

Minutes of the Members' Council meeting held at 09.30 on 9 December 2022

**Hybrid meeting
Large Conference Room, Fieldhead Hospital, Wakefield
and Microsoft Teams**

Present:	Marie Burnham (MBu)	Chair
	Bob Clayden (BC)	Public - Wakefield
	Jackie Craven (JC)	Public - Wakefield
	Dylan Degman (DDe)	Public – Wakefield
	Daz Dooler (DDo)	Public – Wakefield
	Laura Habib (LH)	Staff – Nursing support
	Tony Jackson (TJ)	Staff – Non-clinical support
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Beverley Powell (BP)	Public – Wakefield
	Elaine Shelton (ES)	Appointed – staff side organisations
	Phil Shire (PS)	Public – Calderdale
	Nik Vlissides (NV)	Staff – Psychological therapies
	Tony Wilkinson (TWi)	Public – Calderdale
In attendance:	Mark Brooks (MBr)	Chief Executive
	Mike Ford (MF)	Senior Independent Director
	Carol Harris (CH)	Chief operating officer
	Carmain Gibson-Holmes (CGH)	Deputy Director of Nursing, quality and professions
	Greg Moores (GM)	Chief people officer
	Erfana Mahmood (EM)	Non-Executive Director
	Mandy Rayner (MR) (previously Griffin)	Non-Executive Director/ Deputy Chair
	Darryl Thompson (DT)	Chief Nurse and Director of quality and professions
	David Webster (DW)	Non-Executive Director
	Julie Williams (JW)	Deputy Director of Corporate Governance, performance and risk
	Andy Lister (AL)	Head of Corporate Governance/ Company Secretary
	Asma Sacha (AS)	Corporate Governance Manager (Author)
Apologies:	<u>Members' Council:</u>	
	Bill Barkworth (BB)	Public – Barnsley (Deputy lead governor)
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Keith Stuart-Clarke (KSC)	Public - Barnsley

Cllr Brenda Eastwood (BE)	Appointed – Barnsley Council
Gary Ellis (GE)	Appointed – Mid Yorkshire Hospitals NHS Trust
Jackie Ferguson (JF)	Appointed – Wakefield Council
Claire Den Burger-Green (CDBG)	Public - Kirklees
Warren Gillibrand (WG)	Appointed – University of Huddersfield
Adam Jhugroo (AJh)	Public - Calderdale
Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
<u>Attendees:</u>	
Natalie McMillan (NMc)	Non-Executive Director
Kate Quail (KQ)	Non-Executive Director
Sean Rayner (SR)	Director of provider development
Adrian Snarr (ASn)	Executive Director of finance, estates and resources
Dr Subha Thiyagesh (ST)	Chief medical officer
Salma Yasmeen (SY)	Deputy Chief Executive/ Director of strategy and change

MC/22/58 Welcome, introductions and apologies (agenda item 1)

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

MBu reported that 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 who were joining virtually were kindly requested to remain on mute, unless speaking.

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

MC22/59 Declarations of Interests (agenda item 2)

Andy Lister (AL) informed the Members' Council that there was one newly appointed governor, Elaine Shelton (ES) and she has not declared any interests at this time.

It was RESOLVED to NOTE the individual declarations from governors.

MC22/60 Minutes of the previous Members' Council meeting held on 16 August 2022 (agenda item 3)

David Webster (DW) reported he has been incorrectly noted as apologies for the meeting. It was agreed to correct this.

Action: Corporate Governance Team to amend the minutes of the 16 August 2022

It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 16 August 2022 as a true and accurate record with the noted amendments.

MC/22/61 Matters arising from the previous meeting held on 16 August 2022 and action log (agenda item 4)

MC/22/51b – Quality Account

Darryl Thompson (DT) reported this action point is in relation to future planning for the Quality Account and his team will work on producing a summary version of the Quality Account.

MC/22/51c – Adam Jhugroo's (AJh) query on waiting list

Carol Harris (CH) informed the Members' Council that she has not received the information for the query on the waiting list. MBu asked the corporate governance team to contact AJh.

Action: Corporate Governance Team

MC/22/52a – Governors involvement and sustainability champions

Andy Lister (AL) reported governors will be contacted in relation to being sustainability champions after the strategy has been launched in January 2023.

MC/22/52a – Equality on referrals and waiting lists

It was noted that the work on waiting lists is still ongoing and this will be discussed at a future Members' Council Quality Group as a focused topic of discussion at a future Members' Council meeting.

MC/22/54 – Health inequalities

It was noted that this topic is being considered for the agenda for the Members' Council Quality Group in February 2023.

MC/22/54- Update on CAMHS

It was noted that this topic is being considered for the agenda for the Members' Council Quality Group in February 2023.

MC/22/38 – Nominations Committee terms of reference amendments prior to the recruitment of the Associate Non-Executive Directors

It was noted that the recruitment of Associate Non-Executive Directors was discussed at the Nominations Committee on 8 November 2022. The amended terms of reference will be presented to the Committee as part of committee effectiveness review in 2023.

MC/22/14 – Adam Jhugroo's query on waiting lists

It was agreed that this was the same query as action log MC/22/52a and that this could be merged with the latest action point.

Action: Corporate Governance Team

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

MC/22/62 Chair's report and feedback from Trust Board (agenda item 5)

MBu asked for the paper to be taken as read to allow more time for discussion items and asked for any questions.

MBu welcomed newly appointed governor, ES who is representing staff side organisations.

The Annual Members' meeting took place on the 18 October 2022 at the Digital Media Centre in Barnsley where John Laville (JL) joined remotely and looked at the key highlights from 2021/2022.

MBu informed the Members' Council that there is a Board Development programme in place for the Board now that it is fully established, the first development day will take place on the 20 December 2022. MBu informed the Members' Council that the rest of the report highlights work undertaken by the Non-Executive Directors who continue to support the Trust.

It was resolved to NOTE the Chairs' report.

MC/22/63 Chief Executive's Comments on the operating context (agenda item 6)

MBr Chief Executive, informed the Members' Council that since the Annual Members' Meeting in October 2022, there have been a number of changes in Government which has resulted in a period of uncertainty.

There is a new Secretary of State for Health, and the Chancellor also has a background in health, having been the Secretary of State for Health.

The initial Autumn statement has been released and there will be an extra £3.3 billion invested in the NHS next year and the following year, there will be discussions regarding this later this afternoon as part of our joint meeting, but this money will not come close to offset inflation.

MBr said there has been recent media scrutiny of NHS Trusts service provision in light of the recent documentaries which focused on mental health shortcomings in Manchester and Essex.

The Trust has been horrified by what was portrayed on television and as an organisation, the Trust have been looking at internal assurance for the quality of services on the inpatient wards.

This has shown that we need to ensure the Trust is maintaining a strong culture of reporting, so that people feel free to speak up if they are made aware of anything adverse, and there are systems and processes in place where there are concerns. MBr suggested this could be a topic for further discussion in more detail in a future meeting.

Action: Corporate Governance Team to add Patient Safety and Culture as a focus item for a future Members' Council meeting

MBr discussed the impact of Covid-19 on the Trust and noted the figures have plateaued over the last 6 – 8 weeks, with between 25 – 30 people off work. To put this into context in early January 2022, there were around five hundred people off sick with Covid-19. Although these figures have improved, Covid-19 has not gone away and there are pressures in partner Trusts.

MBr commented that in our neighbouring Acute Trusts, there are more people hospitalised currently with flu and therefore the Trust have been promoting the importance of the vaccine for both flu and the Covid-19 booster.

MBr said since July 2022 when the Integrated Care Boards (ICB) became live statutory bodies, the Trust has been working closely in partnership with each of our places (Kirklees, Calderdale, Wakefield and Barnsley). The Trust have a successful partnership with primary care in Barnsley two weeks ago the Trust hosted a visit from the Chief Executive of the South Yorkshire ICB. He was incredibly impressed with our teams in Barnsley.

MBr highlighted that the Trust also has a really successful mental health alliance in Wakefield and all the other places, and this will help the Trust shape the services for the future.

MBr said the Trust had two unannounced Care Quality Commission (CQC) visits just over a week ago. CQC visited two of the older people's inpatient wards and their views were largely positive. There were a few aspects raised that the Trust has taken an action on, but overall, the CQC were satisfied with what they had seen.

MBr said the Trust also received media attention around 2 weeks ago due to an outstanding serious incident which went to coroners' court. This case sadly involved a person losing their life. The Trust was mentioned in the media as a result of providing care for the deceased individual at the time. Tony Wilkinson (TWi) asked about the actions and timescales following this case and whether governors would have the chance to input.

TWi reported it is vital that it is identified what the services in the Manchester area were not doing, so the Trust can learn from this. MBr explained that an investigation into Edenfield will be completed in Manchester. Once it is made public our Trust can review and identify any learning for ourselves. This can be shared with governors, providing them with an opportunity to input to how we respond. The timing for completion of any investigation is not yet known to us.

Action: Darryl Thompson (DT) to update the governors once the investigation into Edenfield is complete and liaise with the corporate governance team to brief and engage with the members' council

Daz Dooler (DDo) asked whether people should be contractually obligated to speak up about adverse events happening around them in the workplace.

Greg Moores (GM) reported depending on people's professional background, some people are already obligated to speak up and there are Freedom To Speak Up Guardians (FTSU) in the Trust and a whistleblowing policy.

MBr reported the Trust recently had around 140 reports for investigation through the FTSU Guardian. MBr said he also receives reports from individual staff members. Although the reporting is taking place, the Trust is unsure whether it is happening consistently.

MBr said the Trust is incredibly diverse in-service provision and geography and there are areas where quality of services are superb and other areas where it is not up to the same standard. It is about ensuring all services are working to the same standard and for people to feel comfortable that they can speak up.

Beverley Powell (BP) reported she has been recently doing work on psychological safety this is being discussed nationally as well. BP said she recently attended a neonatal conference and there were lots of requests about pieces of work on psychological safety.

GM agreed and noted this is a really important work on psychological safety. The NHS staff survey asks about speaking up and the data is positive, but some people are afraid to speak up and there is a need to understand why.

Bob Clayden (BC) said he knows some staff do not have faith in the FTSU Guardian system. BC asked how the Trust can persuade them to work with the team.

MBr asked whether we could have a conversation with these individuals confidentially. BC said he felt they would be reluctant to take up this offer.

MF reported there has been a lot of work during FTSU month in November, which included communications to all the teams and to encourage them to speak up.

MF said the Trust are tightening up the processes which includes reducing response times and he has not seen the evidence to suggest that people should not speak up.

MF said the FTSU process works in a way that would not cause any detriment to the individual. MF said he was happy for staff to reach out to him personally and he would be happy to support them.

John Laville (JL) said people are afraid to speak up and he provided an example of a member of staff being afraid to speak up against their manager.

MF explained that the FTSU Guardian will receive a request of this nature and then liaise with the individual or service best placed to deal with it. If it is a case of bullying and harassment, this would be reviewed, and an investigation will be carried out and action taken.

MBu acknowledged that the element of fear may not be removed completely but the Trust needs to create a positive environment so that people can speak up when something is wrong.

Phil Shire (PS) said anonymity is an issue because people can feel victimised, and it is known in the NHS that whistle-blowers can be victimised and PS feels it is a culture within the NHS.

Julie Williams (JW) said the new national policy (coming in next year) is moving away from the term whistleblowing and replacing this with speaking out. JW said she is happy to do a wider session as corporate lead for FTSU with the governors.

GM said there are Union representatives and Respect Champions who staff can approach.

Elaine Shelton (ES) said staff are worried they may lose their job if they speak up and they are frightened, so the key is about psychological safety, and work needs to be done in this respect.

Action: Corporate Governance Team to arrange a freedom to speak up development day for governors.

It was resolved to NOTE the Chief Executives comments on the operating context.

MC/22/64 Members' Council Business Items (agenda item 7)

MC/22/64a Governor Feedback (item 7.1)

JL reported community groups were very active pre-covid and have not re-formed and if they had re-formed, participation levels are lower and activity levels are not the same.

JL said in Kirklees there are issues with autism support and Children and Adolescent Mental Health Services (CAMHS) waiting lists. He said on the positive side there were good reports from the Learning Disability Team and the Core Team in Kirklees.

JL said a new governor gave positive feedback about our Annual Members' meeting and the Trust was very welcoming.

JL reported staff continue to be under pressure, which includes recruitment and retention.

JL noted there are some areas where support staff are leaving after a few weeks due to expectations of the job, and not fully realising what the job entails.

JL said there were mixed messages about learning and development whereas some Managers were very supportive towards staff attending training.

JL said there were some staff who were working hard and working throughout their breaks at times to ensure work was completed. He stated there is feedback that some people have had good appraisals and others are not to the same standard.

JL said he has met with the governors virtually and has discussed governor objectives which will be explored further in the afternoon session.

DDo thanked JL and highlighted that it was important to note that it was important that staff took adequate breaks for their wellbeing.

CH agreed that breaks are very important and staffing ratios are challenging. CH said every week there are operational management meetings, where they review the unused training packages for professional development and encourage managers to encourage staff to take up the training. This needs to be balanced with staffing issues across the Trust and the impact of leaving a ward short of staff or having no cover. The Trust are ensuring staff are rested and are also ensuring there are staff provided across the inpatient and community services.

Laura Habib (LH) said it had been raised in the Board meeting and the Race, Equality and Cultural Heritage (REACH) Staff Network celebration event about equity of learning. She said she has been involved in some engagement sessions especially with nursing support colleagues, and it was identified there were some blockages, but other staff did not know the training for which they could apply. LH said there is some improvement, and this is being supported by the learning and development team.

Mandy Rayner (MR) said there have been discussions around appraisal quality and after speaking with GM, there have been changes to the electronic system to try and make the appraisal process more efficient to ensure the appraisal goes ahead.

JL said governors are also supporting the Quality Monitoring Visits (QMV's). JL said he completed a recent visit to the Chippendale ward, and it was very positive, there was positive feedback from staff and patients.

TWi stated there are not enough staff and if this does not change in the near future, will there be services that will not be provided due to understaffing.

MBu said this is a national and a local issue.

MBr said the Trust is currently able to provide all its services but the staffing issues are resulting in issues with waiting times.

MBr said there is a need to ensure the Trust is appraisal and supervision compliant, and there is recognition that the next few months will be tough and especially with the cost-of-living crisis. MBr said the Trust may have to slow pace on some services, but the issues relate to access and waiting times.

BP said as a public governor she was invited to the REACH celebration event on the 3 October 2022, and they looked at developing people. There was a wide group of staff present and there were key note speakers attending as well. BP said well done to the REACH staff network for inviting her and it was important for this great work to continue. BP said the event had a good turn out and the Trust should be commended on this.

MBu and MBr agreed that this was a fantastic staff network, and they are doing great work.

It was resolved to RECEIVE the governor feedback.

MC/22/64b Assurance from Members' Council groups and Nominations Committee (to be taken as read, submit questions in advance) (item 7.2)

The governors were presented with a paper to provide assurance to the Members' Council that the Members' Council Co-ordination Group, Quality Group, and the Nominations Committee were fulfilling their duties in accordance with their terms of reference. MBu noted that no questions had been submitted about the papers and they can be taken as read.

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

MC/22/64c Governor appointments to groups and committees update (item 7.3)

Andy Lister (AL) explained that when there are vacancies for the Members' Council groups, an email is sent out to all governors for self-nominations. AL reported one self-nomination has been received from Sue Spencer, appointed governor for Barnsley Hospital NHS Foundation Trust to be a member of the Members' Council Quality Group. This is uncontested, and Sue Spencer has automatically filled the vacancy. He explained any remaining vacancies will continue to be circulated for self-nominations.

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

MC/22/64d Associate Non-Executive Director update (item 7.4)

GM explained the proposal to establish and appoint two new Associate Non-Executive Director posts which has already been discussed in the Members' Council meeting in February 2022.

GM reported discussions have been held within the Trust's Executive Management Team and funding has been approved to establish the two posts on a recurrent basis. He said although they would sit on Trust Board, they are non-voting posts, and they cannot chair committees, but it is about getting experience of a Board and helps with succession planning.

GM explained that this paper explains the recruitment process. He explained the Trust has funding in place and Members' Council were asked to approve the salary of £8,000 per annum with a 2-year term of office and the commencement of the recruitment process.

BC asked whether the Associate Non-Executive Directors will have more responsibility in relation to place based tasks and whether this will form a part of their job description.

GM explained specifics have not yet been discussed, but it is something that will be looked at.

MBu reported there is a lot of pressure on Non-Executive Directors with place based working and the Trust will be looking at workload and it will also include succession planning.

MBu said the new posts will also look to increase diversity on the Board.

DDo asked whether it could include a lived experience role, MBu said yes this would be taken into consideration.

Action: GM to consider within the job description and advert.

It was resolved to APPROVE the Associate Non-Executive Director positions

DT presented the patient experience annual report for 2021/22 with a particular focus on complaints. There has been a recommendation from Trust Board to look at the report from a broader perspective, from customer experience beyond complaints and compliments.

The report has been discussed and approved by the Clinical Governance and Clinical Safety Committee on the 19 July 2022 and then went for approval to Trust Board on the 26 July 2022. DT noticed a typo on the executive summary in relation to the dates.

Action: DT to resubmit the executive summary to the Corporate Governance Team who will update the papers.

DT explained this paper identifies complaint trends and themes. There is also a focus on local resolutions so where we have an informal complaint or concern raised, 76% of those 370 we have received were resolved within two working days. He explained the report is incredibly detailed and gives information about the FTSU Guardian and narrative about the compliments received by the Trust. The Trust is reviewing the timescales, so a quality response is sent back to the complainant in an adequate timescale. The timescale is challenging at the moment and there is a quality review taking place to ensure we can resolve any issues over the coming months.

MBu asked when the timescale review will be concluded. DT reported the current trajectory is March 2023.

BC enquired about the trial on response times based on the complexity of the complaint that was paused because of the pandemic. BC asked if the trial will be conducted again.

DT said the Trust is going back to review this and look at what a good quality response looks like and what would be a reasonable timescale for delivery. The Trust has learnt from this and is looking at new priority targets.

BC asked what restricted access was.

DT reported this is defined as unreasonableness in either frequency of contact (some people calling many times a day) or looking at a timescale to be agreed. Sometimes a complainant may take months to agree a terms of reference to their complaint and on this occasion, it would be recommended that they seek support from an advocate to agree a way forward and identify what we will investigate. The Trust also takes guidance from the Parliamentary Ombudsman.

BC said he was still unsure what restricted access meant. MBu said it is about how to work a way forward with a persistent complainer.

BC asked whether we would restrict their contact to the Trust. DT explained that the Trust would not investigate the same issue again but to advise them to approach the ombudsman for advice.

Phil Shire (PS) explained he has read the family and friends section of the report and there would be value in comparing the data to national figures which will enable us to benchmark against other Trusts.

PS noted the report shows the lowest satisfaction areas are CAMHS and ADHD.

DT explained this can be a result of waiting times, but it can also be about expectations and diagnosis.

MBR reported in relation to ADHD, roughly 50% of referrals are confirmed diagnosis and 50% do not meet the criteria.

BP thanked DT and acknowledged a lot of work had gone into producing this report. She asked whether faith and belief can be captured and whether there was any correlation with complainants.

DT stated the focus had been on ethnicity rather than faith and belief and as part of the planning going forward the Trust is going to work with a panel of service users and members of the public to review complaints to ensure our colleagues in customer services are reviewing the complaints with their viewpoint but also to look more broadly as to how they might be viewed.

DT reported faith and belief can be considered as part of this work as well.

BP noted there can sometimes be challenges in relation to cultural or religious expectations and having different experiences.

JL reported national data does exist for friends and family.

DT explained each organisation will report their own data.

JL asked about redefining complaint response times and he asked who will decide this, whether this will be the team or service users.

DT explained that the complaint responses go through a process of management then executive TRIO (Darryl Thompson, Subha Thiyagesh and Carol Harris) before it goes to the Chief Executive for final sign off to ensure we have accurately responded and in a compassionate tone.

The Trust has also worked with a quality improvement specialist to look at how this can be improved.

JL asked whether the complainants could give feedback.

DT said the Trust can learn from feedback from complainants and although we have engaged with some complainants, we can look to do this more and will discuss this with the team.

MBu said complainants can feedback on their experiences and whether they feel satisfied they are being listened to.

DT said he will look into this. JL asked about the timescales of the plan as to when the review will happen and the next steps. DT said there is an action plan in place.

Action: DT to discuss with his team in relation to learning from complainant feedback and feedback on complainant experience.

MF said the NHS guidelines specifies for a complaint to be responded to within 6 months, but the Trust target is 40 days and there are pressures on response times, MF said we can look at the timescales due to pressures on staff.

JL stated he felt the 6 months' timescale is unreasonable.

MBu said the process is under review and DT will bring this back to a future Members' Council meeting.

Action: DT to feedback to Members' Council in 6 months' time in relation to timescales of complaint responses and target days.

DDo said he has read some response letters which he felt could be improved and explained that this is where the Trust may have got it wrong, DDo reported he is happy this is currently under review.

It was RESOLVED to RECEIVE the patient experience annual report.

MC/22/64f Incident management annual report (item 7.6)

DT presented the incident management annual report 2021-22, noting it has considered in detail at the clinical governance and clinical safety committee (CG&CSC) and the Trust Board.

DT highlighted around 13,000 incidents were reported in year. He stated 97% of all incidents resulted in no-harm or low-harm to service users and staff or were external to the Trust's care. A high level of incident reports, including less severe incidents, is an indication of a strong safety culture.

DT stated that the trends have changed over time, the incidents rates are holding steady and the proportion of low harm or no harm has remained consistent. The top-rated category is aggression interaction from service users to colleagues.

There was a significant discussion around pressure ulcers in our Barnsley community services during the Clinical Safety and Clinical Governance Committee and these had arisen due to environmental changes, with the warmer weather.

BC stated he understands complaints are categorised and asked whether comments are also categorised.

DT reported complaints are categorised, to indicate what level of work is required and the complexities of the investigation and how many questions are being asked.

BC asked whether things were being overlooked because they were coming in as comments rather than complaints.

DT said comments are still be reviewed, and any concerns are often resolved informally.

MBr left the meeting.

PS asked about the serious incidents.

DT highlighted that they were not all clinical and there could be a serious incident in other areas such as information governance.

PS said he can see that the numbers of serious incidents had fallen since 2017 and currently there are twenty-three serious incidents which were investigated and asked what the reason is for the downward trend.

DT reported historically there has been a lower threshold and the Trust has aligned its threshold with national expectations.

PS said the findings of the incident report have many common themes and these have also been picked up at the Quality Monitoring Visits (QMV's).

DT agreed, noting supervision and training is being managed but and the report breaks the detail down further on page 157.

MF said the themes and quality improvement programmes are being monitored so there is a linkage, and the findings are not being lost and the reporting is flowing up into the Boards priorities. MF said this also links in with the detailed Integrated Performance Report (IPR).

LH said there is a lot of work taking place regarding lessons learned from incidents, such as safety huddles. BC asked about page 176 noting the findings total column does not add up correctly. DT said he will review this and update it.

Action: DT to review and submit the updated version of the report.

JL asked why not all suicides are reported as a serious incident.

DT said there are national definitions of serious incidents, and all incidents go through the weekly clinical risk panel. He explained if the Trust is confident in the initial review of care a serious incident investigation may not be required.

MR stated the Non-Executive Directors have attended the clinical risk panel and are assured all incidents are being thoroughly reviewed and categorised. AL reported families are also engaged in the process.

It was RESOLVED to RECEIVE the incident management annual report

MC/22/64g Members' Council elections – process (item 7.7)

AL updated the Members' Council on election process for 2023. He informed governors Civica manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. He stated elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution.

AL stated that the team have written to around 8,000 members to ask them to update their equality data and to improve engagement with them.

AL stated since the Annual Members' meeting, engagement with members has been positive and the email and letter responses received have been positive. The website will also be updated to reflect this.

AL said letters will go out to all governors next week to advise further on the process and to inform governors if their term is coming to an end.

MBu has spoken to JL about continuing to promote membership of the Trust and the role of the Members' Council.

BC said he has received the membership equality form by e-mail, and he found it difficult to select and tick the boxes. It was acknowledged that this was a fault in the form, and this will be rectified for the next stage of the process. BC also said he had requested paper copies of the forms but had not received this. AL stated the corporate governance team will send him copies.

Action: Corporate Governance team to contact BC and to send him paper copies of the Membership forms.

BC asked about the voting age, AL stated he needed to review the constitution and model election rules to provide governors with a definitive answer.

Action: AL to check the voting age and the minimum age of a governor.

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

MC/22/64h Review of Members' Council Objectives planning (item 7.8)

JL said recent meetings with the governors have focused on the Members' Council Objectives. JL said the future objectives from April 2023 have been discussed and consideration given to whether they should be structured against the Trust values, or around CQC domains.

JL reported diversity and inclusion has also been included and it was highlighted that engagement with young people needs to improve and it was discussed with Warren Gillibrand (WG), Appointed governor for the University of Huddersfield, whether he knew of any young persons who may want to get involved.

JL said DDo is also working within Wakefield services with young people, and this will be one of the themes.

JL said governors will be continuing with the work which has been successful. JL said formal community engagement needs further work JL noted the Members' Council Objectives will be in place from the end of February 2023 and will start from 1 April 2023.

PS said he feels Members Council needs to revisit the area meetings and how they can be as effective as possible.

PS said some of the groups had broken down due to the pandemic and place based working is important and there is a need to link governors to place. MBu agreed and noted there will be discussions about this in the afternoon session.

It was RESOLVED to RECEIVE an update on the review of the Members' Council Objectives.

MC/22/64i Integrated Performance Report (item 7.9)

MR presented the Integrated Performance Report, Performance and Finance update, Quarter 2 – 2022/23

She explained that the first two slides explain the performance metrics and the Trust is maintaining its performance despite staffing challenges. There is a red metric in the placement of children and young people in adult inpatient wards is a concern and has been discussed at Board where it was noted that appropriate safeguarding measures were put in place.

MR explained there is concern with staff turnover even though there is slight improvement, exit interviews are also taking place to establish why staff are leaving the Trust.

MR explained the Board have discussed out of area placements to ensure systems are in place to manage and unblock barriers to discharge, so this limits out of area placements and ensures repatriation as quickly as possible.

MR noted safer staffing figures and reported the Trust is conscious that gaps are being filled with temporary staff and unregistered staff. This is being monitored and there is a need to maintain the quality of staff.

95% of incidents reported in September 2022 resulted in no harm or low harm.

MR said there was a slight improvement across the Board against the national metrics and although the maximum 6 week wait for diagnostic procedures is currently marked as red, there is an improvement from 68.9% in Q4 2022 to 95.9% in Q2 2023 and we hope to push to 100% in the next quarter. MR said the third column shows Q1 21/22, but it should be Q1 22/23.

Action: Corporate Governance to contact the Performance and Information team to amend the document.

MR explained that staff in post at the end of the quarter has increased by 7.2 Whole Time Equivalent (WTE) since Quarter 1 2022/23. MR said the Trust is focused on recruitment which includes recruitment of international nurses and retention of existing staff.

MR said sickness/absence rates are 4.9%, which is above target but holding steady compared to neighbouring Trusts. MR highlighted there is a high agency spend but this is appropriate spending this to deliver safe services.

MR explained the Trust is in surplus of £4.3m with a good cash flow.

DDo asked about the out of area beds, he asked how many people from out of area were in Trust beds.

CH explained there were very few, but she could not state the exact figure in the meeting. CH said the Trust would not turn people away in an emergency.

DDo said he has been made aware that patients were brought from North Yorkshire to Wakefield A&E but then transferred to SWYPFT.

CH said if they come from Pinderfields hospital then the Trust liaison team will assess and then liaise with the North Yorkshire teams, but in an emergency the Trust would look after them in the first instance.

AJh asked about staffing, bank, and agency staff. He said a key part of that of using agency staff is the culture on the wards.

AJh asked about the training of agency staff and how does the Trust monitor the culture of these staff.

MBu reported the Trust assurance system was discussed earlier in the meeting.

AJh said he has been made aware of a member of bank staff who was booked on a ward but had no ongoing training and wanted to know what the process was.

GM explained bank staff have the same mandatory training as substantive staff and it is ongoing training.

MBu said we can ask DT to call him after this meeting to provide further reassurance if needed.

Action: DT to contact AJ to speak to him about his concerns in relation to the use of bank and agency staff.

PS explained £4.9m seems to be a high amount to be spending on agency staff.

MBu stated it is a national problem and reported the Trust agency spend against other Trusts are low.

JL noted the out of area beds figure and he asked how many people that was.

CH reported approximately 16 to 17 people are placed in a beds out of area at the moment.

CH said out of area is not necessarily classed as out of locality.

JL said it was disappointing to see performance for CAMHS waiting lists had dropped. MR reported numbers have gone back up since this report.

MBu thanked MR for presenting the report.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/22/65 Any Other Business (agenda item 8)

None.

It was RESOLVED to NOTE any other business.

MC/22/66 Closing remarks and work programme (agenda item 9)

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

MC/22/67 Date of next Members' Council meeting (agenda item 10)

Friday 24 February 2023 (hybrid meeting)

Future dates:

- Tuesday 9 May 2023
- **Tuesday 15 August 2023**
- Friday 29 September 2023 – Annual Members' Meeting
- Friday 17 November 2023 (including Joint Trust Board and Members' Council)
- Tuesday 20 February 2024

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

Close of Members' Council meeting

**MC/22/68 Private Item – Governors only with Mike Ford
Minutes of the 16 August 2022, Chairs Appraisal (agenda item 11)**

It was RESOLVED to APPROVE the private minutes dated 16 August 2022.

MF closed the private session of the meeting.