

**Minutes of the Members' Council meeting held at 09.30 on 16 August 2022**

**Meeting Held Virtually by Microsoft Teams**

<b>Present:</b>	Mike Ford (MF)	Non-Executive Director and Senior Independent Director (Chair)
	John Laville (JL)	Public – Kirklees (Lead Governor) (from 11am)
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public - Wakefield
	Claire Den Burger-Green (CDBG)	Public - Kirklees
	Darren Dooler (DDo)	Public - Wakefield
	Brenda Eastwood (BE)	Appointed – Barnsley Metropolitan Borough Council
	Gary Ellis (GE)	Appointed – Mid Yorkshire Hospital NHS Trust
	Warren Gillibrand (WG)	Appointed – Huddersfield University
	Laura Habib (LH)	Staff – Nursing support
	Anthony Jackson (AJ)	Staff – Non-clinical support
	Adam Jhugroo (AJh)	Public - Calderdale
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Beverley Powell (BP)	Public - Wakefield
	Phil Shire (PS)	Public – Calderdale
	Sue Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart - Clarke (KSC)	Public – Barnsley
<b>In attendance:</b>	Mark Brooks (MBr)	Chief Executive
	Salma Yasmeen (SY)	Deputy Chief Executive and Director of Strategy and Change,
	Sue Barton (SB)	Deputy Director of Strategy and Change (item 7.1 only)
	David Webster (DW)	Non-Executive Director
	Carol Harris (CH)	Chief Operating Officer
	Gemma Lockwood (GM)	PA to Chair and Chief Executive
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Adrian Snarr (ASn)	Director of Finance, Estates and Resources
	Darryl Thompson (DTh)	Chief Nurse and Director of Quality and Professions
	Julie Williams (JW)	Assistant Director of Corporate Governance, Performance and Risk
	Nicola Wright (NW)	Partner, Audit & Assurance, Deloitte
	Grace Coggill (CG)	Administration Assistance – Corporate Governance Team

	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
	David Ramsay	Deputy Director of Children's Services (Child and Adolescent Mental Health Services (CAMHS))
	Jessica Merrin	Clinical Lead, Eating Disorders Service (CAMHS)
	Amanda Baxter	Education Mental Health Practitioners, Mental Health Support Team in Kirklees
<b>Apologies:</b>	Marie Burnham (MBu)	Chair
	Dylan Degman (DDe)	Public – Wakefield
	Jackie Ferguson (JF)	Appointed – Wakefield Council
	Mandy Griffin (MG)	Non-Executive Director, Deputy Chair
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield Hospitals NHS Foundation Trust
	Greg Moores (GM)	Chief People Officer
	Nat McMillan (NM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Asma Sacha (AS)	Corporate Governance Manager
	Subha Thiyagesh (ST)	Chief Medical Officer
	Nik Vlissides (NV)	Staff – Psychological therapies
	Tony Wilkinson (TW)	Public – Calderdale
	Tony Wright (TWr)	Appointed – Staff Side organisations

#### **MC/22/45 Welcome, introductions and apologies (agenda item 1)**

Mike Ford (MF) Non-Executive and Senior Independent Director chaired the meeting in the absence of Marie Burnham (MBu), Chair and Mandy Griffin (MG), Deputy Chair. MF formally welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

MF welcomed new appointed governors, Warren Gillibrand (WG) from Huddersfield University and Sue Spencer (SS) from Barnsley Hospital NHS Foundation Trust. MF also welcomed Jackie Ferguson (JF), newly appointed governor for Wakefield Council who has sent her apologies for this meeting.

MF welcomed Adrian Snarr (ASn), the newly appointed Director of Finance, Estates and Resources and Nicola Wright (NW) from Deloitte who is presenting item 6.1.

MF informed the Members' Council that Jo Gander (JG), public governor for the rest of Yorkshire, Humber and neighbouring counties has handed in her resignation, having been successfully appointed as a Non-Executive Director for Doncaster and Bassetlaw Teaching Hospital.

It was noted the Trust constitution states that if a governor takes up a director role within the NHS, they must tend their resignation immediately.

MF reported the meeting is being recorded to support minute taking. The recording will be deleted 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 are requested to remain on mute, unless speaking.

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

**MC22/46      Declarations of Interests (agenda item 2)**

Andy Lister (AL) informed the Members' Council that the three newly appointed governors, Jackie Ferguson (JF), Warren Gillibrand (WG) and Sue Spencer (SS) have submitted their declarations of interest and none of them have anything to declare.

**It was RESOLVED to NOTE the individual declarations from governors.**

**MC22/47      Minutes of the previous Members' Council meeting held on 10 May 2022 (agenda item 3)**

Darryl Thompson (DT) noted a misquote to the acronym SIM which had been recorded as

"serenity investigation measuring" but should be "serenity integrated mentoring".

Bob Clayden (BC) noted that for item MC/22/28 both Phil Shire and Adam Jhugroo on page 10 of the minutes, were noted as public governors for Wakefield when they were public governors for Calderdale.

**Action: Andy Lister**

**It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 10 May 2022 as a true and accurate record with the noted amendments.**

**MC/22/48      Matters arising from the previous meeting held on 10 May 2022 and action log (agenda item 4)**

MF raised **MC/22/36** and noted Greg Moores (GM) and Laura Habib (LH) are still to meet. LH confirmed she had met with GM, and it was agreed the action should be closed for the next meeting following LH providing AL with an update.

In reference to action **MC/22/36**, related to SIM, it was agreed that action resolutions in the log should be more detailed so that Members' Council can see what action has taken place.

**Action: Andy Lister**

Adam Jhugroo (AJh) stated it would be useful to know what the SIM outcome was and whether the Trust is using a similar model.

DT reported the Trust does not have a SIM model where multi-agency services are provided without a person's consent, and even when the Trust were providing care under a SIM heading, this differed from the national SIM model, in that consent was still integral to our approach.

**MC/22/41** - in relation to workforce, to remain open.

**MC/22/14** - is to remain open and be updated at the next meeting.

**MC/22/21** - AL confirmed that a full consultation would take place with the Members' Council regarding the future dates/days for Members' Council meetings and the process for blended meetings. This would be managed through the Members' Council Co-ordination Group.

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

**MC/22/49 Chair's report and feedback from Trust Board (agenda item 5)**

MF noted in the meeting that the paper was to be taken as read to allow more time for discussion items and asked for any questions.

Phil Shire (PS) noted from the update in relation to the Trust Strategic Board meeting a SWOT (strengths, weaknesses, opportunities and threats) analysis had been carried out. PS reported it would be of interest of governors to see the SWOT analysis.

Mark Brooks (MBr) stated the joint Members' Council and Trust Board meeting is to take place in November 2022 and it would be a good opportunity to share the SWOT analysis at the start of the meeting with governors prior to strategic discussions taking place.

**Action: Corporate governance team**

**MC/22/50 Annual items (agenda item 6)**

**MC/22/50a Report to the Governors on the Trust ISO 260 audit of accounts 2021/22 (agenda item 6.1)**

Nicola Wright (NW) introduced herself as an audit partner from Deloitte. She informed that today's presentation follows the same format of previous years, a brief update about the responsibilities and scope of the external audit and then a report on findings and information already shared with the Trust's Audit Committee. The full outcome of the audit will not be published until the Value for Money section has been completed later in the year.

NW explained the scope of the audit is around the annual accounts and the annual report. The audit looks at areas of risk, once identified, sample testing takes place to gather evidence. This sits within the financial statements.

There are also sections of the annual report which require audit as well, including a remuneration report, and then a wider audit around Value for Money for the entire Trust. The annual report and annual governance statement are also read in full to check they are a fair assessment of the year.

An opinion will then be provided, as to whether the accounts are accurate, and any issues reported for Value for Money and any ongoing concern.

When the Department for Health and Social Care produces its consolidated report, Deloitte provide an opinion to them, to confirm the information submitted by the Trust is the same information, subject of the audit.

Those accounts are then submitted by the National Audit Office and Deloitte provide an opinion to them that the consolidation schedules prepared, match the opinion of Deloitte throughout their audit of the Trust.

All work, except for Value for Money, has been completed on time. The accounts and consistency opinion are unmodified, this outcome is positive and is what is sought to be achieved. The Value for Money work is ongoing and will be completed in due course.

The Audit plan produced two significant risks for testing. One around the validity of accruals, this was due to additional funding during Covid-19 which has been a national concern, and a mandated risk, about the management override of controls. There were no issues identified in relation to management override of controls.

The draft accounts and annual report were presented ahead of schedule which was helpful. Some adjustments to financial statements were recommended which the Trust has decided not to change, and this has been reported to the Audit Committee. Following extrapolation, the monies were identified to be minimal.

There are some recommendations in relation to the annual report about its length and repetition within the document. Accounting policies were reviewed and nothing of concern was identified.

There were four control findings arising from the audit work concerning the production of the Annual Report, documentation around International Financial Reporting Standards (IFRS) 16, identification of lease dilapidations and the production of management papers. The Value for Money work will be completed and reported into the Audit Committee later in the year.

MF reported the Audit Committee were happy with the outcome of the audit and asked for any questions. MF noted the positive relationship between Deloitte and the Trust.

NW noted the conversations with the Trust were transparent and the relationship has been very positive, and conversations have been constructively managed.

**It was RESOLVED to RECEIVE the Report to the Governors on the Trust ISO 260 audit of accounts 2021/22**

MC/22/51b Quality account and external assurance 2021/22 (agenda item 6.2)

Darryl Thompson (DT) reported this is the Annual Quality Account submission. DT explained the quality account refers to parts 1 and 2 of the report and the quality report refers to parts 1, 2 and 3. This is a technicality in relation to submission.

DT reported the document has been reviewed in depth at the Executive Management Team (EMT) meeting and the Clinical Governance Clinical Safety Committee (CGCS) to ensure this an accurate reflection of the year. Feedback from external stakeholders about their experience of the Trust has also been received.

The document was shared with Members' Council Quality Group prior to publication. DT explained some deviance from normal process as a result of Covid-19.

BC commented there are several acronyms within the document that make it hard to understand. A discussion followed and it was agreed this should be improved for next year's publication. DT also offered to add a glossary on the Trust's website to assist with acronyms within the document.

**Action: Darryl Thompson**

PS referenced tables on pages 5-12 for the Quality priorities for 21-22 and reported he could not establish from the table what improvements have taken place and commented that this may be referenced within the body of the report but any achievements that have taken place are not easy to find. PS suggested the Trust could produce something that is more useful and succinct rather than take up so much resource to produce such a large document.

Mark Brooks (MBr) noted the stipulated reporting requirements for the Quality Account did not make it an easy document to follow and agreed with PS's comments. A high-level summary version should be considered with the assistance of the Members' Council Quality Group for future years.

**Action: Darryl Thompson**

DT reported NHS Trusts are no longer required to produce the Quality Account as part of the auditable accounts. It may be that the Trusts are no longer required to produce the document going forward, but this is still to be established. DT added with the three new quality priorities there are new metrics being developed to enable better communication of the outcomes.

Claire Den Burger Green (CDBG) concurred a glossary would be a good idea at the beginning of the document as there are numerous acronyms within the document.

**Action: Darryl Thompson**

**It was RESOLVED to RECEIVE the update on the Quality Account and external assurance 2021/22.**

MC/22/51c Governor Feedback (item 6.3)

Bill Barkworth (BB) presented the item and explained that the feedback came from the quarterly governor only meetings held in June 2022 prior to the Members' Council Co-ordination Group meeting.

BB reported there is some detailed feedback within the document that BB needs to discuss with John Laville (JL). Attendance at Trust Board Committee meetings have been discussed and a number of views offered.

Governors are keen to get back to face to face meetings.

AL noted while Members' Council meetings will be virtual for the rest of 2022, there is a concerted effort to try and make this year's Annual Members Meeting a face-to-face meeting.

Governors feel they are losing touch with the Integrated Care System. BB has spoken to the Lead Governor of Barnsley Hospital NHS Foundation Trust, who had similar views and was considering a meeting, involving Lead Governors, to address this.

BB acknowledged the pressure Trust staff and staff governors are under.

CDBG reported she was working alongside JL and the Trust in Kirklees to try and improve initial appointment letters with the view of an overall improvement of all patient correspondent letters in the Trust. As part of this work, consultation with carers has been raised and CDBG has set up connections with "triangle of care" which is about consulting all in relation to service user's care.

Beverley Powell (BP) agreed that governors should be kept updated about progression of the Integrated Care Systems, and it is important that governors across the system work together.

Adam Jhugroo (AJh) noted the long waiting times and queried the achievement of the 18 weeks to assessment target and follow up consultations were being achieved. AJh further reported in his experience as a primary care worker, in reference to CDBG's work on

initial appointment letters, that when a service user is on a waiting list, they do not receive any correspondence about the length of time or how long they could potentially be waiting.

Carol Harris (CH) clarified the Trust reports an 18 week wait to treatment, not to assessment. Where there is a target for referral to assessment, the Trust would report on that and then a report further on the referral to treatment time. The data on wait times is then fed through to the Executive Management Team and Trust Board. CH said she was happy to review any specific cases.

**Action: Adam Jhugroo and Carol Harris**

CDBG reported she has noted AJh's comments and will include this in the work she is progressing with the Trust.

Keith Stuart-Clarke (KSC) suggested the use of a text reminder service to update service users regarding the waiting time.

Laura Habib (LA) reported there is work ongoing around learning and development in nursing support roles to improve the training and development of non-registered staff and address how valued they feel across the organisation. Role descriptions are also being reviewed to make sure they are equitable across the Trust.

DT reported there are conversations taking place between the Nursing and Quality Directorate and the People Directorate to look at the equity of roles across the Trust and LH will be included in these conversations.

**MC/22/51d Governor appointment to Members' Council groups and committees (item 6.4)**

MF reported there are currently no vacancies on the Nominations Committee. Laura Habib has been appointed to the Members' Council Co-ordination Group and CDBG to the Members' Council Quality Group. JG had been appointed to both groups but has now resigned and the vacancies have returned.

**It was RESOLVED to RECEIVE the update on appointment to Members' Council groups and committees**

**MC/22/51e Assurance from Members' Council groups and Nominations committee (item 6.5)**

MF noted in the Nominations Committee, it reports that MF's term ends in August 2022, when this should be noted as August 2023. AL agreed this would be corrected.

**Action: Andy Lister**

**It was RESOLVED to RECEIVE the Assurance from Members' Council groups and Nominations committee.**

**MC/22/52 Members Council Business Items (agenda item 7)**

**MC/22/52a Social Responsibility and Sustainability strategy (item 7.1)**

Sue Barton (SB) introduced herself to the Member's Council as the Deputy Director of Strategy and Change. SB stated governors had received a full copy of the strategy in the

body of the papers and gave a presentation on the key points of the strategy to explain the process used to develop and co-produce the draft strategy. She shared the next steps with the Members' Council to seek views and input.

The Social Responsibility and Sustainability Strategy aims to maximise the benefits the Trust can deliver to local people, communities and places, especially those facing challenge and disadvantage.

Using existing policies and approaches already in place including the Trust Green Plan; Equality and Inclusion Action Plan; Equality and Involvement; to deliver social, economic and environmental benefits and reduce health inequalities.

There are many ways to become sustainable, as an organisation, a staff member, a governor, a service user or a visitor by:

- reducing waste,
- preventing pollution,
- adopting clean energy,
- conserving water,
- accessing services and support digitally, where appropriate,
- greening the planet by planting trees,
- using sustainable materials,
- making products sustainable,
- and by adopting sustainable business travel policies.

SB outlined the purpose of the strategy and Trust approach, the process of self-assessment and the self-assessment framework before outlining the key points of the strategy are to build on the Trust's core and current activities and role as an 'anchor organisation' to strengthen positive impact from:

- Partnerships
- Our role as an employer
- Procurement
- Management of environmental impact and assets
- Engagement with less advantaged and diverse communities

SB then went on to report on next steps of the strategy:

- New Sustainability Change Manager role commences from September 2022
- Further engage with service users, staff and local communities to deliver the headline initiatives and populate a more detailed plan
- Further develop local partnerships
- Discuss and agree how to measure and report progress including Key Performance Indicators and targets
- Introduce training on sustainability
- Use the integrated change framework and #allofusimprove tools and approach

BC queried the use of 2011 census data for the strategy and noted the reference to social prescribing and raised concerns as to whether social prescribing would be under increasing pressure in the future. SB reported she would provide BC with more detail in relation to social prescribing outside of the meeting.

BC felt the self-assessment reflected the Trust was aiming to be average in relation to environments and assets and there is no reference to public transport. BC then queried



what was the rate of mileage for cycling. The cycling mileage rate to be identified and communicated to BC.

**Action: Sue Barton**

SB reported an action is in place to review the Equality Impact Assessment (EIA) in line with the 2021 census data, and this was a timing issue during the production of the strategy.

SB reported she would provide BC with more detail in relation to social prescribing outside of the meeting.

**Action: Sue Barton**

SB reported in reference to the self-assessment there had been a view to balance ambition against what can realistically be achieved.

SB reported public transport use is part of the green plan as is the promotion of cycling to work. The cycling mileage rate would need to be identified and communicated to BC.

**Action: Sue Barton**

CDBG raised the future of Members' Council meetings and the environmental impact of travelling to meetings. CDBG asked if there are any practical solutions being considered and noted that carers and service users have been engaged in this process.

SB reported electric bicycles are being considered on a small scale for community use and the use of heat from mining water is something that is being considered across the wider system.

BP noted the inclusion of the local communities in this work and asked in terms of workforce and the race equality standards and how this strategy aligns with the retention of staff.

MBr noted BP's comments and reported the Trust is putting a lot of effort into recruitment. The Trust needs to understand what works well internally and in other organisations and to work with partners to improve. The Trust have recruited 15-20 international staff in the last 12-18 months and the feedback on the pastoral care that has been provided has been very positively received. To retain staff, the Trust must strive to be as good an employer as can be.

PS queried the timelines on some of the actions in the strategy and asked if they are achievable.

SB agreed the timelines are stretching but it is an urgent agenda. Some aspects are already in place such as the Green Plan. The Trust are very committed to this agenda.

MBr reported the Trust has agreed to upgrade the Bretton Centre. There was a challenge from the Board to look at how to make the project as sustainable as possible, and it has been agreed at Trust Board last month to spend £1m more than originally planned to make the building work more sustainable. As part of the design of any of our estates works and capital projects sustainability will be at the forefront of any decisions made.

BB asked for governors to be involved in consultation around this work/strategy going forward. It was agreed for governors to email the corporate governance team to express an interest.

### **Action: Members' Council**

John Laville (JL) said he strongly supports the strategy and the ambition and asked what actual difference staff will see because of this strategy. SB reported there will be far more consultations going forward and engagement with staff. JL suggested it was maybe too early to answer this question, but it is a question that should be considered as the strategy progresses.

DT reported he had spent the day with the tissue viability team last week and questions are already being asked about packaging for items used by the team and the ways to recycle the products used.

LH suggested it would be useful to record changes that have taken place where staff have ordered different products as a result of their environmental impact or recyclability to be able to show the real changes that are taking place.

Anthony Jackson (AJ) asked about value-based procurement and the quantity of items purchased and whether they can be used before any expiry date. AJ raised the query whether procurement will increase the range of suppliers who can perhaps provide smaller quantities in order to reduce waste.

SM reported this would be considered and the carbon impact of purchases has to be considered and new ideas are coming to the fore all the time. The head of procurement is fully on board with the strategy.

**It was RESOLVED to RECEIVE the update on the Social Responsibility and Sustainability strategy.**

MC/22/52a Child Adolescent Mental Health Services (CAMHS) including "a day in the life" of Jessica Merrin, Clinical Lead, Wakefield CAMHS, Eating Disorder Team (item 7.2)  
David Ramsay (DR) introduced himself as the Deputy Director of Children's Services and introduced Jessica Merrin (JM) and Amanda Baxter (AB) who is part of the mental health support team in Kirklees Children and Adolescent Mental Health Services (CAMHS).

DR presented an overview of CAMHS:

CAMHS service are provided into the following areas:

- Barnsley, Calderdale, Kirklees and Wakefield
- Wetherby young offenders' institution and Adel Beck secure children's home

There is an integrated and robust governance structure (Director of Services, Care Group meeting, Children's Services Clinical Governance meeting)

Service Demand:

- A 30%+ annual increase nationally
- Since 2019 referrals up 81% in Barnsley, 56% Calderdale, 87% Kirklees and 64% in Wakefield

#### Service Responsiveness:

CAMHS waiting times from referral to treatment have been largely maintained. Waiting times in Wakefield represent a specific concern but are improving - down from 357 February 2022 to 279 in June 2022.

#### Neuro-developmental pathway waiting times:

These are diagnostic assessments that determine if children have autism or attention deficit and hyperactivity disorder (ADHD). The number of children asking for assessment in both Calderdale and Kirklees has escalated considerably in these areas. There has been a significant amount of investment in these areas, and this has now started to take effect with a plateau in referrals.

#### Service Priorities for 22-23:

- Improve health: outcome measures, transition, targeted support for deprived communities
- Improve care: access to specialist beds, crisis alternatives, reduce waits
- Improve resource use: embed new ways of working
- Great place to work: recruitment and retention, wellbeing focus

BP queried access to services and waiting times data in reference to disability and also the ethnic breakdown and other protected characteristics of our patients to try and understand disparities and inequalities.

MBr reported the Trust is carrying out work on referrals and waiting lists to have access to all the information BP has suggested for all of the services and the Trust expect to have made good progress by November 2022. This will really help to understand how to improve the service provision as well as better understanding any possible equality issues. MBr noted this might be a helpful topic for a future meeting.

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

JM introduced herself as the Clinical Lead in the eating disorder team in Wakefield CAMHS. It is a small team of ten who work alongside the CAMHS team. They are governed by access and waiting time standards which have various timescales.

There have been 129 referrals in the last year with 67% of which have been accepted to assessment.

The team are now reaching into early intervention and development work to deal with issues earlier on before their symptoms escalate.

JM reported no two days are the same and so the team are flexible to their service users and families and work seven days a week. Assessments are conducted by a multi-disciplinary team, where service users will leave with a plan of what will take place, even if a diagnosis cannot be given at that moment in time. She explained they are trying the balance the team workload as there are differing levels of need depending on the client.

Training is taking place to build the team and team working after the pandemic. The team are also training external teams to build their profile. The teamwork with paediatric colleagues to link physical and mental health.

The team offer National Institute for Health and Care Excellence (NICE) concordant first line treatments and are also working on a home-based treatment pathway to try and avoid hospital admissions.

The adult provider is based in Leeds and called CONNECT and work with families who are going through transition and to include families and carers in these processes.

In the last 12 months, the team have developed a paediatric pathway to link mental and physical health care with Mid Yorkshire Hospital NHS Trust.

JM noted it can be difficult to compare teams across the Trust, but the team are sharing knowledge and resources through the areas the Trust serves.

Communication is a key priority and how the team effectively communicate with young people on platforms that they use and are familiar with.

Some recent data shows that the team are having a positive impact on CAMHS admissions, JM reported that she felt this was as a result of the home-based treatment offer that is being developed. Young people are recovering and the team rarely have repeat referrals which is positive.

AB introduced herself as one of the Education Mental Health Practitioners within the Mental Health Support team in Kirklees and the team provides low level intervention and cognitive behavioural therapy with young people within schools.

Staff have trained at Manchester or Sheffield universities and are in partnership with 105 schools. The team receive referrals from schools, Single Point of Access (SPA) teams, parent community workers and from CAMHS.

Education Mental Health Practitioners (EMHP) work within schools and conduct assessments at school. They use the children's depression and anxiety scale to establish the level of need. The team discuss risk and develop safety plans with parents and schools. Staff travel between schools to conduct their work and liaise with safeguarding leads and parents in schools. They teach children how to manage issues such as anxiety through things such as breathing techniques and can signpost parents when the need arises.

EMHP's conduct assemblies and teach children about the effects that things such as anxiety may have on them.

JL thanked everyone for their presentation and reported it had been very insightful. JL noted the structural differences in different areas of the Trust and asked the change they as practitioners would like to see. DR reported the EMHP's from the mental health support teams have the potential to change the landscape for CAMHS. JL queried if this would be a possibility as part of the system working. MBr reported there is a definite opportunity for joint working to mature with different services and commissioning.

DR reported the system is supporting the need for access to specialist beds and mitigate some of the associated risks.

Darren Dooler (DDo) raised the concern of CAMHS waiting times in Wakefield and noted there is a reduction in waiting times but queried what has resulted in the decrease and why is there such a big waiting list in the first instance.

DR reported CAMHS waiting lists decline over summer as a trend, but Wakefield have been one of the last places to get mental health support teams and this may take time to embed.

CDBG noted the rise in referral rates and queried if this includes re-referrals. DR reported this was possible.

CDBG queried if there is any aftercare in place for neuro-developmental pathway following diagnosis or non-diagnosis. DR reported additional mental health problems can be dealt with while waiting for a diagnostic assessment but there is no requirement for people to have a diagnosis to seek help from educational support and other sectors.

CDBG noted she had received some negative feedback directly about comments from staff and queried what training is in place to ensure the first experience of their service is positive. CH asked CDBG to pass any instances of this behaviour to her and her team so they can be dealt with, the examples CDBG gave were not in line with Trust values. DR concurred with CH and reported he will look at the staff training package for those working in this service line and would deal with any instances of unacceptable behaviour.

CDBG clarified she had encouraged those affected to make complaints to the Trust and was reporting these instances as anonymous examples as part of her role as a governor.

CH reported the Trust is working towards being a trauma informed organisation which will also help with staff and service user relationships.

MF noted there had been significant discussion around this item and that sufficient time should be given in future meetings to allow these discussions to take place.

**It was RESOLVED to RECEIVE the paper and presentation on Child and Adolescent Mental Health Services (CAMHS)**

**MC/22/53 Members Council Business Items (presentations) (agenda item 8)**

**MC/22/53a Integrated Performance Report (agenda item 8.1)**

MF introduced the item and summarised the following points:

- There was one child aged under 18 placed in an adult bed during June, there are robust governance arrangements in place to safeguard young people. The Care Quality Commission (CQC) are notified, and discussions take place in relation to the detail of the admission.
- The Trusts Operational Management Group (OMG) has recently signed off a new standard operating procedure in relation to children admitted to adult wards and has now been put into operation.
- Out of Area (OOA) beds are still being utilised and there is a plan in place to reduce these placements and the inpatient improvement plan is looking to improve workforce challenges.
- Compliments received are high and this is positive metric.
- Safer staffing fill rates continue to increase despite ongoing pressures.
- Areas with vacancies continue to part of our recruitment campaign.
- Patient safety incidents – we default to reporting as an incident prior to full investigation. There are no “never” events have been recorded in the last quarter. While numbers continue to fluctuate, they are within Trust thresholds.
- Information Governance breaches have increased in the last quarter, none of these are serious incidents requiring investigation.
- Staff sickness is relatively stable.

- Staff turnover continues to be higher than we would like. 15.8% relates to total workforce turnover and 12.8% refers to the registered (qualified) workforce.

(BC left the meeting)

- National metrics – 6-week diagnostics relates to paediatric audiology, we had 10 cases outside the six weeks from a total of 120. Of the ten, 8 were six week waits, 1 a seven week wait and one an eight week wait. This number is below threshold.
- Other national metrics are within target against thresholds
- Staffing – there has been an increase in full time equivalent staff in quarter one
- Finance – they are currently in line with forecast. MBr reported the excess surplus is due to the number of vacancies the Trust has. The Trust's preference would be a lower surplus and more staff. MBr reported there is likely to be less non-recurrent funding in future years than there has been during the pandemic

**It was RESOLVED to RECEIVE the integrated performance report.**

**MC/22/54 Any other Business (agenda item 9)**

- MF raised the possibility of national industrial action and reported the situation is being closely monitored by the Trust.
- MF also noted that the cyber-attack on the NHS has not impacted on our Trust.
- KSC reported he had spoken to a member of staff who works on the stroke unit at Barnsley hospital. The member of staff had commented that they had recently been visited by the Chair and Chief Executive and this had never happened before. She had commented that the Trust is a great place to work and she felt very happy with the visit. KSC had also heard other staff members say the Trust is a great place and felt these positive comments should be fed back.
- BP noted that health inequalities should be part of everything the Trust does, and it was agreed that an update should be received on progress on health inequalities data in the Members' Council meeting in November 2022 with a possible fuller discussion in relation to health inequalities taking place in the February 2023 meeting.

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

- Following the input in relation to CAMHS earlier in the meeting and given the national profile of the issues within the CAMHS team, CDBG asked for a progression update to be received either through the Members' Council Quality Group or the Members' Council meeting.

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

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

**MC/22/55 Closing remarks, work programme (agenda item 10)**

AL confirmed that any items that have been deferred will be taken in future meetings.

**MC/22/56 Date of next Members' Council meeting (agenda item 11)**

~~15 November 2022~~

9 December 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**

*(All executive and Non-Executive Directors left the meeting.)*

*(PS and HM left the meeting.)*

**MC/22/57 Private Item – Governors only – Chairs Appraisal (agenda item 12)**

For confidentiality purposes, the minutes relating to this item have been recorded separately.

**It was RESOLVED to RECEIVE the Chair's appraisal.**

*MF closed the private session of the meeting.*