

4 May 2022

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Any queries in relation to this letter should be  
directed to Asma Sacha by email at  
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Dear Governor,

**Members' Council meeting to be held on 10 May 2022**

The next Members' Council meeting is on **Tuesday 10 May 2022**. The agenda and papers for the Members' Council meeting are enclosed.

Please note item 12 for the Chairs appraisal (private item) is to follow and will be sent separately by e-mail.

Papers will be taken as read where possible to allow for discussion and more time for the focus on item 8.6 in relation to Workforce.

**The meeting for governors will start at 09.00 and finish at 12.00**

The meetings include the following sections:

- **9.00** Governors only pre-meet (to finish at 09.25)
- **9.30** Members' Council meeting
- **10.35** Break
- **10.40** Members' Council meeting (continued)
- **11.30** Break
- **11.35** Members' Council meeting (continued)
- **11.50** Private item – Governors only

**If you have any questions or issues of clarity in relation to the agenda and papers,** it would be appreciated if they could be provided to Asma Sacha on [asma.sacha@swyt.nhs.uk](mailto:asma.sacha@swyt.nhs.uk) by lunchtime on **Friday 6<sup>th</sup> May 2022**.

Chair: Marie Burnham Chief executive officer: Mark Brooks

Due to restrictions in place for Covid-19, this meeting will take place virtually via **Microsoft Teams**. If you need any advice or support on how to take part, Asma Sacha would be pleased to help, and Asma can be contacted on [asma.sacha@swyt.nhs.uk](mailto:asma.sacha@swyt.nhs.uk)

**Please can you confirm your attendance to the meeting at the earliest opportunity and no later than Friday 6<sup>th</sup> May 2022.**

Please note, if you have requested to receive a hard copy of Members' Council papers, these are on their way to you.

I hope you can join us on 10 May 2022.

Yours sincerely



Marie Burnham  
Chair

Chair: Marie Burnham    Chief executive officer: Mark Brooks

**Members' Council  
10 May 2022, 09.00 – 12.00**

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 Laville, Lead Governor</i>		25
1.	9.30	Welcome, introductions and apologies	Marie Burnham, Chair	<b>Verbal</b>	To receive 3
2.	9.33	Declarations of Interests	Marie Burnham, Chair	<b>Paper</b>	To receive 5
3.	9.38	Minutes of the previous Members' Council meeting held on 8 February 2022 and 19 April 2022	Marie Burnham, Chair	<b>Paper</b>	To approve 3
4.	9.41	Matters arising from the previous meeting held on 8 February 2022 and 19 April 2022 and action log	Marie Burnham, Chair	<b>Paper</b>	To receive 4
5.	9.45	Chair's report and feedback from Trust Board	Marie Burnham, Chair	<b>Paper</b>	To receive 3
6.	9.48	Chief Executive comments on the operating context	Mark Brooks, Chief Executive	<b>Verbal</b>	To receive 7
7.	9.55	<b><u>Annual Items</u></b>			
	9.55	7.1 Annual report unannounced / planned visits	Darryl Thompson, Director of Nursing, Quality and Professions	<b>Paper</b>	To receive 5

	10.00	7.2 Care Quality Commission (CQC) action plan	Darryl Thompson, Director of Nursing, Quality and Professions	<b>Paper</b>	To receive	5
<b>8.</b>	10.05	<b><u>Members' Council business items</u></b>				
	10.05	8.1 Governor feedback and appointment to Members Council Groups	Lead Governor – John Laville	<b>Paper</b>	To receive	10
	10.15	8.2 Review of Chair and Non-Executive Directors' remuneration	Lindsay Jensen, Deputy Director of HR and OD/ Greg Moores, Chief People Officer	<b>Paper</b>	To approve	5
	10.20	8.3 Assurance from Members' Council groups and Nominations Committee including: <ul style="list-style-type: none"> <li>Members' Council Co-ordination Group annual report 2021/22 including update to the Terms of Reference</li> <li>Members' Council Quality Group annual report 2021/22 including update to the Terms of Reference</li> <li>Nominations Committee annual report 2021/22 update to the Terms of Reference</li> </ul>	Chair, Marie Burnham	<b>Paper</b>	To receive	10
	10.30	8.4 Review of Audit Committee terms of reference	Mike Ford – Chair of Audit Committee	<b>Paper</b>	To receive	5
	10.35	8.5 Members' Council elections	Andy Lister, Head of Corporate Governance	<b>Paper</b>	To receive	5
	10.40	<i>Break (5 mins)</i>				
	10.45	8.6 Workforce and workforce planning	Lindsay Jensen, Deputy Director of HR and OD/ Greg Moores, Chief People Officer	<b>Paper</b>	To receive	50
	11.35	<i>Break (5 mins)</i>				5

<b>9.</b>	<b>11.40</b>	<b><u>Members' Council business items (presentations)</u></b>				
	11.40	9.1 Integrated Performance Report (for receipt only – questions to be submitted in advance)	Non-executive directors with support from Executive directors	<b>Presentation</b>	To receive	5
<b>10.</b>	<b>11.45</b>	<b><u>Any other business</u></b>	Marie Burnham, Chair	<b>Verbal item</b>	To receive	2
<b>11.</b>	<b>11.47</b>	<b><u>Closing remarks, work programme, and future meeting dates</u></b> Work programme 2022/23 (attached)	Marie Burnham, Chair	<b>Paper and verbal item</b>	To receive	3
		<b>Members' Council meetings 2022:</b> 16 August 2022 15 November 2022 (including the annual Joint Trust Board and Members' Council meeting) 14 February 2023				
<b>12.</b>	<b>11.50</b>	<b><u>Private Item – Governors only</u></b>  Chairs Appraisal	Mike Ford – Senior Independent Director	<b>Paper and verbal item</b>	To approve	10
	<b>12.00</b>	<b><u>Close</u></b>				

**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>2</b>
<b>Report Title:</b>	Members' Council Declaration of Interests
<b>Report By:</b>	Corporate Governance Manager on behalf of the Chair of the Trust and Members' Council
<b>Action:</b>	To agree

**EXECUTIVE SUMMARY**

Purpose and format

The purpose of this item is to provide information regarding the declarations made by governors on their interests as set out in the Trust's Constitution and Monitor's (NHS Improvement) Code of Governance.

Recommendation

**The Members' Council is asked to NOTE the individual declarations from governors and to CONFIRM the changes to the Register of Interests.**

Background

The Trust's Constitution and the NHS rules on corporate governance, the UK Corporate Governance Code, and NHS Improvement require a register of interests to be developed and maintained in relation to the Members' Council. During the year, if any such Declaration should change, governors are required to notify the Trust so that the Register can be amended and such amendments reported to the Members' Council.

Both the Members' Council and Trust Board receive assurance that there is no conflict of interest in the administration of the Trust's business through the annual declaration exercise and the requirement for governors to consider and declare any interests at each meeting.

There are no legal implications arising from the paper; however, the requirement for governors to declare their interests on an annual basis is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution.

Process

The Corporate Governance Team is responsible for administering the process on behalf of the Chair of the Trust. The declared interests of governors are reported in the Trust's Annual Report and the Register of Interests is published on the Trust's website.

**Members' Council  
10 May 2022**

**Register of interests of the governors of the Members' Council  
(members of the board of governors)  
from 1 April 2022 to 31 March 2023**

All governors of Members' Council have signed a Code of Conduct for Governors on commencement.

The following declarations of interest have been made by the Members' Council:

Current governors (2022-23)

<b>Name</b>	<b>Declaration</b>
BARKWORTH, Bill Publicly elected - Barnsley	Director, Barkworth Associates Limited. Member, Healthwatch Barnsley.
BLAGBOROUGH, Howard Appointed – Calderdale council	Director, Brighthouse BID
CLAYDEN, Bob Publicly elected – Wakefield	Chair, Portobello Community Craft and Camera Group. Occasionally contracted for sessions as freelance artist, this may be employed by groups funded or partially funded by South West Yorkshire Partnership NHS Foundation Trust Member, of the Board of Creative Wakefield
CRAVEN, Jackie Publicly elected - Wakefield	Board member, Young Lives Consortium, Wakefield. Member, Alzheimer's Society. Member, Versus Arthritis. Member, Dementia UK. Volunteer, HealthWatch, Wakefield. Volunteer Ambassador, Dementia UK. Parish Councillor, Crigglestone Parish Council. Trustee, Crigglestone Village Institute. Trustee, Hall Green Community Centre. Trustee, 45 Durkar Scouts. Trustee, Worrills Almshouses.
DEGMAN, Dylan Publicly elected - Wakefield	No interests declared.
DEN BURGER-GREEN, Claire Publicly elected - Kirklees	Expert by Experience and part of the Inspectorate team employed by Choice Support which are contracted to the Care Quality Commission (CQC) to carry out inspections. Awareness Trainer (Volunteer), National Autistic Society Mystery shopper/ accessible venue consultant (volunteer), Attitude is Everything

Name	Declaration
	Active member of the support group, Ehlers Danlos UK Active member of the group, Kirklees Mental Health Carers Forum (KMHCF)
DOOLER, Daz Publicly elected - Wakefield	Chair/Lead Facilitator of 'The S.M.a.S.H Society' incorporating S.M.a.S.H Mental Health Volunteer with Live Well Wakefield
EASTWOOD Brenda Appointed – Barnsley Council	Volunteer, Age UK
ELLIS Gary Appointed – Mid Yorkshire Hospitals NHS Trust	Director, of Wholly owned subsidiary companies of The Coalfields Regeneration Trust Non-Executive Director, Mid Yorkshire Hospitals NHS Trust Non-Executive Director, Berneslai Homes Chief Executive the Coalfields Regeneration Trust (The CRT is a subcontractor to the Five Towns PCN relating to a health and wellbeing programme.)
IRVING, Carol Publicly elected - Kirklees	Volunteer Ambassador, Dementia UK.
JACKSON, Tony Staff elected – Non-clinical support (services)	No interests declared.
JHUGROO, Adam Publicly elected - Calderdale	<i>Bank registered, Calderdale and Huddersfield NHS Foundation Trust</i> <i>Medical care representative, Diabetes in the Specialist Driven Primary Care business unit for Napp Pharmaceuticals (full time basis) and cover South Yorkshire, which includes Barnsley.</i> <i>Locum nurse, Primary care</i> <i>Daughter, registered on staff bank at SWYT</i>
LAKE, Trevor Appointed - Barnsley Hospital NHS Foundation Trust	Chair, Barnsley Hospital NHS Foundation Trust (until 30 April 2022) Chair, Joint Independent Audit and Ethic Committee, West Yorkshire Police and Crime Commissioners and West Yorkshire Police Force. Director, Six Degrees Consultancy (non NHS work). Director, Trustees of Barnsley Hospital Charity.
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
McCOURT, Andrea Appointed – Calderdale and	Company Secretary, Calderdale and Huddersfield NHS Foundation Trust



<b>Name</b>	<b>Declaration</b>
Huddersfield NHS Foundation Trust	
MORGAN, Helen Staff elected – Allied Health Professionals	No interests declared.
PERVAIZ, Mussarat Appointed – Kirklees MC	No interests declared.
POWELL, Beverley Publicly elected – Wakefield	Independent coaching consultant (part time)
SHIRE, Phil Publicly elected - Calderdale	Director, Greenroyd Bowling Club Limited. Trustee and Director on the board of Impact Education Multi-Academy Trust.
SMITH, Jeremy Publicly elected - Kirklees	Managing Director, Predictlaw Ltd.
STUART-CLARKE, Keith Publicly elected - Barnsley	No interests declared
TEALE, Debs Staff elected - Nursing support	Trustee, National Centre for Creative Health Steering group member for Social Prescribing Network
VLISSIDES, Nik Staff elected – Psychological therapies	No interests declared.
WARD, Lisa Publicly elected - Kirklees	Steering group member for Social Prescribing Network
WILKINSON, Tony Publicly elected - Calderdale	Trustee Board member, Healthwatch Kirklees, covering Kirklees and Calderdale. Son is a GP practicing in the area covered by the Trust
WRIGHT, Tony Staff elected – staff side organisations	Board of Trustees Chair, “There for You”, the UNISON Welfare Charity Trustee, Barnsley Civic Trust Trustee, UNISON

***Where no return has been received by the Trust, the current entry on the Register has been included in italics.***

**Minutes of the Members' Council meeting held at 09.30 on 8 February 2022**

**Meeting Held Virtually by Microsoft Teams**

<b>Present:</b>	Marie Burnham (MBu)	Chair
	Bob Clayden (BC)	Public – Wakefield
	Claire Den Burger-Green (CDBG)	Public - Kirklees
	Gary Ellis (GE)	Appointed – Mid Yorkshire Hospital NHS Trust
	Carol Irving (CI)	Public – Kirklees
	Tony Jackson (TJ)	Staff – Non-Clinical Support Services
	Debbie Teale (DT)	Staff – Nursing support
	Adam Jhugroo (AJ)	Public – Calderdale
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Tony Wright (TWr)	Appointed – Staff Side organisations
	Phil Shire (PS)	Public – Calderdale
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Lisa Ward (LW)	Public – Kirklees
	Beverley Powell (BP)	Public – Wakefield
	Jeremy Smith (JS)	Public – Kirklees
	Jackie Craven (JC)	Public - Wakefield
<b>In attendance:</b>	Mark Brooks (MB)	Interim Chief Executive
	Lindsay Jensen (LJ)	Interim Director of Human Resources & Organisational Development
	Carol Harris (CH)	Director of Operations
	Mike Ford (MF)	Non-Executive Director
	Mandy Griffin (MG)	Non-Executive Director
	Chris Jones (CJ)	Deputy Chair / Senior Independent Director
	Erfana Mahmood (EM)	Non- Executive Director
	James Sabin (JS)	Interim Director of Finance and Resources
	Darryl Thompson (DTh)	Director of Nursing, Quality and Professions
	Julie Williams (JW)	Assistant Director of Corporate Governance, Performance and Risk
	Grace Coggill (CG)	Secretary to the Chair, Non-Executive Directors and Members' Council
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Asma Sacha (AS)	Corporate Governance Manager (author)
<b>Apologies:</b>	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Tony Wilkinson (TW)	Public – Calderdale
	Kate Quail (KQ)	Non- Executive Director
	Natalie McMillan (KMc)	Non- Executive Director
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust

#### **MC22/01 Welcome, introductions and apologies (agenda item 1)**

The Chair, Marie Burnham (MBu) formally welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

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.**

#### **MC22/02 Declarations of Interests (agenda item 2)**

Mark Brooks (MB) declared conflict for item 7.1 of the agenda and he confirmed he has not had sight of the members' council papers until such time the CEO recruitment process is complete.

Mandy Griffin (MG) and Mike Ford (MF) declared conflict for item 7.2 of the agenda and confirmed that have not had sight of the members' council papers for this item.

#### **MC22/03 Minutes of the previous Members' Council meeting held on 16 November 2021 (agenda item 3)**

Tony Jackson (TJ) attended the meeting on 16 November 2021, his name was omitted from the attendees list. Andy Lister (AL) confirmed the amendment has already been made.

**It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 16 November 2021 as a true and accurate record with the noted amendments.**

#### **MC22/04 Matters arising from the previous meeting held on 16 November 2021 and action log (agenda item 4)**

Marie Burnham (MBu) informed the Members' Council that she will refer to items that are due today and that remain open.

Andy Lister (AL) informed that the action log has been fully updated and 2 items remain open currently and are open for comments.

**MC/20/26:** Bob Clayden (BC) commented that he has been liaising with AL about receiving the links in the **Headlines** newsletter. AL informed the Governors to let him know when they want access to links in the Headlines and he is happy to send this to them upon their request.

**It was RESOLVED to NOTE the Action log of the Members' Council.**

#### **MC22/05 Chair's report and feedback from Trust Board (agenda item 5)**

Marie Burnham (MBu) updated the meeting. She informed the Members' Council that she has been visiting different areas of the Trust to familiarise herself with the Trust and she has met with external partners.

Marie Burnham (MBu) said in relation to Non-Executive Director (NEDs) activities, she will liaise with her PA to list everything in her paper, so the Governors are aware of the work taking place.

Bob Clayden (BC) said he cannot view the names of the staff members attending the meeting today. Andy Lister (AL) informed him that he will arrange a meeting to try and resolve IT issues.

**Action: Andrew Lister**

MBu informed the Council that Tom Sheard (TS) publicly elected Governor in Barnsley, resigned from the Members' Council and she would like to thank Tom on behalf of the Governors for his services to this group and his valuable input to the Trust.

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

#### **MC22/06 Chief Executive's comments on the operating context (agenda item 6)**

Mark Brooks (MB) provided a verbal update:

- MB highlighted the emergence of omicron and the Trust response to this. He stated staff absence due to covid has had a considerable impact upon service provision, he reiterated that the staff response has been amazing. Staff worked long hours and worked flexibly.
- There has been a rapid increase in the booster vaccination and some of our staff were involved in this programme, particularly in Barnsley. The transability of omicron has meant we have had a lot more outbreaks and this was felt across all NHS providers. Our service users tend to be quite mobile which also led to high transmission. The outbreaks have reduced over the last couple of weeks from 8 – 9 outbreaks to 2 – 3 which is positive.
- In relation to the redeployment as a condition of vaccination, we put on safe space events to enable staff to make an informed decision regarding the vaccine. There is now a temporary hold on this policy by the Government.
- The Health and Care Bill has been put back to the 1 July 2022. This will impact on the timeframe of getting staff moved from the Clinical Commissioning Groups (CCG) to the Integrated Care System (ICS).
- There has been worked carried out by Sancus Solutions who investigated a homicide in 2017, we were expecting the report to be published early December 2021. The report has now been published on the 9 February 2022. We are not allowed to share the report until it is a public document. Andy Lister (AL) will send governors a link and we will be putting this on our website as a report along with the Trust response and assurance. If governors require further information, then we can provide that from when it becomes a live publication.

**Action: Andy Lister**

- Performance. MB informed the governors we continue to see high levels of demand and acuity, which has been exacerbated due to the Covid 19 pandemic. We made a conscious decision to use out of area beds, especially in the Psychiatric Intensive Care Unit (PICU).
- There is currently less adherence to our training compliance. We have also put work in towards staff wellbeing and resilience. This has also had an impact on clinical supervision and appraisal.
- Staff turnover and vacancies. There has been a particular focus on registered nurses and speciality medical consultants for examples learning disabilities where there is ongoing challenge with recruitment. Staff are working hard to meet the needs of our service users.
- Financially we are strong. We are continuing to focus on "living with covid" world and what impact this has on flexible working and being digitally enabled to provide services.

Gary Ellis (GE) asked about the challenges in maintaining safe staffing levels in the organisation.

MB informed GE that we had daily meetings with the operational management teams, and we were taking risk assessed approach as to where our priorities were for service users. It was challenging but it was positive that the Trust didn't have to stand any services down. It was acknowledged that we could not meet our normal levels of demand.

Darryl Thompson (DT) informed GE that staff absence was 503 during this time. DT said staffing for inpatient areas are seen as a trust wide approach and colleagues are asked to cover different areas. We also used available bank and agency staff and acknowledged it was a difficult time.

MB asked GE whether Mid Yorkshire Hospital NHS Trust had the same challenges. GE said yes and staff felt there was lack of resources. He said there is a risk to think that staff can carry on with these pressures and he doesn't feel this is sustainable. MB said this was a valid point.

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

## **MC22/07 Trust board appointments (agenda item 7)**

### MC22/07a Ratification of Chief Executive Appointment (agenda item 7.1)

*Mark Brooks (MB) was asked to leave the members' council meeting.*

Marie Burnham (MBu) said the new Chief Executive Officer (CEO) for the Trust has been appointed and we went through a rigorous process. She asked Lindsay Jensen (LJ) to provide an update.

LJ said it was her first Members' Council and she introduced herself as the Interim Director of HR and OD. She explained the advert for the post of CEO was advertised before Christmas and we had a prolonged application stage and the offer closed on the 14 January 2022. The process was led by Marie Burnham (MBu), as the new Chair and the Trust engaged with Gatenby Sanderson, an external recruitment agency to support the recruitment process. It was overseen by the Workforce Remuneration Committee.

The Trust had 6 applications and Gatenby Sanderson helped provide us with background information and it was agreed that we would shortlist 3 candidates for interview. The Trust undertook a robust selection process; we had a stakeholder event on the 3 February 2022 which included 3 stakeholder groups. The interviews were held virtually and one face to face interview on the 4 February 2022.

There were two external assessors on the panel and it was led by MBu as Chair of the Trust. LJ and Gatenby Sanderson were there in an advisory role. The panel included Sue Proctor, the Chair of Leeds and York Partnership NHS Foundation Trust and Kathryn Singh the Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust. John Laville (JL) joined as Lead Governor.

It was a robust process and there was a unanimous decision by the panel that MB was the best candidate. LJ said he was a strong candidate, showed strong commitment to the organisation with great set of values, integrity, commitment to moving the organisation forward and displayed strong networking with our partners. LJ also explained that the panel had unconscious bias training prior to the interview which was insightful.

The Workforce Remuneration Committee supported the decision made by the panel that MB is appointed as Chief Executive Officer. The chair, MB asked the council whether they approve MB as Chief Executive Officer of SWYPFT from the 1 March 2022.

AL confirmed the Members' Council meeting is quorate for the decision to be made.

AL said there is an electronic vote set up if governors would like to use that option. BC informed the council members that the question to use the electronic votes should be asked at the beginning of the discussion, this was acknowledged.

No objections received. MBu thanked everyone and approved Mark Brooks (MB) as CEO of South West Yorkshire Partnership NHS Foundation Trust.

**It was resolved to APPROVE the appointment of Mark Brooks (MB) as Chief Executive Officer (CEO) of South West Yorkshire Partnership NHS Foundation Trust from the 1 March 2022.**

*Mark Brooks was called to re-join the members' council meeting.*

MC22/07b Review of Senior Independent Director (SID) and Deputy Chair (agenda item 7.2)

*Mike Ford and Mandy Griffin were asked to leave the members' council meeting.*

Marie Burnham (MBu) explained that Chris Jones (CJ), the current Senior Independent Director (SID) will be retiring. CJ also performed the role of the Deputy Chair.

It is proposed for the Trust to separate the roles of SID and Deputy Chair with Mike Ford (MF) to be appointed as SID and for Mandy Griffin (MG) to be appointed as Deputy Chair.

Bob Clayden (BC) explained the governors have had a discussion prior to this meeting and they were concerned that there was no reference to a review of the roles to check whether they were effective and working. He asked for a review in 12 months. MBu said she and the lead governor will be reviewing performance. BC said the proposal explains that some neighbouring Trusts have already got separate roles in place, he asked whether they were also Foundation Trusts. MBu explained they were Foundation Trusts.

Mark Brooks (MB) stated it was normal to have two roles rather than combined roles. He stated that the governors would have an opportunity to contribute to the review of the roles via the appraisal process of the Chair. He said the Trust regularly review and update our structures.

Jackie Craven (JC) asked see photographs of the candidates as she didn't know who they were although she may have heard their names. Marie Burnham (MBu) said the profiles were included in the pack and she acknowledged it was difficult whilst we were all working virtually but we are hopefully moving to some face-to-face meetings. MB said we can consider a plan to review the structure in 12 months' time if we feel it is required.

John Laville (JL) congratulated Mark Brooks (MB) on behalf of the Members' Council and all the Governors for his appointment as CEO. In relation to the review of the SID and Deputy Chair role, JL said there was nervousness in the governors pre meeting about the structure as there are a few interim roles in the Trust and they wanted assurance as to when they will be substantive roles. JL asked for assurance that through the processes we have in place which is the appraisals of the Chair and Non Executive Directors the positions will be reviewed.

Claire Den Burger-Green (CDBG) said she would welcome the structure to be reviewed in 12 months' time. MBu explained the rationale to separate the SID role is based on the scenario of the Chair being unable to perform her duties (due to sickness or any other substantial leave period), then they would not be able to appraise themselves.

Chris Jones (CJ) stated there are no disadvantages to splitting the role but there are significant advantages in terms of broad leadership which strengthens the board. CJ said he agrees with splitting the roles and that it is continually reviewed. Erfana Mahmood (EM) explained she has held SID roles in other organisations in the past and it is about the individual skill set.

Bob Clayden (BC) said the deputy chair job description states *"has embraced and lived the values of the organisation"*, he asked whether we can appoint someone who has only been in the organisation for 4 months. Marie Burnham (MBu) explained the appointment is about having the right skill set and anyone recruited into the role will uphold those values.

Mark Brooks (MB) explained our recruitment process is around our Trust values. Although MG has only been with us for 4 months, she has been with the NHS for far longer and she was able to ratify that she demonstrated those values. MB explained we were very value driven and it is integral to the job description.

CDBG asked what is meant by “lived” the values. Lindsay Jensen (LJ) explained we use specific wording regarding our values in our job description. LJ explained “lived” can be in different forms, such as past experience, how the candidate embraces the work that they are doing and interchangeable experiences and them showing a strong commitment.

Andrew Lister (AL) explained we are adhering to job descriptions that have been set by NHS England which are integral to NHS values. MBu asked the members’ council whether they approve, subject to annual review.

Carol Irving (CI) attempted to comment but due to technical issues was unable to do this. MBu asked AL to contact CI to ensure her opinion is noted.

**It was RESOLVED to APPROVE the job description / person specification for the role of Deputy Chair and SID with agreement for a review in 12 months’ time via the Nominations Committee**

**Action: Nominations Committee**

**It was RESOLVED to APPROVE the appointment of Mike Ford to be Senior Independent Director to the Members Council from 1st April 2022**

**It was RESOLVED to APPROVE the appointment of Mandy Griffin to be Deputy Chair attracting additional remuneration of £2000 from 1st April 2022**

*MF and MG were asked to return to the members’ council meeting.*

Marie Burnham (MBu) informed MG and MF their appointments were approved by council members. MB thanked MG and MF on behalf of the Members’ Council for taking on these roles.

**MC22/07c NED appointments including proposal for Associate NEDs (agenda item 7.3)**  
**Appointment of Non- Executive Director**

Marie Burnham (MBu) explained we will be recruiting a new Non-Executive Director.

Lindsay Jensen (LJ) stated this is being supported via the Nominations Committee and the advert closes on the 11 February 2022. She explained they are planning to short list the week after and take the proposal around the shortlist to be agreed by the Nominations Committee on the 18 February 2022.

Once agreed we have planned stakeholder assessment process on the 1 March 2022 and the governors will be involved in this process and interviews are planned for the 2 March 2022. The appointment will go back to the Nominations Committee and then to Members’ Council in mid-March for approval and ratification. LJ stated we are looking for a qualified accountant in terms of skills and competencies to do the role.

**It was RESOLVED to APPROVE the timetable and process for recruitment of a new NED.**

**Proposed appointment of two new Associate Non Executive Directors**

Marie Burnham (MBu) provided background information in terms of capacity and succession planning. MBu said the proposed appointment of two Associate Non Executive roles would be an opportunity to work under the wings of the Non Executive Directors and to offer independent assurance. She explained it is not uncommon to have associate Non Executive roles in the

organisation. MBu asked the Members' Council whether they were happy to approve the process of recruiting two new Associate Non Executive roles.

Phil Shire (PS) said he was not happy about this appointment as it sounds like we may have people waiting to get into the Non Executive Directors roles. There is also an additional cost to this. PS said we need to ensure we don't take any money away from our service users unnecessarily. He asked what skills gap we are addressing by having Associate Non-Executive Directors when we have a good set of NEDs already in place.

Marie Burnham (MBu) explained we are moving into a system wide approach; our CCG Non-Executive lay members are not in position any more and more is being asked from our existing Non-Executive directors to get involved in lay member assurance in system wide work and at times this can be excessive.

Mark Brooks (MB) supported MBu that our current Non-Executive Directors are being working to capacity. He said as an example, we are asking our Non-Executive Directors to attend Trust board, members' council and committee meetings and spend time in our services.

As we develop, place-based partnerships are now asking the NEDs and the Executive Director from each organisation to be part of that partnership. In addition, we have moved to be lead provider for forensic services across West Yorkshire, so we need NED oversight on that and different skill sets.

The Nominations Committee have supported the proposal as it is about capacity rather than skill set. It is also about developing people and we have open and transparent recruitment processes. John Laville (JL) explained it was about having value for money and having the capacity to meet the ICS and place based working.

Bob Clayden (BC) stated that the job description states they will attend and contribute to the Trust Board meetings, he asked whether they will be able to vote and asked whether they will be part of the quorum.

Mark Brooks (MB) confirmed they cannot vote and are associate roles only. BC asked about the quorum. Andrew Lister (AL) said they can look at this as part of the constitutional change if approved but he doesn't believe they will form part of the quorum as this is only for Non-Executive and Executive Directors. Julie Williams (JW) confirmed the Associate Non Executives are not part of the quoracy.

Andrea McCourt (AMc) said this was positive and the roles will bring new skills and help with the capacity issues and it will allow to embed the more forward-facing roles that the NEDs will have to take on. AMc said she is part of the Nominations Committee, and they did get assurance that these posts will not automatically move into any NED vacancies that arose and there would be a robust recruitment process at that point.

Gary Ellis (GE) said he supports what AMc has said, and it is regarding capacity of the existing NEDs. GE said they had similar roles at Mid Yorkshire Hospital Trust who went onto become NEDs in other Trusts.

Tony Wright (TW) asked about the status of the current Interim Director positions. Mark Brooks (MB) provided an update to the recruitment of the Interim Director positions in the Trust. He explained there are currently 3 directors in interim positions;

Salma Yasmeeen (SY) is our Director of Strategy and Change, she has also been acting as Interim Deputy Chief Executive.

Director of HR/ Chief People Officer. MB said the advert for this post went out last week and this will be completed by 25 March 2022.



The substantive role for the Director of Finance. MD said the advert for this role will go out in a few weeks time, around end of April/early May 2022.

MB said he will be speaking to all the directors in the next 2 weeks to determine what level of interest there is to become substantive Deputy Chief Executive in addition to their core roles and we hope to confirm that by 1 March 2022.

MB thanked Chris Jones (CJ) on behalf of the Members' Council for his role and contribution to our Trust.

**It was resolved to APPROVE the proposal to the Trust constitution by supporting and approving the establishment of two new Associate Non-Executive roles.**

### **MC22/08 Members' Council Business Items (agenda item 8)**

#### MC22/08a Governor feedback (agenda item 8.1)

Marie Burnham (MBu) explained John Laville (JL) as lead governor had to leave the Members' Council meeting and his report has been submitted. She asked members' to review the paper so she can feedback to JL. She asked comments to be emailed to Andy Lister (AL). No comments were received in the meeting.

**It was RESOLVED to RECEIVE the update on governor feedback**

#### MC22/08b Assurance from Members' Council groups and Nominations Committee (agenda item 8.2)

Phil Shire (PS) said he didn't receive this paper via paper form but did receive it by email.

Bob Clayden (BC) said he didn't have this paper either. He said Andy Lister (AL) has sent it to him by email, but he was finding it difficult to locate them.

Andy Lister (AL) acknowledged that it appears some items were omitted from the postal papers on this occasion, and he would like to apologise for this and will ensure that full sets of papers are circulated for the next meeting. AL re-circulated Members' Council papers to all governors during the meeting.

Bob Clayden (BC) said he was dyslexic and would find submitting written feedback quite difficult. He said he doesn't have any comments on this occasion.

**It was RESOLVED to RECEIVE the assurance and minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations' Committee.**

#### MC22/08c Patient Experience Annual Report (agenda item 8.3)

Darryl Thompson (DT) said the patient experience annual report has been discussed in the Clinical Governance and Clinical Safety Committee and signed off, it has also been to the Board. It shows our complaint activity, our themes and response timeframes. It also shows the number of reopened complaints which can be a proxy measure as to how satisfied our complainants are and for assurance this is holding steady compared to previous years.

The report shows themes of complaints and there is greater profile around values and behaviours and staff attitude. We have had a smaller number of complaints during the pandemic and that means by proportion it shows a higher percentage. We also need to recognise our front-line colleagues are under immense pressure and stress at the moment and this could part of that experience for them.

He said we discussed in the committee how we collected protected characteristics, at the moment we collect it from the complainant who could be service users, carers or relatives and we are also looking to collect it from the person who the complaint is about. It was also recognised this report feels complaint focused and in future reports we can look at other feedback and experiences.

Beverley Powell (BP) informed DT that this was a comprehensive report. She said from data she worked on in the past there could be challenges in reporting and sometimes reporting by gender could be by somebody else when they may be transitioning. She asked for the trans-agenda to be included as well. DT acknowledged this.

Debs Teale (DT) explained that Dawn Pearson, Communication, Involvement, Equality & Inclusion Lead is picking up the Transgender work in the LGBTQ policy.

Adam Jhugroo (AJ) said he noticed in Calderdale there are numbers of complaints about treatment in drugs, he asked whether this was regarding ADHD. He said he received a letter stating that no referrals will be accepted for Calderdale as they will not be requesting any funding as they are full.

DT asked whether he was referring to commissioned number of assessment places to undertake x number of assessment and when they are completed no further commissioned activities is available.

AJ said the letter stated they would not be applying for funding, he asked what this would mean in Calderdale in relation to complaints. DT said we could look into the data.

Carol Harris (CH) said she isn't familiar with the letter that has been sent. She said the in the Adult ADHD and ASD pathway in Calderdale we may be commissioned on the spot purchase so commissioners are buying individual assessments from us and we do let commissioners know when our referrals are greater than those commissioned and we work closely with them to try and ensure we are providing services. CH said we can look into the issue about not applying for any more funding as it is not something she is familiar with. AJ will provide CH with further details.

**Action: Carol Harris**

**It was RESOLVED to RECEIVE the patient experience annual report.**

#### MC22/08d Members' Council elections – update (agenda item 8.4)

Andy Lister (AL) provided a verbal update. AL said we are in the nominations stage of the election and it has been open since the 20 January 2022 and closes at 5pm on the 17 February 2022.

- Two adverts a week are being posted on Trust social media.
- E-mail and postal information has been sent out to members in the constituencies where there are vacancies.
- DP and the communications team are proactively encouraging applications from diverse networks.
- Adverts have been placed in "The Brief"
- "Headlines" are advertising every week and a further notice has been placed on the electronic payslips message board.
- As of this morning there are four public nominations awaiting verification
- One staff nomination awaiting verification
- Since the nominations stage opened on 20 January 2022, we have had 10 new members join the Trust (8 last year)

Bob Clayden (BC) thanked AL for his hard work in completing this piece of work.

**It was RESOLVED to RECEIVE the update for members' council elections**

#### MC22/08e Local indicator for Quality Accounts (agenda item 8.5)

Darryl Thompson (DT) explained this was a brief confirmation for Members Council that we do not need to choose a quality indication for review by our auditors this year and that this is not a requirement. This is the final version of the quality account. He further explained the Department of Health are maintaining a lower level of submission so it is not required for this year.

Bob Clayden (BC) said he has been on a few quality monitoring visits in the Trust and he wondered whether there was anyone on board level who had an overview of those and if there was any apparent trends.

DT said the quality visits were under his directorate and they oversee any learning points from the quality visits. DT said they also provide a summary review at the end of the year.

Claire Den Burger-Green (CDBG) asked about the format of quality monitoring visits as she has not done one yet. DT said they would be keen to get her on board for a quality monitoring visit and they do have a formal structure for on-site visits and a review of paperwork. DT explained it is also about getting staff ready to talk about their service to external regulators. DT agreed to bring this back as a development session for future Members' Council meetings.

**Action: Darryl Thompson**

**It was RESOLVED to RECEIVE the update on the 2021/22 Quality Account**

#### MC22/08f Update to the Trust Constitution (agenda item 8.6)

Andrew Lister (AL) said there has been a technical change in the Trust constitution. He explained it was identified when we looked at the Interim Deputy Chief Executive position that there was some ambiguity in the constitution as to who had voting rights on the board. As set out in the paper, the Trust board holds votes and there is no distinction in contribution in terms of status of voting and non-voting members of the board. We have tried to clarify the position within the constitution.

There are four mandatory voting executive positions on the board which are the Chief Executive, the Medical Director, the Director of Finance and Director of Nursing. The wording changed in the constitution as tracked changes stipulates that those are the four voting executive positions, and it gives the Chief Executive and chair the flexibility to decide who the other two voting members will be.

In terms of the Foundation Trust code which we have to adhere to, there has to be one more Non-Executive Director voting so we can have a maximum of six Executives voting on the board. Including the Chair there will be seven Non Executives voting for the independent view point.

AL said at the end of the paper, there is reference to the amendments to the Health and Social Care Act and this is going through parliament, in relation to the mandatory vaccination of staff as a condition of deployment legislation. The Trust will await the outcome of the parliamentary decision prior to amending the constitution on this matter. We will have to amend the constitution to include the Associate Non Executive Director roles so we will look at amending this and presenting the paper to Members' Council in May 2022 for approval.

Bob Clayden (BC) said it says the Chair can nominate two Executive Directors to vote, he asked whether they would be appointed at that meeting or will they always be the nominated two to vote. AL said it was a substantiate position and once confirmed as a voting member of the board then they need to adhere to it. There are rules in the constitution that should Executive Directors be absent for extended periods they are allowed to nominate people to attend and vote in their place.

Marie Burnham (MBu) explained, apart from the 4 statutory votes the other two Non Executive Directors can change over a period of time and not necessarily be the same person.

**It was RESOLVED to RECEIVE the update from the Trust Board and APPROVE the updates to the Trust's Constitution as set out in the paper**

**MC22/08g Chair appraisal process (agenda item 8.7)**

Chris Jones (CJ) explained this paper sets out to confirm the chairs objectives for the period to 31 March 2022 and beyond and to make a proposal about appraisal arrangement.

He explained the objectives are the same that have been previously agreed and amended for example to take into account we have now appointed a Chief Executive. Also, with MBu's agreement an objective has been added around health and equalities to reflect the importance of that to the Trust and NHS nationally. He said MBu is happy to pursue those objectives and to be reviewed as part of her appraisal for that period depending on the Trusts planning arrangements for 22/23.

CJ said in terms of the appraisal process, the suggestion is the appraisal to be a light touch appraisal for the period up unto the 31 March 2022. Mike Ford (MF) will be conducting the appraisal as his role as SID and he will be consulting with John Laville (JL) as part of Members' Council Lead Governor and with Mark Brooks (MB) and the Executive and Non Executive Directors to collect evidence to feedback to MBu on her performance. For the full year appraisal of the period until 31 March 2023, it will be a full appraisal process including the relevant surveys.

**It was resolved to NOTE the Chairs Appraisal process for 2021/22 and 22/23 as outlined in the paper**

**MC22/09 Members' Council business items (presentations) (agenda item 9)**

**MC22/09a Integrated Performance Report (agenda item 9.1)**

Erfana Mahmood (EM) presented the Integrated Performance Report highlighting key areas;

- She explained from looking at the dashboard for children in adult inpatient wards, this has improved. The Trust is actively working to avoid this. Inappropriate out of area beds has gone up and this is to maintain safer staffing levels. We have had to use specialist beds at times in the Psychiatric Intensive Care Unit (PICU). Improving Access to Psychological Therapies (IAPT) is performing well.
- Key Performance Indicators (KPIs) patient safety incidences has gone up this quarter, she explained this is a focus for us and we have root cause analysis for each case.
- Information Governance (IG) breaches have improved and it is a good figure.
- Surplus deficit is 1.5m. There has been improvement on this as there are vacancy gaps.
- Staff turnover still high and we are working behind the reasoning and looking at deeper reasoning and not just the exit interviews.
- Covid 19 responses. Agile working is working well, we have high incidences of sickness.
- Staff vaccination, we are doing well since the December 2021 figures.
- Quality update. Agile working is working well, and we are providing important support, i.e. occupational health.
- The Trust has reinstated silver and gold command meetings and they meet regularly (twice weekly)
- Patient experience. Friends and family test - we have started doing this remotely.
- There has been a slight dip in Children and Adolescent Mental Health Services (CAMHS) and this is a small sample. It is a focus for our Trust and to look at improvements.
- Safer staffing matrix. We have resorted to temporary workforce measures.
- Incident reporting. Incidents of red and amber have gone down and there are less serious incidents such as major and serious incidents.
- Workforce – vaccination as condition of deployment, this has been paused by the Government. Safer staffing has been a priority.
- Training, supervision and appraisal had to be paused to support this work. The Trust is looking at performance in individual Business Delivery Units (BDUs)

- Covid absences – we are looking at staffing, occupational health support, there has been recruitment of staff via the charities bid to support staff, one role is the BAME wellbeing practitioner.

Phil Shire (PS) asked about vacancy levels following a recent quality visit. Mark Brooks (MB) said we have got more staff in post than the start of the pandemic. We have had huge investment in our services which have created more roles. The roles have sometimes been filled by staff moving internally which leaves gaps elsewhere, so we have a higher number of vacancies. The other challenge is that there are national shortages, especially registered nursing and medical consultants in certain professions.

Lindsay Jensen (LJ) stated we have got vacancies and we have started doing work to reduce those numbers. She said we have achieved 20% more recruitment in the last 12 months. For nursing we have been involved in the international recruitment of nurses. The Trust are expecting 42 nurses who will join us in the next few months.

The Trust is holding virtual recruitment events with external partners. The Trust has completed work in relation to healthcare support workers and conducted regular events in local communities. There is a robust apprenticeship scheme and DT is leading new roles group. The Trust is also looking at retention and improving our exit questionnaire process. LJ reported the Trust is continuously looking at health and wellbeing and the development pathways.

EM congratulated the Trust for achieving the Healthcare People Management Association (HPMA) award for our work with staff side and HR.

Beverley Powell (BP) thanked everyone for the work that they are doing. She asked about the support the international nurses will have. LJ said the Trust has set up peer and buddy system in the teams they are joining. There is good induction and preceptorship system in place.

EM reported the Trusts financial position is a current surplus deficit of £5.5m, with a forecast of £7.1m. There hasn't been an agency spend cap due to Covid-19. Capital looks low but there are capital aspects which are still to be included and that will come to approximately £8.2m towards the end of the year. We are performing well to pay our invoices within 30 days.

MBu thanked EM for presenting the performance report.

Keith Stuart Clarke (KSC) explained he is happy with the friends and family test now that it is being done virtually and whether this can be made permanent. DT said we are struggling with the quality of the responses in that there is not much narrative to support the tick boxes.

Gary Ellis (GE) asked if they will achieve the capital spend and said that in the current climate our money buys less than what it did 12 months ago.

James Sabin (JS) stated all our capital profile is on track and will be delivered. We have got assurance from suppliers and they are monitoring it on a weekly basis. There has been a slight increase in costs and this will have an impact for next year. The capital allocation to the ICS is similar to the allocation to the previous year.

The Trust has gone out to tender for a major capital scheme which will start next year. We are continuing to monitor the situation and there will be pressure across the ICS in terms of the annual allocations and how Trusts deliver over the next 3 – 5 years.

A discussion followed in relation to the number of acronyms being used in some of the reports presented at today's Members' Council. AL agreed to review this and reduce the use of acronyms wherever possible in Members' Council reports.

**Action: Andy Lister**

**It was RESOLVED to RECEIVE the update of the Integrated Performance Report as set out in the paper**

**MC22/21 Any Other Business (agenda item 10)**

Andy Lister (AL) introduced Asma Sacha (AS), who has been appointed recently as the Corporate Governance Manager. AS informed the member's council she was appointed on the 1 February 2022. She explained she has worked for the Trust for 17 years in various different roles, and for the last 2 years as a case worker in the Trust complaints team. She informed the Members' Council she was looking forward to working with them and she was welcomed. Keith Stuart Clarke (KSC) asked that all new staff are introduced at the beginning so they know who is attending the meeting. This was acknowledged.

Claire Den Burger Green (CDBG) said she was happy for future meetings to be blended (virtual and face to face) to give everyone an opportunity to attend.

**Action: Andy Lister**

Bob Clayden (BC) agreed with blended meetings, he asked to look at different days as he struggles with Tuesdays. MB asked the governors to agree a day which was most suitable to them and to liaise with AL and his team.

**Action: Andy Lister**

Andy Lister (AL) explained they are looking at different technology options with a view to having blended meetings. He said he is currently reviewing the strategic meeting flow and this will be presented to the Coordination Group in March 2022.

**Action: Andy Lister**

Debs Teale (DT) explained it would be difficult for her to attend face to face meetings and would prefer to continue with virtual meetings.

**It was RESOLVED to NOTE any other business.**

**MC22/ 22 Closing remarks, work programme, and future meeting dates (agenda item 11)**

- Marie Burnham (MBu) thanked everyone for using the chat function
- The members' council acknowledged receipt of the work programme for future meetings. Andrew Lister (AL) said it is subject to review and change and will be presented again on 10 May 2022
- MBu confirmed she will feedback to John Laville (JL) and thanked everyone for attending

Date of next Members' Council meeting is **10 May 2022**

**Members' Council meetings 2022/23:**

16 August 2022

15 November 2022 (including the annual Joint Trust Board and Member's Council meeting)

14 February 2023

**It was RESOLVED to RECEIVE the work programme for 2022/23**

## **MC22/23 Development Session (optional)**

Vaccination as a condition of deployment (VCOD) and the impact for governors

Marie Burnham (MBu) introduced Lindsay Jensen (LJ) and Julie Williams (JW) to present a session on VCOD and the impact for governors.

### **Key points:**

- LJ and JW presented a paper on vaccination and provided information on the safe space sessions for staff held by the Trust.
- LJ explained the Prime Minister has announced that the Government will launch an independent Public Inquiry into the Government and public sector response to the COVID-19 pandemic. Public Inquiries take place when there is public concern about an event.
- They can ask for a broad range of documents and records, and we want to provide our fullest support and transparency to any requests for information. To enable this, we are asking all colleagues to save full records, whether they are working directly on COVID-19, recovery, or as part of our business-as-usual activities.
- We will be supporting staff and teams across our organisation as part of the management of this Public Inquiry process including information, advice and guidance in terms of the storage and preservation of data, records and documents, and what is needed to be considered and actioned if the Trust and our services are called upon to give evidence and records.
- The Trust continues to provide advice and support to those who are yet to have the Covid 19 vaccine.
- LJ informed members' council that the Trust is offering a process for managers to contact staff who left their job due to the Government mandate.

MBu thanked LJ and JW for their presentation.

**Minutes of the Members' Council meeting held at 11.00 on 19 April 2022**

**Meeting Held Virtually by Microsoft Teams**

<b>Present:</b>	Marie Burnham (MBu)	Chair
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Daz Dooler (DD)	Public – Wakefield
	Gary Ellis (GE)	Appointed – Mid Yorkshire Hospital NHS Trust
	Cllr Brenda Eastwood (BE)	Appointed – Barnsley Council
	Anthony Jackson (AJ)	Staff – non-clinical support services
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Phil Shire (PS)	Public – Calderdale
	Debbie Teale (DT)	Staff – Nursing support
	Tony Wilkinson (TW)	Public – Calderdale
<b>In attendance:</b>	Dominic Barnes (DB)	Interim Assistant Director of HR
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Asma Sacha (AS)	Corporate Governance Manager (author)
<b>Apologies:</b>	Bob Clayden (BC)	Public – Wakefield
	Helen Morgan (HM)	Staff – Allied Health Professional
	Jackie Craven (JC)	Public – Wakefield
	Nik Vliissides (NV)	Staff – Psychological therapies
	Beverley Powell (BP)	Public – Wakefield
	Lindsey Jensen (LJ)	Interim Director of Human Resources & Organisational Development
	Claire Den Burger-Green (CDBG)	Public – Kirklees
	Carol Irving (CI)	Public – Kirklees

**MC/22/24 Welcome, introductions and apologies (agenda item 1)**

The Chair, Marie Burnham (MBu) formally welcomed everyone to the meeting, apologies were noted as above.

The company secretary, Andy Lister (AL), confirmed the quoracy requirements for the meeting.

The quorum for the Members' Council is one-third of the membership of the Council provided that a minimum of half of this one-third are publicly elected Governors. AL confirmed ten governors are present out of a current total of twenty-five and five of those present are public governors. The meeting was therefore quorate and could proceed.

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.

**MC/22/25 Declarations of Interests (agenda item 2)**

No interests were declared.



### **MC/22/26 Trust Board Appointments (agenda item 3)**

#### **MC/22/26a New Non-Executive Director appointment (agenda item 3.1)**

JL introduced the item and explained the purpose of today's meeting is to update the Members' Council on the appointment of a Non-Executive Director (NED) to replace Chris Jones.

JL reported on behalf of the Nominations Committee, the Chair is making a recommendation to the Members' Council to appoint David Webster (DW) as a Non-Executive Director (NED) for a period of three years from the 1 May 2022.

Phil Shire (PS) asked whether DW had a financial background. MBu explained that there is a statutory requirement for two NED's on the Board to have a financial qualification. Mike Ford has a financial background and currently chairs the Audit Committee and David Webster will chair the Finance, Investment and Performance (FIP) Committee. DW has a financial qualification (CCAB registered accountant) and has senior level financial management experience.

JL explained that although DW doesn't have an NHS background, his experience in the private sector will balance the skill set across the Board. JL reported DW was energetic throughout his interview.

Tony Wilkinson (TW) stated that the Council members have not had sight of the papers for the candidates.

AL explained papers of the candidates are not shared for if the appointment doesn't go ahead, and the Members Council should take assurance from the Nominations Committee process documented in the paper.

Darren Dooler (DD) asked for assurance that the appointment will bring stability to the Board noting the number of changes in recent months. DD felt that the number of changes were having an impact on operational staff.

MBu explained that when she took up her post as Chair, there were interim positions at senior board level in the Trust and recent appointment processes have been very successful and we now have a substantive Chief Executive, Director of Nursing, Quality and Professions and a Chief People Officer. MB reported the Trust is currently recruiting to the Director of Finance and Resources position which will conclude in May 2022.

Bill Barkworth asked whether the Members' council can see a biography of the proposed candidates in the future.

AMc supported the appointment and explained that for future appointments, it may be helpful for HR to provide a short biography of the successful candidate.

TW also said that it would be helpful to receive information about the candidates in future appointments.

AL agreed when future proposals for appointment are made to the Members Council a biography of the proposed candidate would be provided.

**Action: Andy Lister**

JL reported the Nominations Committee met on the 14 April 2022 and discussed and agreed the recommendations for appointment from the final panel interviews.

Debs Teale (DT) said she was on one of the interview panels and she felt David performed very well in interview and he was the best candidate.

PS reported he is assured by the process and supports the appointment.

No objections was received from the Members' council governors in attendance.

**It was RESOLVED to APPROVE the appointment of David Webster as a Non-Executive Director for a period of three years from 1 May 2022.**

**MC/22/27 Closing remarks and future meeting dates (item 4)**

JL reported this was DT's final Members' Council meeting and thanked her on behalf of the Members' Council for her contribution during her time as governor.

MBu reiterated JL's comments and thanked DT for her work and stated that her contribution has been appreciated and she will continue to make a value contribution to the Trust through her role and ongoing work.

The next meeting was confirmed to be 10 May 2022, 9.00 – 12.00 on Microsoft teams

## Members' Council 10 May 2022 – Action log

 = completed actions

### Actions from 8 February 2022

Minute ref	Action	Lead	Timescale	Progress
<b>MC22/05</b>	Bob Clayden (BC) said he cannot view the names of the staff members attending Members' Council meeting. Andy Lister (AL) informed him that he will arrange a meeting to try and resolve IT issues.	<b>Andrew Lister</b>	<b>May 2022</b>	Meeting was arranged with Trust IT and IT were unable to resolve the matter through Trust systems.
<b>MC22/06</b>	There has been work carried out by Sancus Solutions who investigated a homicide in 2017, the Trust is expecting the report to be published early December 2021. The report has now been published on the 9 February 2022. We are not allowed to share the report until it is a public document. Andy Lister (AL) will send governors a link and we will be putting this on our website as a report along with the Trust response and assurance. If governors require further information, then we can provide this from when it becomes a live publication.	<b>Andrew Lister</b>	<b>May 2022</b>	Complete
<b>MC22/09</b>	The role of Deputy Chair and SID to be reviewed in 12 months' time via the Nominations Committee. To be added to the work programme.	<b>Nominations Committee</b>	<b>Nominations Committee in March 2023</b>	This item has been added to the Nominations Committee work programme

Minute ref	Action	Lead	Timescale	Progress
MC22/14	Adam Jhugroo (AJ) said he received a letter stating that no referrals will be accepted for Calderdale as they will not be requesting any funding as they are full. Carol Harris (CH) said she isn't familiar with the letter that has been sent. She said the in the Adult ADHD and ASD pathway in Calderdale we may be commissioned on the spot purchase so commissioners are buying individual assessments from us and we do let commissioners know when our referrals are greater than those commissioned and we work closely with them to try and ensure we are providing services. CH said we can look into the issue about not applying for any more funding as it is not something she is familiar with. AJ will provide CH with further details.	Carol Harris	May 2022	Adam Jhugroo, Governor to provide CH with further details. In progress
MC22/16	Darryl Thompson agreed to bring the discussion about the quality monitoring visits as a development session for future Members' Council meetings.	Darryl Thompson To add to work programme for Members' Council	Members' Council Work programme 22/23	Development session, Quality Monitoring Visits has been added to the Members' Council work programme.
MC22/20	Members' Council discussed the number of acronyms being used in some of the reports. AL agreed to review this and reduce the use of acronyms wherever possible in Members' Council reports.	Andy Lister	May 2022	This will be actioned on an ongoing basis.
MC22/21	Bob Clayden (BC) agreed with blended meetings, he asked to look at different days as he struggles with Tuesdays. MB asked the governors to agree a day which was most suitable to them and to liaise with AL and his team. Claire Den Burger Green (CDBG) said she was happy for future meetings to be blended (virtual and face to face) to give everyone an opportunity to attend.	Andy Lister	May 2022	AL is in liaison with IT around blended meetings and as part of the MC post meeting review we will include a question about days of MC meetings
MC22/21	Andy Lister (AL) is currently reviewing the strategic meeting flow and this will be presented to the Coordination Group in March 2022.	Andy Lister	May 2022	This has been completed.

**Members' Council  
10 May 2022**

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

**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 8 February 2022.

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 February, there has been one change to the Members' Council, which is:

- Lisa Ward, publicly elected governor for Kirklees has resigned from the Members' Council. I would like to thank Lisa for her service.

**2. Chair**

To provide verbal update in the meeting

**3. Chair and Non-executive Director activity since 8 February 2022**

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 8 February 2022. 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. It is hoped that this will start to change as the latest wave of the pandemic begins to subside.

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:

##### **Gemma/PAs to double check -**

- Audit Committee  
12 April 2022 Mike Ford, Mandy Griffin, Chris Jones
- Clinical Governance and Clinical Safety Committee  
8 February 2022 Marie Burnham, Nat McMillan, Kate Quail  
5 April 2022 Marie Burnham, Nat McMillan, Kate Quail
- Finance, Investment and Performance Committee  
21 February 2022, Chris Jones, Nat McMillan, Kate Quail  
21 March 2022, Chris Jones, Nat McMillan, Kate Quail  
25 April 2022, Chris Jones, Nat McMillan, Kate Quail
- Mental Health Act Committee  
8 March 2022, Kate Quail, Erfana Mahmood, Mandy Griffin
- Workforce and Remuneration Committee  
22 March 2022, Marie Burnham, Mandy Griffin, Nat McMillan  
9 May 2022, Marie Burnham, Mandy Griffin, Nat McMillan
- Equality and Inclusion Committee  
15 March 2022, Marie Burnham, Chris Jones, Erfana Mahmood, Mike Ford
- Charitable Funds Committee  
8 March 2022, Marie Burnham, Erfana Mahmood, Mike Ford
- Nominations' committee  
18 February 2022 Marie Burnham

5 April 2022 Kate Quail  
14 April 2022 Marie Burnham

- Members' Council Coordination Group  
14 March 2022 Mandy Griffin
- Barnsley Integrated Care Partnership Group 28 April 2022 Marie Burnham
- WY Mental Health, Learning Disability & Autism Collaborative Committees in Common (cancelled)
- Interim Clinical Ethics Advisory Group 20 April 2022

**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
- 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
- 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
- Regular meetings with other NHS chairs in region
- WY&H Chairs and Leaders Reference Group
- Integrated Care Partnership Group (chair)
- Barnsley Alliance

**d) Additional NED activity:**

- **All NEDs:**

- NED meetings (monthly)

**Mike Ford:**

- Participation in quality monitoring visit to Calderdale Old People's service
- Attendance at external events/webinars
  - Digital Boards Network
  - NHS Providers NEDs Network
  - Preparation for contribution to podcast re diversity in NHS
- Handover meeting with departing SID
- Participation in
  - Internal Audit & Counter Fraud tender
  - NED interview/selection
  - DOF Shortlisting
- Meetings with Executive to discuss
  - Assurance Statements re serious incidents
  - IPR development
  - Approach to Counter Fraud
  - Establishment of new Collaborative Committee
- Meeting with Internal Audit re 22/23 Internal Audit Plan
- Meeting with Audit Committee Chairs for other WY ICS provider trusts to discuss approach to governance going forward

**Kate Quail:**

- Inclusive Leadership Board Development session
- West Yorkshire NEDs and Chairs - Health Inequalities Workshop
- Attended the Trust Excellence Awards and presented the Improving Care awards.
- Hospital Managers' Forum

**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 and Clinical Safety Committee
- Clinical Governance Group
- Audit Committee to present the annual report on the CGCS Committee
- Observed the Digital Strategy Group
- Meeting with the named safeguarding lead
- Finance, Investment and Performance
- Trust Board
- Workforce and Remuneration Committee
- Support around Chief People Officer recruitment
- Consultant interview panel

**Mandy Griffin:**

- Actively involved in the development of the trust sustainability strategy due to go to board July first draft is May
- Chaired recruitment committees including remuneration discussions for CEO and CPO



- Acted as Chair for the trust Welcome committee
- Was part of interview panel for the new NED
- Reviewed and help re-shape Cyber risk to reflect full impact, attended several meetings to discuss this
- Visited the forensic services with trust chair
- Deputised and chaired Trust Board in March
- Been part of the IPR working group
- Help develop Risk Strategy Framework for trust approved at trust board April
- Been part of discussions to agree Trust Strategic objectives for 22/23
- Took part in QMV at Folly Hall, Enhanced Team 1
- Attended and presented at Excellence Awards
- Agreed to be NED Sponsor for NED insight programme candidate
- Agreed to be NED well-being Champion

#### **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](http://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.

#### **22 February – Strategic Board**

In addition to standing items item the Strategic Board included:

- Digital Board programme input from NHS Providers
- Board understanding of being a partner in systems, in place, provider collaboratives and our strategic intent.

#### **29 March 2022 - Trust Board (performance & monitoring)**

The story at the Board meeting was from a service user who has recently been an inpatient in two of the Trusts wards at Fieldhead hospital. She explained the difference in culture

between the two wards and highlighted some areas where she felt improvements could be made. She has since met with the Chief Operating Officer and ward matrons and is going to be involved in improvement work going forward.

In addition to standing items, the public board included:

- Financial and operational planning arrangements 2022/23
- Serious incident quarterly report
- Strategic Overview of Business and Associated Risk
- IPC Board Assurance Framework
- Ockenden report update
- Freedom to speak up annual report
- Estates Strategy Update
- Learning from Healthcare Deaths Policy update

In addition to standing items, the private board included:

- Barnsley Alliance Proposals
- South Yorkshire Adult Secure Provider Collaborative – update
- Operational Plan
- Strategic Priorities and Programmes

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

**26 April 2022 - Trust Board (business and risk)**

The story at the Board meeting was from a service user who is a volunteer for the Trust and an artist. She has been in mental health services for over ten years and explained the benefits of creative activity in relation to her mental health. She is now working with Kirklees recovery college to improve the services they provide, their accessibility and visibility.

In addition to standing items, the public board included:

- Board Assurance Framework
- Corporate / organisational risk register
- Guardian of safe working hours annual report
- Data Security and Protection Toolkit
- Draft Annual Governance Statement
- Financial and Operational Planning
- Safer Staffing Report
- Compliance with NHS provider licence conditions and code of governance - self-certifications
- Interim Clinical Ethics Group
- Going concern report
- Strategic objectives, priorities and programmes 2022/23
- Sustainability Strategy update

In addition to standing items, the private board included:

- REACH Staff Network meeting with the Board
- BDU Performance Report – Forensic Services
- Priority programmes 2022/23 proposed metrics
- Investment Appraisal

**Marie Burnham**

Chair
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**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>7.1</b>
<b>Report Title:</b>	Annual report unannounced or planned visits April 2021- March 2022
<b>Report By:</b>	Interim Associate Director of Nursing, Quality and Professions
<b>Action:</b>	To receive

**Introduction**

Due to the COVID-19 pandemic there were no unannounced or planned visits within the reporting period. Therefor this paper provides an overview of the quality monitoring visiting programme for 2021/22. In 2021/22, due to the COVID-19 pandemic, the plan was reviewed. A risk-based prioritisation approach was used to deliver the visiting schedule.

This paper provides assurance on programme completion and an overview of themes and learning from the visits completed. This paper was received at Clinical Governance and Clinical Safety Committee April 2022.

**Recommendation**

**The Members' Council is asked to receive the update on the Quality Monitoring visit programme 21/2022**

**Background**

- A total of 26 visits have been completed
- There have been no concerns identified that have required immediate action or escalation.
- Some common themes have been identified across the service sample visited. Common themes include, waiting lists, the impact of covid-19 on staff resilience, staff working long hours, however good practice was seen around care planning, risk assessment and service user feedback when gathered was positive and highly praising of staff overall.
- QMV's also identified trust wide issues and learning which have been escalated and shared for action. For example, NEWS2 training and identifying which staff groups should be mandated and removing those who are not, escalating to OMG compliance rates with mandatory training for local action and support.
- The trust continues to have a good governance system for assuring the quality of services. This will be provided through a continued programme of Quality Monitoring visits, aligned with improvement plans

**Risk Appetite**

The trust continues to have a good governance system for assuring the quality of services. This meets the risk appetite – low and the risk target 1-6.

**Members Council  
May 2022  
Agenda**

**Annual report unannounced or planned visits**

**April 2021- March 2022**

**Detailing Quality Monitoring Visits October 2021 – March 2022**

**1. Background**

There have been no unannounced or planned visits during the reporting period. However as a Trust we have been prepared to be visited at any time and have continued with our internal process to ensure preparedness and confidence for any visit. Given there has been no unannounced or planned visits, the main focus of this report will be on the Quality Monitoring Visits (QMV) which have been undertaken within the year.

Previously we have undertaken quality monitoring visits (QMV) that have had a focus on providing assurance. In 2020/21, due to the COVID-19 pandemic, this approach to QMV's was put on hold. The plan was reviewed, and the following was proposed for quality monitoring visits in 2021/22 to commence in October 2021.

- To visit community teams (mental health & physical health teams)
- To carry out risk-based quality monitoring visits
- To roll out The Quality Scheme, a self-governing quality assurance, improvement, and accreditation scheme in Inpatient areas (mental health & physical health wards)

The proposed timetable for visits ran as planned from October to November 2021, however in December 2021, the pandemic continued to impact significantly on both clinical and corporate services. We experienced new and additional

- staffing pressures due staff absence and isolation periods, impacting on staff resilience
- Increased levels of bank and agency staff working in services
- IPC restrictions and requirements impacting on site visits

This required a more flexible and pragmatic approach to the QMV schedule. A risk-based prioritisation approach was used to deliver a visiting schedule which provided organisational assurance, which supported and enabled services to be CQC ready and was achievable within the pressures and constraints of services whilst they responded to the ongoing impact of the COVID-19 pandemic.

For the visiting schedule December through to March 2022, the services selected for visits were a cross sample of those identified in the 2021/22 QMV schedule proposal, prioritised against the following criteria:

- A CCG request
- Local risk-based intelligence
- Likelihood of a CQC visit, including date elapsed since last inspection

## 2. Programme Update October - April 2022

A total of 26 visits have been completed. 12 visits were completed between October and December 2021 and a further 14 between January and April 2022. The January and March 2022 visiting schedule included two visits at the request of the CCG and two visits that were in response to local risk-based intelligence. This proposal had Operational Managers Group oversight and approval (January 2022).

Those services that are risk based inspections or a CCG request are highlighted below in blue

Visits have been undertaken to:

Service	Teams	Rationale for inclusion
<b>CAMHS</b>	<ul style="list-style-type: none"> <li>• Barnsley</li> <li>• Wakefield</li> <li>• Kirklees</li> <li>• Calderdale</li> </ul>	<ul style="list-style-type: none"> <li>• CQC requires improvement</li> <li>• CQC inspection potential</li> </ul>
<b>Community Services for Physical Health</b>	<ul style="list-style-type: none"> <li>• Neighbourhood nursing</li> <li>• Rapid response</li> <li>• Early supported discharge</li> <li>• Dietetics</li> <li>• Neighbourhood rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• CQC inspection potential</li> </ul>
<b>Intensive Home-based treatment teams</b>	<ul style="list-style-type: none"> <li>• Barnsley</li> <li>• Wakefield</li> <li>• Kirklees</li> <li>• Calderdale</li> </ul>	<ul style="list-style-type: none"> <li>• Time elapsed since their last inspection</li> <li>• CQC inspection potential</li> </ul>
<b>Older People Services (OPS) Inpatient</b>	<ul style="list-style-type: none"> <li>• Willow</li> <li>• Poplars</li> <li>• Beechdale</li> </ul>	<ul style="list-style-type: none"> <li>• Poplars local risk based request</li> <li>• Beechdale CCG request</li> </ul>
<b>Older People Services (OPS) Community</b>	<ul style="list-style-type: none"> <li>• Calderdale CMHT</li> <li>• Barnsley CMHT</li> </ul>	<ul style="list-style-type: none"> <li>• CQC inspection potential</li> <li>• On 2020/21 visiting proposal</li> </ul>
<b>Learning Disability Community</b>	<ul style="list-style-type: none"> <li>• Wakefield</li> <li>• Calderdale</li> </ul>	<ul style="list-style-type: none"> <li>• CQC inspection potential</li> <li>• On 2020/21 visiting proposal</li> </ul>

<b>Barnsley Community Health Services</b>	<ul style="list-style-type: none"> <li>• NRU</li> <li>• Tissue Viability</li> </ul>	<ul style="list-style-type: none"> <li>• CQC inspection potential</li> <li>• On 2020/21 visiting proposal</li> </ul>
<b>Adult community Mental Health</b>	<ul style="list-style-type: none"> <li>• Wakefield</li> <li>• Kirklees</li> </ul>	<ul style="list-style-type: none"> <li>• On 2020/21 visiting proposal</li> </ul>
<b>Rehabilitation and recovery</b>	<ul style="list-style-type: none"> <li>• Enfield Down</li> <li>• Lyndhurst</li> </ul>	<ul style="list-style-type: none"> <li>• Enfield Local risk based request</li> <li>• Lyndhurst CCG request</li> </ul>

### 3. Scope of the reviews

We assessed our practice against the following criteria:

- CQC improvement plans
- Infection Prevention and Control
- Risk assessment and care planning
- Culture
- Safeguarding
- Equality

Due to the high number of visits planned, four visit leads were identified. The planning team actively recruited additional capacity from Allied Health Professional (AHP) and medical colleagues to support the next visiting schedule. The Non-Executive Directors (NEDs) and Governors received a list of visit dates and where available were a key member of the visiting team

**The visiting team included representation from:**

- Governors or NED's
- Clinical Commissioning groups (as requested)
- Safeguarding specialist
- Clinicians – Medic or AHP or Nurse
- Quality governance leads

### 4. Learning from QMV's

There have been no concerns identified that have required immediate action or escalation.

Some common themes have been identified across the service sample visited.

If any areas scoped during the QMV are identified as requiring improvement, then the service is required to produce an improvement plan which is overseen and monitored by their BDU governance group.

The visits also identified trust wide issues and learning which have been escalated and shared for action. For example, NEWS2 training and identifying which staff groups should be mandated and removing those who are not, escalating to OMG compliance rates with mandatory training for local action and support.

## Summary of trust wide and common themes

Service Line	Common Themes - Good Practice
<ul style="list-style-type: none"> <li>Children/Adolescent Mental Health Services (CAMHS)</li> <li>Older People's Services (Community)</li> <li>Community Learning Disability teams</li> <li>Barnsley Community Services</li> </ul>	Service users and their families felt listened to and supported/Involved in their care
<ul style="list-style-type: none"> <li>Older People's Services (inpatients)</li> </ul>	Good communication and information received from the Trust
<ul style="list-style-type: none"> <li>CAMHS</li> <li>Older People's Services (Community)</li> <li>Barnsley Community Services</li> </ul>	Excellent examples of multi disciplinary working including handovers, good support structures for staff
<ul style="list-style-type: none"> <li>OPS (Community)</li> <li>Rehabilitation and Recovery services</li> </ul>	Clinical risk assessments and care plans (good reporting) good evidence of care planning that is shared and discussed/co produced with service users

Service Line	Common Themes - Improvement plan action required
<ul style="list-style-type: none"> <li>Community Learning Disability teams</li> <li>Adult Community Mental Health</li> </ul>	Record keeping (issues, variable quality, care plans not given to service users etc)
<ul style="list-style-type: none"> <li>OPS (inpatients)</li> <li>OPS (Community)</li> <li>Adult Community Mental Health</li> </ul>	Issues relating to the pandemic (managing visitor expectations, seeing colleagues etc)
<ul style="list-style-type: none"> <li>Community Learning Disability teams</li> <li>CAMHS</li> <li>Adult Community Mental Health</li> </ul>	Issues with waiting lists
<ul style="list-style-type: none"> <li>Older People's Services (inpatients)</li> <li>Community Learning Disability teams</li> </ul>	More visibility required from senior staff

## 5. Trust-wide Issues

Challenges	Positives
<p><b>Accessible Information Standard</b></p> <p>This was not well understood across all services visited and as this was on the Improvement Plan from last inspection a piece of work would be useful to explain what it is for and what staff need to do to ensure it is completed.</p> <p><b>NEWS [early warning signs of physical health deterioration] training</b></p>	<ul style="list-style-type: none"> <li>All teams are very proud of how they have pulled together during these difficult times.</li> <li>The impact of the Covid pandemic was raised in all visits both for the pressures this had put on services but also the opportunities it had provided for working differently.</li> </ul>



<p>This needs clarifying as this has appeared on mandatory training for some teams but not others and it has not been applied consistently across teams</p> <p><b>Mandatory Training</b></p> <ul style="list-style-type: none"> <li>• Managers are reporting the mandatory training system takes several weeks to update.</li> <li>• Mandatory training that requires face to face facilitation does not meet the required 80% standard across many inpatient and community teams eg CPR</li> <li>• All teams visited had some gaps in mandatory training, even if overall compliance was high</li> </ul> <p><b>Patient Experience and Feedback</b></p> <ul style="list-style-type: none"> <li>• In some areas Friends and Family returns were low</li> <li>• Compliments are not sent through to Customer Services from many teams</li> </ul> <p><b>Staff working practices</b></p> <p>Staff reported doing unpaid hours to keep up with workload.</p> <p><b>Environment</b></p> <p>Information on display in many of the team bases, was out of date or missing</p>	<ul style="list-style-type: none"> <li>• Service areas are doing some amazing work that they are not always recognising as Quality Improvement work and are so busy they are not promoting the great work they are doing.</li> </ul>
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## 6. Proposed schedule 2022/23

Our proposal is to use Intelligence from the cross sample of visits between October 2021 and March 2022 to inform the visiting schedule into 2022/23 in addition to risk-based inspection requests. There has been a proposal for the QMV schedule to align with the Trust's MHA CQC inspections to support the governance arrangements around the production of the report and action plan following these inspections. Work is in development to explore and understand how we can align the MHA CQC inspection follow up visits with risk based QMV visits and the proposed refresh and roll out of the Quality Scheme within the current capacity available

## 7. Assurance

The trust continues to have a good governance system for assuring the quality of services. This will be provided through a continued programme of Quality Monitoring visits, aligned with improvement plans.

Ongoing assurance will be provided through:

- A continued programme of Quality Monitoring visits
- A responsive approach to ensure risk based QMV's are scheduled and prioritised

- Improvement Plans from visits to be monitored by BDU's in their governance groups
- Improvement plans reported and updated in the Clinical Governance Group
- Oversight into the CGCSC

# The Fundamental Standards of Care

A new strategy for the changing world of health and social care

2022



With **all of us** in mind.

## Frequency of inspections of core services and the well-led key question (*current guidance*)

The CQC inspect the **well-led** key question for a Trust approximately every 2 years. They use the Trust's previous ratings and the latest information to decide which services to inspect alongside the inspection.

Core services will be inspected at the following maximum intervals:

Previous overall rating	Maximum interval between inspection
Outstanding	Normally within 5 years of publishing the last core service inspection
Good	Normally within 3.5 years of publishing the last core service inspection
Requires improvement	Normally within 2 years of publishing the last core service inspection
Inadequate	Normally within 1 year of publishing the last core service inspection

Core service	Inspected	Rating	Potential inspection?
Acute wards & PICU	2016, 2017, 2018, 2019	Requires Improvement	✓ (highly likely)
Forensics	2016, 2017, 2018	Good	✓
CAMHS	2016, 2017, 2018, 2019	Requires Improvement	✓ (highly likely)
Adult MH community	2016, 2018, 2019	Good	
LD Inpatient	2016, 2018	Good	✓
LD Community	2016, 2017, 2018	Good	✓
OPS inpatient	2016, 2017, 2019	Good	
OPS community	2016, 2017	Good	✓
IHBT/ HBPS	2016	Good	✓ (highly likely)
Rehab & recovery	2016, 2017	Good	✓
End of life	2016	Good	✓ (highly likely)
CHS adult	2016	Good	✓ (highly likely)
CHS inpatient	2016	Good	✓ (highly likely)
CHS children's	2016	Good	✓ (highly likely)



## Revised Inspection Details

In previous years, pre-inspection the CQC have requested a large amount of information and data – this is known as the ‘Provider Information Request’ or PIR

The Trust’s CQC inspector has confirmed there will no longer be a PIR, and information will be requested at the time of the desktop review. This means:

- The Trust will get NO advance warning of an impending inspection
  - The CQC can/will arrive on an inpatient unit without any prior notice
  - The CQC will give the Trust 24-48 hours notice of inspecting a community team
- The Trust must expect an increased number of information / data requests during the desktop review, and prepare for this accordingly

**An inspection is expected 2022**

## Change in strategy

The CQC are changing how they regulate services, to improve care for everyone. Regulation will be more relevant to the way care is now delivered, more flexible to manage risk and uncertainty and enable them to respond more quickly and proportionately.

The strategy sets out its ambitions under four themes:

- People and communities
- Smarter regulation
- Safety through learning
- Accelerating improvement

Running through each theme are two core ambitions:

- Assessing local systems
- Tackling inequalities in health and care





# CQC

## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

### Strategic themes and core ambitions

#### People and communities

Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services.

#### Smarter regulation

Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response.

**Assessing local systems:** Providing independent assurance to the public of the quality of care in their area.

**Tackling inequalities in health and care:** Pushing for equality of access, experiences and outcomes from health and social care services.

#### Safety through learning

Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives.

#### Accelerating improvement

Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.

### Outcomes from this strategy

- We're driven by people's experiences of care
- We provide a clear definition of quality and safety that is consistently used
- We develop how we work in partnership with people

- We're an effective, proportionate, targeted and dynamic regulator
- We provide an up-to-date and accurate picture of quality
- It's easy to exchange information with us; our information is accessible, relevant and useful

- We've contributed to people getting better joined-up care
- We've influenced others to reduce inequalities in health and care

- We've contributed to improved safety cultures across health and care
- We've contributed to people receiving safer care

- We've accelerated improvements in the quality of care
- We've encouraged and enabled safe innovation



## Prioritising People & Communities

### Collaborative Working as a Local System

Health and care services, and commissioners need to understand the diverse needs of their local populations

CQC will:

- Assess if people can move easily between services
- Check if care is more coordinated
- Use legislation in the Health & Social Care Bill & working with other regulators to understand local population needs and the factors that contribute to inequalities in access and experiences and how this effects outcomes
- Share examples of good practice

# Safety Through Learning

## The Importance of Culture

- Safety is a top priority for **ALL**
- Working together and agreeing what safe looks like will create a better understanding of risk across health & social care
- Embrace the opportunities to learn & improve
- Open & honest cultures will be encouraged

## Building Expertise

- How services and systems assure themselves that they have the right knowledge and expertise
- Improve and increase own safety expertise in CQC

## Involving Everybody

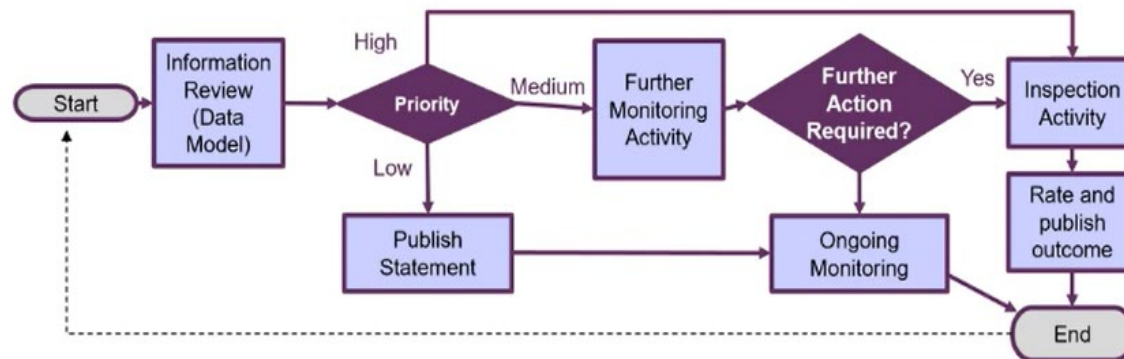
- Check that services actively take into account people's rights and their unique perspectives on what matters to them in the way they choose to live their lives and manage risk

# Safety Through Learning

## Regulating Safety

- Focus more on the types of care setting where there's a greater risk of a poor culture going undetected
- Reviewing how data is gathered to ensure greater consistency across sectors regardless of who it is reported to
- Where concerns are raised, direct services and systems to respond and show both CQC and people who use the services – what action they'll take to learn and improve
- Use powers and act quickly where improvement takes too long, or where the changes won't be sustainable
- Check how services work together as part of a local system

# Smarter regulation



The data refreshes each month and the model will assign a priority to each location:

Low: Statement on website

Medium: Goes through the DMA: Outcome = Inspect or Monitor

High: Proceeds to immediate inspection

- On site visits will continue to allow for essential direct observations but only if there is a clear need to do so
- Have ongoing conversations about quality, to give better insight and enable a tailored more proportionate approach
- Use of digital platforms that will better integrate the data held, which will enable consistent interpretation of data.
- Combined with the experience, knowledge, and professional judgement of inspectors, this means CQC will be alert and ready to act quickly in a more targeted way and tailor regulation to individual circumstances
- **Ratings** will evolve to reflect how people experience care so they become more meaningful and **focus on things that matter to them**

# Accelerating Improvement

## Collaborating For Improvement

- Facilitate national improvement coalitions with a broad spectrum of partners within both health and adult social care, including those representing people who use services.
- Strengthen ongoing relationships at a local level to promote collaboration on improvement across areas, working with local and national partners from the relevant improvement coalitions.

## Making Improvement Happen

- Encourage continuous improvement in quality by being clearer on the standards that we, and people who use health and care services to address inequalities in access, experiences and outcomes.

## What have we been doing?

- Preparing staff – this is the 37<sup>th</sup> presentation / discussion since September 2021.  
Updating on progress and new strategy
- Conducting Quality Monitoring Visits – 26 visits have conducted between October 2021 and April 2022. The visits included assurance on actions taken from previous inspections, where appropriate (further detail in QMV paper)
- Ensuring any outstanding actions are prioritised

## What have we been doing?

- Updated the CQC intranet toolkit with infographics and updated guidance
- Self assessment process with 14 core services and the board. These self assessments have dedicated Intranet pages, validated by governance groups and will be updated periodically
- Spoken to local providers that have recently been inspected
- Ongoing dialogue with our inspection team. We have a good relationship, displaying our open and honest values

## What has been the impact?

- Staff at all levels of the organisation are aware of the fundamental standards
- Many improvements since previous inspection in 2019 (a selection of these will be reported in the Quality Account Report)
- Start of a culture change, ready for inspection at any time
- Areas for improvement noted, these are being built into QI programmes



## Outstanding actions 2022/2023

- Clinical record keeping (particularly risk assessments and care plans)
- Staffing
- Waiting lists (particularly for psychological therapies)

*Our improvement approach includes:*

- Clinical record keeping:
  - Regular clinical record keeping audits, with improvement plans in response owned by BDUs
  - Dip sampling of quality of clinical record keeping by matrons and quality leads
  - Data quality reviews are ongoing to ensure current reporting accuracy
  - Paper going to committee to review our approach to the clinical practice and recording of risk assessment and care planning, with a view to a further improvement plan

## Outstanding actions 2022/2023

- Clinical record keeping (particularly risk assessments and care plans)
- Staffing
- Waiting lists (particularly for psychological therapies)

*Our improvement approach includes:*

- Staffing
  - Current review of establishment to explore potential of new roles
  - New external facing recruitment website
  - Strong social media recruitment campaign currently underway
  - Continuing focus of training and development to support retention
  - International nurse recruitment is ongoing, with some recruits already in post
  - Collaborative bank in planning across the West Yorkshire ICS

## Outstanding actions 2022/2023

- Clinical record keeping (particularly risk assessments and care plans)
- Staffing
- Waiting lists (particularly for psychological therapies)

*Our improvement approach includes:*

- Waiting lists
  - As an example, waits for children's neuro-developmental diagnostic assessments in Kirklees have continued to increase and implementation of agreed waiting list initiatives
  - Partnership work with an external providers to reduce waiting times for Adult SALT continues
  - Waiting lists are a particular focus within operational services, and a report is going to the Operational Management Group and Clinical Governance Clinical Safety Committee

## Outstanding actions 2022/2023

In addition, these actions are being monitored and mitigated by:

- Strategic, Trustwide improvement projects
- Local quality improvement projects and initiatives
- Local governance arrangements (ward manager and matron checks)
- Support from corporate services
- Clinical record keeping audits
- Quality monitoring visits
- Clinical audit
- Patient experience triangulation (surveys, complaints, staff surveys etc.)
- Ongoing dialogue with the CQC – being open, honest and transparent

## Key improvements

- Staff at all levels of the organisation are aware of the fundamental standards of care, with reduced anxieties
- Many improvements have been made since the previous inspection in 2019 (a selection of these will be reported in the Quality Account Report)
- Start of a culture change
- Areas for improvement noted, these are being built into QI programmes

## A few initiatives

- Introducing business support admin to the wards to release ward managers and qualified nurses from some of their admin duties.
- Comprehensive wellbeing action plan in place to monitor and support staff absence and sickness.
- Introducing new roles to make the team more diverse, offer a better working experience and career progression.
- Running an active bespoke Forensic recruitment campaign to attract new staff.
- Explored international recruitment and will be getting new, registered nurses from overseas.
- Providing staff with the opportunity to conduct meaningful therapeutic activities.
- Team transfer opportunities to allow staff to transfer between teams.
- Using social media to promote and advertise unfilled shifts and job adverts.



South West  
Yorkshire Partnership  
NHS Foundation Trust

**Thank you – any questions?**

With **all of us** in mind.

**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>8.1</b>
<b>Report Title:</b>	<b>Governor feedback and appointment to Members' Council Groups</b>
<b>Report By:</b>	Corporate Governance Team on behalf of Governors
<b>Action:</b>	To receive

The following events were attended by governors since the last Members' Council meeting from 8 February 2022 -

<b>Name / representing</b>	<b>Groups / committee / forum</b>	<b>Involvement activity</b>
BARKWORTH, Bill Elected – public Barnsley	<ul style="list-style-type: none"> <li>18.02.22 Nominations Committee</li> <li>14.03.22 Co-ordination Group</li> <li>05.04.22 – Nominations Committee</li> <li>14.04.22 – Nominations Committee</li> <li>19.04.22 Extraordinary Members Council</li> </ul>	
BLAGBROUGH, Howard Appointed – Calderdale Council		
CLAYDEN, Bob Elected – public Wakefield	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>14.03.22 Co-ordination Group</li> </ul>	<ul style="list-style-type: none"> <li>09.02.2022 Q&amp;A Governor session with Marie Burnham and Mark Brook</li> </ul>
CRAVEN, Jackie Elected – public Wakefield	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> </ul>	
DEGMAN, Dylan Elected – public Wakefield	<ul style="list-style-type: none"> <li>05.04.22 – Nominations Committee</li> </ul>	
DEN BURGER-GREEN, Claire Elected – public Kirklees	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>14.02.2022 Kirklees Mental Health Carers Forum meetings</li> </ul>	<ul style="list-style-type: none"> <li>02.02.2022 Kirklees Council adult social care</li> <li>09.02.2022 Kirklees Council adult social care</li> <li>09.02.2022 Q&amp;A Governor session with</li> </ul>



Name / representing	Groups / committee / forum	Involvement activity
	<ul style="list-style-type: none"> <li>11.04.2022 Kirklees Mental Health Carers Forum meetings</li> </ul>	<p>Marie Burnham and Mark Brook</p> <ul style="list-style-type: none"> <li>22.02.2022 Kirklees Council adult social care</li> <li>03.03.2022 SWYPFT Carers network meeting</li> <li>07.03.2022 Kirklees Council adult social care</li> <li>08.03.2022 NHS Provider training 'Effective Chairing'</li> <li>09.03.2022 SWYPFT Carer awareness staff training meeting and input</li> <li>21.03.2022 Kirklees Council adult social care</li> <li>28.03.2022 Kirklees Council adult social care</li> <li>30.03.2022 Attended Bipolar UK conference</li> <li>01.04.2022 Kirklees Council adult social care</li> <li>12.04.2022 SWYFT NED recruitment – stakeholder panel member</li> <li>13.04.2022 Kirklees Council adult social care</li> </ul>
DOOLER, Daz Elected – public Wakefield	<ul style="list-style-type: none"> <li>19.04.22 Extraordinary Members Council</li> </ul>	<ul style="list-style-type: none"> <li>31.01.22 Quality Group</li> </ul>
EASTWOOD, Brenda Appointed – Barnsley Council	<ul style="list-style-type: none"> <li>19.04.22 Extraordinary Members Council</li> </ul>	<ul style="list-style-type: none"> <li>09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> </ul>
ELLIS, Gary Appointed – Mid Yorkshire NHS Foundation Trust	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>19.04.22 Extraordinary Members Council</li> </ul>	
IRVING, Carol Elected – public Kirklees	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>15.03.21 Quality Group</li> </ul>	
JACKSON, Tony Staff – non-clinical support	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>18.02.22 Nominations Committee</li> <li>14.04.22 – Nominations Committee</li> <li>19.04.22 Extraordinary Members Council</li> </ul>	<ul style="list-style-type: none"> <li>09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> </ul>

Name / representing	Groups / committee / forum	Involvement activity
JHUGROO, Adam Elected - public Calderdale	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> </ul>	<ul style="list-style-type: none"> <li>12.04.22 Q&amp;A Session with Mark Brooks and Marie Burnham</li> </ul>
LAKE, Trevor Appointed - Barnsley Hospital NHS FT		
LAVILLE, John Elected - public Kirklees	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>18.02.22 – Nominations Committee</li> <li>14.03.22 Co-ordination Group</li> <li>05.04.22 – Nominations Committee</li> <li>14.04.22 – Nominations Committee</li> <li>19.04.22 Extra ordinary Members' Council</li> <li>19.04.22 Extraordinary Members Council</li> <li>26.04.22 Trust Board</li> </ul>	<ul style="list-style-type: none"> <li>09.02.2022 Q&amp;A Governor session with Marie Burnham and Mark Brook</li> <li>08.03.22 Virtual Calderdale Governor meeting</li> <li>09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> <li>09.03.22 Virtual Staff meeting</li> <li>11.03.22 Kirklees Virtual Governor meeting</li> <li>07.04.22 Excellence awards</li> <li>12.04.22 Q&amp;A Session with Mark Brooks and Marie Burnham</li> <li>Recruitment for NED and Chief People Officer</li> <li>Brookroyd Practice Patient Group</li> <li>Brookroyd Practice Dementia event</li> <li>Kirklees Mental Health Carers Forum Feb and April</li> <li>Kirklees CCG Primary Care Commissioning Committee Feb and April</li> <li>Kirklees Mental Health Alliance Feb, March, April</li> <li>Kirklees Mental Health Partnership Board sub group</li> <li>Kirklees CCG Engagement Event</li> </ul>

<b>Name / representing</b>	<b>Groups / committee / forum</b>	<b>Involvement activity</b>
McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Trust	<ul style="list-style-type: none"> <li>• 08.02.22 Members' Council</li> <li>• 18.02.22 Nominations Committee</li> <li>• 05.04.22 – Nominations Committee</li> <li>• 19.04.22 Extraordinary Members Council</li> </ul>	
MORGAN, Helen Staff – Allied Health Professionals	<ul style="list-style-type: none"> <li>• 08.02.22 Members' Council</li> </ul>	
PERVAIZ, Mussarat Appointed – Kirklees Council		
POWELL, Beverley Elected – public Wakefield	<ul style="list-style-type: none"> <li>• 08.02.22 Members' Council</li> </ul>	<ul style="list-style-type: none"> <li>• 12.04.22 Q&amp;A Session with Mark Brooks and Marie Burnham</li> </ul>
SHIRE, Phil Elected – public Calderdale	<ul style="list-style-type: none"> <li>• 08.02.22 Members' Council</li> <li>• 19.04.22 Extraordinary Members Council</li> </ul>	<ul style="list-style-type: none"> <li>• 17.02.21 Q&amp;A Governor session with Rob Webster, Angela Monaghan, Chris Jones and Alan Davies</li> <li>• 17.03.21 Q&amp;A Governor session with Angela Monaghan and Rob Webster</li> <li>• 14.07.21 Q&amp;A Governor session with Mark Brooks and Angela Monaghan</li> <li>• 19.10.21 Annual Members' Meeting</li> <li>• 19.01.2022 Q&amp;A Governor session with Marie Burnham and Mark Brooks.</li> <li>• 09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> </ul>
SMITH, Jeremy Elected – public Kirklees	<ul style="list-style-type: none"> <li>• 08.02.22 Members' Council</li> <li>• 14.03.22 Co-ordination Group</li> </ul>	<ul style="list-style-type: none"> <li>• 09.02.22 Q&amp;A Session with Marie Burnham and mark Brooks</li> <li>• 09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> </ul>

<b>Name / representing</b>	<b>Groups / committee / forum</b>	<b>Involvement activity</b>
		<ul style="list-style-type: none"> <li>12.04.22 Q&amp;A Session with Mark Brooks and Marie Burnham</li> </ul>
STUART-CLARKE, Keith Elected - public Barnsley	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>14.03.22 Co-ordination Group</li> </ul>	<ul style="list-style-type: none"> <li>09.02.22 Q&amp;A Session with Marie Burnham and mark Brooks</li> <li>09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> <li>12.04.22 Q&amp;A Session with Mark Brooks and Marie Burnham</li> </ul>
TEALE, Debs Staff - Nursing support	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> <li>19.04.22 Extraordinary Members Council</li> </ul>	<ul style="list-style-type: none"> <li>09.02.2022 Q&amp;A Governor session with Marie Burnham and Mark Brook</li> <li>09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> <li>29.03.22 Trust Board (up to 11:00am)</li> </ul>
VLISSIDES, Nik Staff – Psychological therapies		
WARD, Lisa Elected – public Kirklees	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> </ul>	
WILKINSON, Tony Elected – public Calderdale	<ul style="list-style-type: none"> <li>19.04.22 Extraordinary Members Council</li> </ul>	<ul style="list-style-type: none"> <li>09.03.22 Q&amp;A governor session with Marie Burnham and Mark Brooks</li> </ul>
WRIGHT, Tony Appointed – Staff side organisations	<ul style="list-style-type: none"> <li>08.02.22 Members' Council</li> </ul>	<ul style="list-style-type: none"> <li>09.02.22 Q&amp;A Governor session with Marie Burnham and Mark Brooks</li> </ul>

There were no emails received for governors via the governor email address ([Governors@swyt.nhs.uk](mailto:Governors@swyt.nhs.uk)) since the last Members' Council meeting on the 8 February 2022.

**Members' Council**  
**10 May 2022**

<b>Agenda item:</b>	<b>8.1b</b>
<b>Report Title:</b>	<b>Governor feedback</b>
<b>Report By:</b>	Lead Governor
<b>Action:</b>	To receive

**Governor Activity since last Members' Council Meeting – 8 February 2022**

**Calderdale governor only meeting – 8 March 2022**

Items discussed:

- A specific mental health case in relation to a young person who had been a waiting list for a length of time was discussed
- Differential service provision between Calderdale and Kirklees for dual diagnosis services  
(Both items raised in the Governor Q and A session on 9 March 2022)

**Staff governors only meeting – 9 March 2022**

Verbal update at MC

**Kirklees governor only meeting – 11 March 2022**

Both Kirklees governors were present, Verbal update at MC.

**Joint Barnsley and Wakefield governor meeting – 4 May 2022**

Verbal update at MC

**Governor Insight Report**

- Poor quality of written communication from the Trust.
- Can carer consultation be built into Trust procedures.
- How do we influence non Trust organisations to be cognisant of issues caused to people suffering from mental health conditions by their procedures.
- Staff shortages
- Last minute appointment cancellations.
- Some service users prefer a video consultation to face to face, will this be possible post pandemic?
- Could IAPT consider remote consultations.

**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>8.2</b>
<b>Report Title:</b>	Review of Chair's and Non-Executive Director Remuneration
<b>Report By:</b>	Deputy Director of HR and OD
<b>Action:</b>	To agree

## **EXECUTIVE SUMMARY**

### Purpose and format

The Members' Council undertake regular reviews of the remuneration rates for the Chair and Non-Executive Directors (NEDs) to ensure they are fair and justifiable.

### Recommendation

**The Members' Council is asked to AGREE the recommendations of the Nominations Committee in relation to Chair and Non-Executive remuneration.**

### **Background**

The remuneration of the Chair and Non-Executive Directors (NEDs) of Foundation Trusts are determined by the Members' Council. The Nominations Committee and Members' Council have received regular papers on the remuneration of the Chair and Non-Executive Directors.

The Nominations Committee, met on the 14 April 2022 to review the remuneration arrangements for the Chair and Non-Executive Directors.

In 2019 NHS Improvement (NHSI) and NHS England (NHSE) published a document setting out a structure for the remuneration of Chairs and NEDs in NHS Trusts and NHS Foundation Trusts.

In 2019 the Nominations Committee, supported by the Director of Human Resources, Organisational Development and Estates reviewed the remuneration arrangements for the Chair and Non-Executive Directors, in light of a document published by NHS Improvement and NHS England titled 'Structure To Align Remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts'.

This document, which was published in September 2019 made recommendations to NHS Foundation Trusts on levels of payments for Chairs and Non-Executive Directors. Whilst the statutory responsibility for determining the remuneration of the Chair and Non-Executive Directors remains with the Members Council, NHS Improvement and NHS England expected NHS Foundation Trusts to follow their structure and if not, explain the reasons why.

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

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

#### **Non-Executive Directors**

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

In 2019 the Nominations Committee felt that the current rate for Non-Executive Directors was broadly in line with the NHS Improvement and NHS England rate.

They recommended the rate of £13,584 per annum for Non-Executive Directors was frozen and not uplifted until such time as the NHS Improvement and NHS England rate exceeded it.

The Nominations Committee proposed all new appointments, and any re-appointments continue to be appointed on the frozen rate of £13,584 per annum.

There are two current Non-Executive Director roles which attract an additional supplement of £2,000 per annum and these are Deputy Chair/ and Chair of the Audit Committee.

The recommendation of the Nominations Committee is that on either re-appointment or a new appointment, the supplement should continue to be £2,000 per annum to align with NHS Improvement and NHS England's recommendation.

#### **Chair**

The Chair's current remuneration is £47,100 per annum which is the second point on the Trust's incremental scale. Progression up the scale is determined by the Members Council based on the annual appraisal.

The recommended rates and guidance from NHS England and Improvement has not changed since 2019 as their guidance gave a trajectory of pay rates up to April 2022. The current remuneration for the Chair and Non-Executive Directors remains aligned to the recommendations.

It is proposed by the Nominations Committee that the remuneration levels remain as previously agreed and is reviewed again in April 2023.

The Chair's remuneration and progression up the scale will be determined by the Members Council based on her annual appraisal.

Should there be any changes to NHSEI recommendation remuneration levels prior to this time this would be reviewed in accordance with any new recommendations.

**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>8.3</b>
<b>Report Title:</b>	<b>Assurance from Members' Council Groups and Nominations Committee including:</b> <ul style="list-style-type: none"> <li>• <b>Members' Council Co-ordination Group Annual Report 2021/22 including update to the Terms of Reference</b></li> <li>• <b>Members' Council Quality Group Annual Report 2021/22 including update to the Terms of Reference</b></li> <li>• <b>Nominations Committee Annual Report 2021/22 including update to the Terms of Reference</b></li> </ul>
<b>Report By:</b>	Corporate Governance Team on behalf: Members' Council Co-ordination Group Members' Council Quality Group Nominations Committee
<b>Action:</b>	To receive and approve

**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.**
- **RECEIVE the annual reports for 2021/22 and APPROVE the updated Terms of Reference for 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.

<b>Date</b>	<b>14 March 2022</b>
<b>Presented by</b>	John Laville, Lead Governor and Chair of MCCG



<b>Key items for Members' Council to note</b>	<ul style="list-style-type: none"> <li>• The action log for the MCCG was discussed</li> <li>• A meeting will be arranged with the Trust Communications Team to look at Governor publicity</li> <li>• Discussed self-nomination by Governors on Members' Council groups and it was suggested to vary the terms of reference so there are no constraints to the constituency to try and boost membership</li> <li>• Discussed the new governor training and development programme, there is a course on holding NEDs to account called Governwell.</li> <li>• An update was provided on Members' Council objectives for 2021-23. Governors are available to attend quality visits and this will be communicated to the Trust quality team.</li> <li>• Involving people strategy, this was presented to the team</li> <li>• Governor handbook – in progress</li> <li>• Discussed items for focus in 2022/23, sustainability strategy, making SWYT a great place to work, workforce, recruitment and retention and champions. Other suggestions were sustainability to green space, CQC and work of recovery colleges.</li> <li>• Agreed to focus on workforce planning for the members' council meeting.</li> <li>• Reviewed Terms of Reference</li> </ul>
<b>Approved notes of previous meeting/s to be received</b>	<p>Approved notes of the meeting held on <b>13 December 2021</b> attached (item 8.3b)</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.
- 

<b>Date</b>	<b>4 May 2022 (verbal update to be provided)</b>
<b>Presented by</b>	Darryl Thompson, Director of Nursing, Quality and Professions and Chair of MCQG Phil Shire, Governor and Co-chair of MCQG
<b>Key items for Members' Council to note</b>	Verbal update
<b>Approved Minutes of previous meeting/s to be received.</b>	Approved notes of the meeting held on <b>31 January 2022</b> attached (item 8.3c)

### **Nominations Committee**

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

- 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.

<b>Dates</b>	<b>5 April 2022 (extraordinary) and 14 April 2022</b>
<b>Presented by</b>	Marie Burnham, Chair of the Trust and Nominations Committee
<b>Key items for Members' Council to note</b>	<ul style="list-style-type: none"><li>• Agreed shortlisting process for the Non Executive Director (finance background)</li><li>• Reviewed Nominations Committee Annual report for 2021/22</li><li>• Reviewed and agreed the Terms of Reference</li><li>• Reviewed the Chair and Non Executive Remuneration</li><li>• Reviewed the skills and expertise required on the Board including Chair and Non Executive Director terms of office</li><li>• Made recommendation to the Members' Council on the Non Executive Director appointment (finance background)</li><li>• Discussed the work programme for 2022/23</li><li>•</li></ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	Approved minutes of the meetings held on <b>12 January 2022</b> and <b>18 February 2022</b> (item 8.3d, 8.3di)  <i>Please note these minutes may be redacted if they contain personal, sensitive or confidential information.</i>

## Virtual meeting via Microsoft Teams

John Laville (Chair) (JL)  
Bob Clayden (BC)  
Chris Jones (CJ)  
Tony Wright (TWr)

Adam Jhugroo (AJ)  
Keith Stuart-Clarke (KSC)  
Marie Burnham (MB)

Grace Coggill (GC) - Author  
Bill Barkworth (BB)  
Andy Lister (AL)

## Nil

No.	Item	Action
1	<p><b>Welcome and introductions</b></p> <p>John Laville (JL) welcomed all to the meeting. Apologies, as above, were noted.</p> <p>The meeting was noted as quorate and JL asked for papers to be taken as read.</p>	
2	<p><b>Declaration of interests</b></p> <p>There were no declarations of interest noted in relation to today's agenda.</p>	
3	<p><b>Notes from previous Co-ordination Group meeting held 21 June 2021</b></p> <p>The action notes were a true and accurate record of the meeting.</p>	
4	<p><b>Action Log from previous Co-ordination Group meeting held 27 September 2021</b></p> <p>Item 7 Members' Council development against objectives – update            Andy Lister (AL) has spoken with Dawn Pearson (DP) and DP confirmed that everyone should complete a quality monitoring form as part of recruitment.  <b>AL to follow up.</b></p> <p>Item 12 Holding Non-Executive Directors to Account – annual session            On today's agenda</p> <p>Outstanding items from meeting 2 March 2020 Bill Barkworth (BB) and AL to review and combine into current actions.</p>	<p><b>AL</b></p> <p><b>BB/AL</b></p>

No.	Item	Action
5	<p><b>Membership on Members' Council groups</b></p> <p>AL noted that for reference on the front sheet Nominations Committee is showing as needing an appointed governor and staff governor but both positions have been filled. Andrea McCourt is the appointed governor and Tony Jackson as the staff governor.</p> <p>Currently there are vacancies for the Co-Ordination Group AL gave an update. Helen Morgan has self-nominated for staff governor on the Members' Council Quality Group and provided a supporting statement for review. The process states that if only one person nominates, they will automatically be included in the group, HM is formerly part of the Quality Group.</p> <p>AL to inform HM she is part of the Quality Group</p> <p>Bob Clayden (BC) pointed out to the group that he was no longer a member. AL to look into the terms of reference for the group and bring back to a later meeting.</p> <p>BC happy to self-nominate himself. Chris Jones (CJ) approved the nomination.</p>	<p>AL</p> <p>AL</p>
6	<p><b>Governor attendance at Members' Council meetings</b></p> <p>It was noted that there is no action required.</p>	
7	<p><b>Members' Council objectives 2021-2023 – update</b></p> <p>JL informed the group that there was no further update to report. Looking at outstanding actions 18/19 and 20 <b>AL and JL to look at how to close and combine into current actions.</b></p>	AL/JL
8	<p><b>Members' Council biennial evaluation – action log update</b></p> <p>It was agreed that the meeting went very well. AL reviewed the paper with the group. NEDs will now alternate the Q&amp;A sessions with the Chair, also NEDs will be leading on items within the Members' Council. The next Q&amp;A session is on 10 January which the NEDs will lead on. AL to make sure NEDs are aware of the dates for the Q&amp;A sessions. With regards to the video Coms have agree to assist in making a promotional video with governors and this will be progressed in the New Year and something put onto the website. Once the video is completed Tony Wright (TWrr) suggested to circulate through social media. BC suggested people to create a clip on their mobile phone and send in with a brief about themselves and for them to be collated centrally.</p>	AL
9	<p><b>Members' Council objectives 2021-2023 - update</b></p> <p>JL gave an update to the group and commented that whilst in the past was done well things are still being done well but also due to the pandemic struggles are still being experienced. Social groups have been carried out virtually but looking into January it's not looking good for social groups to open up due to the current situation from the government. Governors carried out support over the recruitment of the new Chair and will also continue to do so on the recruitment of the new Chief Executive. A discussion took place into how to support young governors who wanted to become a</p>	

No.	Item	Action
	governor. It was suggested to look at youth groups already set up and to engage in roadshows and social media at colleges rather than schools. TWr also suggested contacting Lecturers of students who were looking at a career in Social Care to show how the Trust works. <b>CJ/AL to draft a proposal to be taken to the next Co-Ordination meeting.</b>	<b>CJ/AL</b>
10	<b>Governor feedback – including issues emerging from governor forums and governor insight report</b>  JL updated the group that the situation has not changed since the last Members' Council meeting in November 2021.	
11	<b>Members' Council agenda 8 February 2022 – items for consideration</b>  AL informed the group that the draft minutes of the Members' Council meeting have been written and are in review but suggested that an action log be turned around quite quickly from the previous meeting for the members of this group to see any items for review. It was agreed that going forward an action log from the Members' Council meetings will be brought to this group. The next meeting in February will be a business meeting. The proposal for the new Chief Executive appointment will come from Workforce Remuneration Committee to Members' Council meeting in February if all runs to time. The work plan will need amending to reflect the methodology if everyone agrees the new process. CJ raised the issue of timings of the patient experience report and flagged that 10 minutes might not be feasible. TWr suggested that sustainability could be looked at in the May meeting as he feels it is critical for NHS organisations. JL supported this suggestion. CJ felt that whilst sustainability is important that other members might have different suggestions to be discussed. AL suggested asking for suggestions from the Member's Council. The group felt that if sustainability is not on the February agenda it should be on the May agenda and would be good if the Sustainability Lead attend the meeting to discuss. <b>AL to send out to Member's Council members for suggestions on items for the Development item.</b>	<b>AL</b>
12	<b>Members' Council Elections</b>  AL gave an update on the election process. The group discussed the constitution and gave a summary of outstanding vacancies: 1 public governor Barnsley, 1 public vacancy Calderdale, 4 public Kirklees, 1 public Wakefield, vacancy rest of Yorkshire/Humber etc, staff vacancy in medicine and pharmacy Abdul Nasair has now retired, vacancy in staff nursing, vacancy by reappointment for nursing support, vacancy in social care staff working in appointed teams.	
13	<b>Holding Non-Executive Directors to Account – annual session</b>  NEDs will be presenting at Members' Council meetings and alternating with the Chief Exec and Chair at the Q&A sessions. NEDs do attend QMV visits although occasionally are asked to step down in order to allow governors to attend. Members' Council receive evidence of what NEDs do as a group and not an individual. BB	

No.	Item	Action
	<p>suggested carrying out a survey monkey to Members' Council to see how effective through the process used so far at holding NEDs to account is. It was felt that consideration of the Board's effectiveness should be taken into account as NEDs are there to challenge the effectiveness of the Board. TWr commented that pressures on the NHS is being felt across the country and the NHS is not a nice place to work at the moment. There is a high turnover of staff leaving and joining the NHS currently.</p> <p><b>AL/JL to meet and discuss the best way forward.</b></p>	AL/JL
14	<p><b>a. Members' Council Co-Ordination Group work programme 2021</b> <b>b. Members' Council Co-Ordination Group work programme 2022</b></p> <p>No significant changes.</p>	
15	<p><b>Members' Council Co-ordination Group meeting review</b></p> <p>A discussion on thoughts of what went well and what didn't go well took place. Thoughts were that everyone had contributed and virtual meetings work well, mutually supportive and good discussions.</p> <p>Things did not go well was the papers not been received and clarity of papers. The Chair did not clearly state where we are, attendance and the Chair watching more carefully for hand going up in the meeting. No female attendance at the meeting and number of apologies at the meeting.</p> <p>Things to improve on: Numbered pages on each item, share the screen of the document in question, more attentive to hands going up. Members' Council feedback emphasise on survey monkey. Cover sheets for each item. Chair to summarise each item.</p>	
16	<p><b>Draft future dates for Members' Council Co-ordination Group meetings</b></p> <ul style="list-style-type: none"> <li>➤ 14 March 2022 at 10.00 – 12.00</li> <li>➤ 20 June 2022 at 10.00 – 12.00</li> <li>➤ 19 September 2022 at 10.00 – 12.00</li> <li>➤ 12 December 2022 at 10.00 – 12.00</li> </ul>	
17	<p><b>Any other business</b></p> <p>None.</p>	

**Action Notes of the Members' Council Quality Group  
held on 31 January 2022 10.00 until 12.00**

**Dial in only meeting via Microsoft Teams.**

**Present**

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

**Apologies – Members**

Helen Morgan (HM)  
John Laville (JL)

**In attendance**

Grace Coggill (GC) - Author  
Claire Den Burger-Green (CDBG)  
Emma Cox (EC) deputising for Carol Harris  
Adam Jhugroo (Part of meeting)

**Apologies – In attendance**

No.	Item	Action
1.	<b>Welcome, introductions and apologies</b>  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.	<b>Declarations of interest</b>  There were no further declarations over and above those made previously.	
3.	<b>Notes and actions from the meeting held on 8 November 2021</b>  The notes were agreed.  The action log was reviewed.	
4.	<b>Care Quality Commission (CQC) action plan</b>  It was agreed that there is some duplication between the the Members Council Quality Group and the Clinical Governance Clinical Safety Committee which can be addressed and PS will attend the next Clinical Governance Safety Committee meeting to observe. NMc understood the points made regarding quality visits and will pursue this herself.	



No.	Item	Action
	<p>Keith Stuart-Clarke (KSC) agreed that the group is there for the constituents and hold NEDs and Executives to account on their behalf. It was agreed that as Chair of Clinical Governance Committee NMc should be invited to attend the Quality Group meetings.</p> <p>A presentation was not received for the meeting DT gave apologies that it had not been received. The CQC team have been working on CQC preparedness within the clinical teams and also preparation for NED colleagues who will be more likely to be pulled into a Well Led review. The CQC has said verbally we are not on their list of concern, and they have advised that they are confident enough that we can step down our attendance numbers at our regular meetings with the CQC. A visit from the CQC is not envisaged at this time. Each service area of the Trust that was given a rating from the last visit has been asked to review what they think the rating would be now should they be visited. They have also been asked to look at their achievements and risks and what controls and mitigations have been put in place. Closed actions have been investigated and assurance from front line colleagues that the work has now been embedded into practice.</p> <p>DT shared a draft report with the group with regards to the current working version of the CAHMS self-assessment and reviewed it with the group. A discussion on what could be done better and if any ideas could be shared. Information is gathered by going out to leadership teams, 27 groups have engaged with staff.</p>	
5.	<p><b>Update on Quality Monitoring Visits (QMV's)</b></p> <p>The group discussed the invites for the QMV's, given that Governor invites have been sent out for remote visits. There was some confusion as to which visits are being carried out virtually or face to face. Emma Cox (EC) informed the group that there is a hybrid approach dependant on what is happening in that clinical area at the time. There have been several COVID-19 outbreaks which have prevented a number of visits going ahead in person. EC to ensure clarity as to virtual or face to face in any invitation</p> <p>Visits are taking place January/February either virtual or face to face, CAMHS QMV's have taken place at all CAMHS sites and an overview has been pulled together, the question of how feedback is going to be given to the MCQG/CGSC was discussed. Feedback is given to individual areas to aid their learning. An annual report is then provided to Clinical Governance Clinical Safety Committee.</p> <p>EC gave feedback on the 12 visits that have been completed there is a paper going to Clinical Governance and Clinical Governance Safety Committee on 8 February 2022. An update will be brought to our next meeting of the 14 visits that have been proposed from January to March.</p> <p>CDG raised the issue of acronyms not being used and the group agreed that they are not to be used.</p>	



No.	Item	Action
6.	<p><b>Work Programme 2022</b></p> <p>The work programme was discussed as there are a lot of items coming in May, a few for August and November is free. A suggestion of psychology being an item at one of the meetings, a trauma informed pathway is being developed which will impact every area of the Trust. CAMHS update was a suggestion but this was investigated last year and is a work in progress, also single point of access is on the list.</p> <p><b>PS/DT to look into the suggestions and how these can be incorporated into the work programme.</b></p>	PS/DT
7.	<p><b>Integrated Performance Report (IPR)</b></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 that the IPR was the data up to November. DT informed the group that there can be a timing mis match as the December IPR has only just gone to Board and these papers will have come out before then.</p> <p>DT informed the group that the cardiometabolic rating on page 18 which is always showing as red due to the challenge of reporting on it, will be replaced with a new way of reporting by having the individual aspects of it rather than the absolute pass or fail due to the multitude of things that must be assessed and responded to. This will be in the IPR going forward.</p> <p>PS raised staff turnover that has become quite concerning - over 14% in the last 3 months looked at in the report and asked what led to the increased turnover of staff.</p> <p>DT responded that there are hotspots which have been reported and this includes staff who are leaving as they have been promoted rather than being unhappy.</p> <p>Daz Dooler (DD) raised concerns in Wakefield East particularly around CPNs who come in and then go and more should be done especially around Pontefract and surrounding areas.</p> <p>DT explained that at exit interview one of the things being stated is lack of development and a lot of investment in training is being provided in response.</p> <p>Adam Jhugroo (AJ) raised a question on vaccinations and what would be the effect on the Trust if government changed and said staff had to be let go.</p> <p>DT commented and said this will be unknown until 4 February 2022 and at the minute there are 91 people across all areas and services saying they will not have the vaccine.</p> <p>PS stated the subject had been raised in the Q&amp;A session that had just taken place and will be raised again in the next session.</p> <p>PS raised the issue of safety first and concern of staff incidents which relates to restraints.</p>	q

No.	Item	Action
	<p>DD raised an issue with targets being met and should be met, risk assessments keep everybody safe and reduce risk.</p> <p>DT agrees targets must be met but it is making sure the right target is picked and not triggering a poorer quality response by achieving a target set which in hindsight was perhaps the wrong one.</p> <p>PS raised an area of concern in forensic BDU and asked DT for his comments. DT responded by stating the concerns were not unreasonable and there have been a lot of challenging staffing levels. Business continuity plans have been put into place to help maintain safe staffing levels. International nursing recruits have arrived and more to arrive and the focus will be on forensics and older people services. There are concerns in forensics of retaining people and also there are 12.4% that are unvaccinated.</p> <p>PS asked about international recruitment and where people are coming from and if they can join the work situation once recruited.</p> <p>EC informed the group that there are several areas covered, Kenya, Asia, India, and the Philippines. They have got the qualifications and mental health experience and when they join there is a robust programme to follow. A lot of welcome events are being carried out over Teams so whilst still at home they will get to know the teams.</p> <p>AJ asked if this was the Trust's first for international recruitment and that Bradford had a good background working with international recruitment.</p> <p>EC replied the Trust has tried international recruitment before, but this time seems to be having more success. More funding is available to recruit more and there are 3 people in this cohort with more joining in February/March and plans for more in the summer.</p> <p>KSC asked when the DBS check came into force for these colleagues and if they can start training before having the checks carried out.</p> <p>DT understands that training can commence before the checks as there will be no unsupervised access to vulnerable people before the DBS would arrive.</p> <p>EC commented that working closely with the recruitment agencies involved the DBS would be part of the standard checks but will double check.</p> <p>Bill Barkworth (BB) raised the question on page 48 with regards to the two metrics flagged in red, the freedom to speak up and the national early warning score what is been measured.</p> <p>DT explained that training had been introduced around the national early warning score being vigilant around physical health deterioration, and also mandatory training</p>	

No.	Item	Action
	around freedom to speak up. A plan is in place to deliver this better as it has not been successful.	
8.	<b>Patient recovery – how this is defined in IAPT services</b>  DT suggested that this be brought back and discussed at a later date with attendance from NHS Digital to inform the group more accurately.	
9.	<b>Quality account</b>  DT advised the group that it won't be required to choose an indicator for performance this was confirmed by the Department of Health. Discussions are taking place about having fewer but high-profile priorities. A draft timetable will be brought to the next MCQG meeting.	
10.	<b>Members' Council Quality Group annual report</b>  The group agreed the annual report to go to the next Members' Council meeting.	
11.	<b>Review Members' Council Quality Group Terms of Reference</b>  PS asked for thoughts from members on the Terms of Reference which will go to the Members' Council meeting in May.  Everyone is happy with the duties in the document. Each constituent has a representative in the group, but one has not been filled, the rest of Yorkshire & Humber. It was agreed that a discussion with the Chair should take place as to whether Natalie McMillan should attend as a member or be invited to the meetings.  <b>GC to update the Members' Council membership list job titles and descriptions.</b>  PS raised the issue that MCQG should follow after Public Trust Board and Clinical Governance meetings in order to get more up to date data onto the IPR.  <b>GC to discuss with Andy Lister moving dates of meetings to follow Trust Board and Clinical Governance meetings.</b>	DT  GC   GC
12.	<b>Any other business</b>  KSC asked DT a question about restraint if this was physical or chemical restraint as in injections.  DT explained when talking about restraints it is always physical and have a good reporting facility on restraints.	

No.	Item	Action
13.	<b>Items to raise at Members' Council</b>  Confirm the Annual report to go to May meeting.	
14.	<b>Revised dates of next meeting(s) and agreement of agenda items</b> <ul style="list-style-type: none"> <li>• 4 May 2022 at 10.00 - 12.00</li> <li>• 8 August 2022 at 10.00-12.00</li> <li>• 7 November 2022 at 10.00-12.00</li> </ul>	

DRAFT

**Minutes of the Nominations Committee  
held on 18 February 2022  
Virtual meeting via Microsoft Teams**

**Present:**

Kate Quail (KQ)	Non-Executive Director (Chair)
John Laville (JL)	Lead Governor, Publicly elected governor, Kirklees
Bill Barkworth (BB)	Deputy Lead Governor, Publicly elected governor, Barnsley
Andrea McCourt (AMC)	Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust
Tony Jackson (TJ)	Non clinical staff support governor

**In attendance:**

Attendees

Mark Brooks (MB)	Chief Executive (advisor to the committee)
Dominic Barnes (DB)	Interim Assistant Director of Human Resources and OD
Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
Dylan Degman (DD)	Publicly elected governor, Wakefield
Gemma Lockwood (GL)	Executive PA to CEO, Chair and Corporate Governance (author)
Grace Coggill (GC)	Secretary to the Chair, Non-Executive Directors and Members' Council (observer)

**Apologies:**

Marie Burnham (MBu)	Chair of the Trust
Lindsay Jenson (LJ)	Interim Director of HR and OD

**NC/22/12 Welcome, introduction and apologies (agenda item 1)**

Kate Quail (KQ) as Chair welcomed everyone to the meeting and introduced herself. Apologies were noted as above, the meeting was quorate and could proceed.

**NC/22/13 Declarations of interest (agenda item 2)**

There were no declarations of interest made.

**NC/22/14 Minutes from previous meeting held on 12 January 2022 (agenda item 3)**

Bill Barkworth (B) highlighted a correction on page two where it is stated that Marie Burnham will need to mentor Mandy Griffin as Deputy Chair and that this should read “may” have to mentor.

**Action – Gemma Lockwood**

**It was RESOLVED to APPROVE the Minutes as a true and accurate record of the meeting held on 12 January 2022.**

**NC/22/15      Matters arising from previous meeting held on 12 January 2022 –  
Action log (agenda item 4)**

None.

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

**NC/22/16      Shortlisting for Non-Executive Director recruitment (agenda item 5)**

Dominic Barnes (DB) presented the paper on behalf of Lindsay Jensen. The shortlisting panel met virtually on Wednesday 16 February to discuss the replacement for Chris Jones as a Non-Executive Director and Chair of the Finance Investment and Performance Committee (FIPC).

DB reported the panel reached the view that only one of the three candidates met the essential requirements. The panel proposed that with only one candidate it may be worth going back out to advert, having also first reviewing the advertising strategy. If it is agreed to shortlist the one suitable candidate, relationship management will be required to keep them interested in the position.

DB informed the committee a candidate has expressed interest after the cut-off point and does meet the requirements of the post, however, no formal application or CV has been received at this time. It is anticipated this candidate would apply if the role was readvertised.

John Laville (JL) asked what the difference in approach will be to advertise the role?

DB reported advertisements through LinkedIn, the Yorkshire Post and Womenonboards.net. had been used on this occasion and had been successful routes in the past. Integrated Care Systems are currently recruiting so there is a lot of market competition. As constitutional boundaries have been extended, consideration could be given to the Guardian newspaper and finance based publications. We could also look at asking colleagues, non-executives and governors to share the advert or make enquiries about suitable candidates. Executive search is an option but there is a significant cost for this.

Andrea McCourt (AMc) advised Calderdale and Huddersfield NHS Foundation Trust are also currently recruiting for a NED with a financial background. She asked for the rationale for the decision made about the three applicants as, for example, one applicant stated they had no NHS experience, but this wasn't a requirement in the person specification.

DB reported that the first candidate was outside of the constitutional area and didn't provide sufficient information to suggest they had a finance qualification. The second applicant was a chartered accountant and had held non-executive posts before with a strong finance background. The third candidate had no NHS experience and feedback from the panel was his background indicated they had more audit experience than finance.

Mark Brooks (MB) added that there was only one candidate on paper who met the criteria. MB also confirmed that finance is very different from audit work, and we already have a very good audit committee chair.

JL asked how the one suitable candidate will be kept on hold?

DB advised that it would be helpful if Marie Burnham (MBu) could speak with the candidate, and this would happen early next week if agreed at this meeting.

**Action - Marie Burnham**

Dylan Degman (DD) asked what justification the applicant will be given for the delay in their potential employment, considering he is eligible and suitable?

BB advised that a shortlist of one is not really a shortlist, and it can be explained to the candidate that we want competition and choice in the process, it is best to be honest and transparent.

BB has used the Guardian previously and suggested it has not been effective. Financial media is a better option but also expensive. BB has also used “nonexecutives.com” which may be worth looking at and is free. “Intouch” may also be worth looking at, but local papers are not a great option and often expensive.

AMc asked if the role is being advertised on NHS jobs which is also free. Candidates from a finance background may not look but there is nothing to lose.

DB replied that NHS jobs has not been used, but will look into this.

JL agreed that the question about why we are not progressing the candidate if he is suitable is valid. There is a need to follow process. JL believes on balance, the recommendation to go back out to advert is the right one.

KQ summarised that the panel has recommended that we shortlist the one suitable candidate and go back out to advert, whilst keeping the suitable candidate on hold.

Andy Lister (AL) asked what the timescale would be for the new advert to go out?

DB reported it would happen imminently being mindful of having a candidate on hold, but would need to take into consideration all the other steps in the process, ie stakeholders etc.

MB reported that he has had a conversation with the interested person who has not yet applied or sent a CV, and he is interested in applying for the role.

KQ asked if DB or Sandy Stones (SS) could let this person know we’re going back out to advert and to look out for it.

**Action - Dominic Barnes / Sandy Stones**

MB pointed out that we have a short-term challenge in that the Chair of the FIPC oversees the Trust Board’s Annual Planning process and there are various milestones coming up. A new recruit would not be in a position to understand enough to have a meaningful contribution to the development plan. Therefore, Chris Jones has agreed to stay on until the end of April and this has been ratified by Marie Burnham.

AL added that it has also been agreed that Mike Ford will take up the post of Senior Independent Director as of 1 April as planned and Mandy Griffin will take up the post of Deputy Chair from 1 April so that Chris Jones has less responsibility in his last month in post.

**It was RESOLVED to AGREE that the role of Non Executive Director is re-advertised, with a different advertising strategy.**

**NC/22/17      Work Programme (agenda item 6)**

AL will liaise with DB and Lindsay Jensen regarding what meetings are needed now that the process is changing slightly.

**Action – Andy Lister**

**NC/22/18     Any other business**

AMc gave apologies for Nominations Committee 13 April and highlighted that the meeting planned for 3 July is a Sunday.

AL confirmed that the July meeting is 13 July and this is a typing error.

**NC/22/19     Issues and items to bring to the attention of Trust Board / Members' Council**

Nil.

**NC/22/20     Dates of future Nominations Committee meetings**

- 13 April 2022
- 13 July 2022
- 12 October 2022

DRAFT



**Minutes of the Nominations Committee  
held on 12 January 2022  
Virtual meeting via Microsoft Teams**

<b>Present:</b>	Marie Burnham (MBu)	Chair of the Trust
	John Laville (JL)	Lead Governor, Publicly elected governor, Kirklees
	Bill Barkworth (BB)	Deputy Lead Governor, Publicly elected governor,
	Tony Jackson (TJ)	Barnsley
	Andrea McCourt (AMC)	Staff Governor, Non-Clinical Support
		Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust
<b>In attendance:</b>	<u>Attendees</u>	
	Mark Brooks (MB)	Interim Chief Executive (advisor to the committee)
	Lindsay Jensen (LJ)	Deputy Director of Human Resources and OD
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Gemma Lockwood (GL)	Executive PA to Chair and Corporate Governance (author)
	Grace Coggill (GC)	Secretary to the Chair, Non-Executive Directors and Members' Council (observer)
<b>Apologies:</b>	<u>Members</u>	
	Dylan Degman (DD)	Publicly elected governor, Wakefield

**NC/22/01 Welcome, introduction and apologies (agenda item 1)**

Marie Burnham (MBu) welcomed everyone to the meeting and advised there apologies were noted as above, the meeting was quorate and could proceed.

**NC/22/02 Declarations of interest (agenda item 2)**

None.

**NC/22/03 Minutes from previous meeting held on 12 October 2021 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the Minutes as a true and accurate record of the meeting held on 12 October 2021.

**NC/22/04 Matters arising from previous meeting held on 12 October 2021 – Action log (agenda item 4)**

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

**NC/22/05 Proposal for revised arrangements for Deputy Chair and Senior Independent Director (agenda item 5)**

Andy Lister (AL) explained the role of the Deputy Chair and Senior Independent Director has been a joint role in recent years. The role had been previously held by Charlotte Dyson and more recently Chris Jones.

It was discussed in Nomination Committee towards the end of last year that the role would be subject to review now that MBu is in place as Chair.

There is no specific guidance or benchmarking as to whether the role should be combined or not. Some Trusts combine the role and others don't.

AL has discussed the role with MBu and MBu identified the Deputy Chair may have difficulty being independent from the Board if standing in for the Chair, which could become a conflict if any matters arise for the role of Senior Independent Director (SID).

MBu advised that the Audit Chair needs to be independent and after having discussions with all the NEDs it would be appropriate for Mike Ford (MF) as Audit Chair to take up the SID role and the Freedom to Speak role, which MF has agreed to.

MBu is keen to have a Deputy Chair and thinks Mandy Griffin (MG) would be an excellent choice, MG also has long term ambitions to be a chair, so the appointment would work as development as well. Today's proposal is for MF to be appointed to the SID role and MG to be appointed to the Deputy Chair role.

JL advised he supports the splitting the roles and understands the reasons. He also supports MF being SID and MG being Deputy Chair. JL noted MG only has 3 months experience as a Non-Executive Director (NED) and that's with SWYPFT, she is the least experienced NED, although she has plenty of experience as an executive director. JL's limited exposure to MG has been excellent but he asked if MG's is experienced enough for the role?

MBu agreed that MG is the least experienced NED, but stated, MG has had a lengthy career as an executive director which means she has been in contact with NEDs and has seen what the role is and how it needs to work. MG is already enrolled on the NHS providers non-executive development programme and she will grow into the role drawing on her past experience.

Bill Barkworth (BB) agreed it is sensible to split the roles and supported MG as Deputy Chair. BB agreed with MG's development pathway and reported it is what we should be doing. BB pointed out that MBu may need to mentor MG. BB supports MF being appointed as SID.

AM pointed out that with MG being new means the Deputy Chair role will be stable for her three year tenure. AM would like to see the best practice referenced by MBu.

**Action: Andy Lister**

MB agreed she will need to review this with Mandy as part of succession planning and be mindful that MG is not to be involved with executive decisions which will come with experience.

**It was RESOLVED to RECOMMEND to the Members Council on 8 February 2022 the separation of the roles of Deputy Chair and Senior Independent Director from 1 April 2022 and RECOMMEND the appointment of Mike Ford to be Senior Independent Director and the appointment of Mandy Griffin to be Deputy Chair, attracting additional remuneration of £2000.**

## **NC/22/06      Non-Executive Director recruitment (agenda item 6)**

Lindsay Jensen (LJ) explained that we are replacing Chris Jones (CJ) in his role of Non-Executive Director. A recruitment pack has been prepared and updated with the introduction from MBu. LJ reported the new NED will need a financial qualification as this role will replace the Chair of Finance and Performance.

CJ is retiring at end of March 2022 and the advert needs to be out as soon as possible so there is as little gap as possible between retirement and appointment. The closing date for applications will be 11 February 2022, working towards a stakeholder session on 1 March 2022 and 2 March 2022 for formal interviews. We will then need to set up another Nominations Committee to support with the shortlisting process.

MBu agreed that it is a requirement to have two finance people on a Board

JL asked for clarification if applicants must live in Yorkshire? It was pointed out that on appointing the new chair was opened up to neighbouring counties.

LJ confirmed the advert has been changed and is going to include neighbouring counties, but candidates do need to demonstrate knowledge of the area that they are going to represent.

BB asked if we are happy for the advert to be shared in different organisations, as on previous occasions?

MBu and JL agreed this would be very helpful to get the advert out as far and wide as possible.

**It was RESOLVED to AGREE the job description, person specification and advert for the Non-Executive's role, and SUPPORT the timetable and process for recruitment of a new NED and present this at the Members' Council on 8 February 2022**

## **NC/22/07      Proposals for Associate Non-Executive Director roles (agenda item 7)**

LJ explained this proposal is to establish two new Associate Non-Executive Director posts. This has been discussed and the Trust is wanting to take this forward.

Associate NED roles are starting to be appointed successfully across the NHS, the role is about supporting Board succession plans and achieving a balance of board level skills.

Associate NEDs are not voting members of the Board but do attend Board meetings and committee meetings and undertake work on behalf of the Board. It is a positive way of developing new people, particularly people from different areas with different skills.

This role is aimed to be a step up for people who don't have the right experience to be in a NED role and an opportunity to appoint someone with a different skill set/experience to what we already have.

Initial thinking is that one role could support health inequalities and the other around social housing/care. As this is a new role there is a conversation to be held about tenure.

Some organisations operate on a one year or two year tenure with an option for a third year. Remuneration from brief research is somewhere between £6-8k per annum.

MBu reported as the NHS is changing we may become a commissioner and not just being a provider. The Associate NED could be a new development on the Board with a different skill base that we wouldn't historically have been present and would help expand the knowledge base at Board level and hopefully progress to become a Non-Executive in their own right.

AM supports the direction of travel as this has been done in Calderdale and Huddersfield Foundation Trust last year. There was a high level of interest in the Associate NED role, and so it is an attractive role.

AM questioned if there would be a formal process to be followed regarding an Associate NED becoming a NED. LJ clarified that there is always a formal process for this level of role but there may be a guarantee that the Associate NED would be interviewed to be a NED unless it is for a different skill set.

BB supports the appointment of an Associate NED however he thinks one or two years is not enough, it takes time to learn about an organisation and its hard to see where the value will be in a one year tenure. BB agrees we need to be careful about raising expectations to becoming a NED and the need to make it clear it is not a guarantee.

MBu agreed it needs to be very clear that it is a development role.

LJ advised the role could be advertised as up to two years with a review period after 12 months.

JL agrees its needs to be absolutely clear in terms of the succession plan with an Associate NED. It is important to avoid anyone thinking the role is a guarantee of a future role. We need to learn from past experiences and ensure processes are followed properly.

JL asked if future NEDs had to be an Associate before a full NED, MBu clarified this isn't the case. JL asked if Associate roles are within our constitution?

AL confirmed that we would need to make a constitutional change.

JL asked for clarification on whether the role would be placement based and what will be the catchment area be the role? JL queried if the Associate role is agreed, are the suggestions of Social Care/Housing and Health inequalities the areas where we have the with the biggest gaps in terms of skills on the Board? Do we need a NED with lived experience from within the Trust, for example a service user?

MBu agreed the Associate role and NED role need to come from the same catchment area with the same knowledge requirements and the same language should be used in any NED adverts. Adverts should be broad and not specify what skill sets are required, unless a skill set is specified, in which case, it needs to be clear.

MBu reported it may not be appropriate to have a patient or service user in the role, but we do need to make sure their voice is heard in other ways.

AL reported in the research he had conducted the tenure of the Associate NED role that he and LJ have looked at is 3 years. Some Trusts advertise a shorter tenure as 1 year, 2 years and then an application for the third year.

AL assured committed that all future NED recruitment in any form will go through a formal process with the same expectations as a NED, for example can come from the Trust area but with a good knowledge of the area they are working in.

MBu also agreed that the tenure should be at least 2 years developing into 3.

MB thinks the matter about NED appointments in the future has been unintentionally confused. NED recruitment will need to through the normal recruitment process so there is a need to be mindful of the wording and not set any unreasonable expectations. The role could be a stepping stone to a NED role but not necessarily with our Trust.

MB agreed the role needs to be 2 years minimum tenure as it's not a full-time role and candidates often have other jobs. The capacity of Non-Executives is becoming more strained as we are asking more of them, so it would be worthwhile adding Associates NEDs to support this. It is important to keep the roles of Executive Directors and Non-Executive Directors separate and to have a wide range of experiences on the Board.

AL acknowledged there have been a lot of changes in the Board over the last 12 months. A Board skills matrix was presented to Nominations Committee which served the purpose of looking across various portfolios of both Executive and Non-Executive directors.

AL suggested a concept of an Associate NED is presented to Member's Council and to bring the skills matrix to Nominations committee in April for review and then challenge if the appropriate areas are covered and take to Members' Council in May.

MBu pointed out that an Associate NED shouldn't be seen to fill gaps in the Board. We need to take development into account, of all Board roles. It would be good to consider people in leadership roles who have never considered the NHS.

AL noted the remuneration of £6-8K has come from what other Trusts offer and is not a set band.

JL pointed out that £6k is around £20 per hour which isn't a great amount. We need to think differently to attract diverse applicants and be creative with the advertising to reach as many different people as people.

LJ agreed it would be better to pay more towards £8k as we think this is an important role and we want people to come and work for us to we need to make the role more attractive. The role often leads to more hours than initially advertised. We also want different people with different skills, and we need to attract these people.

AM asked what the advertising strategy is to get more diverse people in these roles.

MBu added that the Board is quite diverse at the moment. MBu thinks the NHS aren't very good at recruiting beyond the boundaries of recruitment agencies. We need to advertise in different places like supermarkets, mosques etc, if you want different, go and look for different.

LJ advised we don't use recruitment agencies for NED roles and rely on networking.

JL asked for clarification whether the tenure of an Associate NED would count towards their tenure if they became a NED. MBu clarified they are two different roles with separate tenure.

MBu summarised the committee are happy to have 2 associate directors with remuneration that will attract the right people and make it worth their while, £8k is reasonable. The advert should state the area they come from in line with NEDS roles with knowledge of the local area. We need to be clear in documentation that the roles are not guarantees into a NED role in the Trust. We need to be broad about what we're looking for, not specifying areas of experience and knowledge.

AL pointed out that the constitutional change will need approval from Members Council.

**Action – Andy Lister**

**It was RESOLVED to support the proposal to establish two new Associate Non-Executive roles and present this at the Members' Council on 8 February 2022.**

**NC/22/08      Work Programme (item 8)**

AL took committee through the work programme. The Terms of Reference for the committee state that it has to meet once a year, so there is an error in the work plan sent out. The statutory meetings are April, July and October and we build in additional meetings when recruitment running. AL will amend the document.

**Action – Andy Lister**

**NC/22/09      Any other business**

None.

**NC/22/10      Issues and items to bring to the attention of Trust Board / Members' Council**

No constitutional change is needed for the Deputy Chair and SID roles as they are dealt with separately.

**NC/22/11      Dates of future Nominations Committee meetings**

- 18 February 2022
- 13 April 2022
- 3 July 2022
- 12 October 2022

**Minutes of the Nominations Committee  
held on 18 February 2022  
Virtual meeting via Microsoft Teams**

**Present:**

Kate Quail (KQ)	Non-Executive Director (Chair)
John Laville (JL)	Lead Governor, Publicly elected governor, Kirklees
Bill Barkworth (BB)	Deputy Lead Governor, Publicly elected governor, Barnsley
Andrea McCourt (AMC)	Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust
Tony Jackson (TJ)	Non clinical staff support governor

**In attendance:**

<u>Attendees</u>	
Mark Brooks (MB)	Chief Executive (advisor to the committee)
Dominic Barnes (DB)	Interim Assistant Director of Human Resources and OD
Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
Dylan Degman (DD)	Publicly elected governor, Wakefield
Gemma Lockwood (GL)	Executive PA to CEO, Chair and Corporate Governance (author)
Grace Coggill (GC)	Secretary to the Chair, Non-Executive Directors and Members' Council (observer)

**Apologies:**

Marie Burnham (MBu)	Chair of the Trust
Lindsay Jenson (LJ)	Interim Director of HR and OD

**NC/22/12 Welcome, introduction and apologies (agenda item 1)**

Kate Quail (KQ) as Chair welcomed everyone to the meeting and introduced herself. Apologies were noted as above, the meeting was quorate and could proceed.

**NC/22/13 Declarations of interest (agenda item 2)**

There were no declarations of interest made.

**NC/22/14 Minutes from previous meeting held on 12 January 2022 (agenda item 3)**

Bill Barkworth (B) highlighted a correction on page two where it is stated that Marie Burnham will need to mentor Mandy Griffin as Deputy Chair and that this should read “may” have to mentor.

**Action – Gemma Lockwood**

**It was RESOLVED to APPROVE the Minutes as a true and accurate record of the meeting held on 12 January 2022.**

**NC/22/15      Matters arising from previous meeting held on 12 January 2022 –  
Action log (agenda item 4)**

None.

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

**NC/22/16      Shortlisting for Non-Executive Director recruitment (agenda item 5)**

Dominic Barnes (DB) presented the paper on behalf of Lindsay Jensen. The shortlisting panel met virtually on Wednesday 16 February to discuss the replacement for Chris Jones as a Non-Executive Director and Chair of the Finance Investment and Performance Committee (FIPC).

DB reported the panel reached the view that only one of the three candidates met the essential requirements. The panel proposed that with only one candidate it may be worth going back out to advert, having also first reviewing the advertising strategy. If it is agreed to shortlist the one suitable candidate, relationship management will be required to keep them interested in the position.

DB informed the committee a candidate has expressed interest after the cut-off point and does meet the requirements of the post, however, no formal application or CV has been received at this time. It is anticipated this candidate would apply if the role was readvertised.

John Laville (JL) asked what the difference in approach will be to advertise the role?

DB reported advertisements through LinkedIn, the Yorkshire Post and Womenonboards.net. had been used on this occasion and had been successful routes in the past. Integrated Care Systems are currently recruiting so there is a lot of market competition. As constitutional boundaries have been extended, consideration could be given to the Guardian newspaper and finance based publications. We could also look at asking colleagues, non-executives and governors to share the advert or make enquiries about suitable candidates. Executive search is an option but there is a significant cost for this.

Andrea McCourt (AMc) advised Calderdale and Huddersfield NHS Foundation Trust are also currently recruiting for a NED with a financial background. She asked for the rationale for the decision made about the three applicants as, for example, one applicant stated they had no NHS experience, but this wasn't a requirement in the person specification.

DB reported that the first candidate was outside of the constitutional area and didn't provide sufficient information to suggest they had a finance qualification. The second applicant was a chartered accountant and had held non-executive posts before with a strong finance background. The third candidate had no NHS experience and feedback from the panel was his background indicated they had more audit experience than finance.

Mark Brooks (MB) added that there was only one candidate on paper who met the criteria. MB also confirmed that finance is very different from audit work, and we already have a very good audit committee chair.

JL asked how the one suitable candidate will be kept on hold?

DB advised that it would be helpful if Marie Burnham (MBu) could speak with the candidate, and this would happen early next week if agreed at this meeting.

**Action - Marie Burnham**



Dylan Degman (DD) asked what justification the applicant will be given for the delay in their potential employment, considering he is eligible and suitable?

BB advised that a shortlist of one is not really a shortlist, and it can be explained to the candidate that we want competition and choice in the process, it is best to be honest and transparent.

BB has used the Guardian previously and suggested it has not been effective. Financial media is a better option but also expensive. BB has also used “nonexecutives.com” which may be worth looking at and is free. “Intouch” may also be worth looking at, but local papers are not a great option and often expensive.

AMc asked if the role is being advertised on NHS jobs which is also free. Candidates from a finance background may not look but there is nothing to lose.

DB replied that NHS jobs has not been used, but will look into this.

JL agreed that the question about why we are not progressing the candidate if he is suitable is valid. There is a need to follow process. JL believes on balance, the recommendation to go back out to advert is the right one.

KQ summarised that the panel has recommended that we shortlist the one suitable candidate and go back out to advert, whilst keeping the suitable candidate on hold.

Andy Lister (AL) asked what the timescale would be for the new advert to go out?

DB reported it would happen imminently being mindful of having a candidate on hold, but would need to take into consideration all the other steps in the process, ie stakeholders etc.

MB reported that he has had a conversation with the interested person who has not yet applied or sent a CV, and he is interested in applying for the role.

KQ asked if DB or Sandy Stones (SS) could let this person know we’re going back out to advert and to look out for it.

**Action - Dominic Barnes / Sandy Stones**

MB pointed out that we have a short-term challenge in that the Chair of the FIPC oversees the Trust Board’s Annual Planning process and there are various milestones coming up. A new recruit would not be in a position to understand enough to have a meaningful contribution to the development plan. Therefore, Chris Jones has agreed to stay on until the end of April and this has been ratified by Marie Burnham.

AL added that it has also been agreed that Mike Ford will take up the post of Senior Independent Director as of 1 April as planned and Mandy Griffin will take up the post of Deputy Chair from 1 April so that Chris Jones has less responsibility in his last month in post.

**It was RESOLVED to AGREE that the role of Non Executive Director is re-advertised, with a different advertising strategy.**

**NC/22/17      Work Programme (agenda item 6)**

AL will liaise with DB and Lindsay Jensen regarding what meetings are needed now that the process is changing slightly.

**Action – Andy Lister**

**NC/22/18     Any other business**

AMc gave apologies for Nominations Committee 13 April and highlighted that the meeting planned for 3 July is a Sunday.

AL confirmed that the July meeting is 13 July and this is a typing error.

**NC/22/19     Issues and items to bring to the attention of Trust Board / Members' Council**

Nil.

**NC/22/20     Dates of future Nominations Committee meetings**

- 13 April 2022
- 13 July 2022
- 12 October 2022

## **Members' Council Co-ordination Group 14 March 2022**

### **Members' Council Co-ordination Group Annual Report 2021/22**

#### **Purpose of the Report**

This report provides the Members' Council with an update on the work of the Co-ordination Group over the past year.

#### Overall aim

The Co-ordination Group's primary purpose is to co-ordinate the work and development of the Members' Council.

#### Duties

The Co-ordination Group will:

- a) With the Chair of the Trust, develop and agree the agendas for Members' Council meetings.
- b) Work with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
- c) Act as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

#### Membership

Membership consists of governors (with representation from public, staff and appointed governors) plus the Chair and Deputy Chair of the Trust. The Head of Corporate Governance (Company Secretary) also attends meetings of the Co-ordination Group.

The Members' Council policy is that the term of office for any new members of the Group is three years to allow for consistency of membership. If a governor wishes to stand down from the group or is not re-elected/re-appointed as a governor on the Members' Council during the three years, the individual taking their seat does not automatically take the place on the Group.

The membership of the Co-ordination Group from 1 April 2021 to 31 March 2022 was as follows:

- Chair of the Trust – Angela Monaghan to 30 November 2021 Marie Burnham from 1 December 2021
- Deputy Chair of the Trust – Chris Jones
- Lead Governor (publicly elected, Kirklees) – John Laville
- Deputy Lead Governor (publicly elected, Barnsley) – Bill Barkworth
- Governor (publicly elected, Barnsley) – Keith Stuart-Clarke
- Governor (publicly elected, Calderdale) – Adam Jhugroo
- Governor (publicly elected, Kirklees) – vacant
- Governor (publicly elected, Wakefield) – Bob Clayden
- Governor (publicly elected, publicly elected Rest of Yorkshire and the Humber, Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire) – vacant
- Governor (staff elected) – vacant
- Governor (appointed) – Tony Wright, Staff side organisations

All governors continue to be welcome to attend meetings of the Co-ordination Group, even if they are not formal members.

## What the Co-ordination Group has done

### Agenda setting

The Co-ordination Group has met on a regular basis throughout the year, approximately six weeks prior to each Members' Council meeting and has worked with the Chair of the Trust to develop and agree the agendas for Members' Council meetings. This has allowed sufficient time for agenda planning and given the opportunity for members to suggest items for inclusion. The Co-ordination Group has also reviewed and inputted to the Members' Council work programme and also considered what discussion topics to focus on, including consideration of items suggested by governors.

In agreeing the Members' Council agenda for each meeting, the Co-ordination Group takes the following into account:

- Draft minutes from the previous Members' Council meeting
- Feedback received from governors on the last Members' Council meeting and from governor forums
- Items from the Members' Council work programme
- Items from the Members' Council Quality Group
- Items from the Nominations' Committee
- Items from the Trust Board and committees
- Items requested by individual governors
- Items deferred from previous Members' Council meetings

### Members' Council and governor development

The Co-ordination Group has:

- Contributed to the planning of the Annual Members' Meeting.
- **Working with the Trust**, contributed to the development of the **governor training programme**
- Monitored and reviewed actions from the binennial evaluation session in 2021.
- Reviewed and made recommendations to the Members' Council for membership on Members' Council groups.
- Reviewed governor attendance at Members' Council meetings and identified if and where additional support was required to enable governor attendance.
- Reviewed and made a recommendation to the Members' Council on the update to their objectives.
- Approved the Governor Handbook, which will now be reviewed on an annual basis
- Coordinated and developed a governor training plan
- **Working with the Trust**, contributed to the **development** and update of the **handbook** and induction programme for new governors.

### Forum for discussion

The Co-ordination Group regularly considers other issues relevant to the Members' Council. The following examples give an indication of the range of discussion. The Co-ordination Group has:

- Working with the Involvement and Engagement lead, on actions in relation to the development of the Equality, Involvement, Communication and Membership strategy and developed methods of raising issues and capturing feedback, including the insight report

- Had discussion on areas **where the Trust seeks the involvement of the Members' Council**, including the Trust's strategic objectives, operational plan, and annual report and quality account.

### **How have we done**

The Co-ordination Group considers that it has carried out its remit over the past year, where possible within the restrictions of the Covid-19 pandemic, as demonstrated by the activity outlined above. The Co-ordination Group is aware that other governors may wish to comment on the work undertaken or to suggest further issues the Co-ordination Group could focus on.

The Co-ordination Group is supported effectively by the Corporate Governance Team, who prepare agendas and papers, take and distribute minutes, organise governor training sessions, enable the setting up and running of governor forums, maintain effective communications with and between governors, and answer queries. The Co-ordination Group would like to thank the Corporate Governance Team for their professional support throughout the year.

The Co-ordination Group's sincere thanks are also extended to previous members for both for their support and contribution.

### **Recommendation**

The Members' Council Co-ordination Group is asked to review and approve the Annual Report for 2021/22 to be reported to the Members' Council on 10 May 2022.

**Members' Council Co-ordination Group  
Terms of Reference**

*To be approved by Members' Council on 10 May 2022*

**Purpose**

The Members' Council Co-ordination Group's prime purpose is to co-ordinate the work and development of the Members' Council.

**Duties**

- a) In conjunction with the Chair of the Trust, develop and agree the agendas for Members' Council meetings.
- b) Work with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
- c) Act as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.
- d) Consider advice and feedback from other Members' Council working groups as appropriate.

**Membership**

Membership consists of:

- Eight governors: the Lead Governor, one representative from each public constituency, one staff governor, and one appointed governor.
- The Chair and Deputy Chair / Senior Independent Director of the Trust.

Governors are appointed to the Co-ordination Group by the Members' Council, on the recommendation of the Members' Council Co-ordination Group. The normal term of office is three years. If an individual resigns or is not re-elected / re-appointed onto the Members' Council during the three-year period, the seat becomes vacant and the individual taking their governor seat does not automatically take the place on the Group.

Governors are invited to self-nominate to vacancies on the group on a quarterly basis.

*Membership at 10 May 2022:*

John Laville, Lead Governor (publicly elected governor – Kirklees)

Keith Stuart-Clarke (publicly elected governor – Barnsley)

Adam Jhugroo (publicly elected governor – Calderdale)

*Vacant (publicly elected governor – Kirklees)*

Bob Clayden (publicly elected governor – Wakefield)

*Vacant (publicly elected governor – Rest of Yorkshire & the Humber)*

*Vacant (staff elected governor)*

Tony Wright (appointed governor)

~~Marie Burnham Angela Monaghan~~ (Chair of the Trust)

~~Chris Jones (Deputy Chair of the Trust / Senior Independent Director)~~

In attendance:

Andy Lister, Head of Corporate Governance (Company Secretary)

Bill Barkworth, Deputy Lead Governor (publicly elected governor – Barnsley)

**Attendance**

All governors are welcome to attend meetings of the Co-ordination Group, even if they are not formal members. The Head of Corporate Governance (Company Secretary) is in attendance at meetings. The Chief Executive, Directors, and relevant officers will be invited to attend as appropriate. Administrative support is provided by the Corporate Governance team.

**Quorum**

Meetings are chaired by the Lead Governor. In the unusual event that the Lead Governor is absent from the meeting, the Deputy Lead Governor will chair the meeting.

The quorum will be a minimum of three Members' Council representatives (including the Lead Governor or Deputy Lead Governor as Chair of the Group) plus a member of Trust Board. Members are expected to attend all meetings.

**Frequency of meetings**

The Group will meet four times per year approximately six weeks prior to formal Members' Council meetings. Additional meetings will be arranged as needed.

**Reporting to the Members' Council**

The Group minutes will be received by the Members' Council once approved, and the Group will report to the Members' Council on any issues it feels should be escalated to the full Members' Council. The Group will provide an annual report on its activities each year.

**Approved by Members' Council: 10 May 2022**

**Next review due: March 2023**

## **Members' Council Quality Group Annual Report 2021/2022**

### **Purpose of the Report**

This report provides the Members' Council with an update on the work of the Quality Group over the past year.

### Overall aim

The Members' Council Quality Group's primary purpose is to support the Trust in its approach to quality through the Trust's quality priorities.

### Duties

The Quality Group will:

- a) Review the content of the Trust's quality performance report and provide high level scrutiny on behalf of the Members' Council.
- b) Support the Trust in developing its annual Quality Accounts.
- c) Raise any concerns with the Trust, through Director-representation on the Group, about quality of care.
- d) Support governors to visit services as appropriate.

### Membership

Membership consists of governors (with representation from public, staff and appointed governors) and the Director of Nursing Quality and Professions as lead director. The Assistant or Associate Director of Nursing Quality and Professions also attends meetings of the Quality Group.

The Members' Council policy is that the term of office for any new members of the Group is three years to allow for consistency of membership. If a governor wishes to stand down from the group or is not re-elected/re-appointed as a governor on the Members' Council during the three years, the individual taking their seat does not automatically take the place on the Group.

The Quality Group membership from 6 September 2021 to 31 March 2022:

- Director of Nursing, Quality and Professions (lead Director) – Darryl Thompson (from 1 August 2021)
- Lead Governor (publicly elected, Kirklees) – John Laville (from 1 May 2020)
- Deputy Lead Governor in Lead Governors absence (publicly elected, Barnsley) – Bill Barkworth (from 1 May 2020)
- Governor (publicly elected, Calderdale) – Phil Shire (Co-Chair from 29 January 2021)
- Governor (publicly elected, Barnsley) – Keith Stuart-Clarke (from 1 May 2020)
- ~~Governor (publicly elected, Kirklees) – Nasim Hasnie (to 30 April 2020) – vacant~~
- Governor (publicly elected, Wakefield) – Daz Dooler
- Governor (publicly elected, Rest of Yorkshire & the Humber) – currently vacant
- Governor (staff elected) – Helen Morgan
- Governor (appointed) – currently vacant

All governors continue to be welcome to attend meetings of the Group, even if they are not formal members.



## **What the Quality Group has done**

The Quality Group has met on a regular basis throughout the year to consider quality issues and other issues relevant to the Members' Council. The following examples give an indication of the range of discussion. The Quality Group has:

- Reviewed the content of the Trust's quality performance report (Integrated Performance Report) at each meeting of the Quality Group and provided high level scrutiny on behalf of the Members' Council.
- Supported the Trust in developing its annual Quality Accounts. Although the Quality Group had some input through submitting comments via email, this was not required to be at the same level as in previous years due to the impact of COVID.
- Raised and discussed any areas of quality concerns with the Director of Nursing, Quality and Professions, including review of the patient experience report, the serious incident annual report, and the CQC action plan. It has also followed up specific quality issues raised by governors.
- Continued to discuss governors' involvement in quality monitoring visits, including virtual visits in March 2021 and hybrid visits later in the year/early 2022. The Quality Group has emphasised the importance of seeing what these visits tell us about the bigger quality picture.
- The Quality Group has also received presentations on CAMHS services and on recovery and wellbeing colleges, both of which have enabled it to gain a more in-depth insight into these services.

## **How have we done**

The Quality Group considers that it has carried out its remit over the past year effectively, within the restrictions of the Covid-19 pandemic, as demonstrated by the activity outlined above. Meetings have been held virtually via Microsoft Teams and attendance has generally been good. The Quality Group has been able to consider the pandemic's impact on quality and how services have adapted. The Quality Group is aware that other governors may wish to comment on the work undertaken and suggest further issues the Quality Group could focus on.

The Quality Group's thanks are extended to previous members for both for their support and contribution.

## **Recommendation**

The Members' Council Quality Group is asked to review and approve the Annual Report for 2021/2022 to be reported to the Members' Council on 10 May 2022.

**Members' Council Quality Group  
Terms of Reference**  
*To be approved by Members' Council 10 May 2022*

**Purpose**

The Members' Council Quality Group's prime purpose is to support the Trust in its approach to quality through the Trust's quality priorities.

**Duties**

The Quality Group will:

- a) Review the content of the Trust's quality performance report and provide high level scrutiny on behalf of the Members' Council.
- b) Support the Trust in developing its annual Quality Accounts.
- c) Raise any concerns with the Trust, through Director-representation on the Group, about quality of care.
- d) Support governors to visit services as appropriate.

The Members Council Quality Group will help to implement the following Members Council Objectives:

- Endeavour to ensure continuous improvement throughout the Trust by providing feedback and constructive challenge from the communities that they serve.
- Increase Governor opportunities to see the Trust at work through planned visits to services, Quality Improvement and Business Delivery Unit (BDU) visits in order to gain a wider perspective, understanding and knowledge of the Trust's services and that they are appraised of actions and follow up.
- Have access to patient experience intelligence and insight and to understand corrective action and follow up.

**Membership**

Membership consists of:

- Eight governors: Deputy Lead Governor, one representative from each public constituency, one staff governor, and one appointed governor.
- The Director of Nursing, Quality and Professions

The Members' Council Quality Group is jointly chaired by a publicly elected governor and the Director of Nursing, Quality and Professions.

Governors are appointed to the Quality Group by the Members' Council, on the recommendation of the Members' Council Co-ordination Group. The normal term of office is three years. If an individual resigns or is not re-elected / re-appointed onto the Members' Council during the three-year period, the seat becomes vacant and the individual taking their governor seat does not automatically take the place on the Group.

Governors are invited to self-nominate to vacancies on the group on a quarterly basis.

**Membership as at 1 May 2022:**

Darryl Thompson, Director of Nursing, Quality and Professions (lead Director) (Chair of the Group)

Phil Shire, Governor (publicly elected Calderdale) (Co-Chair of the group)

Bill Barkworth, (Deputy Lead Governor (publicly elected governor – Barnsley) in Lead Governors absence)

Keith Stuart-Clarke, Governor (publicly elected, Barnsley)

Vacant, Governor (publicly elected Kirklees)

Daz Dooler, Governor (publicly elected Wakefield)

Vacant, Governor (publicly elected Rest of Yorkshire and the Humber, Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire)

Helen Morgan, Governor (staff elected)

Vacant, Governor (appointed)

### **In attendance:**

Emma Cox, Associate Director of Nursing, Quality and Professions

John Laville, Lead Governor (publicly elected Kirklees) (chair)

Natalie McMillan, Non-Executive Director

### **Attendance**

All governors are welcome to attend meetings of the Quality Group, even if they are not formal members. The Trust's Assistant Director of Nursing and Quality, who is currently the lead for Quality Accounts within the organisation, will attend every meeting to ensure the Members' Council responsibilities in relation to the Quality Accounts are met. The Chief Executive, other Directors, and relevant officers will be invited to attend as appropriate. Administrative support is provided by the Corporate Governance team.

### **Quorum**

Meetings are chaired by the co-chair. In the unusual event that the co-chair is absent from the meeting, the Director of Nursing, Quality and Professions will chair the meeting,

The quorum will be a minimum of three Members' Council representatives, plus the Director of Nursing, Quality and Professions. Members are expected to attend all meetings. In the unusual event that the Director of Nursing, Quality and Professions is absent from the meeting, a deputy will be in attendance.

### **Frequency of meetings**

The Group will meet four times per year following formal Members' Council meetings. Additional meetings will be arranged as needed to ensure the timescales for approval of the Quality Accounts are met.

### **Reporting to the Members' Council**

The Group minutes will be received by the Members' Council once approved, and the Group will report to the Members' Council on any issues it feels should be escalated to the full Members' Council. The Group will provide an annual report on its activities each year.

**Last approved by Members' Council: 10 May 2022**

**Next review due: May 2023**

## **Nominations Committee**

### **Nominations Committee Annual Report 2021/22**

#### **Purpose of report**

The purpose of the report is to provide a summary of the Committee's activities during the financial year 2021/22 to provide assurance and evidence to the Members' Council of its effectiveness and impact through compliance with its Terms of Reference.

#### **Background**

The Nominations Committee was established in May 2009 to assist Members' Council to exercise their statutory duty to appoint the Chair and Non-Executive Directors of the Board, to appoint the Deputy Chair and Senior Independent Director of the Board and to appoint the Lead Governor and Deputy Lead Governor of the Members' Council. It has no executive powers. The authority of the Nominations Committee is limited to those powers specifically delegated to it in these terms of reference and, as appropriate, by the Members' Council.

The Nominations Committee's purpose is two-fold. To ensure the right composition and balance of the Board and to oversee the process for the identification, nomination and appointment of the following roles:

- Chair and Non-Executive Directors of the Trust Board
- Deputy Chair and Senior Independent Director of the Trust Board
- Lead Governor and Deputy Lead Governor of the Members' Council

#### Duties

The Nominations Committee will:

- a) Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.
- b) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors of the Board, which fits the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.
- c) Give full consideration to succession planning in respect of the Chair and Non-Executive Directors of the Board, taking account of the challenges and opportunities facing the Trust and the skills and expertise required by the Board.
- d) Make recommendations to the Members' Council on the appointment of the Chair and Non-Executive Directors ensuring all information, such as job descriptions, person specifications and process, are available to Members' Council to make an informed decision.
- e) Make recommendations to the Members' Council regarding any uplift to the Chair's remuneration, based on benchmarking information as applicable and the pay spine point, and dependant on the outcome of the Chair appraisal process through the Members' Council.
- f) Make recommendations to the Members' Council regarding any uplift to Non-Executive Directors' remuneration based on benchmarking information as applicable.
- g) Ensure there is a formal, rigorous and transparent procedure for the appointment of the

Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee as a result of its regular review (as above).

- h) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor and Deputy Lead Governor for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.

#### Changes to Committee terms of reference

From the 1 April 2021 until the 31 March 2022, there were no changes to the Terms of Reference except for membership details.

#### Reporting to Members Council

Under its Terms of Reference, the Committee is required to produce a brief annual report on its activities, which is presented formally to the Members' Council. The Committee's minutes are presented to the Members' Council once ratified.

#### Membership

Membership consists of governors (with representation from public, staff and appointed governors) and the Chair of the Trust. The Head of Corporate Governance (Company Secretary), the Chief Executive and the Chief People Officer (formerly Director of Human Resources, Organisational Development and Estates) attend meetings of the Nominations Committee.

In 2018 as part of a review of governor appointment to its groups and Committee, the Members' Council agreed that for any new members of the Committee, their term of office on the Committee will be for three years to allow for consistency of membership.

If a governor wishes to stand down from the Committee or is not re-elected / re-appointed as a governor on the Members' Council during the three years, the individual taking their seat does not automatically take the place on the Committee.

The Nominations Committee membership from 1 April 2021 to 31 March 2022:

<b>Name / role</b>	<b>Attendance 2021/22</b>
Chair of the Trust – <b>Angela Monaghan</b> (*until 30 November 2021)	6/6
Chair of the Trust – <b>Marie Burnham</b> (*from 1 December 2021 to present)	1/2
Lead Governor (publicly elected, Kirklees) – <b>John Laville</b>	7/8
Deputy Lead Governor in Lead Governors absence (publicly elected, Barnsley) – <b>Bill Barkworth</b>	8/8
Governor (publicly elected, Wakefield) – <b>Dylan Degman</b>	4/8
Governor (Staff - Non-clinical support services) <b>Anthony Jackson</b> (Member from July 2021)	5/5
Governor (Appointed - Calderdale and Huddersfield NHS Foundation Trust) <b>Andrea McCourt</b> (Member from July 2021)	4/5

## Review of Committee activities

The activities during 2021/22 have been cross-referenced to the purpose of the Committee as outlined in the Terms of Reference below:

Activities	Progress
Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.	<p>The Committee reviewed the structure, size and composition of the Trust Board as part of the following items:</p> <p>Review of the skills of the Non-Executive Director structure in April 2021</p> <p>Non-Executive Director reappointment in April 2021</p> <p>Supported the recruitment and appointment of two Non-Executive Directors in and May and October 2021</p> <p>Supported the recruitment and appointment of a new Chair in December 2021</p> <p>Supported the proposal of recruiting two Associate Non-Executive Directors</p> <p>Supported the separation of roles of Deputy Chair and Senior Independent Director</p> <p>Supported the appointment of a new Deputy Chair and Senior independent Director in April 2022</p>
Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors of the Board, which fits the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.	<p>The Committee oversaw the recruitment process for two Non-Executive Directors in 2021/22 including the recommendation for appointment in its meetings in April and July 2021 which were approved by Members' Council on 9 May 2021 and August 2021 respectively.</p> <p>The committee reviewed and proposed the motion to extend the Trusts constitutional boundaries for the recruitment of the Chair and Non-Executive Directors to include "rest of Yorkshire and neighbouring Counties".</p> <p>The Committee oversaw the process for the recruitment of a new Chair from June 2021.</p>
Give full consideration to succession planning in respect of the Chair and Non-Executive Directors of the Board, taking account of the challenges and opportunities facing the Trust and the skills and expertise required by the Board.	<p>The Committee considered the appointment of two Non-Executive Directors, the reappointment of a Non-Executive Director and the appointment of the Chair.</p> <p>The Committee is supporting the recruitment of a new Non-Executive Director from January 2022.</p> <p>The Committee supported the proposal of recruiting two Associate Non-Executive Directors</p>

Activities	Progress
<p>Make recommendations to the Members' Council on the appointment of the Chair and Non-Executive Directors ensuring all information, such as job descriptions, person specifications and process, are available to Council Members to make an informed decision.</p>	<p>The committee reviewed and recommended the re-appointment of one Non-Executive Director for a second term of office (three years)</p> <p>The committee reviewed and recommended the appointment of a two new Non-Executive Directors for an initial three-year term with effect from the 1May 2022 and 1 October 2021 respectively.</p> <p>The committee reviewed and recommended the appointment of Chair from 1 December 2021.</p> <p>The committee reviewed and recommended the proposal to recruit two new Associate Non-Executive Directors</p> <p>The committee recommended the separation of roles of Deputy Chair and Senior Independent Director from the 1 April 2022.</p>
<p>Make recommendations to the Members' Council regarding any uplift to the Chair's remuneration based on benchmarking information as applicable and the pay spine point, and dependant on the outcome of Chair appraisal process through the Members' Council.</p>	<p>In recommending the new Chair for appointment the committee recommended the Chair's remuneration to the Members Council for approval.</p>
<p>Make recommendations to the Members' Council regarding any uplift to Non-Executive Directors' remuneration based on benchmarking information as applicable.</p>	<p>The Committee recommended additional remuneration for the role the Deputy Chair. Uplift to Non-Executive Director remuneration has been deferred due to Covid-19 and will be considered in Committee in April 2022.</p>
<p>Ensure there is a formal, rigorous and transparent procedure for the appointment of the Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee as a result of its regular review (as above).</p>	<p>The Committee recommended and oversaw the separation of roles of Deputy Chair and Senior Independent Director from the 1 April 2022. The Committee also made recommendations for appointment to both positions for approval by the Members Council on 8 February 2022.</p>
<p>Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.</p>	<p>There has been no change to the Lead Governor and Deputy Lead Governor role since the appointment to their roles from the 1 May 2020.</p>

**Review of Committee administrative arrangements**

The Committee met **eight** times in 2021/22 and has been quorate at each meeting. The requirement to send papers out five working days has been met throughout the year in the main. There have been some instances where individual papers have been submitted outside of this timeframe due to the timescales relating to recruitment processes.

**Recommendation**

The Nominations Committee is asked to review and approve the Annual Report for 2021/22 to be reported to the Members' Council on 10 May 2022.



**Nominations Committee  
Terms of Reference**

*To be approved by Members' Council 10 May 2022*

Under the terms of the Trust's Constitution as a Foundation Trust, the Members' Council may not delegate any of its powers to a committee or sub-committee; however, it may appoint committees consisting of its members, Directors, and other persons to assist it in carrying out its functions. The Nominations Committee is, therefore, a standing Committee of the Members' Council set up to assist with exercising their statutory duty to appoint the Chair and Non-Executive Directors of the Board, to appoint the Deputy Chair and Senior Independent Director of the Board and to appoint the Lead Governor and Deputy Lead Governor of the Members' Council.

The Nominations Committee was established in May 2009. It has no executive powers. The authority of the Nominations Committee is limited to those powers specifically delegated to it in these terms of reference and, as appropriate, by the Members' Council. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

**Purpose**

The Nominations Committee's purpose is two-fold. Firstly, 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 of the Trust, to oversee the process for the identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board and to oversee the process to identify, nominate and appoint the Lead Governor and Deputy Lead Governor of the Members' Council.

**Membership**

The Nominations Committee is usually chaired by the Chair of the Trust (see below). As a minimum, the Chair of the Trust, and five members of the Members' Council (including the Lead Governor, Deputy Lead Governor, one publicly elected Governor, one staff elected Governor, and one appointed Governor) will form the membership.

A Governor's term of office on the Committee is determined by their term of office as a Governor. If an individual resigns or is not re-elected onto the Members' Council, the individual taking their seat does not automatically take the place on the Committee.

**Membership as at 31 March 2022:**

Chair of the Trust - **Marie Burnham**

Lead Governor (publicly elected governor – Kirklees) **John Laville**

Deputy Lead Governor (publicly elected governor – Barnsley) **Bill Barkworth**

Governor (publicly elected – Wakefield) **Dylan Degman**

Governor (staff - Non-clinical support services) **Anthony Jackson**

Governor (appointed - Calderdale and Huddersfield NHS Foundation Trust) **Andrea**

**McCourt**

**In attendance:**

Andrew Lister, Head of Corporate Governance (Company Secretary)

Mark Brooks, Chief Executive

Lindsay Jensen, Interim Director of HR and OD

**Attendance**

The Head of Corporate Governance (Company Secretary) is in attendance at meetings. The Chief Executive and the Director of Human Resources and Organisational Development (or a member of her team) may also be asked to attend meetings to offer specialist or expert advice to the Committee. Administrative support is provided by the Corporate Governance team.

**Quorum**

The quorum will be three members of the Committee. Members are expected to attend all meetings. In the absence of the Chair of the Trust or when the Committee is considering matters relating to the appointment of the Chair, the Committee will be chaired by the Lead Governor. If the Lead Governor is unavailable, the Committee can either ask the Deputy Lead Governor or Deputy Chair or Senior Independent Director to chair the meeting if there is no conflict of interest or agree one of its members to act as Chair for that meeting, again if there is no conflict of interest.

**Frequency of meetings**

The Committee will meet as necessary to ensure a timely and efficient process is in place to appoint a Chair or Non-Executive Director, Deputy Chair and Senior Independent Director, and Lead Governor or Deputy Lead Governor for the Members' Council and will always meet following the resignation of an individual from one of these posts from the Board or Members' Council. In the absence of any other meetings, the Committee should meet a minimum of once per year to ensure a regular review of the structure, size and composition of the Board is undertaken, at a time which fits with the business cycle of the Trust Board.

**Authority**

The Committee is able to seek any information it requires from any employee in relation to the duties of the Committee and all employees should co-operate with any request made by the Committee. The Committee is also able to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary to fulfil its duties.

**Duties**

- a) Regularly review the structure, size and composition (including the skills and experience) of Trust Board and make recommendations to the Board and Members' Council regarding any changes and appropriate processes.
- b) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors of the Board, which fits the criteria set out by the Committee as a result of its regular review and meets the requirements of a confidential recruitment process.
- c) Give full consideration to succession planning in respect of the Chair and Non-Executive Directors of the Board, taking account of the challenges and opportunities facing the Trust and the skills and expertise required by the Board.
- d) Make recommendations to the Members' Council on the appointment of the Chair and Non-Executive Directors ensuring all information, such as job descriptions, person

specifications and process, are available to Council members to make an informed decision.

- e) Make recommendations to the Members' Council regarding any uplift to the Chair's remuneration, based on benchmarking information as applicable and the pay spine point, and dependant on the outcome of the Chair appraisal process through the Members' Council.
- f) Make recommendations to the Members' Council regarding any uplift to Non-Executive Directors' remuneration, based on benchmarking information as applicable.
- g) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Deputy Chair and Senior Independent Director of the Board, which fits the criteria set out by the Committee as a result of its regular review (as above).
- h) Ensure there is a formal, rigorous and transparent procedure for the appointment of the Lead Governor and Deputy Lead Governor for the Members' Council, which fits any criteria set out by the Committee and meets the requirements of a confidential recruitment process.

### **Reporting requirements into the Committee**

The Nominations Committee receives reports on and discusses the skill mix and expertise of the Board, Board recruitment planning and processes, and remuneration for the Chair and Non-Executive Directors and recruitment.

### **Reporting to the Members' Council**

The Members' Council will receive the minutes of the Committee. The Committee will also report to the Members' Council annually on its work.

**To be approved by Members' Council: 10 May 2022**

**Next review due: April 2023**

**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>Item 8.4</b>
<b>Report Title:</b>	<b>Review of Audit Committee Terms of Reference</b>
<b>Report By:</b>	Audit Committee Chair on behalf of the Audit Committee
<b>Action:</b>	To receive

**Purpose**

The purpose of this item is to consult with the Members' Council on the updates to the Audit Committee's Terms of Reference. The updates were approved by the Trust Board at their meeting on 26 April 2022.

**Recommendation**

**The Members' Council is asked to NOTE and CONSIDER the updates to the Terms of Reference for the Audit Committee.**

**Background**

In 2015, at the request of the Audit Committee, the Committee received a presentation from Deloitte on audit committee effectiveness and best practice. The Committee compared well against best practice and a number of actions were identified for further development. These were agreed with the Chair of the Committee and included a small number of suggested revisions to the Committees terms of reference. The terms of reference continue to be reviewed on an annual basis to ensure they remain fit for purpose as part of the Committee's annual report to Trust Board, which is presented in April each year.

One of the actions suggested by Deloitte and agreed with the Chair to take forward was consultation with the Members' Council on the Audit Committee's Terms of Reference. This reflects provision C.3.2b in NHS Improvement / Monitor's Code of Governance for foundation trusts that "*The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly*". In accordance with the Members' Council work programme any updates to the Audit Committee's Terms of Reference are presented for the Members' Council to consider.

In 2022 Audit Committee has expanded its remit to include providing assurance that the Trust has effective arrangements for the management of safety and emergency response including through the receipt of assurance reports provided by the Health and Safety TAG.

The proposed amendments were considered by the Audit Committee on 12 April 2022 and was submitted for formal approval by Trust Board on 26 April 2022. Any amendments / comments made by the Trust Board will be verbally updated at the Members' Council meeting.

## **AUDIT COMMITTEE Terms of Reference**

*Approved by Trust Board 26 April 2022*

All Trust Board Committees are responsible for the scrutiny, monitoring and provision of assurance to Trust Board on key issues set out in their terms of reference and/or allocated to them by the Board. Agendas are set to enable Trust Board to receive assurance that scrutiny and monitoring processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Audit Committee was established in June 2002. The Terms of Reference of the Committee are reviewed annually and, if appropriate, amended to reflect any changes to the Committee's remit and role, any changes to other committees and revised membership. The Audit Committee is a non-executive committee of the Board and has no executive powers other than those specifically delegated in these terms of reference and, as appropriate, by Trust Board. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

### **Purpose**

The Audit Committee's prime purpose is to keep an overview of the systems and processes that provide controls assurance and governance within the organisation as described in the Annual Governance Statement on behalf of Trust Board and that these systems and processes used to produce information taken to Trust Board are sound, valid and complete. This includes ensuring independent verification on systems for risk management and scrutiny of the management of finance. On behalf of the Trust Board, it will have an oversight of related risks, providing additional scrutiny of any such risks which are outside the Trust's Risk Appetite, giving assurance to the Board around the management of such risks.

### **Membership**

Taking guidance from Monitor (referred to as NHS England & Improvement) and the Department of Health into consideration, neither the Chair of the Trust or the Chief Executive attends this Committee unless invited to do so. The Committee is always chaired by a Non-Executive Director of the Trust and the membership consists of a minimum of two other Non-Executive Directors.

*Membership as at 1 April 2022*

Chair – Non-Executive Director – Mike Ford

Non-Executive Director - Chris Jones;

Non-Executive Director - Mandy Griffin.

### **Attendance**

The Director of Finance and Resources is in attendance (as lead Director) at meetings. The Company Secretary also attends meetings. Representatives of internal and external audit are also invited and expected to attend. The local counter fraud specialist is required to attend a minimum of two meetings a year.

The Chair of the Trust, the Chief Executive, other Directors, and relevant officers attend the Audit Committee by invitation. Administrative support is provided by the Personal Assistant to the Director of Finance and Resources.

### **Quorum**

The quorum will be two Non-Executive Director members. Members are expected to attend all meetings. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the chair.

### **Frequency of meetings**

The Committee will meet a minimum of four times per year to reflect best practice. The Chair of the Committee, External Auditor or Head of Internal Audit may request a meeting if they consider one is necessary. There will also be an additional meeting to approve the annual report, accounts and Quality Accounts.

It is the responsibility of the Lead Director to ensure items are identified for the Committee's agenda in line with the Committee's terms of reference, its work programme agreed at the beginning of each year and the current risks facing the organisation, and to agree these with the Chair of the Committee.

### **Authority**

The Committee is authorised by Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed by Trust Board to co-operate with any request made by the Committee. The Committee is also authorised by Trust Board to obtain external legal or other independent professional advice and to secure the attendance of external bodies or individuals with relevant experience and expertise if it considers this necessary.

### **Sub-committees**

To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Committee will receive reports from identified sub-committees.

Health and Safety - (moved across from Clinical Governance and Clinical Safety Committee wef 1<sup>st</sup> April 2022)

### **Duties**

#### Governance, risk management and internal control

The Committee shall review the establishment and maintenance of effective systems and processes that provide internal control within the organisation. In particular, the Committee will review the adequacy of:

- All risk and control related disclosure statements, in particular, the Annual Governance Statement and declarations of compliance with value for money assessments together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by Trust Board.
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of management of principal risks and the appropriateness of the above disclosure statements. This includes assessing the fitness

for purpose of the assurance framework including risk appetite and providing assurance that action plans are in place to address significant control issues.

- The policies and processes for ensuring compliance with relevant regulatory, legal and code of conduct requirements, including the NHS England & Improvement risk assessment framework.
- The systems for internal control including the risk management strategy, risk management systems and the risk register.
- The policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service.
- The work of other committees whose work can provide relevant assurance regarding the effectiveness of controls and governance arrangements.

In carrying out its work, the Committee will primarily utilise the work of Internal and External Audit; however, it will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. The Committee will use the Trust's Assurance Framework to guide its work and that of the audit and assurance functions reporting to it.

The Committee will also review arrangements that allow Trust staff (and other individuals where relevant) to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Committee will ensure that:

- Arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.
- Ensure safeguards for those who raise concerns are in place and that these safeguards operate effectively.
- Such processes enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure valid concerns are promptly addressed.
- These processes reassure individuals raising concerns that they will be protected from potential negative repercussions.

#### Internal Audit

The Committee shall consider the appointment of the Internal Auditor (for approval by Trust Board) and ensure there is an effective internal audit function established by management that meets Public Sector Internal Audit Standards, that provides appropriate independent assurance to the Audit Committee, Chief Executive, Chair and Trust Board. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation or dismissal.
- Review and approval of the Internal Audit approach, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between internal and external auditors to optimise audit resources.
- Ensure the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- Annual review of the effectiveness of internal audit.

### External audit

The Committee shall review the work and findings of the External Auditor appointed by the Members' Council and consider the implications and management's responses to its work. This will be achieved by:

- Consideration of the appointment and performance of the External Auditor, as far as NHS England & Improvement's rules permit.
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual audit plan and ensure co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the External Auditors of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- Review of External Audit reports, including agreement of the annual audit letter before submission to Trust Board and any work carried on outside of the annual audit plan, together with the appropriateness of management responses.
- Review of each individual provision of non-audit services by the External Auditor in respect of its effect on the appropriate balance between audit and non-audit services.

The Committee will also advise the Members' Council with regard to the appointment and removal of the Trust's external auditors and, to inform this advice, carry out a market testing exercise for the appointment of the external auditor at least every five years.

### Counter fraud

The Committee shall review the work and findings of the Local Counter Fraud Specialist as set out in the NHS Counter Fraud Authority Standards for Providers and as required by the NHS Counter Fraud Authority. In particular:

- Consider the appointment of the Trust's Local Counter Fraud Specialist, the fee and any questions of resignation or dismissal;
- Review the proposed work plan of the Trust's Local Counter Fraud Specialist ensuring that it promotes a pro-active approach to counter fraud measures;
- Receive and review the annual report prepared by the Local Counter Fraud Specialist;
- Receive update reports on any investigations that are being undertaken.

### Financial reporting

The Committee has responsibility for approving accounting policies. It also has delegated authority from Trust Board to review the annual report and financial statements, both for the Trust and for charitable funds, and the Quality Accounts/Report on its behalf and to make a recommendation to the Chair and Chief Executive on the signing of the accounts and associated documents prior to submission to NHS England & Improvement, Trust Board and the Members' Council.

In particular, the Committee shall focus on:

- Changes in, and compliance with, accounting policies and practices.
- Major judgemental areas.
- Significant adjustments arising from the annual audit.
- The wording in the annual governance statement and other disclosures relevant to the terms of reference of the Committee.
- Unadjusted misstatements in the financial statements.
- Letters of representations.
- Explanations of significance variances.



The Committee also ensures that the systems for, and content of, financial reporting to Trust Board, including those of and for budgetary control, are subject to review so as to be assured of the completeness and accuracy of the information provided to Trust Board.

The Committee also:

- Reviews proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation before these are laid before Trust Board;
- Examines the circumstances associated with each occasion Standing Orders are waived.
- Reviews schedules of losses and compensations on behalf of Trust Board.

#### Other Compliance

1. To provide assurance that the Trust has effective arrangements for the management of safety and emergency response including through the receipt of assurance reports provided by the Health and Safety TAG.

### **Other Assurance Functions**

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include any reviews by the Department of Health and Social Care, arms-length bodies, or regulators/inspectors (e.g. Care Quality Commission and NHS Improvement, NHS Resolution, etc) professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

### **Relationship with the Members' Council**

To reflect best practice and NHS England & Improvement's Code of Governance, Trust Board will consult with the Members' Council annually on the Audit Committee's terms of reference. At the discretion of the Chair of the Committee and/or the Chair of the Trust, governors may be invited to attend meetings of the Committee to support the Members' Council in meeting its duty to hold Non-Executive Directors to account for the performance of the Board.

### **Monitoring**

The Committee will monitor its performance both in terms of providing assurance to Trust Board and in terms of ensuring it meets the remit as set out in its terms of reference through agreement of an annual work plan, inclusion in the work plan of any items delegated to the Committee by Trust Board and through the Assurance Framework, monitoring implementation of the annual work plan, assessment of the Committee's performance through an annual self-assessment, and an evaluation of the Committee's performance through an annual report to Trust Board.

The Committee will assess, measure and evaluate its impact, both quantitatively and qualitatively, and include the outcome of this in its annual report to Trust Board.

### **Reporting to Trust Board**

Trust Board will receive the minutes of Committee at the Trust Board meeting following the Committee meeting. The Committee will also report to the Board annually on its work and include commentary on its support of the Annual Governance Statement, the effectiveness of assurance systems, the work of internal and external audit and the annual accounting process.

All Trust Board Committees have a responsibility to ensure they foster and maintain relationships and links between Committees and Trust Board. Each Committee also has a responsibility to ensure action identified and agreed is placed within the organisation either through the Executive Management Team or other internal groups, such as Trust-wide Action Groups.

**Approved by Trust Board: 26 April 2022**

**Next review due: April 2023**

**Members' Council  
10 May 2022**

<b>Agenda item:</b>	<b>8.5</b>
<b>Report Title:</b>	Elections to the Members' Council
<b>Report By:</b>	Head of Corporate Governance (Company Secretary)
<b>Action:</b>	To receive

**EXECUTIVE SUMMARY**

Purpose and format

The purpose of this paper is to update the Members' Council on the outcome of the election process for 2022.

Recommendation

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

Background

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

The election process was presented to the Members' Council meeting on 19 November 2021 and an update provided at the meeting on 8 February 2022.

Election process

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

The Nominations process opened on 20 January 2022 and closed on 17 February 2022. Nominations were received as follows.

Constituency	Number of vacancies	Number of nominations received
Public - Barnsley	2 seats	2 nominations received
Public – Calderdale	2 seats	2 nominations received.
Public – Kirklees	4 seats	1 nomination received.
Public – Wakefield	1 seat	2 nominations received.

Public – Rest of Yorkshire & the Humber	1 seat	1 nomination received.
Staff – Medicine and Pharmacy	1 seat	0 nomination received.
Staff – Nursing	1 seat	0 nominations received.
Staff – Social care staff in integrated teams	1 seat	0 nominations received.
Staff – Nursing support	1 seat	2 nominations

#### Outcome

As a result of the nominations process, the following were elected unopposed from 1 May 2022 for a period of three years. (See uncontested report attached from CES).

<b>Constituency</b>	<b>Elected Governor/s</b>
Public - Barnsley	Keith Stuart-Clarke
Public – Calderdale	Adam Jhugroo
Public – Calderdale	Phil Shire
Public – Kirklees	John Laville
Rest of Yorkshire, Humber and neighbouring counties	Jo Gander

The election process took place between 11 March 2022 and 6 April 2022. The results of the election are as follows (report of voting attached):

<b>Constituency</b>	<b>Elected Governor/s</b>
Public – Wakefield (1 seat)	Bob Clayden
Staff – Nursing Support	Laura Habib

Following the completion of the election process in 2022 there remained the following vacant seats on the Members' Council.

<b>Constituency</b>	<b>Number of vacancies</b>
Public - Barnsley	<b>1</b>
Public – Kirklees	<b>4</b>
Staff – Medicine and Pharmacy	<b>1</b>
Staff – Nursing	<b>1</b>
Staff – Social care staff in integrated teams	<b>1</b>

## SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

## ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 7 FEBRUARY 2022

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

**PUBLIC: BARNSLEY  
2 TO ELECT**

The following candidate is elected unopposed:

Keith Stuart-Clarke

*1 vacancy remains***PUBLIC: CALDERDALE  
2 TO ELECT**

The following candidates are elected unopposed:

Adam Jhugroo  
Philip Shire**PUBLIC: KIRKLEES  
4 TO ELECT**

The following candidate is elected unopposed:

John Laville

*3 vacancies remain***PUBLIC: REST OF YORKSHIRE, HUMBER AND  
NEIGHBOURING COUNTIES  
1 TO ELECT**

The following candidate is elected unopposed:

Jo Gander

**STAFF: MEDICINE AND PHARMACY  
1 TO ELECT**

No valid nominations were received

*1 vacancy remains*

**STAFF: NURSING  
1 TO ELECT**

No valid nominations were received

*1 vacancy remains*

**STAFF: SOCIAL CARE IN INTERGRATED TEAMS  
1 TO ELECT**

No valid nominations were received

*1 vacancy remains*

**Ciara Hutchinson**  
**Returning Officer**  
**On behalf of South West Yorkshire Partnership NHS Foundation Trust**

## SOUTH WEST YORKSHIRE PARTNERSHIP NSH FOUNDATION TRUST

## ELECTION TO THE MEMBERS' COUNCIL

CLOSE OF VOTING: 5PM ON 7 APRIL 2022

**CONTEST: Public: Wakefield**

*The election was conducted using the single transferable vote electoral system.  
The following candidate was elected:*

ELECTED		
Bob Clayden		

Number of eligible voters		2,257
Votes cast by post:	76	
Votes cast online:	31	
Total number of votes cast:		107
Turnout:		4.7%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		106

**CONTEST: Staff: Nursing Support**

*The election was conducted using the single transferable vote electoral system.  
The following candidate was elected:*

ELECTED		
Laura Habib		

Number of eligible voters		957
Votes cast online:	93	
Total number of votes cast:		93
Turnout:		9.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		93

The result sheets for each election form the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

**Ciara Hutchinson**  
**Returning Officer**  
**On behalf of South West Yorkshire Partnership NHS Foundation Trust**



A large, circular graphic composed of numerous blue brushstrokes of varying lengths and directions, creating a textured, sunburst-like border around the central text.

# **Great Place to Work update**

## **Members Council 10 May 2022**

With **all of us** in mind.

# A great place to work – Feeling Safe

## Recruit more staff

- Recruitment activity has increased by 21% over the last 12 months
- International Nurse Recruitment – 8 nurses joined the Trust with 12 planned in next 2 months mainly working in inpatient services – positive feedback received
- International Fellowship Programme for middle grade Doctors
- Partnering with Just R (recruitment agency) – launched a nurse recruitment campaign in April to run throughout the year with plans for support workers and allied health professionals campaigns later this year
- Regular quarterly cohort recruitment of band 5 nurses and support workers both substantive and bank (47 nurses, 65 bank support workers since January 2022)
- New careers website and onboarding site due to launch in next few weeks.
- Virtual Recruitment Fairs (held 3 so far) for support workers in collaboration with our other mental health and learning disability trusts.
- New Roles Group led by Darryl Thompson to develop and integrate new roles such as Trainee Nursing Associates, Nursing Associates, psychology associates, peers support workers

# A great place to work – Feeling Safe

## Recruit more staff (2)

- Working closely with our local colleges and universities to provide great support placements and to secure those student nurses jobs in the Trust.
- Learning Disabilities Nurse recruitment campaign to be launched in partnership across our 3 Trusts
- Bespoke and targeted recruitment campaigns in partnership with the Business Delivery Units
- Increased use of social media to advertise and promote our jobs alongside more traditional methods
- Priority Recruitment Group jointly lead by HR and Operations
- Local recruitment and retention groups in place
- 12 Nurse, 89 adult support worker, 41 nursing associates apprenticeships
- Working in partnership across our places to support local recruitment eg in partnership with Kirklees Council - 4 young people joined the Trust as part of the Kick start programme.

# A great place to work – Keep fit and well – retention

- Enhanced Health and Well being offer – increased resources in our OH team
- Health and wellbeing practitioner physical activity and staff dietitian through NHS charities and Trust funding.
- Local Health and Wellbeing champions in place in services
- Robertson Cooper wellbeing survey
- Flexible working group set up to look at increasing flexible working
- Development of a peripatetic workforce
- Increasing the bank
- Development of a collaborative bank across the 3 Trusts to reduce agency usage
- Internal transfer scheme to support internal moves
- New electronic exit questionnaires – 25% return from leavers
- Enhanced preceptorship for nurses
- Coaching offer

# A great place to work – supportive teams

- Great Place to Work Leadership Programme (circa 111 managers)
- Leadership and Management Programmes
- Reviewed and streamlined appraisal process to support increased uptake
- Staff survey action plans being developed by teams
- Use of wellbeing surveys
- Bespoke and tailored interventions to support teams from the HR and organisational development teams.
- Use of team brief and other comms to share trust wide initiatives
- Great examples of team working through nominations and winners through the Excellence awards.

# A great place to work – developing my potential

- Funding for continuous professional development from HEE for nurses and allied health professionals – programmes now starting to be delivered
- Funding for medical staff and protected time (CPD)
- Clear career pathways for nurses, AHPs and support workers
- Ensuring everyone has an appraisal and personal development plan (coming out of Covid)
- Development of talent management and succession plans
- Shadow Board Programme (12 diverse participants)
- Aspiring Leadership and management programmes
- Diverse recruitment processes (diverse panels)

# A great place to work – your voice counts

- Quarterly NHS Staff Surveys mandated and commenced in January 2022 (18% response rate) – Full staff survey results now being worked on
- Robertson Cooper wellbeing survey currently open closes in May
- Great Place to Work leadership programme due to launch in April deferred until May
- Shadow Board programme for aspiring senior managers commenced in March.
- Reciprocal mentoring programme for the Board and BAME staff across the Trust
- Organisation Development (OD) Strategy –nearly complete
- Established staff networks – REaCH (140 + members)
- Excellence Awards – Virtual event in April
- Engagement with staff throughout Covid on PPE, mandatory vaccinations, agile and hybrid working, risk assessments
- National recognition for Partnership working across trade unions and management in September 2021

# A great place to work – ongoing challenges

- Reduction in workforce supply across the Country
- Time to train nurses and the impact of Covid on placements experience means we are reliant on oversea nurses for next couple of years.
- Mental health investment is really positive but is draining staff from other roles in the Trust
- New and emerging workforce and people plans in our places which will support new and more integrated roles in the medium term
- Ability to create meaningful workforce plans when teams under pressure – likely to be light touch again this year
- Staff want development opportunities and we need to be able to create these in times of service pressures
- We need to have innovative and competitive reward packages for new and existing
- Improve staff experience in all areas of our Great Place to work strategy and a sense of belonging for all





# Performance & Finance update

**Quarter 4 - 2021/22**

**Members' Council**

**10 May 2022**



With **all of us** in mind.

# Agenda

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

# Summary Performance Metrics

KPI	Threshold	June 21 Q1	Sept 21 Q2	Dec 21 Q3	March 22 Q4
NHSEI Systems Oversight Framework	N/A	2	2	2	2
Children and Young People in adult inpatient adult wards	0	3	0	0	1
% Service Users followed up within 7 days of discharge	100%	97.9%	99.4%	98.0%	96.6%
% clients in settled accommodation	60%	87.7%	88.0%	88.7%	88.3%*
Improving access to psychological therapies (IAPT) - Proportion people completing treatment & moving to recovery	50%	47.5%	54.5%	53.7%	52.7%*
Inappropriate out of area bed days		496	598	1028	1094
Number of compliments received		87	62	71	86
Safer staffing fill rates (inpatients)	100%	118.5%	109.7%	108.9%	109.4%
Delayed transfers of care	3.5%	1.3%	2.3%	1.5%	1.5%

\* provisional data

# Summary Performance Metrics

KPI	Threshold	Jun-21	Sep-21	Dec-21	Mar-22
		Q1	Q2	Q3	Q4
Patient & Safety Incidents involving moderate or severe harm or death (quarter)		87	58	76	71
IG confidentiality breaches	<36	26	31	23	36
CAMHS referral to treatment < 18 weeks	Trend monitor	77.8%	62.7%	66.3%	68.4%
Surplus/(deficit)		£1.7m	£2.3m	£1.5m	£7.3m
Agency spend	£5.3m (full year)	£1.9m	£2.3m	£2.1m	£8.7m
Sickness absence (non covid)	4.50%	4.3%	4.6%	4.8%	4.8%
Staff turnover	10%	13.1%	14.5%	13.8%	12.8%

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	Mar-22
Staff off sick – not working	108	159	33	95	94	111	111
Staff working from home related to Covid-19	79	84	16	66	62	50	57
Service users tested on wards (cumulative)	264						
Service users tested positive (cumulative)	176						
Calls to occupational health health-line	1,780	2,274	2,655	2,911	3,181	3,462	4,340
Additional staff enabled to work from home	1,069	1,175	1,281	1,350	1,369	1,554	1,898
Microsoft team meetings (per month)	14,845	13,066	22,704	19,503	16,868	17,346	19,074
AccuRX video consultations (per week)	178	178	192	144	126	87	94
Staff vaccinations – first dose (snapshot)			4,503 (87%)	4,520 (87.7%)	4612 (87.8%)	5,092 (95.6%)	5,248 (96.8%)
Staff vaccinations – second dose (snapshot)			3,912	4,024 (78.1%)	4547 (86.6%)	4,995 (93.8%)	5120 (94.5%)

With **all of us** in mind.

# Quality Update 2021/22 – Q4



South West  
Yorkshire Partnership  
NHS Foundation Trust

## COVID-19 Response

- Routine testing for patients on admission and at days 3 and 5 – dashboard now in place to provide assurance and oversight
- Electronic clinical system has been established to capture our new expected response of using lateral flow tests for patients rather than PCR
- 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
- Silver and Gold command were re-instated and continue to meet
- Infection Prevention and Control requirements continue to be reviewed and updated in line with emerging national guidance and staff feedback

With **all of us** in mind.

# Quality Update 2021/22 – Q4

## Patient Experience – Friends and Family Test (FFT)

- 94% of respondents in March 22 would recommend community health services
- 84% of respondents in March 22 would recommend mental health services
- 76% of CAMHS respondents in March 22 stated that their experience had been good or very good.
- We continue to explore other creative ways of gaining feedback on our services

## Out of area Placements

- These increased as planned in response to a decision to support local acuity and staffing pressures. Plan is in place to now address this

# Quality Update 2021/22 – 4



**South West  
Yorkshire Partnership**  
NHS Foundation Trust

## 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 March 2022:**

- Registered staff – Days 74.7%
- Registered staff - Nights 89.6%
- Registered average fill rate – Days and nights 86.2%
- Overall average fill rate all staff: 109.4%
- 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.
- These fill rates reflect the acuity and challenges that clinical areas are facing
- Currently undertaking establishment reviews of older people's services, forensics and mental health inpatients

**With all of us in mind.**



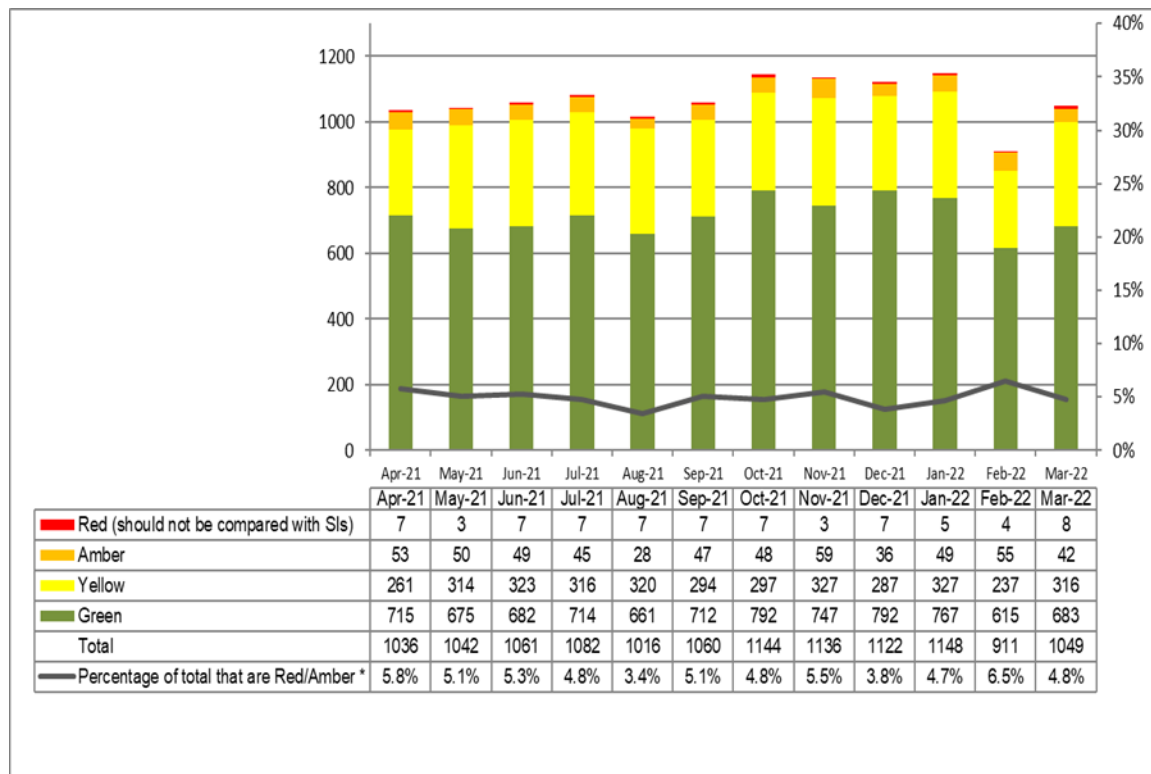
# Quality Update 2021/22 – Q4



**South West  
Yorkshire Partnership**  
NHS Foundation Trust

## 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 March 2022.
- 34.9% of incidents were in red, amber and yellow categories in March 22.
- Self-harm incidents and apparent suicides remain under close review during the pandemic.



**With all of us in mind.**

# NHS England & Improvement

South West  
Yorkshire Partnership  
NHS Foundation Trust

## Access standards and Outcomes – Trust Performance

KPI	Threshold	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	99.9%	100.0%	99.7%	92.2%	98.8%
% Admissions Gatekept by Crisis Response Teams	95%	99.4%	99.7%	99.4%	98.3%	97.8%
% service users on care programme approach (CPA) Followed up Within 7 Days of Discharge	95%	98.6%	97.9%	99.4%	98.0%	96.6%
Improving Access to Psychological Therapies - Treatment within 6 weeks of referral	75%	98.8%	98.7%	97.9%	96.0%	94.2%*
Improving Access to Psychological Therapies - Treatment within 18 weeks of referral	95%	99.9%	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%	82.5%
Maximum 6 week wait for diagnostic procedures	99%	97.8%	100.0%	100.0%	100.0%	68.9%
Improving Access to Psychological Therapies – Proportion of people completing treatment who move to recovery	50%	53.4%	55.2%	47.5%	53.8%	52.7%*

\* provisional figures

With all of us in mind.

- 96.8% of staff have received their first COVID vaccine (5,248), and 94.5% (5120) their second dose as at 20<sup>th</sup> April 22. Vaccines are still available through the national programme, as well as clinics run in the Trust and by partner organisations.
- Staff in post remained stable in the last quarter and since April. Between Q1 and Q4 our workforce (substantive staff in post) has grown by 1.39%.
- Bank and agency spend continue to remain high to support the safer staffing gaps in workforce caused by high absence and vacancies in the services. This is primarily in our ward-based service areas. Bank usage increased in March to cover larger levels of annual leave due to year end.
- Vacancies remain high across the Trust above 12.7% after vacancy factor applied. This has seen improvement in Q4 with a 0.6% reduction.
- Staff turnover is 14.88% for the last 12 months.
- Recruitment activity is up by 14% and generally we are replacing leavers with starters. This is supported by our substantive staff in post position increasing over the 12months
- Further detailed information in separate Workforce Presentation

# Financial Performance

## Key performance indicators

Performance Indicator	Year End Position
Surplus / Deficit	£7.3m
Agency Spend	£8.7m
Cash	£81.1m
Capital	£8.6m
Better Payment Practice Code	95%

# Financial Performance – Highlights

- Year end surplus position was £7.3m. This is slightly more than the £7.1m which was forecast.
- The main cause continues to be linked to workforce. There have been vacancies against existing structures and these are increased further due to new staff recruitment linked to mental health investment standard (MHIS) and system recovery (SR) investment.
- Despite this there has been more staff (worked WTE) compared to previous years; 119 more worked WTE in March 2022 compared to March 2021.
- Covid-19 has continued to have an impact on the financial position. The level of staff absences has continued to the increased need for temporary staffing solutions such as bank, agency, overtime and additional shifts.
- Covid-19 has also had an impact on the way that wards work. This has resulted in increased out of area placements in Q4 2021/22 to ensure safe service provision.
- The Trusts cash balance was £81.1m as at 31<sup>st</sup> March 2022.
- We have continued to pay suppliers promptly; 95% of all invoices within 30 days. There have been some system issues in Q4 although excellent performance has been maintained.
- Capital spend has increased in Q4 resulting in total spend of £8.6m. This is supported full utilisation of the ICS capital allocation.

**With all of us in mind.**

## Members' Council annual work programme 2022/2023

### Key

- O** – take as read submit questions in advance
- I** – receive without discussion
- x** - statutory item
- #** - deferred

	Bus	Bus	Strat	Strat	Bus	Strat
Agenda item/issue	08 February 2022	10 May 2022		17 August 2022	15 November 2022	14 February 2023
Declaration of interests	x	x		x	x	x
Minutes of the previous Members' Council meeting	x	x		x	x	x
Matters arising from the previous meeting and action log	x	x		x	x	x
Chair's report and feedback from Trust Board	x	O		O	x	O
Chief Executive's comments on the operating context	x	x			x	
Governor feedback	x	O		O	x	O
Assurance from Member's Council groups and Nominations Committee	x	x		O	x	O
Integrated performance report	x	O		I	x	I
Governor appointment to groups and committees <i>(if required)</i>	x	O		O	(not required)	O
Appointment / Re-appointment of Non-Executive Directors <i>(if required)</i>						
Ratification of Chief Executive appointment <i>(if required)</i>	x					
Review of Chair and Non-Executive Directors' remuneration	#	x				x *recommend- dation for Chair's remuneration
Evaluation / Development session	x					x

	Bus	Bus	Strat	Strat	Bus	Strat
Agenda item/issue	08 February 2022	10 May 2022		17 August 2022	15 November 2022	14 February 2023
Local indicator for Quality Accounts	✕					✕
Annual report unannounced / planned visits		✕				
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				✕		
Patient Experience annual report					✕?	
Incident Management annual report					✕?	
Strategic meeting with Trust Board					✕	
Trust annual plans and budgets, including analysis of cost improvements					✕	
Members' Council Training & Development	✕				✕	
Members' Council elections	✕ *update	✕ *outcome			✕ *process	✕ *update
Chair's appraisal		✕ *interim 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		✕				



	Bus	Bus	Strat	Strat	Bus	Strat
Agenda item/issue	08 February 2022	10 May 2022		17 August 2022	15 November 2022	14 February 2023
Nominations' Committee annual report <sup>1</sup>		✗				
Appointment of Lead Governor						✗
Appointment of Trust's external auditors						
Holding Non-Executive Directors to account					✗	
Review of Members' Council objectives					✗	
Members' Council meeting dates and annual work programme					✗	
Focus on items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.		✗ (1 item)		✗ (2 items)		✗ (2 items)
<b>Development session</b> Quality Monitoring Visits (Director of Nursing, Quality and Professions)						