

Minutes of the Members' Council meeting
17 November 2023, 10.00 – 12.12

Hybrid meeting
Large Conference Room, Learning and Development Centre, Fieldhead Hospital,
Ouchthorpe Lane, Wakefield, WF1 3SP and Microsoft Teams

Present:	Marie Burnham (MBu)	Chair
	Cllr Sue Bellamy (SB)	Appointed – Barnsley Council
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Emma Hall (EH)	Appointed – Mid Yorkshire NHS
		Teaching Hospital
	Sara Javid (SJ)	Public - Kirklees
	Rosie King (RK)	Public – Wakefield
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	John Lycett (JLy)	Public – Barnsley
	Andrea McCourt (AMc)	Appointed – Calderdale and
		Huddersfield NHS Foundation Trust
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Bob Morse (BM)	Public – Kirklees
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS
		Foundation Trust
In attendance:	Mark Brooks (MBr)	Chief Executive
	Mike Ford (MF)	Non-executive director
	Carol Harris (CH)	Chief Operating Officer
	Dawn Lawson (DL)	Executive director of strategy and
		change
	Mandy Rayner (MR)	Deputy Chair and Senior Independent
		Director
	Adrian Snarr (ASn)	Executive Director of finance, estates
		and resources
	Darryl Thompson (DT)	Chief Nurse and Director of quality
		and professions
	Natalie McMillan (NMc)	Non-Executive Director
	David Webster (DW)	Non-Executive Director
	Julie Williams	Deputy director of corporate
		governance, performance and risk
	Andrew Lister (AL)	Company Secretary/ Head of
		Corporate Governance
	Asma Sacha (AS)	Corporate Governance Manager
		(author)
Apologies:	Jacob Agoro (JA)	Staff – Nursing
Members' Council	Tanisha Bramwell (TB)	Public – Kirklees
	Cllr Howard Blagbrough	Appointed – Calderdale Council
	(HB)	
	Bob Clayden (BC)	Public - Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Rumaysah Farooq (RF)	Public – Kirklees

	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Leonie Gleadall (LG)	Staff – non clinical support
	Daniel Goff (DG)	Public – Barnsley
	Claire Den Burger-Green (CDBG)	Public – Kirklees (Deputy Lead Governor)
	Laura Habib (LH)	Staff – Nursing support
	Adam Jhugroo (AJh)	Public – Calderdale
	Anne Magee	Appointed – staff side
	Christopher Matejak (CM)	Public – Calderdale
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Nik Vlissides (NV)	Staff – psychological support
Apologies:	Dr Rachel Lee (RL)	Associate Non-Executive Director
Attendees	Greg Moores (GM)	Chief People Officer
	Sean Rayner (SR)	Director of provider development
	Erfana Mahmood (EM)	Non-Executive Director
	Lindsay Jensen (LJ)	Acting Chief People Officer
	Professor Subha Thiyagesh	Chief Medical Officer
	Kate Quail (KQ)	Non-Executive Director

MC/23/47 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.

MC/23/48 Declarations of interest (agenda item 2)

No further updates. There are some declarations that are outstanding which will be updated in due course.

It was RESOLVED to NOTE the individual declarations from governors.

MC/23/49 Minutes of the meeting dated 16 August 2023 and the Extraordinary Members' Council meeting dated 11 September 2023 (agenda item 3)

Approved and no amendments noted.

Extraordinary Members' Council minutes dated 11 September 2023

Page 3, Mike Ford (MF) highlighted a typing error at the bottom of page 3, where Bob Morse (BM) asked about misstatements, the minutes state “unconnected” and should say “uncorrected”.

Andy Lister (AL) informed the Members’ Council that Bob Clayden (BC) has sent his apologies for the meeting today, but he has sent some comments through by email which need to be addressed;

BC has informed that the first item on the action log, MC/23/31 (item 7.1) is not complete, and he has asked that this item remains open.

Action: Corporate governance team

It was RESOLVED to AGREE the minutes of the Members’ Council meeting held on 16 August 2023 and 11 September 2023 as a true and accurate record with the noted amendments.

MC/23/50 Matters arising from the previous meeting held on 16 August 2023 and 11 September 2023 and action log (agenda item 4)

No further updates were received, and any actions shown as closed for 16 August 2023 and 11 September 2023 meeting were approved.

It was RESOLVED to NOTE the action log of the Members’ Council.

MC/23/51 Chair’s report and feedback from Trust Board (agenda item 5)

MBu provided highlights from her report which she asked to be taken as read. She explained the purpose of the report was to highlight the Chair’s and Non-Executive Director’s activity since the last meeting.

Phil Shire (PS) noted everyone was really busy but noted there seems to be a lack of service visits.

Mandy Rayner (MR) said she was aware Non-Executive Directors have attended and are booked on for Quality Monitoring Visits (QMV), in addition to which there were on site visits to the recovery college.

MBu noted there were less QMVs in the summer months. Trust activities are now collated onto a spreadsheet where the Non-Executive Directors are invited to events and services throughout the Trust.

MBu explained apart from QMVs, there are also other visits such as Patient Led Assessments of the Care Environment (PLACE) and the Chairing of Committees and NEDs are only meant to work 2.5 – 3 days per month.

It was resolved to NOTE the Chairs’ report.

MC/23/52 Chief Executive’s Comments on the operating context (agenda item 6)

Mark Brooks (MB) provided the following highlights;

- There is continued industrial action, but this has been well managed. In October 2023, both Consultants and Junior doctors took part in industrial action at the same time. Although well managed, cover arrangements meant that there were some unintended consequences, such as the delay in the completion of mandatory training, appraisal completion and supervision.

- MBr said one of key Trust challenges is out of area (OOA) bed placements. There are currently 3 OOA beds being utilised, this has reduced from 25, and has made a big difference to service users and carers.
- The Lucy Letby case has concluded, and this has put an emphasis on speaking up and ensuring staff have the confidence to speak up. The Trust wants to foster a strong ethos where people feel they are comfortable and confident in speaking up and will be listened to. There are three new part-time freedom to speak up guardians, who are performing this role in addition to their normal work duties.
- MBr reported in respect of the Trusts financial position, there is a cost inflation and higher than expected non-funded pay awards. This is having an impact on the Trust and neighbouring acute Trusts, and discussions are taking place with our places through the Integrated Care Board.
- MBr welcomed Dawn Lawson (DL) to the Trust and reported she will be speaking later today in the joint Members' Council and Trust Board meeting.
- MBr noted the older people's inpatient transformation programme. The Trust will be going out to public consultation in the New Year. The Trust will be engaging with governors before this takes place.
- MBr reported Integrated Care Systems (ICSs) have had to cut their costs by 30% and there will be an impact on staff being at risk.
- MBr reported the Chief People Officer is currently on long term sick leave and the role is being covered through management arrangements.
- MBr noted the Trust is involved in winter planning arrangements and is working with partners. MBr reported the Trust is encouraging all staff to have annual flu and the Covid-19 booster vaccinations. 44% of staff have received the flu vaccination currently.
- MBr reported the staff survey is live and so far, 48% of staff have completed the survey.

It was resolved to RECEIVE the update from the Chief Executive on the operating context.

Members' Council business items

MC/23/53 Governor feedback and appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 7.1)

John Laville (JLa) explained an email was sent to all governors inviting self-nominations for the vacancies in the Members' Council Co-ordination (MCCG) group, Members' Council Quality Group (MCQG), Nominations Committee (NC) and the Equality, Involvement and Inclusion Committee (EIIC).

One uncontested nomination was received from Bob Morse (BM) to become a member of the Members' Council Quality Group (MCQG) and one uncontested nomination was received from Sara Javid (SJ) to become a member of the Equality, Involvement and Inclusion Committee (EIIC). The nominations were discussed at the last Members' Council Co-ordination Group on the 4 October 2023, and the MCCG recommends to the Members' Council that BM becomes a member of the MCQG and Sara Javid becomes a member of the EIIC. Members' Council approved the recommendation.

JLa thanked BM and SJ.

JLa said there remain two vacancies on the Members' Council Co-ordination Group.

JLa said he has received feedback from governors, and he spoke to governors about PLACE visits to Kendray, Priestley Unit and the Dales Unit.

JLa said there have been staff challenges, he explained Ian Grace (IG) reported one of our student nurses wants to work for the Trust, which was positive.

JLa said he has been notified by a staff governor that there is a shortage of personal alarms in the Priestley Unit and staff must share alarms.

MBu and MBr said this was a serious matter and there are a large number of alarms available. Ian Grace (IG) explained there are agency staff on the ward, and it looks like the system of leaving alarms after work was not being effective. IG said he has personally had issues with access to an alarm recently.

Action: Carol Harris

JLa said the governor publicity video has been sent to governors and he will review this.

JLa said he was speaking to constituents in Kirklees and there was good feedback in terms of a mother and her daughters experience of counselling at Northorpe Hall in Kirklees. JLa has spoken to a carer in Kirklees whose husband has been on Ward 19 for 16 weeks., She raised that there is nothing for her husband to do on the male side of the ward JLa said he has seen this in the patient experience report as well. There is also a lack of visiting facilities at the Priestley Unit which is a concern.

JLa reported at the Dales Unit, visitors can go into bedrooms, and asked why this was not possible at the Priestley Unit. JLa said many years ago he raised the issue with the then Chief Executive, Rob Webster, in relation to ensuite facilities at the Dales and Priestley Unit.

Carol Harris (CH) thanked JLa for raising this and she apologised that people have not had a good experience. She said there are individual circumstances where carers can go into patient bedrooms but this was an exception rather than a rule. CH explained bedrooms are private spaces and this is not encouraged but was determined by individual circumstances. CH will speak to the leadership team to review the improvements to the experience of visitors. CH said the Trust is challenged in relation to space at the Dales and the Priestley Unit.

Action: Carol Harris

IG said his office was still a temporary office space since the Covid-19 pandemic and explained there have been some good experiences of people visiting

IG explained there are rooms available, but these are not suitable for our visitors.

MBu suggested this was reviewed within the care groups.

MBr said there are challenges as the Trust doesn't own the Priestley Unit or the Dales and it is difficult to determine how much can be achieved in terms of time and current financial constraints, but the Trust may be able to review a creative use of space.

JLa acknowledged what CH had said about the rules at the Dales but on visiting during a PLACE visit, staff said visitors could go into bedrooms and no other explanation was provided. Carol Harris (CH) said she will clarify the visiting space for Kirklees and the Dales.

Action: Carol Harris

Sara Javid (SJ) explained that she has a gentle request for staff in Single Point of Access (SPA) to be empathetic to families and carers who call them to speak to them about patients.

SJ said they need to listen to families and explained this was feedback from a conversation she had with a member of staff from SPA. SJ had explained she was aware of consent to

share information, but this was not the conversation she was trying to have, and felt she was not being heard.

SJ explained this was a personal experience and a one off so it not reflective on the whole service, but she wouldn't want anyone else to have a similar experience. She asked for staff to be reminded to be patient, and not interrupt and continue reminding the carer in relation to consent. SJ said she has had a good experience with SPA in the past.

Darryl Thompson (DT) thanked SJ for her feedback and apologised for her recent experience, he said the Trust has become a member of an organisation called Triangle of Care and that is part of the broader ambition to help carers and family members feel part of the care team, he said he will feed this back to the teams. He explained staff are also self-assessing against those Triangle of Care expectations and he asked for that to be taken in the SPA team and even when staff can't share information, they can always listen to a family member.

Action: Darryl Thompson

It was resolved to RECEIVE the governor feedback and APPROVE the appointment of governors to Members' Council groups.

MC/23/54 Assurance from Members' Council groups and Nominations Committee including (to be taken as read and submit questions in advance) (agenda item 7.2)

Members' Council present confirmed they had read the paper, and they had no questions.

Andy Lister (AL) explained he had received a question from Bob Clayden (BC) in relation to the Members' Council Quality Group minutes of 1 August 2023 under heading 8. Care Quality Commission (CQC) Inspections – initial feedback. BC asked about the concerns raised in relation to medicine fridge temperatures and recalled this has been documented in a previous report and asked why the Trust has not resolved this issue.

Darryl Thompson (DT) said he doesn't know what the previous identification was and provided assurance that prior to CQC inspection the leadership team worked alongside pharmacy colleagues to resolve this issue and this piece of work continues.

DT reported there is an improvement focused approach.

Ian Grace (IG) explained from a pharmaceutical perspective, the technician team have led a piece of work on room temperature and fridges and one of the issues they need to look at again in terms of nurses using the thermometer correctly and resetting them correctly. IG explained the technicians check this when they are on the ward, and this is standard practice.

It was resolved to RECEIVE the assurance from Members' Council groups and Nominations Committee

MC/23/55 Constitution review (agenda item 7.3)

Andy Lister (AL) reported the Trust undertook a detailed review of the Trust's constitution in readiness for compliance with the revised Code of Governance for NHS provider Trusts, which came into effect on 1 April 2023. The annual review has also been completed in October 2023. Following this the Trust consulted with the Members' Council with a proposal to alter the staff constituency to include all Trust social workers in the Members' Council elections from January 2024. This motion was supported by Trust Board on 31 October 2024 and is recommended to Members' Council for approval.

DT explained there are 111 social workers in the organisation, and they are not in an integrated team, and it would open up access to those colleagues.

It was resolved to APPROVE the change of the staff governor constituency from “social workers in integrated teams” to “social workers.”

MC/23/56 Patient Experience annual report (agenda item 7.4)

Darryl Thompson (DT) noted that the report was reviewed in detail in the Quality and Safety Committee, and it was approved by Trust Board on 26 September 2023.

DT provided the following key highlights;

- During 2022/23 the customer services team received and processed 758 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 2.5% decrease compared to the previous year (2021/22) when 777 items of feedback were received.
- There is no longer a backlog of complaints awaiting an allocation to an investigator.
- The friends and family test has seen an increase in responses over the previous 12 months and an increase in the number of people who rate our services as ‘good’ or ‘very good’.
- Performance in response to closure of a complaint within 6 months of receipt has deteriorated over 2022/23, with a range of factors impacting on this situation. The improvement approach currently underway to address this is referred to in the report.
- A backlog of complaints awaiting allocation to a complaints case handler has reduced from a peak of 61 in autumn 2022, to 40 at the end of 2022/23, with further and sustained reduction since.
- A full review of this annual report is planned for February 2024 to ensure that the experience of patients and carers is reflected in it for 2023/24. This will be held and developed through the Patient Experience Group and will include:
Customer Services feedback
Insight data and information
Friends and Family test and other patient experience surveys
A proposal for the new report will be shared with Quality and Safety Committee in March 2024.

Natalie McMillan (NMc) said the Trust is working on an improvement programme and strengthening this.

Andy Lister (AL) said he has received a comment from governor, Bob Clayden (BC) who, referring to Section 3.4, the bottom of bullet points 1 and 2, reports this isn’t clear to him and whether this was due to editing. DT agreed to review this.

Action: Darryl Thompson.

Emma Hall (EH) commented on the triangulation between complaints and feedback from friends and family. EH asked whether this can be presented by service area which shows all the feedback and the triangulation. DT said this was really positive feedback which he will take to the improvement programme.

Action: Darryl Thompson

Phil Shire (PS) said the Members’ Council Quality Group have reviewed this report in the last meeting. He explained that what EH described is already at the back of the report under

appendices under “services”. He said this was useful and summarised by service. PS said the executive summary helps and it was really well written.

JLa thanked DT for the executive summary, and he also read the report in full. He said it is a national metric for complaints to be responded to within 6 months, but 6 months seems a long time. He said the graphs only go up to 2022/23.

DT explained it was a year report.

JLa said he can see an improvement, and this is good to see.

It was resolved to RECEIVE the annual report on Patient Experience (including complaints).

MC/23/57 Incident Management annual report (agenda item 7.5)

Darryl Thompson (DT) reported the Quality and Safety Committee (QSC) and Trust Board have received the quarterly and annual Incident Management reports. The committee recommended this report to Trust Board for approval on 13 June 2023. Some minor amendments were made to the report after the committee in response to further review prior to submission to Board. It was approved at Trust Board on 27 June 2023.

DT said the report has also been presented to the Members’ Council Quality Group meeting. DT highlighted the following points;

- The Trust continues to have a robust incident management process, maintained through a high level of scrutiny and governance.
- The Trust continues to focus on improving the quality of incident recording, and to strengthen our data quality processes for incident data to ensure accuracy.
- Datix has been updated to capture abuse/hate related to any protected characteristic and this is reported into Clinical Risk Panel each week.
- The incident management process supports the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future. For learning from healthcare deaths, we continue to meet the national guidance, and make revisions as needed. We publish our quarterly data on deaths on the internet page.
- The report includes achievements in the past year, and a summary of our work plan which aligns with the Quality Account areas for improvement and primarily focusses on work related to implementation of the Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events.
- The Trust has appointed three patient safety partners who are people with lived experience, and they will work on the development plans.

JLa explained the executive summary doesn’t highlight some of the issues in the report and gave the following examples:

- self-harm incidents have increased by 50% but this is not on the summary.
- pressure ulcers have increased by 85% and this is not on the summary.
- JLa said 95% of incidents resulting in low or no harm, but that number doesn’t correlate with the 50% in self-harm.

Natalie McMillan (NMc) said QSC had a deep dive on pressure ulcers meeting and provided with assurance.

NMc said one of the reasons is there is a correlation between the social factors and quality of life.

DT reported the consultant nurse for tissue viability attended the Committee and is an expert in this field. and several deep dives have taken place.

DT said in relation to self-harm as being low or no harm, this means around 4000 incidents are being reported over the year, but there is still learning from these incidents and some self-harming incidents may be graded within the no or low harm criteria.

EH said pressure ulcer increase is also a concern for Mid Yorkshire Teaching NHS Trust, she asked whether there was more of an opportunity to share learning between organisations about the work that the Trust was doing.

DT agreed and explained the Trust pressure ulcer focus is primarily in Barnsley where there are community nurses so the Trust is part of a system wide approach and looking at a Barnsley place policy and approach to pressure ulcers.

DT said the Barnsley nursing team have also shared learning and there is resource which supports and provides advice to inpatient areas across the organisation, which is one of the reasons why there is an increase in reporting, as people are identifying issues much earlier.

Phil Shire (PS) said in the appendix there is a presentation to staff and asked what happens to the presentation.

DT reported it was a team's/face to face presentation and focused on colleagues working in those areas, but it is an open invitation to all colleagues. The sharing of the information is in the action plan, and this is monitored in the governance groups.

It was resolved to RECEIVE the annual report on incident management.

MBu Chair and all executive directors left the meeting.

**MC/23/58 Review of Chair remuneration (subject to NHSE guidance and appraisal)
(agenda item 7.6)**

Julie Williams (JW) explained the Members' Council undertake regular reviews of the remuneration rates for the Chair to ensure they are fair and justifiable.

JW explained the structure on the summary sets out the pay range for Chair's based on the size of the organisation and the Trust is a medium sized organisation with an annual turnover of 201m – 400m. MBu was appointed in 2021 at a remuneration £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 her annual appraisal.

In 2022, the Chair was subject to an initial interim appraisal based on her performance between 1 December 2021 and 30 March 2022.

In 2023, the Chair was subject to a full appraisal based on her performance from 1 April 2022 – 31 March 2023, following which it was agreed the Nominations Committee would review the Chairs remuneration and a make a recommendation to the Members' Council.

She explained the Nominations Committee reviewed the Chair's remuneration on 11 October 2023 and is recommending an increase to the Chair's remuneration to £50,000, the top of the NHSE pay range, with effect from 1 December 2023.

It was resolved to APPROVE the increase in the Chairs remuneration to £50,000pa from 1 December 2023.

Marie Burnham, Darryl Thompson, Adrian Snarr, Carol Harris and Dawn Lawson re-joined members' council meeting.

MC/23/59 Members' Council elections – process (agenda item 7.7)

Andy Lister (AL) explained the election process will be managed by Civica on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly so 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. He explained due to the success of elections in 2023, there are limited seats for 2024.

He highlighted the following vacancies;

Public:

Wakefield: 2 seats

Kirklees: 1 seat

Staff:

Allied health professional: 1 seat

Psychological therapies: 1 seat

Social care staff working in integrated teams (will change to social workers if approved on 17 November 2023): 1 seat

AL explained MBu will write out to governors regarding the election process and vacancies and the nominations will open in January 2024, it will close in February 2024 and voting will open in early March 2024 and it will close in April 2024.

It was resolved to RECEIVE the update to the election process.

MC/23/60 Integrated Performance Report (IPR) (to be taken as read and submit questions in advance) (agenda item 7.8)

MBu explained the IPR was to be taken as read and governors were requested to submit questions in advance.

Phil Shire asked about the cash or reserves available to the Trust.

Adrian Snarr (AS) explained the surplus generates cash, but it is not easily accessible, there are restrictions, it can only be invested at West Yorkshire level. The Trust has the benefit of the interest and there is enough money to pay our creditors, but this is the same for all Foundation Trusts.

John Laville (JLa) asked whether the Trust benefits from interest, which is generated from the cash.

AS confirmed, this to be the case and in the current economic climate it is a healthy amount.

Mike Ford (MF) reported the use of these funds is also reviewed at the Audit Committee.

MF said he has received some questions from Bob Clayden (BC);

BC referred back to the Minutes of the last meeting in August 2023 in relation to the comments made by MBr on reporting injuries, diseases and dangerous occurrences (RIDDOR) and states that MBr commented that four people had fractures. BC commented that he believes RIDDOR requires reporting of any fracture except hand or foot, he asked about any discrepancies.

MF confirmed MBr's comments related to the incidents reported in June 2023.

In Q2 (July, Aug, Sept) there were 3 incidents in total and all three reported incidents relate to violence and aggression.

In all three reports, staff have been supported through their recuperation. There were no enquiries from either the Health and Safety Executive or Care Quality Commission related to any RIDDOR notifications during Q2.

MF said BC also noted that in p217 of the members' council papers, there is reference to smoking quit rates which will be available in November 2023. He asked if these figures were now available as we are in November 2023.

The performance team gave feedback that the report is data until the end of September 2023. The October report which is produced for the November 2023 Trust Board will contain the Q2 figures for this metrics.

MF stated BC commented on p224 in relation to community health services 2-hour response threshold of 70%. He asked whether the threshold was too low as the Trust has been on the 80% mark.

MF reported the performance team have provided feedback that the 70% threshold is a national threshold that the Trust is monitored against, whilst it is acknowledged the Trust is over performing and this may be something the Trust considers locally (a local stretch target) however, it is unlikely the Trust would include this in the Integrated Performance Report.

JLa asked about the capital spend as it is currently in red, but the forecast is £8.8m.

AS reported the red indicator shows that the Trust is not spending enough, and it is underspending which still makes this a red indicator as capital is "within a year" allocation, so the Trust has to spend the money within the year.

It was resolved to RECEIVE the Integrated Performance Report (IPR).

Chief Executive and Executive Directors left the meeting

MC/23/61 Focus on item – How can we make your contribution to Members' Council easier? (agenda item 12)

(Presentation)

John Laville (JLa) highlighted this item follows on from a discussion he has had with governors at the Calderdale virtual governors meeting where a few governors discussed different ways of working and to review how we can make it easier for everyone to contribute to the members' council.

JLa explained the first two slides are in relation to governor population by age (slide 1), there are two governors on the council who are under the age of 18 which is the first time which is positive and there are governors from 18 – 64 and the over 65. He explained people who work and who are attending school and college have got commitments.

JLa then explained how the governors are represented by ethnicity (slide 2). He explained we have a diverse members' council.

JLa informed the members' council that a survey was sent out to all governors and out of 31 governors, 19 governors responded, 10 public, 3 staff and 6 appointed governors. The majority of new governors answered the survey who have been there less than a year.

He highlighted that from 19 governors, 18 responded to state they were involved in community groups and governors provided some examples,

- School governance
- Working in an inpatient setting so have access to different forums to explore nursing staff concerns

JLa said it was noted that the majority of governors are communicating the views of the groups to the members' council.

JLa explained that governors have provided a list of community groups which they were involved in and some of these are;

- Grassroots in Batley
- St Georges community centre
- Positive Mental Health Network
- Nova Wakefield
- The S.M.A.S.H society
- CIC across the Wakefield district
- Foodbank
- Kirklees Mental Health Carers Forum
- Brookroyd patient reference group
- Spen primary care network patient reference group
- Kirklees patient care reference group
- Patient participation group
- Hive community
- Doctors and pharmacy forums
- Kirklees co-production board
- Kirklees disability network
- Kirklees mental health carers forum
- West Yorkshire neurodiversity partnership
- GP patient partnership group
- EDS Leeds support group

There were around 50% of governors who explained they share information from the community groups back to the Trust and some of the reasons were;

- Share relevant information
- Communicate both ways where relevant
- When necessary

When governors were asked if they wished to participate in community groups then over 50% said yes.

JLa said when he started with a governor, he had access to a list of community groups pre-Covid-19 pandemic. He said most governors were already participating in community groups but there were some governors who commented that they had other commitments and would struggle with time.

JLa said governors were asked what the key barriers for them to attending the members' council meetings. Key points;

- Caring responsibilities

- Diary clashes
- Working full time and having the capacity/ time to attend
- Time
- Length of meetings
- Disability
- Ill health
- Difficulty accessing online meetings
- Documentation being too small to see on paper and online
- Having more variety for meeting days, rather than set days of the week e.g. Fridays

Most governors said the members' council meetings were accessible and governors highlighted the following ways the meetings could be more accessible;

- To hold meetings in different venues, i.e. Kendray Hospital
- Views of governors translated into policy
- Hybrid meetings
- Newsletter to explain items in plain language
- Consulting governors prior to setting up the members' council meetings
- Summaries and easy read information
- Shorter meetings or meetings with more breaks
- A reduction in the amount of reading material
- Name badges for governors
- More time for governors' discussion
- A clearer outline of the items to be discussed

Governors were asked whether they found the buddy system useful, and a majority of governors said yes. A few comments were received;

- Not aware of the buddy system
- Not used it yet
- Somewhat aware of the system
- A governor had not heard from the person who was supporting them

JLa recommended to set up guidance for the buddy system.

Action: Corporate governance team

Governors were asked whether their training needs were being met by the Trust. More than 50% of governors responded yes and the following comments were received;

- I am not sure what I need.
- Need help to identify my training needs.
- Unsure
- Sometimes

Governors were asked what further training they required to fulfil their role as a governor and the following responses was received;

- Better access to Trust policies

- Governor roles training
- Visits to various departments within the Trust to inform us what the Trust is responsible for
- Not sure but something about the expansion of current skills
- Good training is available, it would be useful to have guideline for minimum training for governors to achieve the basic standard, then a second level of training and third level which is approved at each level
- Training regarding “whose who” in the Trust and their status within the Trust

Phil Shire (PS) it is a commitment of time to become a governor and he would have struggled if he worked full time. He said some governors would also find evening commitments as difficult as the day. He explained the Members’ Council Quality Group have decided to hold the meetings as hybrid and to visit a location/service and talk to staff. PS said this took place in October and he was the only governor sitting in the room and two governors joined virtually. He explained he visited Newton Lodge as part of the meeting with Darryl Thompson (DT). He said there must be compromises.

John Lycett (JLy) asked about the training needs of individual governors and whether his skills are meeting the needs of being a governor. MBu said this was a self-assessment and JLy agreed.

MBu asked about face-to-face meetings and whether there is a need to look at a “getting to know you session”.

Andrea McCourt (AMc) explained the Trust she works for also face the same issues and it is difficult in relation to arranging service visits and training. AMc said they have also done development sessions between the Board and governors, and this was helpful.

JLy explained he would like guidance and support with his training to enable him to provide a service as a governor.

Julie Williams (JW) said she is an appointed governor at Calderdale and Huddersfield NHS Foundation Trust, and she commented that the session with governors and staff was helpful, and it would be helpful to arrange a session like this in the New Year.

Reini S (RS) said she is a full-time carer and she can only join virtually.

MBu said it was important to remember that the online contribution is also valuable, hybrid meetings work.

AL reported the Trust would always facilitate hybrid meetings.

JL said there are other governors who cannot attend in person because of disabilities. JL explained there are many reasons people cannot attend whether they are at college or work, and it was about gathering their contribution to the meetings.

It was recommended and agreed by governors to set up a training needs analysis/ guidance.

Action: Corporate governance team

JLa said the outcome of today’s discussions will be formulated into an action plan to be monitored through the Members’ Council Co-ordination Group.

JLa highlighted the outcome will also be aligned to the Members’ Council Biennial evaluation survey.

Action: Corporate governance team

Keith Stuart-Clarke (KSC) explained he attends Andy's man club, and this has a big membership, and he has mentioned to members that he was a governor at this Trust.

He said he has also joined the Hoyland community choir, and he informs them of the Trust.

MBu said this his community engagement was very positive and she thanked him. MBu asked governors to communicate with the corporate governance team if they had any further ideas.

JLa thanked Andy Lister (AL) and Asma Sacha (AS) for creating the survey and pulling the information together.

KSC thanked MBu and said she was a fantastic Chair and has made some very positive changes, governors agreed with this comment.

MC/23/62 Annual work programme 2023/24 (agenda item 11)

No changes were noted, governors agreed with the work programme.

It was resolved to RECEIVE the work programme for 2023/24.

MC/23/63 Members' Council meetings (agenda item 12)

Friday 23 February 2024 (hybrid) timings to be agreed.

It was resolved to RECEIVE the date of the next Members' Council meeting.

MC/23/64 Any Other Business (agenda item 13)

None.

It was resolved to NOTE any other business.

Close of public meeting

Joint Trust Board and Members' Council meeting
17 November 2023, 13.00 – 14.45

Hybrid meeting
Large Conference Room, Learning and Development Centre, Fieldhead Hospital,
Ouchthorpe Lane, Wakefield, WF1 3SP and Microsoft Teams

Present:	Marie Burnham (MBu)	Chair
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Emma Hall (EH)	Appointed – Mid Yorkshire NHS Teaching Hospital
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	John Lycett (JLy)	Public – Barnsley
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Morse (BM)	Public – Kirklees
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
In attendance:	Mark Brooks (MBr)	Chief Executive
	Mike Ford (MF)	Non-executive director
	Carol Harris (CH)	Chief Operating Officer
	Dawn Lawson (DL)	Executive director of strategy and change
	Natalie McMillan (NMc)	Non-Executive Director
	Mandy Rayner (MR)	Deputy Chair and Senior Independent Director
	Sean Rayner (SR)	Director of provider development
	Adrian Snarr (ASn)	Executive Director of finance, estates and resources
	Darryl Thompson (DT)	Chief Nurse and Director of quality and professions
	David Webster (DW)	Non-Executive Director
	Julie Williams	Deputy director of corporate governance, performance and risk
	Izzy Worswick (IW)	Associate director, provider collaboratives and planning
	Andrew Lister (AL)	Company Secretary/ Head of Corporate Governance
	Asma Sacha (ASa)	Corporate Governance Manager (author)
Apologies: Members' Council	Jacob Agoro (JA)	Staff – Nursing
	Cllr Sue Bellamy (SB)	Appointed – Barnsley Council
	Tanisha Bramwell (TB)	Public – Kirklees
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Bob Clayden (BC)	Public - Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Rumaysah Farooq (RF)	Public – Kirklees
	Warren Gillibrand (WG)	Appointed – University of Huddersfield

	Leonie Gleadall (LG)	Staff – non clinical support
	Daniel Goff (DG)	Public – Barnsley
	Claire Den Burger-Green (CDBG)	Public – Kirklees (Deputy Lead Governor)
	Laura Habib (LH)	Staff – Nursing support
	Sara Javid (SJ)	Public - Kirklees
	Adam Jhugroo (AJh)	Public – Calderdale
	Rosie King (RK)	Public – Wakefield
	Anne Magee (AM)	Appointed – staff side
	Christopher Matejak (CM)	Public – Calderdale
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Nik Vlissides (NV)	Staff – psychological support
Apologies:	Dr Rachel Lee (RL)	Associate Non-Executive Director
Attendees	Greg Moores (GM)	Chief People Officer
	Erfana Mahmood (EM)	Non-Executive Director
	Lindsay Jensen (LJ)	Acting Chief People Officer
	Professor Subha Thiyagesh (ST)	Chief Medical Officer
	Kate Quail (KQ)	Non-Executive Director

MC/23/65 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.

MC/23/66 The role and importance of governors (agenda item 2)

John Laville (JLa) explained the importance of governors in an NHS Foundation Trust and to bring valuable perspective and contributions to Trust activities. He said one of the governor's duties is to express a view on the Trust Board plans for the Trust in advance of the Trust's submission of its plan to NHS England (NHSE).

He explained it was the Members' Council role to make sure the Trust Board is overseeing the business of the Trust. He explained governors also provide a voice to the 1.2 million people in our constituencies and to ensure their voices are heard. He said the governor role was also to receive assurance and provide a view on the Trust strategy. MBu thanked JLa.

It was RESOLVED to receive the presentation on the role and importance of governors.

MC/23/67 Update on our strategic context (agenda item 3)

Dawn Lawson (DL) presented the strategic context.

DL has recently been appointed as the Director of Strategy and Change which gives her the opportunity to see things with fresh eyes and look at how the Trust can do things differently. DL noted the changes both internally and externally since the Trust last reviewed its strategy in 2018.

Key highlights:

- The NHS has gone through significant change, for example we now work within Integrated Care Systems (ICS)
- Industrial action has affected Trusts across the country
- Pressures throughout the NHS resulting from COVID 19 pandemic and winter pressures with an increase in acuity
- Political change and financial challenges
- Cost of living and high energy and fuel prices which has had an impact on communities and exposing inequalities
- Continued high levels of distress in the communities in need of support from our services

DL reported Trust values are well embedded and Trust Board is committed to conducting a strategy refresh which is aligned to its values and ambitions.

DL reported the Code of Governance for NHS Providers requires a statutory duty around partnership, and the Trust has a complex geography, but this provides interesting opportunities.

DL showed the current strategy diagram and explained the Trust's strategic ambitions;

- A compassionate and innovative organisation with equality
- A regional centre of excellence for learning disability, specialist and forensic mental health services
- A trusted provider of general community and wellbeing services delivering integrated care
- A strong partner in mental health and learning disability service provision across South and West Yorkshire
- A trusted host or partner in our four local integrated care partnerships

DL presented the "plan on a page" in relation to Trust priorities for 2023 and highlighted the three golden threads for the Trust:

- recovery focused and trauma informed,
- social responsibility and sustainability,
- equality, involvement and addressing inequalities.

Strategy refresh

DL explained the Trust will refresh its strategy over the coming months with a view to having a new 3 – 5 year Trust Strategy agreed for August 2024. The strategy will be built on work already completed and it will be aligned with other key strategies. DL explained she wants to fully engage with governors and other stakeholders throughout the consultation process. DL said the document needs to be "our" strategy and will filter through all Trust priorities.

DL presented the timeline for the development of the refreshed Trust strategy and explained the preparation and planning that will take place during winter 2023/24 with a proposal to finalise the strategy and launch in in Summer 2024. She explained there will be feedback communications throughout this period.

It was RESOLVED to RECEIVE the updated on the Trust strategic context.

Item 4 Our future plans

MC/23/68 Refresh of Trust strategy and future plans (including strategic overview of business and associated risk (agenda item 4.1))

Sean Rayner (SR) and Izzy Worswick (IW) presented the refresh of Trust strategy and future plans.

SR explained the Trust needs to have an annual plan, in order to best to deploy the income received and to secure the best possible outcome for the public who utilise Trust services. The plan is within a context of a single national health service, the four districts the Trust operates in, and the two integrated care systems. It is important that plans are co-ordinated with Trust partners across the districts.

SR said the annual planning process and timeline is usually the same every year. He explained the following objectives are the main focus for mental health and they all have trajectories which the Trust will work towards with partners;

- Children and young people's mental health
- Talking therapies
- Community mental health transformation
- Out of area placements
- Dementia diagnosis
- Perinatal mental health
- Increase in people with severe mental illness

SR provided an example and explained that in community services the key expectations are likely to be;

- Systems to be delivering performance of at least 76% against the 4-hour urgent and emergency care standard by the end of 2023/24
- Expansion of self-referral route for providers within the seven specified community services pathway
- Reduction of time lost due to inefficiencies in the primary care/ secondary interface

SR highlighted that in the learning disability and autism services the Trust anticipate;

- Increase in those with learning disability who have an annual health check
- Inclusion of people with learning disability, and autistic people in health inequalities measures, as per Core20+5

SR explained the Trust will also receive guidance from the NHS nationally with key targets in different areas. IW will also work with services and work towards the annual plan.

SR and IW explained the approach to the Trust 2024/25 plan;

- Internal planning to be linked to the Trust strategic objectives and priorities.
- The short-term financial position of the Trust for 2023/24 remains positive and this is supported by one off measures including vacancies
- The Trust will plan for the impact of workforce initiatives, significant inflationary pressures and an estimate of future pay awards.
- Efficiency requirements will be a key feature of the Trust 2024/25 financial planning.

IW said an internal planning group has been established to work on 2024/25 planning. Trust care groups and corporate services are also engaging with the workshops and this will feed into the system-based plans.

IW and Adrian Snarr (ASn) reported once all the information is gathered then the finance team will cost the projects to work out how much it would cost to meet the ambitions. ASn

explained there is likely to be a difference between how much money the Trust receives in comparison to spend, and this can have an impact on the Trust ambitions.

ASn explained in context, the efficiency requirement for the Trust this year is 4% of the Trust income which is £12m and this figure is higher for our partner trusts in percentage and actual terms.

ASn reported when the Trust works out the costings for next year, the Trust efficiency requirement is likely to be bigger than 4%. ASn explained there are challenges because 80% of Trust expenditure is on the workforce and the Trust has not been financially pressured in recent years because of vacancies. ASn explained so far this year that there have been more new starters than leavers. ASn reported that the pay award for 23/24 was not fully funded.

MBu summarised the presentation and asked governors to consider what the Trust can improve rather than solely looking at new initiatives considering the forthcoming financial constraints.

SR explained the Trust key areas of focus are;

- Addressing inequalities
- Involvement and engagement
- Workforce and our people
- Social responsibility and sustainability
- Quality
- Digital and digital inclusion
- Estates
- Finance and efficiency

SR asked for Members' Council to be split into three groups to focus on the following areas;

- Group 1, focus on integrated community services (Barnsley based discussion)
How can we improve access to services?
What more can we do to address inequalities and ensure we focus on prevention/earlier intervention
- Group 2, focus on mental health community services
How can we improve access to services?
What more can we do to address inequalities and ensure we focus on prevention/earlier intervention
- Group 3, focus on learning disability services
How can we improve health outcomes for people with a learning disability?
What more can we do to influence mental health services so that they are effective in supporting people with a learning disability?

DL asked governors whether they had any reflections. Phil Shire (PS) asked about the results of the friends and family survey. MBr said the figures are typical of what is seen nationally and there will be a focus on workforce.

Mike Ford (MF) asked about teaching hospital status and becoming a trauma informed organisation and how will this be woven into the plans. DL said trauma informed is one of the golden threads and the teaching hospital was in a previous strategy and so this will be built into the new strategic approach.

MC/23/69 Small group discussion to inform plans for 2023/24 (agenda item 4.2)

The groups discussed plans for 2023/24 in an interactive session.

It was RESOLVED to DISCUSS the plans for 2023/24.

MC/23/70 Feedback – top 3 discussion points and why (agenda item 4.3)

Group 1, focus on integrated community services – David Webster

David Webster (DW) reported this group have discussed integrated community services and highlighted the following in relation to Barnsley:

- How to get most out of Alzheimer's service- how to navigate services. Understanding where one service starts, and another finishes.
- Understanding of medications.
- Lines blurred about where you go.
- Patient doesn't feel at centre.
- Background to mental health issues in Barnsley- pit industry.
- Pit families believing have a job for life so didn't need to get education. Some people now worried of getting education because of how this is perceived.
- When pits closed there were people who were educated but weren't appropriately signposted to roles.
- Impact of economy and benefits.
- People from Barnsley- needing to leave to get education and progression.
- Focus of manual jobs- Hermes, ASOS roles not necessarily providing education.
- People who had been in armed forces- impact in terms of education and future employment.
- Understanding of the forces, and different roles.
- Barnsley standard of education- which leads to issues getting a job.
- Also impact of who you know of role on job opportunities- value of connections.
- People feeling not good enough.
- Inferiority complexes.
- Impact of PTSD.
- Need to think about how link up to education opportunities- need to consider what can do to support people and enable them to have confidence as to what they can do.
- Cycle of prosperity.
- Focus on getting a job rather than education.
- Andy's man club- a lot of people there have severe mental health issues and history of attempted suicide. Feeling like nothing worth living for.
- Stress.
- Value of services such as Samaritans, and opportunity for talking.
- Connectivity between services
- Education
- How to link with third sector and charities
- Support for ex-Forces

Group 2, Focus on mental health community services – Mike Ford

MF reported this group have discussed mental health community services and the main highlights are:

- Connectivity between services
- How link with third sector and charities- other groups. Particularly third sector and education. Andy's man club and Samaritans.
- Support for ex-Forces.
- Mental health community
- Improving access to services- demystifying what we do so people more aware what services SWYPFT provide.

- How GPs can support what the Trust does.
- Loss of funding in areas that might be seen to be preventative e.g. sports centres, community centres etc.
- How we divert funds back into prevention.
- Advocacy and need to ensure access to advocacy to support de-mystifying and access to services.
- Impact on inpatient services of new roles in community- potential for hybrid roles.

Group 3, Focus on learning disability services – Natalie McMillan and Dawn Lawson

Dawn Lawson (DL) and Natalie McMillan (NMc) reported this group have discussed learning disability services and the main highlights are;

- Parity of esteem agenda with people with Learning Disabilities.
- Relatively small provider of learning disability services for people with profound needs/inpatient.
- Do we have responsibility to be advocate for those with LD more widely?
- Should we continue to be a provider of LD services in terms of the number of people we serve?
- Position in place.
- Vulnerability of those with LD and whether they are able to access our mental health services.
- Advocacy.
- Learning Disability commissioner for whole of Yorkshire.
- Data collection - grow our ambition to get even better data to make sure we are focusing on the right areas.

Ian Grace (IG) asked if the Trust can think outside of the box in relation to staffing in both inpatient and the community services. IG reported there has been a shift of inpatient staff moving into community services which has meant some experienced staff have been pulled from inpatient services to carry out new roles. IG queried if there could be hybrid roles where staff carry out some work in the community and some work with the inpatient service.

MBr asked IG what he felt the current constraints of working in this way are. IG said acuity seems to be the main issue. IG reported if he went to work a few hours a day in the community, then there would not be someone to cover his work on the ward. It was discussed that this initiative would have to be a collective agreement.

DL said it was effective to discuss this under new ways of working and to look at different strategies. There will be further discussions on this over the winter and spring.

It was RESOLVED to RECEIVE the feedback.

MC/23/71 Summary and next steps (agenda item 4.4)

DL thanked everyone for their contribution and noted the benefit of the insight obtained from today and how it will be used to help formulate future strategy, the outcome of which will be fed back to the Members' Council.

Action: Dawn Lawson

MBu thanked everyone for their contribution towards the Trust strategy.

It was RESOLVED to DISCUSS the summary and next steps.

Close of Joint Trust Board and Members' Council meeting