where a concern has been raised that someone considered that they were treated less favorably because they belonged to a group with a protected characteristic. This provides assurance that any trends and patterns of harassment are identified and addressed as appropriate.

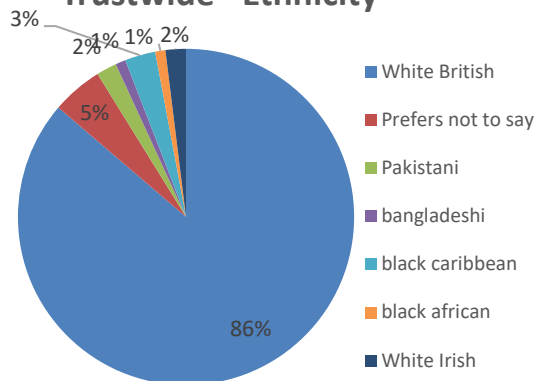
Trustwide - Disability



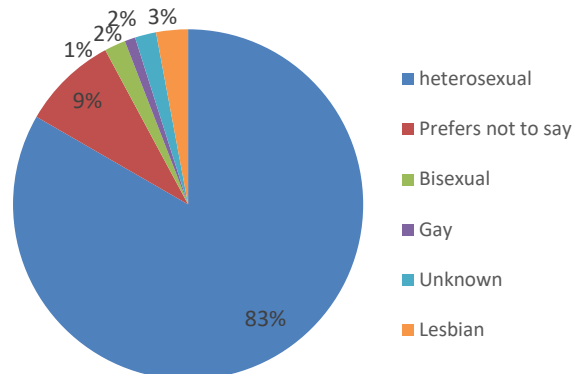
Trustwide - Gender



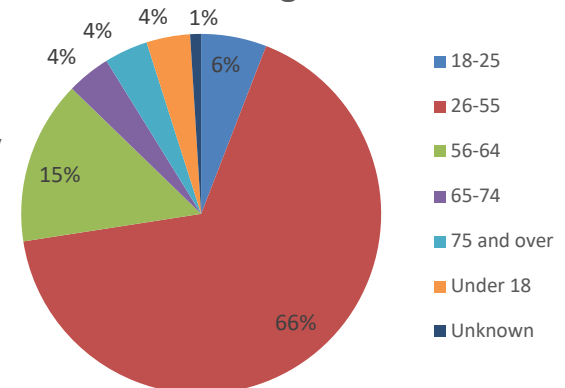
Trustwide - Ethnicity



Trustwide - Sexual Orientation



Trustwide - Age

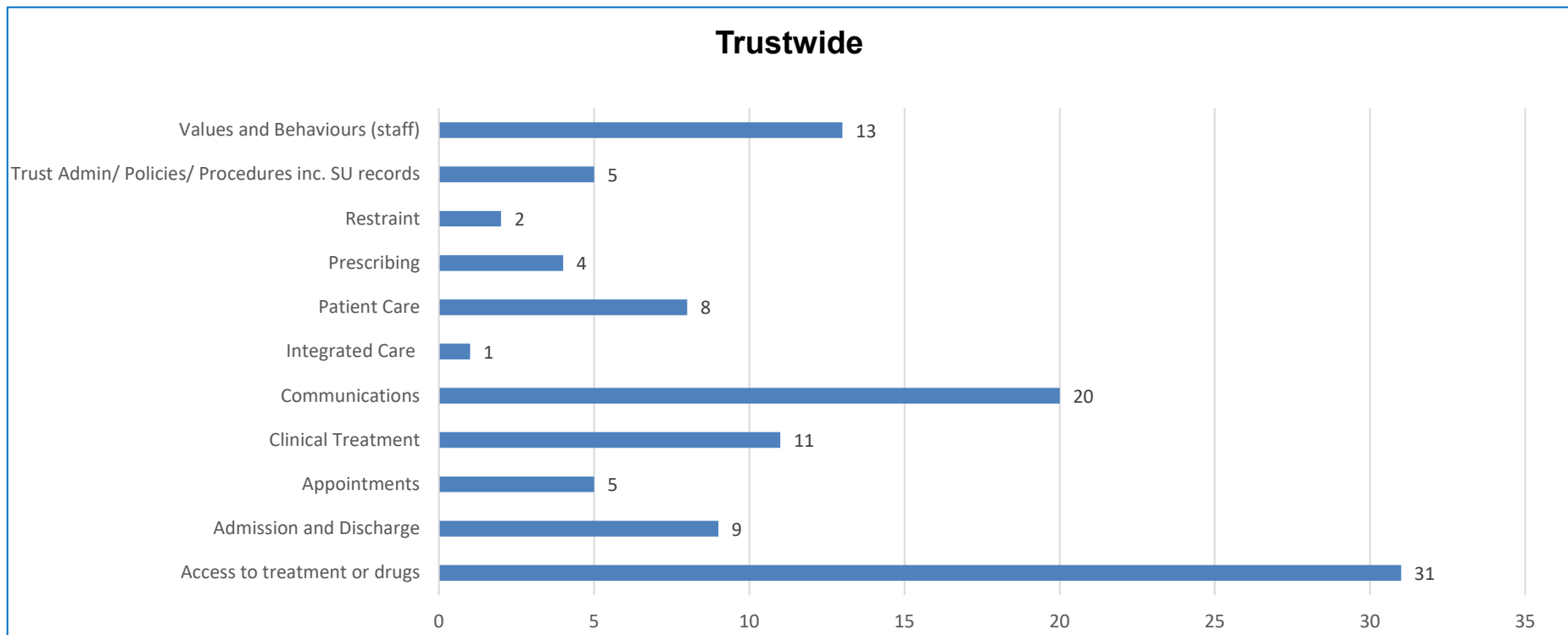


Themes raised through formal complaints

April 2020- March 2021

Trustwide themes and improving from feedback

- Customer services received 109 new formal complaints (timescales started) during 2020/21. The table below reflects the Primary Subject/Issue/Theme for these complaints. However, complaints typically involve multiple Subjects/Issues/Themes.
- The top 3 themes for complaints during this period were: Access to treatment or drugs (36%); Communications (23%) Values and Behaviours (15%)
- There are no specific hot spots related to a specific team or service line.



Barnsley General Community Services

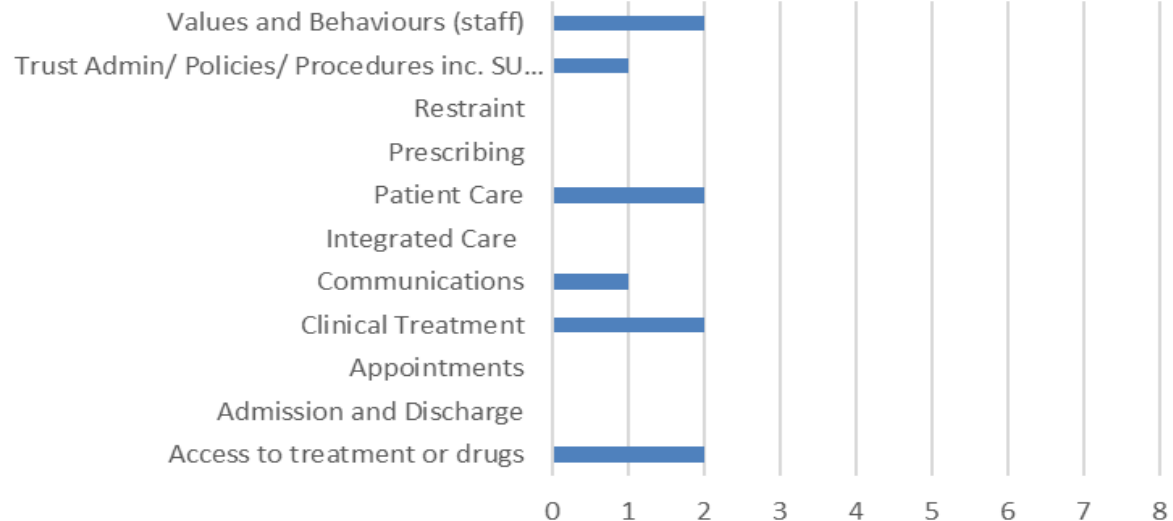
Top three themes:

1. Values and Behaviours
2. Access to treatment or drugs
3. Clinical Treatment

During 2020/21 Barnsley General Community Services received 7 complaints and 60 compliments

- **Compliment examples:**
- District Angels - a small thank you.
- Thank you for the exceptional job you do.
- To the best team of people, you have supported us through some tough and dark times. It has been tough for us all, but you have stood by us and helped us through with magnificent levels of care and support...special place and so are the staff.

Barnsley General Community Services



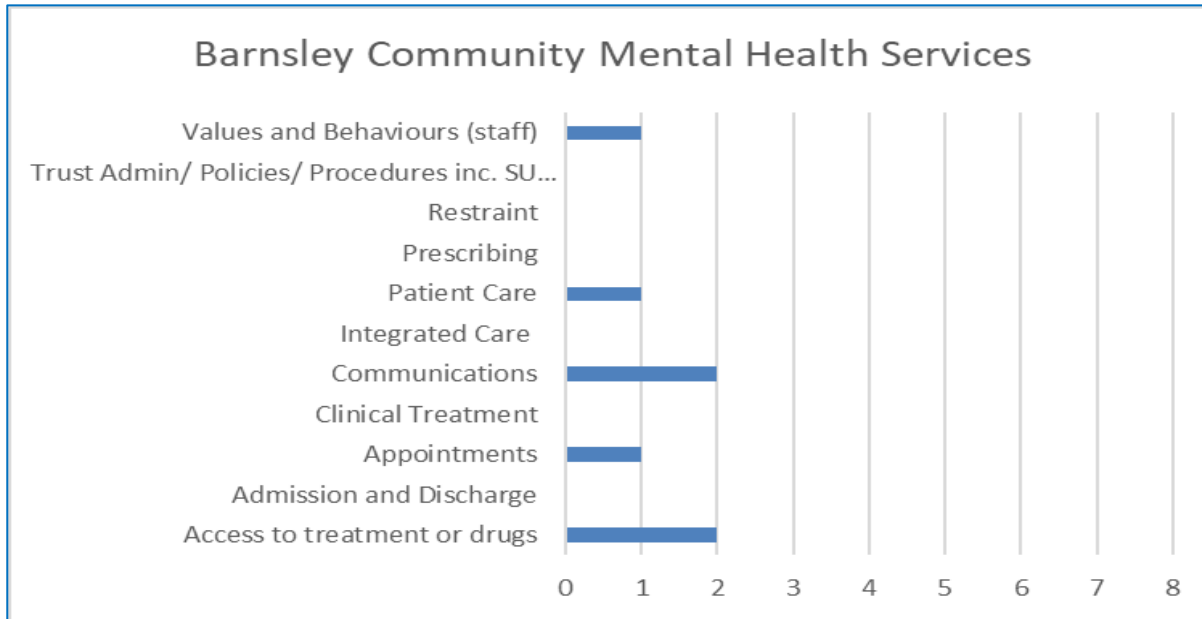
Complaint examples:

SU concerned that practitioner was not motivational or empathetic.

Practitioner concerned with the way in which services are operating and the attitude of staff, for example being disparaging in a racial manner.

Son wishes to make a formal complaint on behalf of his mother. He has received a letter stating that the eye services his mother has are being withdrawn within the next 6 weeks. Carers currently come twice a day to administer eye drops. Patient is unable to do this as she has arthritis in both hands and without the service, she will go blind.

Barnsley Community Mental Health Services



Top three themes:

1. Access to treatment or drugs
2. Communications
3. Values and Behaviours

Complaint examples:

- SU concerned about the way in which his care has been managed and by a letter he has received regarding his behaviour.
- Complaint regarding poor attitude
- Unhappy with the lack of contact, communication and care provided

Compliment example:

I have just had my last CBT session with X and I just wanted to say that she is fantastic. She has made a huge difference to my quality of life. She is a definite asset to SWYPFT and I feel very lucky to have had her assigned to myself and I would just like to formally acknowledge how helpful, understanding and lovely she had been throughout.

During 2020/21
Barnsley
Community
Mental Health
services received
7 formal
complaints and
10 compliments

Calderdale Community Mental Health Services

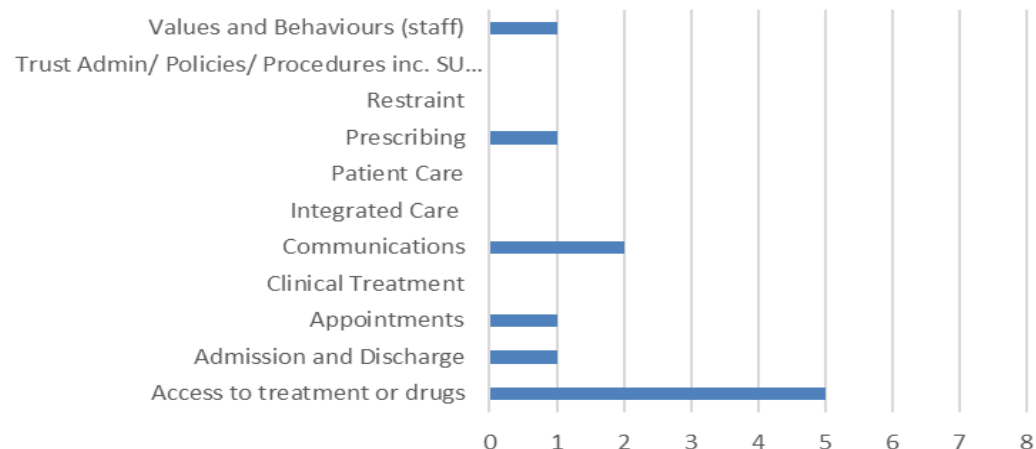
During 2020/21 Calderdale Community Mental Health services received 9 complaints and 7 compliments

Top three themes:
1 Access to treatment or drugs
2 Communications
3 Prescribing

Complaint examples:

1. Unable to access mental health services despite several suicide attempts.
2. SU frustrated that he is being denied access to services when he clearly has MH needs.
3. Complainant unhappy with her own care and treatment/ follow up plans.

Calderdale Community Mental Health Services



"Thank you so much for all the care and support that you have shown me and my family since you became my CPN. I really appreciate all the extra travelling you had to do whilst I was in Barnsley and all the visits to my home. It has been so reassuring for all of us having you to support us and help when necessary. Thank you for all the referrals! Everyone helped with my recovery. You really are a very caring and special person, and the Trust is very lucky to have you as part of the team. I hope I can keep moving forward and put to good use all your input."

Kirklees Community Mental Health Services

Top three themes:

1. Access to treatment or drugs
2. Communications
3. Admission and Discharge

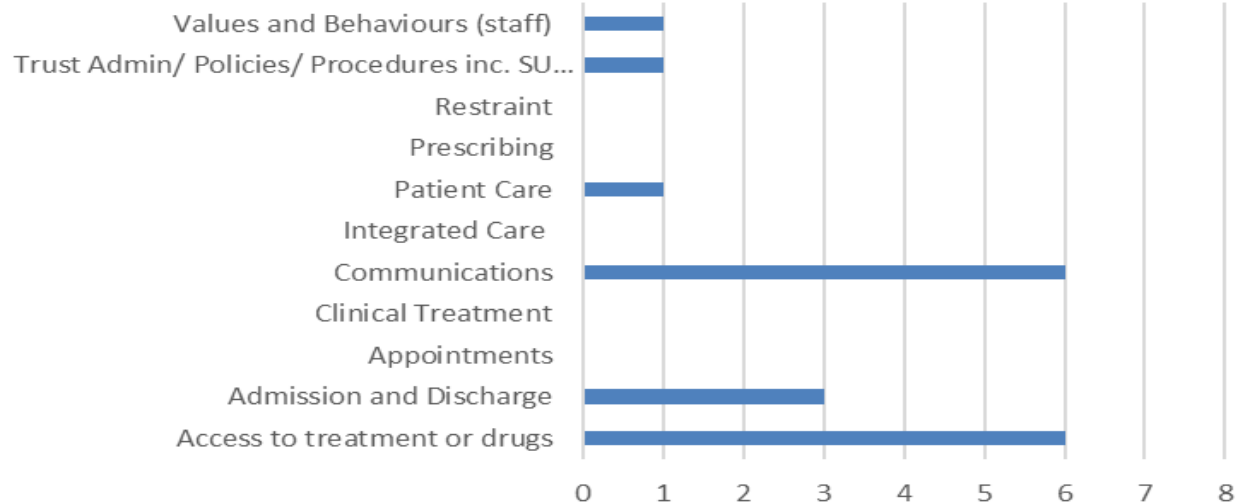
Complaint examples:

1. Service user feels he is sinking after originally being told he can have counselling sessions, then services not wanting to help.
2. Service user going in circles trying to get psychological assistance with his PTSD and other issues

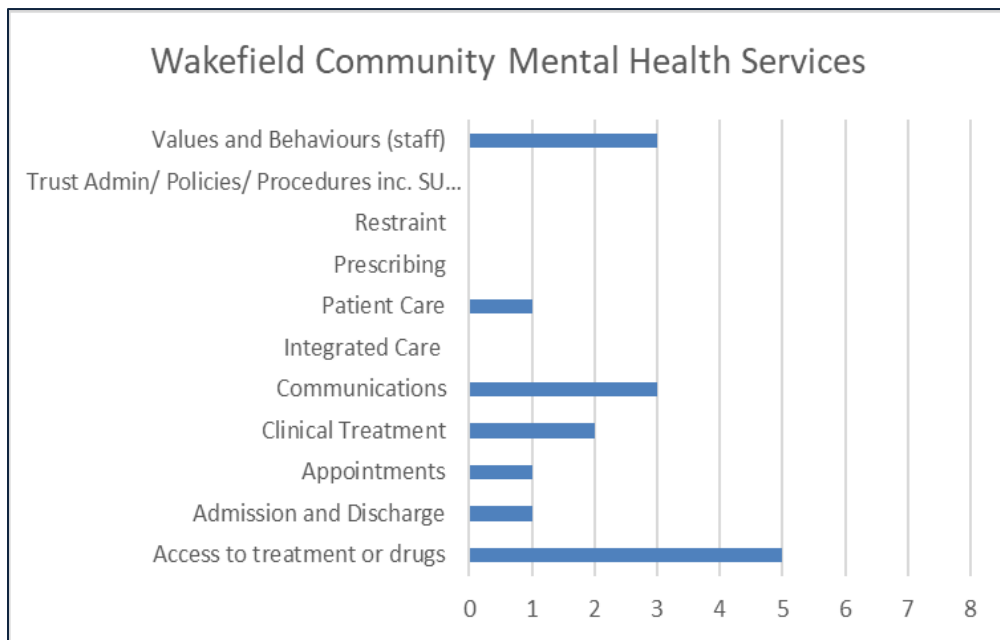
“Thank you so much for everything you have done for me - you are a star.”

During 2020/21
Kirklees
Community
Mental Health
Services
received 17
complaints and
26 compliments

Kirklees Community Mental Health Services



Wakefield Community Mental Health Services



During 2020/21
Wakefield Community
Mental Health Services
received 9 complaints
and 17 compliments

Top three complaint themes:
1. Access to treatment or drugs
2. Communications
3. Values and Behaviours (staff)

“The time and techniques you
taught me during our time together
has massively improved my quality
of life.”

Complaint examples:

1. SU concerned about the way in which his care has been managed and by a letter he has received regarding his behaviour.
2. Complaint regarding care and treatment and process for detaining someone under the MHA.

Mental Health Inpatient Services

During 2020/21 Mental Health Inpatient Services received 13 complaints and 47 compliments

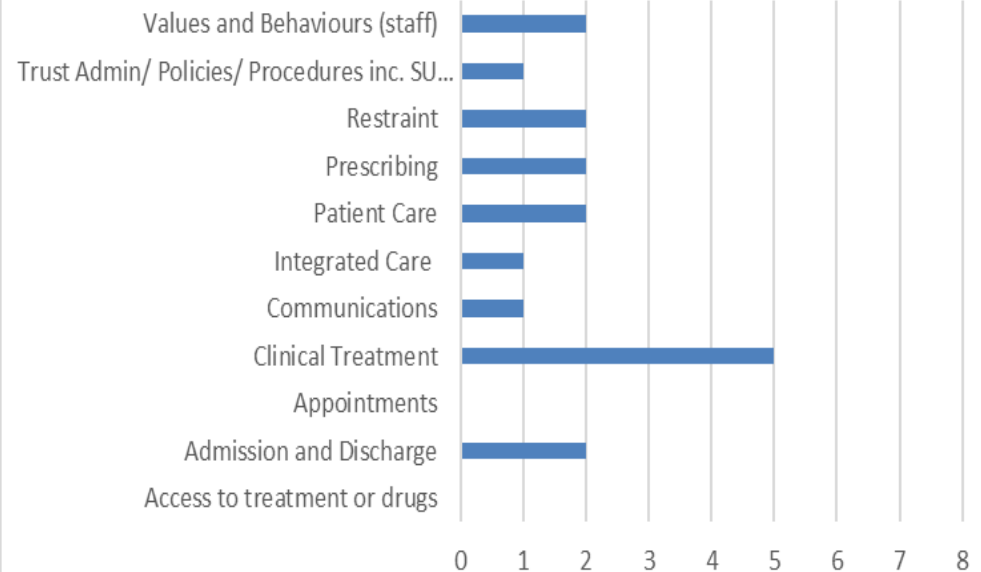
Top three complaint themes:

1. Clinical Treatment
2. Values and Behaviours
3. Prescribing

Complaint examples:

- Issue regarding being detained under the Mental Health Act and alleging this is against her human rights.
- Issue regarding non assessment whilst on Section 136 Suite – alleges staff were rude and dismissive.
 - Dispute over diagnosis given.
 - Staff were rude and aggressive.

Mental Health Inpatient Services



“Thank you to all the staff for doing an amazing job. I cannot praise the staff enough. They have looked after my granddad really well and the staff are really kind.”

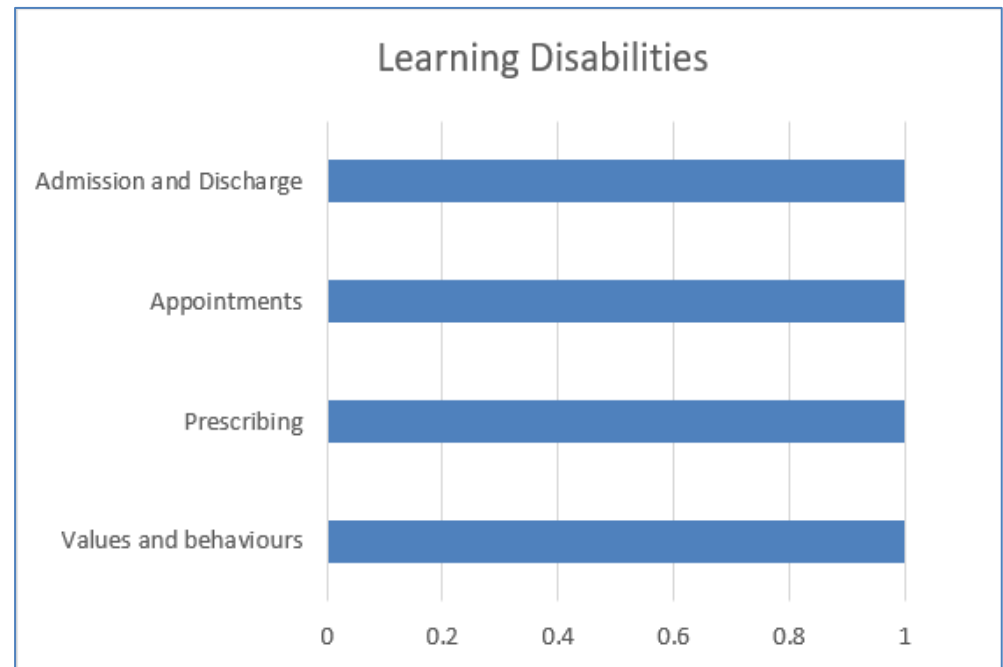
Learning Disability Services

Complaint example:
SU's brother upset by
the assessment process
that led to his brother
being sectioned and
feels this could have
been avoided.

“I cannot recommend the
Horizon Centre more and I
send my heartfelt thanks to
them all.”

During 2020/21 Learning
Disability services
received 4 complaints
and 43 compliments

Top three complaint
themes:
1. Values and Behaviours
2. Admission and
Discharge
3. Prescribing



Forensic Services

During 2020/21 Forensic Services received 4 complaints and 12 compliments

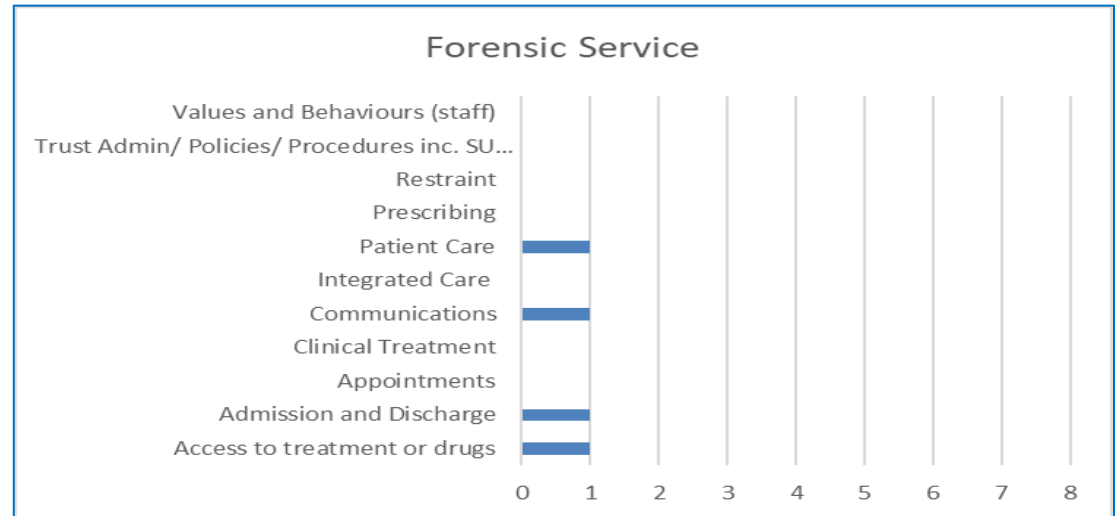
Top three complaint themes:

1. Access to treatment or drugs
2. Communications
3. Patient Care

Complaint examples:

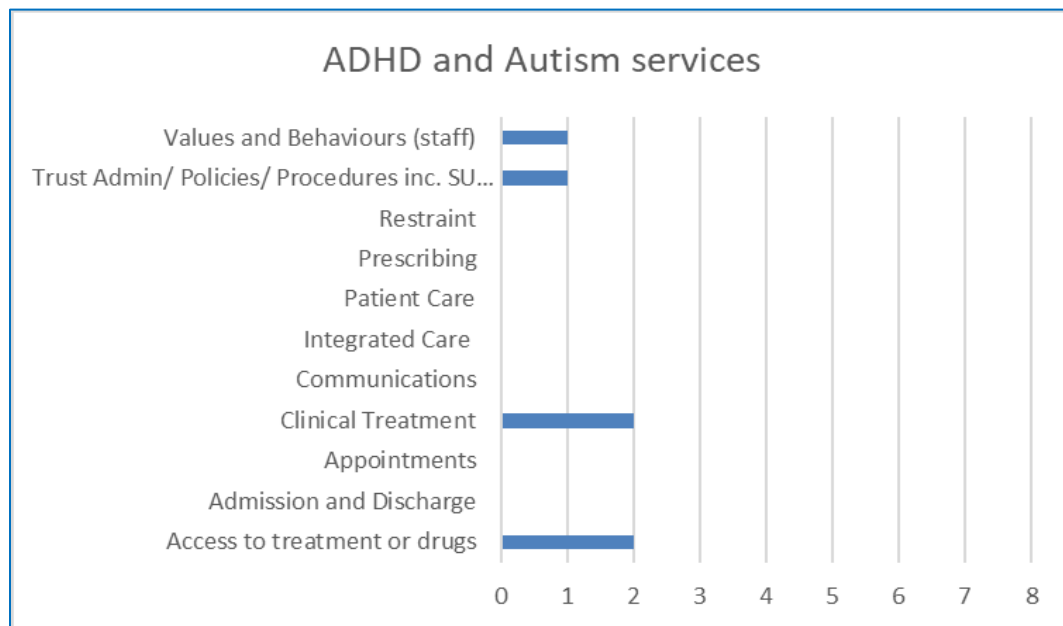
Letter from advocate raising concerns on behalf of mum in relation to the suitability of the secure accommodation her son was initially placed in.

Email received from mother refuting decision to discharge son before service have met and worked with him.



Compliment from SU explaining that the staff member had shown a great level of compassion and respect. He felt very comfortable and at ease all evening in their presence and they spent time speaking with them about their concerns. They made him feel relaxed and at ease during this anxious time.

ADHD and Autism Services



During 2020/21 the ADHD and Autism Service received 3 complaints and 3 compliments

"I can't thank you enough for everything you have done and continue to do for me. I would recommend this service to anyone as it's been my lifeline."

"Very pleased with the care and support given by the member of staff assigned to them.

Punctual, professional, and always finds the best solution to any problems."

Top three complaint themes:

1. Access to treatment or drugs
2. Trust Admin/ Policies/ Procedures inc. SU records
3. Clinical Treatment

Complaint examples:

- SU concerned about the assessment process she had. Does not agree with outcome of assessment.
- Believes service has caused an information governance breach.

CAMHS Specialist Services

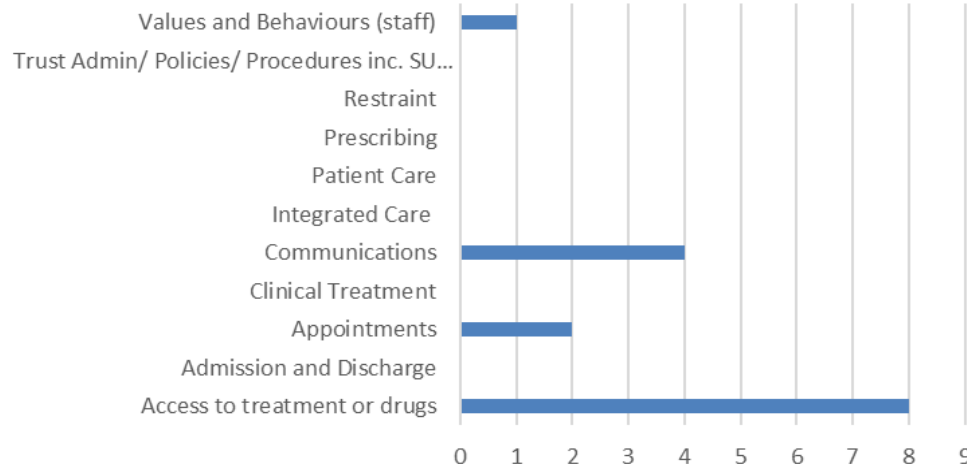
Top three complaint themes:

1. Access to treatment or drugs
2. Communications
3. Appointments

Complaint examples:

1. Range of issues regarding child's care planning, expertise of team and lack of progress.
2. Concerned that a planned assessment is for the wrong potential diagnosis and the arrangements for the appointment don't make sense.
3. SU's parents upset by the inability to access services.
4. Raising concerns regarding lack of support for daughter when in crisis and concerns raised regarding alleged misconduct of staff.

CAMHS Specialist Services



During 2020/21 CAMHS received 14 complaints and 29 compliments

“Thank you for the time you have put in, I have seen big changes.”

“Very grateful for the support.”

Incorporating themes into improvement

Making improvements from feedback:

- Customer services work closely with lead investigators to ensure that any learning from feedback is identified
- Monthly reporting is provided to all Deputy Directors, General Managers and identified key persons from each BDU to assist in monitoring key performance indicators and identifying any themes/trends/hot spots.
- Customer service manager attends clinical governance meetings and clinical risk panel

Next steps:

- Development of a formal system for the triangulation of information with other Trust services such as incidents, QIAT, Freedom to Speak Up, Safeguarding, Legal and Information Governance to identify key themes which will be reported into clinical governance group and used to identify risk and hot spots and to improve policy, practice and service development.

**Members' Council
8 February 2022**

Agenda item:	8.5
Report Title:	Quality report and account development 2021/22 – requirement for local indicators
Report By:	Director of Nursing, Quality & Professions
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The quality account report is an annual report that focuses on how we perform against a set of quality priorities that we set for ourselves and a range of mandated items as identified by NHSI & DHSC. The aim is to identify how we provide safe and effective services, reflect areas that we need to improve upon and celebrate our successes.

Recommendation

The Members' Council is asked to RECEIVE the update on the 2021/22 Quality Account

Background

Each year the Trust has a responsibility to produce a quality account and a quality report as part of the annual reporting procedures. These reports are produced in a combined format. Preparation for the report is ongoing throughout the year with detailed guidance being published in early January that indicates any changes to that year's reports.

Due to the pandemic, in 2020 the arrangements for the publication of the quality account/quality report were modified to reduce the burden on provider organisations. The requirements for the Quality account and quality report remain as for 2020/21.

Production of 2021/22 report

• **Quality account – preparation**

In the paper "Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic" Published 24.12.21, it was confirmed that the deadline for quality account preparation remains 30 June 2022, as specified in Regulations.

• **Quality Accounts requirements:**

Where activities envisaged by the quality accounts regulations did not take place, owing to the exceptional challenges of 2020/21, trusts can disclose this was the case and their plans to reinstate them.

• **Reporting and Audit requirement**

In the paper "Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic" it stated, "We are removing requirements for FTs to include quality reports within their 2021/22 annual report and removing the need for assurance of quality reports and quality accounts from all trusts".

A meeting was held with Deloitte on 15.12.21, where it was confirmed that the interim audit of mandated items Q1-Q3 would not be required.

Therefore, for the 2021/22 Quality Account governors are not required to choose any indicators for assurance review.

**Members' Council
8 February 2022**

Agenda item:	8.6
Report Title:	Update to the Trust Constitution (including Standing Orders)
Report By:	Head of Corporate Governance (Company Secretary)
Action:	To approve

EXECUTIVE SUMMARY

Purpose

To propose an updated version of the Constitution, to clarify voting rights for executive directors following review by the Corporate Governance Team and Trust Board on 25 January 2022.

Recommendation

The Trust Board recommends to the Members' Council, the APPROVAL of the updates to the Trust's Constitution as set out in the attached paper.

Background

During the appointment to the interim deputy chief executive position, there was some lack of clarity on voting rights for executive directors.

This paper seeks to provide clarity on these voting rights. It is emphasised that the Trust rarely holds votes and there is no distinction in contribution and status of voting and non-voting members of the Trust Board.

On review it has been established that the articulation of statutory director roles and voting rights within the Constitution could be subject to misinterpretation.

The attached version of the document contains tracked changes demonstrating technical changes to wording to provide clarity on voting rights as follows:

There are four mandatory executive positions on the Trust Board which are the Chief Executive, Medical Director, Director of Finance and Director of Nursing.

In addition to these the Constitution will now read:

- Up to two other Executive Directors may be eligible for voting rights at the discretion of the Chair and Chief Executive to a maximum of six Executive Directors being able to vote as there will be at least one more non-executive director than executive directors voting, including the Chair of the Trust.

The Corporate Governance team have reviewed the Constitution and (standing orders), against the NHS Constitution and can confirm that subject to and taking account of the changes above, meet the requirements therein.

The relevant pages of the constitution are attached to show the proposed changes.

It is recommended:

- That the technical adjustments to the document are approved.
- That the Trust Constitution is fully reviewed to ensure it is compliant with the potential amendments to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the 2014 Regulations”) by 1 April 2022 and the forthcoming appointment of the substantive Chief Executive.

CONSTITUTION OF

SOUTH WEST YORKSHIRE PARTNERSHIP
NHS FOUNDATION TRUST

(A PUBLIC BENEFIT CORPORATION)

Version 11 (technical changes)0 (approved for by Trust Board on 25 January 6th October 20212022 and Members' Council on 8 February 16th November 2022 for approval4) (effective 16th November 2021)

4.8 Chair of meeting

At any meeting of the Trust Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if present, shall preside.

4.9 Chair's ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

4.10 Quorum

4.10.1 One third of the whole number of directors, including not less than one executive director (one of whom must be the Chief Executive or another executive director nominated by the Chief Executive) and not less than two non-executive directors (one of whom must be the Chair or deputy Chair of the Trust Board) shall form a quorum.

The Trust Board may agree that its members can participate in its meeting by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

If the Chair or director has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.8) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

4.11 Voting

4.11.1 The following Directors are entitled to vote as per the composition of the Trust Board:

- a non-executive Chair
- up to six other non-executive directors
- up to six executive directors including:
 - one of the executive directors shall be the Chief Executive.
 - one of the executive directors shall be the finance and resources director.
 - ~~○ one of the executive directors shall be the director of human resources, organisational development and estates.~~
 - one of the executive directors is to be a registered medical practitioner.
 - one of the executive directors is to be a registered nurse.
- up to two other Executive Directors may be eligible for voting rights at the discretion of the Chair and Chief Executive to a maximum of six Executive Directors being able to vote as there will be at least one more non-

executive director than executive directors voting, including the Chair of the Trust.

- 4.11.2 Except for the provisions made in Standing Orders 4.13 - Suspension of Standing Orders and 4.14 - Variation and Amendment of Standing Orders), every question put to a vote at a meeting shall be determined by a majority of the votes of directors present and voting on the question. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) shall have the casting vote.
- 4.11.3 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- 4.11.4 If at least one third of the directors present so request, the voting on any question may be recorded so as to show how each director present voted or did not vote (except when conducted by paper ballot).
- 4.11.5 If a director so requests, their vote shall be recorded by name.
- 4.11.6 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.
- 4.11.7 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Director.
- 4.11.8 A manager attending the Trust Board meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. The status of people when attending a meeting will be recorded in the minutes.
- 4.11.9 Where the office of a director of the Board is shared jointly by more than one person, either or both of those persons may attend or take part in meetings of the Board:
- if both are present at a meeting they should cast one vote if they agree;
 - in the case of disagreements no vote should be cast;
 - the presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 4.10 - Quorum.
- 4.11.10 No resolution of the Trust Board shall be passed if it is opposed by all of the Non-Executive Directors present or by all of the Executive Directors present.

4.12 Disputes

**Members' Council
8 February 2022**

Agenda item:	8.7
Report Title:	Chair's appraisal – process
Report By:	Deputy Chair / Senior Independent Director Corporate Governance Team
Action:	For discussion

EXECUTIVE SUMMARY

Purpose and format

To update the Members Council with the proposed process for the interim appraisal of the Chair in year 2021/22 to meet year end requirements, and the process to take place in year 2022/23.

Recommendation

The Members Council is asked to NOTE the Chairs Appraisal process for 2021/22 and 2022/23 as outlined in the paper.

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.

NHS England & NHS Improvement publish an appraisal framework for NHS provider chairs which aims to establish a standard approach across the system.

Angela Monaghan, the previous Chair completed her appraisal in 2021 and this was approved by the Members Council in August 2021, due to her leaving in year (2021/22)

On 1 December 2021 Marie Burnham officially took over the role of Trust Chair, and has, in consultation with the Senior Independent Director, agreed the below priorities for the purpose of an initial interim appraisal to measure her performance up to 31 March 2022:

Objective	Measure of success
Provide leadership of the Board changes which will take place in 2022, including supporting the new CEO.	Successful transition in leadership of the Trust, evidenced by effective planning for 2022/23 and beyond, high standards of service delivery, a well-resourced and supported workforce and strong finances.

Ensure the board has effective oversight of plans for the continued recovery from the Covid pandemic, and that recovery plans have clear and measurable outcomes.	Board understanding and monitoring of plans.
Ensure the Trust has, and implements, plans to address health inequalities	The Trust has a clear plan to address health inequalities.
Ensure the Trust is well placed to play a full part in, and benefit from the ICB and placed based arrangements as they are implemented.	Trust engagement in system and placed planning and delivery.
Consider changes to Members' Council agendas and other arrangements to enable greater Governor engagement with NEDs	Greater Governor satisfaction as measured in next biennial review.

The appraisal on performance up to 31 March 2022 will be undertaken in consultation with Non-Executives, the Interim Chief Executive, Lead Governor and Deputy Lead Governor to meet the annual reporting requirements for 2021/22.

This process will include a self-assessment and review by the Senior Independent Director (SID), and will be reported into the May 2022 Members Council meeting.

There is an expectation that some of the above objectives will not be completed by March 2022 and will continue into 2022/23 when a full appraisal process will take place including all stakeholder groups.

It is proposed that the Chairs annual appraisal will take place in quarter three and four of 2022/23.

The full and formal process has three strands, and will follow NHSE guidance from 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.** 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 Chair's profile will also be circulated 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. There will be discussion 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 Q4 2022/23, summarising the outcome, the new objectives for the coming year and any areas for development agreed with the Chair.



Performance & Finance update

Quarter 3 - 2021/22



**Members' Council
8 February 2022**



With **all of us** in mind.

Agenda

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

Summary Performance Metrics

KPI	Threshold	March 21 Q4	June 21 Q1	Sept 21 Q2	Dec 21 Q3
Single Oversight Framework	2	2	2	2	2
Children and Young People in adult inpatient adult wards	0	3	3	0	0
% SU followed up within 7 days of discharge	100%	97.0%	97.9%	99.4%	98.0%
% clients in settled accomodation	60%	92.2%	87.7%	88.0%	88.71%*
IAPT - Proportion people completing treatment & moving to recovery	50%	53.6%	47.5%	54.5%	53.8% *
Inappropriate out of area bed days		251	496	598	949
Number of compliments received		63	87	62	71
Safer staffing fill rates (inpatients)	100%	116.2%	118.5%	109.7%	108.9%
Delayed transfers of care	3.50%	1.8%	1.3%	2.3%	1.5%

* provisional data

SU service users

IAPT improving access to psychological therapies

With **all of us** in mind.

Summary Performance Metrics

KPI	Threshold	Mar-21	Jun-21	Sep-21	Dec-21
		Q4	Q1	Q2	Q3
Patient & Safety Incidents involving moderate or severe harm or death (quarter)		82	92	63	82
IG confidentiality breaches	<36	38	26	31	23
CAMHS referral to treatment < 18 weeks	Trend monitor	63.8%	72.9%	61.7%	65.8%
Surplus/(deficit)		£3.3m	£1.7m	£2.3m	£1.5m
Agency spend	£5.3m (full year)	£1.8m	£1.9m	£2.3m	£2.1m
Sickness absence (non covid)	4.50%	3.9%	4.3%	4.6%	4.8%
Staff turnover	10%	10.3%	13.1%	14.5%	13.6%

With **all of us** in mind.

Covid-19 Response Metrics



**South West
Yorkshire Partnership**
NHS Foundation Trust

KPI	Oct-20	Jan-21	Apr-21	Jun-21	Sep-21	Dec-21
Staff off sick – not working	108	159	33	95	94	111
Staff working from home related to Covid-19	79	84	16	66	62	50
Service users tested on wards (cumulative)	148	257	300	303	330	
Service users tested positive (cumulative)	38	94	137	140	173	192
Calls to occupational health health-line	1,780	2,274	2,655	2,911	3,181	3,462
Additional staff enabled to work from home	1,069	1,175	1,281	1,350	1,369	1,554
Microsoft team meetings (per month)	14,845	13,066	22,704	19,503	16,868	17,346
AccuRX video consultations (per week)	178	178	192	144	126	87
Staff vaccinations – first dose (snapshot)			4,503 (87%)	4,520 (87.7%)	4612 (87.8%)	5,092 (95.6%)
Staff vaccinations – second dose (snapshot)			3,912	4,024 (78.1%)	4547 (86.6%)	4,995 (93.8%)

With **all of us** in mind.

Quality Update 2021/22 – Q3



South West
Yorkshire Partnership
NHS Foundation Trust

COVID-19 Response

- Staff lateral flow testing – The move to the national system saw a significant drop in recorded performance nationally, but we are the highest performing of the Trusts who use this system
- Routine testing for patients on admission and at days 3 and 5 – dashboard now in place to provide assurance and oversight
- Outbreak management response remains mature
- Care homes – enhanced support offer remains in place and is well regarded
- IT equipment and access to support home working continues
- Use of Microsoft Teams and Accu-Rx to support video consultations
- Occupational health support line well utilised
- PPE supply and demand management working well
- Silver and Gold command were re-instated and continue to meet
- NHS IPC guidance has not changed for providers like SWYT and remains challenging for staff and patients alike

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Quality Update 2021/22 – Q3

Patient Experience – Friends and Family Test (FFT)

- 92% of respondents in December 21 would recommend community health services
- 85% of respondents in December 21 would recommend mental health services
- 76.6% of CAMHS respondents in December 21 stated that their experience had been good or very good.

Safer Staffing (inpatient wards)

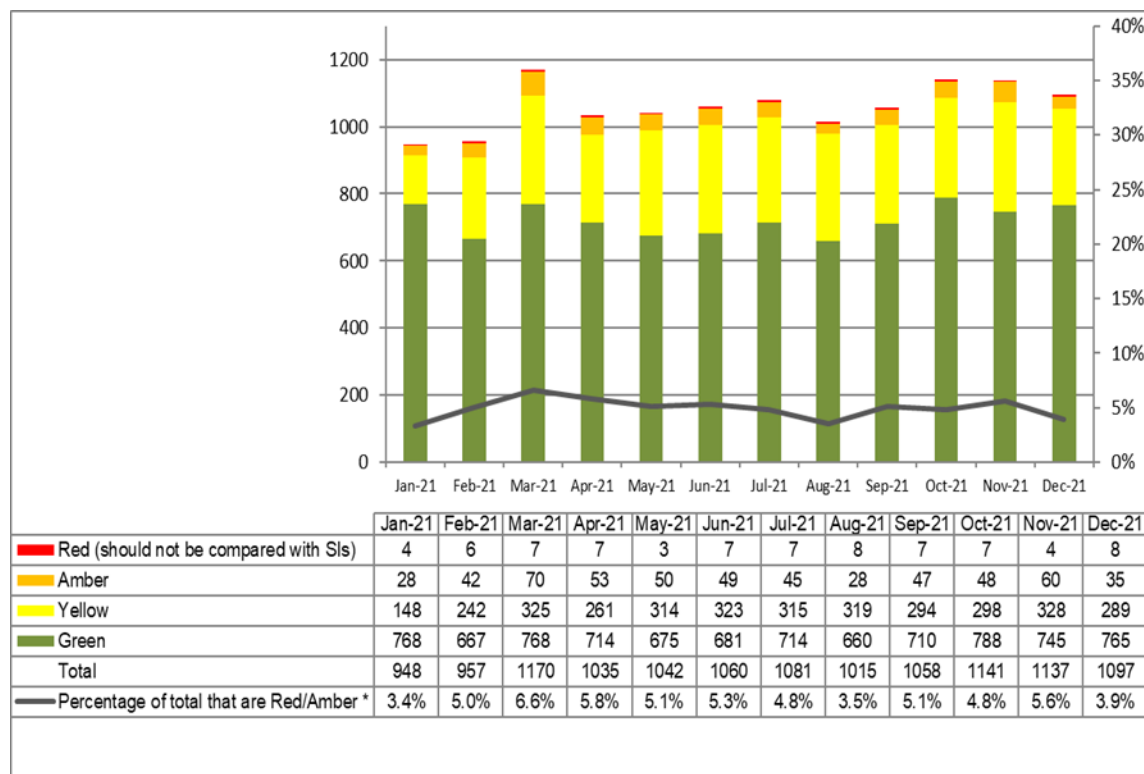
We are maintaining our normal services as far as possible whilst challenged by COVID-19. Staffing cover, especially registered nurse cover on wards is a priority to ensure safe care. We continue to use temporary workforce as well as overtime to cover our inpatient areas

The fill rate figures (%) for December 2021:

- Registered staff – Days 75.7% (an decrease of 6.3% on the previous month)
- Registered staff - Nights 84.1% (a decrease of 8.9% on the previous month)
- Registered average fill rate – Days and nights 79.9%
- Overall average fill rate all staff: 108.9%
- Fill rate does not provide blunt assurance as it might not reflect acuity.
- Where gaps cannot be filled by registered staff we will utilise unregistered colleagues where possible to maintain safety.
- Registered nurse cover on wards was particularly challenged in December 2021, and this is reflected in the registered nurse fill rates. This was also the experience of our mental health and acute in patient providers across the region, due to the Omicron variant.

Incident Reporting

- All serious incidents investigated using route cause analysis techniques.
- Weekly risk panel scans for themes and COVID-19 related incidents.
- The weekly risk panel now also has a section to ensure any staffing related Datixes are reviewed, irrespective of severity
- No Never Events reported in December 2021.
- 30.2% of incidents were in red, amber and yellow categories in December 21.
- Self-harm incidents and apparent suicides remain under close review during the pandemic.



NHS England & Improvement

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	99.9%	100.0%	99.7%	92.2%
% Admissions Gatekept by CRS Teams	95%	99.4%	99.7%	99.4%	98.3%
% SU on CPA Followed up Within 7 Days of Discharge	95%	98.6%	97.9%	99.4%	98.0%
IAPT - Treatment within 6 weeks of referral	75%	98.8%	98.7%	97.9%	96.1*
IAPT - Treatment within 18 weeks of referral	95%	99.9%	99.9%	99.9%	99.9%*
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	91.5%	90.5%	88.5%	94.8%
Maximum 6 week wait for diagnostic procedures	99%	97.8%	100.0%	100.0%	100.0%
IAPT – Proportion of people completing treatment who move to recovery *	50%	53.4%	55.2%	47.5%	53.8%*

* provisional figures

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

With all of us in mind.

- 95.9% of staff have received their first COVID vaccine (5,163), and 94.0% (5,062) their second dose as at 28th January 22. Vaccines are still available through the national programme, as well as clinics run in the Trust and by partner organisations.
- Continuing to support the Covid 19 booster and Flu campaigns.
- Communication has gone out to staff regarding the Government's decision to stop Vaccination as a Condition of Deployment (VCOD) for Health Care Workers from 1 April 2022 and to undertake further consultation.
- Mandatory training hot spot reports and action plans produced for OMG as a result of the Covid impact on service capacity.
- Staff turnover rate is 14.8% for Q3 and projected to remain at 14.8% year-end.
- Recruitment activity remains high with Trust staff in post remaining stable (actual 0.2% reduction from Q1).
- Non-Covid absence rate is 4.8%; Covid absence rate is 5.3% and reducing.
- Appraisal window for staff extended to the 31st March 2022.
- Enhanced physical and psychological support in place through Occupational Health.
- NHS Charities bid now approved and process started to recruit additional posts

- Implementation of the Great Place to Work leadership programme commenced with stakeholder engagement from November. Roll out paused due to current pressures and resuming in February 2022 with initial focus on ward managers and team leaders
- International Nurse Recruitment programme offered 47 nurses employment with 3 started in December 2022. Four cohorts scheduled before end of March 2022.
- The first West Yorkshire Mental Health Virtual Recruitment Fair was delivered in September with over 500 job seekers registered. The next scheduled fair is in January 2022.
- Feeling Safe: Civility and Respect Champions appointed, trained, Equity Guardians in post work being undertake to capture all support for staff in one place
- Management Association (HPMA) 2021 national award for partnership working at its best , recognising our success in working jointly as managers, HR and Staff Side prior to and through the pandemic.
- Keeping Fit and Well. SWYPFT working with partners in Kirklees and Calderdale to introduce Schwartz rounds next year.
- Themed physical health exercise offered virtually across the Trust .

Financial Performance



**South West
Yorkshire Partnership**
NHS Foundation Trust

Key performance indicators

Performance Indicator		Year to Date	Forecast 2021 / 22
1	Surplus / (Deficit)	£5.5m	£7.1m
2	Agency Spend	£6.3m	
3	Cash	£77.4m	£71.3m
4	Capital	£2.4m	£8.2m
5	Better Payment Practice Code	96%	

Financial Performance – Highlights

- Financial arrangements updated so reporting on full 12 month period for 2021 / 22 and reflect an updated financial plan submission. This increased the position from breakeven for H1 (April to September 2021) to a £5m surplus.
- Year to date position is a surplus of £5.5m. The year end forecast has been increased to £7.1m to reflect our current predictions on expenditure and income considering risks and opportunities.
- Continued drivers linked to workforce, vacancies against existing structures and increased further due to new staff recruitment linked to mental health investment standard (MHIS) and system recovery (SR) investment.
- Continued mitigation of additional costs relating to covid-19 but additional one off payments made and increasing trend of out of area placements directly linked to covid-19 and maintaining safe staffing levels.
- We had a healthy cash balance of £77.4m as at 31st December 2021.
- We have continued to pay suppliers promptly; 96% of all invoices within 30 days.
- Capital spend is low at £2.4m with a large number of schemes planned for completion during Q4. These are still anticipated to be delivered. c£8.2m FYE.

With **all of us** in mind.

With all of us in mind.

Members' Council annual work programme 2022/2023

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

- item deferred

Agenda item/issue	08 Feb 2022	10 May 2022	16 August 2022	15 November 2022	14 February 2023
Standing items					
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	x
Governor engagement feedback	x	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	x
Governor appointment to groups and committees <i>(if required)</i>	x	x	x	x	x
Trust Board appointments					
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	
Annual items					
Evaluation / Development session					x
Local indicator for Quality Accounts	x				x
Annual report unannounced / planned visits		x		x	

Agenda item/issue	08 Feb 2022	10 May 2022	16 August 2022	15 November 2022	14 February 2023
Care Quality Commission (CQC) action plan		✕	✕		
Private patient income (against £1 million threshold) *not required if under threshold		✕			
Annual report and accounts			✕		
Quality report and external assurance			✕		
Customer services annual report			✕		
Serious incidents annual report			✕		
Strategic meeting with Trust Board				✕	
Trust annual plans and budgets, including analysis of cost improvements				✕	
Members' Council Training & Development - Understanding NHS Finance			✕		
Members' Council Business					
Members' Council elections	✕ *update	✕ *outcome		✕ *process	✕ *update
Chair's appraisal	✕		✕ *mid-year appraisal		✕ *process
Review and approval of Trust Constitution	✕	✕			✕
Consultation / review of Audit Committee terms of reference		✕	✕		
Members' Council Co-ordination Group annual report		✕			
Members' Council Quality Group annual report		✕			
Nominations' Committee annual report ¹		✕	✕		
Appointment of Lead Governor		✕			
Appointment of Trust's external auditors		✕			
Holding Non-Executive Directors to account			✕		

Agenda item/issue	08 Feb 2022	10 May 2022	16 August 2022	15 November 2022	14 February 2023
Review of Members' Council objectives				x	
Members' Council meeting dates and annual work programme				x	
Other items					
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