Minutes of the Members' Council meeting
15 May 2024, 10.00 – 12.30

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

Present:	Marie Burnham (MBu)	Chair
	Jacob Agoro (JA)	Staff – Nursing
	Claire Den Burger – Green (CDBG)	Public – Kirklees/ Deputy Lead Governor
	Bob Clayden (BC)	Public - Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Laura Habib (LH)	Staff – nursing support
	Emma Hall (EH)	Appointed – Mid Yorkshire NHS Teaching Hospital
	Adam Jhugroo (AJh)	Public – Calderdale
	Rosie King (RK)	Public – Wakefield
	Elaine Lane (EL)	Staff – Allied Health Professionals
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Sarah Leason – Hurley (SLH)	Staff – Social workers
	John Lycett (JLy)	Public – Barnsley
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Morse (BM)	Public – Kirklees
	Melanie Mott (MM)	Staff – Psychological Therapies
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart-Clarke (KSC)	Public – Barnsley
In attendance:	Paula Gardner (PG)	GatenbySanderson - insight programme
	Carol Harris (CH)	Chief Operating Officer
	Lindsay Jensen (LJ)	Interim Chief People Officer
	Dawn Lawson (DL)	Executive director of strategy and change
	Erfana Mahmood (EM)	Non-Executive Director
	Natalie McMillan (NMc)	Non-Executive Director
	Adrian Snarr (AS)	Executive Director of Finance, Estates and Resources
	Professor Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Andrew Lister (AL)	Company Secretary/ Head of Corporate Governance

	Asma Sacha (AS)	Corporate Governance Manager (author)
	Andrew Betteridge (AB)	Corporate governance administrator
Apologies: Members' Council	Rumaysah Farooq (RF)	Public – Kirklees
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Leonie Gleadall (LG)	Staff – non clinical support
	Daniel Goff (DG)	Public – Barnsley
	Sara Javid (SJ)	Public - Kirklees
	Anne Magee (AM)	Appointed – staff side
	Nesar Rafiq (NR)	Public – Wakefield
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Mark Brooks (MBr)	Chief Executive
Apologies: Attendees	Mike Ford (MF)	Non-executive director
	Julie Hall (JH)	Deputy director of corporate governance
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of provider development
	Mandy Rayner (MR)	Deputy Chair and Senior Independent Director
	David Webster (DW)	Non-Executive Director

MC/24/20 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/24/21 Declarations of interest (agenda item 2)

MBu explained the purpose of this item is to provide information to governors regarding the declarations made by governors on their interests, as set out in the Trust's Constitution. No comments were received, and governors did not share any additional declarations of interest.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/24/22 Chief Executive's comments on the operating context (agenda item 3)

Dawn Lawson (DL) presented this item in the absence of Mark Brooks (MBr), and explained the key items from the operational planning guidance;

Performance

- There is improving flow and waiting times
- Autism diagnosis and assessment – this is a challenge nationally
- Long stay learning disability and autism patients and health check and prevention agenda
- Acute waiting times
- Out of area bed usage is sustained at low usage
- Increased staff appraisal rate
- Sickness rates continue to benchmark well across our sector
- DL thanked Barnsley community services, despite pressures, the team is still outperforming national targets with 88% of patients being seen within 2 hours in the crisis team, this benchmarks against a 70% national target
- Top 5 nationally in terms of cleanliness of hospitals

Finance

- The Trust submitted a balanced position last year, agency spend has reduced by 17%
- Working towards the Trust financial sustainability programme
- In 2024/25 projected a breakeven position but this comes with significant risk.
- The West Yorkshire system has submitted a deficit of £99m.

Other

- The recruitment process has started for the Trust Chief People Officer
- The Trust staff Excellence Awards took place in May 2024
- A Trust Research conference took place in May 2024 which attracted regional and national speakers.
- Staff survey results was 48%. The Trust is third nationally for morale. There are some areas highlighted which the Trust is working towards for example, the Trust equality data, staff experience hot spots and work to do with colleagues in lower pay bands.

Ian Grace (IG) reiterated that the Trust staff Excellence Awards was a good evening and he felt proud seeing staff being recognised for their hard work. John Laville (JL) said there was a nice atmosphere, and it was a good evening recognising staff achievement. JL encouraged governors to attend future events.

It was RESOLVED to RECEIVE the Chief Executive's comments on the operating context.

MC/24/23 Minutes of the meeting held on 23 February 2024 (agenda item 4)

It was RESOLVED to APPROVE the minutes of the Members' Council meeting on 23 February 2024 as a true and accurate record.

MC/24/24 Matters arising from the previous meeting held on 23 February 2024 (agenda item 5)

Action from 23 February 2024/ MC/24/05 Chair's report and feedback from Trust Board (agenda item 5)

Bob Clayden (BC) reported he hasn't received the most recent Brief (Trust Comms). John Laville (JL) informed governors that the latest Brief was circulated however it was not the pictorial version. Andy Lister (AL) confirmed this will be actioned by the corporate governance team.

CDBG asked how often the Trust Comms should be circulated. AL confirmed this is circulated once a month and the View and Headlines are weekly.

MBu confirmed MC/23/61 should be marked as complete.

Action: Corporate governance team

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

MC/24/25 Chair's report and feedback from Trust Board (agenda item 6)

MBu presented an overview of the Chair and Non-Executive Directors activity from 1 February 2024 until 30 April 2024;

- Can You Hear Me? Podcast. MBu encouraged governors to listen to the podcast she was involved in with members of the West Yorkshire Health and Care Partnership and West Yorkshire Health and Care Partnership's Strategic Race Equality Network. She highlighted the podcast is about Non-Executive director appointment process and what it is like to be a public sector NED. She explained the Trust will be going out to advert for two Non-Executive Directors.
- MBu reported she attended Wakefield College with public governors and staff from the Involvement Team. She explained the event was arranged by the Young Lives Consortium and young people who are part of the Prince's Trust. The event looked at young people's membership and participation in Trust activity.
- An international conference took place on the 11 April 2024 titled "Museum and Beyond". This took place over two sites on the 10 and 11 April 2024 at Huddersfield University and Fieldhead Mental Health Museum. The event attracted speakers from around the world, exploring new and innovative ways to work with mental health heritage. MBu explained she is proposing to open the Mental Health Museum which is at Fieldhead Hospital nationally, as a National Museum for Mental Health.
- MBu thanked Dr Rachel Lee, Associate Non-Executive Director who resigned from her position on 30 April 2024. The two Associate Non-Executive Director posts will be filled due to the Trust pursuing a Teaching Hospital status and one of the positions may be taken up by a university post.

MBu thanked all Non-Executive Directors.

Natalie McMillan (NMc) explained, as Non-Executive Directors, her and her colleagues have been visiting different services across the Trust, this also included quality visits.

Keith Stuart-Clarke (KSC) advised he attended a membership event at Wakefield College, and it was a really good event which was well attended.

Rosie King (RK) asked about the link to MBu's podcast. It was agreed to circulate the link to governors.

Action: Corporate governance team

It was RESOLVED to NOTE the Chairs' report.

Members' Council annual items (agenda item 7)

MC/24/26 Annual report unannounced / planned visits (agenda item 7.1)

Darryl Thompson (DT) explained the purpose of the paper was to update the Members' Council in relation to the Trust's Care Quality Commission inspections in May 2023 and following which the report was published in December 2023. DT explained the reports have been reviewed by the Executive Management Team, Quality and Safety Committee and the Trust Board (January 2024). The report makes reference to the actions which are reviewed in the next paper being presented today.

MBu said she was disappointed with the CQC comments on the Trust Acute wards and the Forensic wards. The Trust did challenge over some of the inaccuracies. She highlighted that staff are under pressure and they have been working under difficult circumstances. She explained improvement plans are in place for all the must do and should do actions, and monthly meetings have been established to assure the evidence oversight to complete the actions response.

John Laville (JL) explained the report was disappointing when areas that were good now require improvement, he asked about the focus on the day-to-day auditing and controls. He asked about the action plans from the previous inspection and whether the issues were dealt with. JL said he attended the Members' Council Quality Group and he has seen the detailed action plan.

DT explained the report described good staff culture and awareness around safety, safeguarding and infection prevention and control, complaints process and feeling confident to speak up. He said there were gaps in day-to-day oversight such as ligature and fridge temperatures. He reported this was disappointing to hear but an improvement programme has been put in place and the care groups have been working together to address the action plan.

Bob Clayden (BC) reported he has attended a quality visit and received feedback from staff. He explained staff reported they were not receiving training because they could not access the training. He explained other concerns were raised such as staffing levels and staff working on the night shift who were from an agency. BC said from reviewing the report in February 2022, even then the staffing levels were not adequate.

DT explained that nationally registered nurse recruitment is a challenge, but the Trust has undertaken a recruitment campaign where the Trust has over recruited qualified nurses. Although there is staffing, it is recognised that they are less experienced. He explained training is closely monitored by the Executive Management Team and this is reported via the Integrated Performance Report. The level of acuity on the wards and the challenge of releasing staff to attend training isn't always easy if this has a direct impact on patient care. He relayed the situation is improving as a direct result of the recruitment of registered nurses and to aid with safer staffing, if there are not enough registered nurses then a Nurse Associate or Nursing Assistant will work to make up the core team on the ward for the safety of patients.

DT highlighted that Trust agency spend has reduced significantly but there are occasions when agency staff will be booked to maintain patient safety.

CDBG said she was keen to review the action plan and asked if the CQC will inspect again and asked about the timescales for their inspection. MBu informed that the next item will explore the action plan.

Phil Shire (PS) advised that the Members' Council Quality Group visit services and, after the February meeting, the group attended the Horizon Centre. He explained the service was challenging and it required a high staffing level. He reported the environment was not great due to disruption caused by a patient. He said there was an outdoor courtyard area which was not fit for purpose. He reported it did not appear to be stimulating.

Laura Habib (LH) and Jacob Agoro (JA) reported staff are working under difficult conditions on the ward and in some very challenging circumstances.

Melanie Mott (MM) asked about the whistle blowing process. DT explained it is important for people to speak up and there are a range of options to do this such as equity guardians, equity and dignity and respect guardians and there are four freedom to speak up guardians. DT explained the work is overseen by Mike Ford (MF) who is a Non-Executive Director. The Trust also has connections with regional Freedom to Speak Up (FTSU) networks, he explained the Trust liaises with external partners about the process. There is also a national FTSU structure that underpins this work. DT explained sometimes people can whistle blow directly to the CQC and the Trust then investigates and reports to the regulator.

MM asked whether staff were aware of the paths they can follow to escalate their concerns if they were not happy with the internal FTSU process. Erfana Mahmood (EF) explained that as a Non-Executive Director, she visits many different services and there are posters up in the ward areas which highlights the contact details of the FTSU guardians. MF is the external nominated member of the team, and he can be contacted directly. EM explained the Trust Board also receive a report describing the themes and issues. EM explained the NEDs ask staff questions about the FTSU as part of their quality visits.

Ian Grace (IG) said the report also showed positive aspects of practice, for example, medicines were managed safely, accurately, and up to date. He is aware the fridge temperature storage is being actioned. IG said staffing level is positive, but the challenge is inexperienced staff. MBu said a lot of Trusts are working with legacy nurses to work alongside the inexperienced nurses.

MBu summarised and explained both reports are now published on the CQC website.

It was RESOLVED to RECEIVE the annual report on announced and planned visits.

MC/24/27 Care Quality Commission (CQC) action plan (agenda item 7.2)

DT explained the purpose of the paper is to provide the Members Council with an update and assurance regarding the Trust approach to CQC concerns, inspections and our own internal process for assuring ourselves of the quality of our services.

DT highlighted the main points from the report and governance process;

- The Trust has had good feedback around culture of the teams.
- This report contains an update on the Trust's progress with regards to the action plans against the MUST DO and SHOULD DO actions within the CQC inspection reports. He explained actions are signed off as completed at Care Group level before final sign off by the Chief Nurse / Director of Quality and Professions, where the evidence of assurance is reviewed.

- Some of the timeframes to work on the actions look longer but this is so it is inbuilt to the team as a quality improvement approach
- Actions are signed off as completed at Care Group level before final sign off by the Chief Nurse / Director of Quality and Professions, where the evidence of assurance is reviewed.
- There will be a further stage of sign off by the Chief Nurse / Director of Quality and Professions that will be in future versions of this report, to indicate when there is confidence via agreed metrics that an action is embedded, and when an oversight process is in place that will alert should performance deteriorate at any point in the future.

Subha Thiyagesh (ST) explained the team effort in working towards the actions in a sustained manner and developing the leadership and management.

BC asked for a further explanation and update on some of the action plans in relation to dignity and respect and asked why some actions were highlighted as green when they were not complete. DT said this was a live document and this was the version which went to the public Board and there are updated versions which is going through the Committee.

AL confirmed the action plans are live documents and are presented to Trust Board regularly.

AL suggested a progress update report should come to Members' Council later on in the year as an update.

BC asked what e-seclusion meant. DT responded it is an electronic system for recording patient observations when they are in seclusion.

JL suggested actions need to be sustainable and they will require regular updates as assurance.

CDBG explained the actions need to be clearer and she would like to see a specific dates next to the action plans.

DT confirmed the action plan update report can be presented to the Members' Council after the report has been to Trust Board.

Action: Corporate governance team

DT explained that in terms of a return visit by CQC, there is a new system of oversight from the regular Mental Health Act inspections which triangulate the feedback from those inspections. Nine out of ten wards in Forensic services have had CQC inspections in the last year and this will guide how the wards are progressing. There is no indication that the Trust is expecting another visit and visits may be unannounced.

It was RESOLVED to RECEIVE the Care Quality Commission Inspection Report.

Members' Council business items (agenda item 8)

MC/24/28 Governor feedback (agenda item 8.1)

John Laville (JL) provided verbal feedback and highlighted the main areas of discussion with governors;

- JL reported that he has been informed of a service user being discharged unexpectedly in the community when they attended an appointment. JL said this was contrary to Trust policy and procedure. JL explained there should be a joint discussion between the clinician, service user and the carer. JL advised he has been informed about this a

few times and will obtain the names of those concerned for services to investigate this further. JL recommended the Trust community services to conduct a random audit to see if the Trust procedures have been followed and whether it was a multi-disciplinary decision. JL confirmed he has arranged a meeting with the advocate and will provide the details to services when received.

Carol Harris (CH) stated she was sorry people haven't had a positive experience and explained not everyone in the community services will be reviewed by a multi-disciplinary team and some patients will be seen by the practitioner. She said she can review this once further details are known.

Action: Lead governor

- JL explained four Kirklees governors, (JL, BM, SJ and CDBG) met with PLACE Commissioners regarding CAMHS and the withdrawal of support from Northorpe Hall. They were expecting KPIs from the commissioners and they haven't received this information yet.
- LH provided an update on how nursing staff were inducted into the organisation and were welcomed and prepared for the rigours of the job and she reported the Trust was doing this very well and equipping the nurses into a new environment.
- IG has reported there are ongoing pressures within pharmacy due to staffing.

It was RESOLVED to RECEIVE governor feedback.

MC/24/29 Appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 8.2)

AL explained the purpose of this paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality, Inclusion and Involvement Committee (EIIC) and to inform governors on vacancies on the Members' Council groups. He reported all governors were invited to self-nominate for the following vacancies;

- Members' Council Co-ordination Group – two vacancies.

AL highlighted no self-nomination was received for the two open vacancies. The corporate governance team will write to all governors again seeking self-nomination prior to the next Members' Council Co-ordination Group meeting.

It was RESOLVED to RECEIVE an update on the governor appointments and vacancies to the Members' Council and Trust Board Committee.

MC/24/30 Assurance from Members' Council groups and Nominations Committee (including annual report and Terms of Reference) (agenda item 8.3)

MBu informed the Members' Council that this paper is to provide assurance to the Members' Council that the Co-ordination Group, Quality Group and the Nominations Committee are fulfilling their remit and meeting their terms of reference through the quarterly assurance update. She asked governors to take this paper as read and to review and approve the Annual Report and Terms of Reference.

PS informed the group that attendance at the Members' Council Quality Group was not good. He explained they are hybrid meetings, and the dates are set in advance. There is also a possibility of visiting services. MBu encouraged governors to speak to PS if they wish to continue in the group or if they were interested in becoming new members. DT advised there

are good presentations from clinical teams. JL confirmed any governor can attend the Quality and Co-ordination Group.

AL explained that individual groups have reviewed their annual report and terms of reference. MBu asked whether governors approved the annual report and terms of reference and work plans. Governors were happy to approve.

It was RESOLVED to RECEIVE the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee and APPROVE the annual report, terms of reference and workplans for the: Members Council Coordination Group, Members Council Quality Group and Nominations Committee

MC/24/31 Re-appointment of Non-Executive Directors (agenda item 8.4)

Lindsay Jensen (LJ) explained this paper was to approve the re-appointment of Non-Executive Director's Erfana Mahmood (EM) and Kate Quail (KQ) once ratified by NHS England on the recommendation from the Nominations Committee.

LJ explained EM has been with the Trust as a Non-Executive Director for two terms and Nominations Committee are recommending to re-appoint EM for a third term which will be subject to NHS England approval.

LJ reported that governors are aware that KQ did agree to continue in her third term, but she has made a decision to leave, she has agreed to stay on until a replacement has been found. Nominations Committee are therefore asking Members' Council to approve Kate's extension from 1 August 2024 until 30 September 2024.

LJ informed Members' Council that AL has communicated with NHS England and the Chair has completed an pro-forma and submitted this to the Chair of the West Yorkshire Integrated Care Board (ICB) which has now been approved, prior to submission to the regional NHS England office for sign off.

AL and MBu as Chair worked through the required process with the West Yorkshire Integrated Care Board (ICB) and are now awaiting NHS England approval for the proposals.

It was RESOLVED to APPROVE the recommendation from Nominations Committee to re-appoint; Erfana Mahmood for a third term of office for three years (subject to annual review) from 3 August 2024 to 2 August 2027 - subject to NHS England approval.

It was RESOLVED to APPROVE the recommendation from the Nominations Committee to the extension of Kate Quail's term from 1 August 2024 to 30 September 2024.

MC/24/32 Audit Committee terms of reference (agenda item 8.5)

AL explained the purpose of this item is to consult with the Members' Council on the updates to the Audit Committee's Terms of Reference. The updates were approved by the Trust Board at their meeting on 30 April 2024.

AL highlighted the Audit Committee terms of reference continue to be reviewed on an annual basis to ensure they remain fit for purpose as part of the Committee's annual report to Trust Board, which is presented in April each year.

AL explained that historically the provision C.3.2b stated in NHS Improvement / Monitor's Code of Governance for foundation trusts that *"The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly".*

AL informed governors that in the Code of Governance for NHS Provider Trusts (October 2022) applied in April 2023, this provision has been removed.

However, AL and the Deputy Director of Corporate Governance believe the Audit Committee's Terms of Reference should continue to be presented to the Members' Council on an annual basis to demonstrate best practice.

AL informed governors that at the last Audit Committee meeting on 9 April 2024, the Committee reviewed its Terms of Reference and amended this to reflect the code of governance for NHS provider trusts (October 2022). They received final formal approval by the Trust Board on 30 April 2024.

It was RESOLVED to RECEIVE the updates to the Terms of Reference for the Audit Committee.

MC/24/33 Members' Council declaration and register of interests (including gifts and hospitality) policy (agenda item 8.6)

AL explained the Members' Council declaration and register of interests including gifts and hospitality policy has been updated in line with the new code of governance for NHS Provider Trusts (2022) and the outcome of the Kark review in September 2023.

The corporate governance code for NHS Provider trusts stipulates in section C 4.1 that: Directors on the Board of Directors and, for Foundation Trusts, governors on the Council of Governors should meet the fit and proper persons test described in the provider licence.

He explained NHS England issued a new fit and proper persons framework in September 2023 in response to recommendations made by the Kark review (2019). The Kark review looked at the working of the fit and proper person test as it applies to Board directors in the NHS.

AL reported he has reviewed the requirements of the new legislation, and the policy has been updated to include the following points:

- Alignment with the code of governance for NHS provider trusts 2022 - governors now need to complete the fit and proper persons attestation each year in addition to the annual declarations of interest process.
- The previous policy included the statement that governor interests will be published on the Trust website. This has been amended to state that governor interests will be made available on request which complies with our statutory duty.
- Updates to the new legislation guiding the policy.
- In order to comply with the requirement to be a governor, a person is not to have received a prison sentence of three months or more in the past five years. In order to evidence this, it has been agreed that disclosure and barring service (DBS) checks will be requested for all governors on appointment and re-appointment.

AL reported he has consulted with Andrea McCourt who is Company Secretary for her organisation and neighbouring Trust. She recommended including the Fit and Proper Person

Test (FPPT) in the actual title of the policy. She also recommended adding the frequency in the policy (annual). AL confirmed these changes will be made.

Action: Corporate governance team

AL summarised that the FPPT process as well as the Declaration of Interest will be annual. The DBS check process will be on appointment and re-appointment.

It was RESOLVED to RECEIVE the update to the Members' Council declaration and register of interests including gifts and hospitality policy.

MC/24/34 Members' Council elections – outcome (agenda item 8.7)

AL informed that the Members' Council elections have now concluded, and governors have been elected in all the vacant areas from 1 May 2024 for a period of up to three years.

Elected unopposed;

Public, Wakefield	Daz Dooler (re-appointed) Nesar Rafiq
Staff, Allied Health Professional	Elaine Lane
Staff, Social Worker	Sarah Leason – Hurley

Following election;

Public, Kirklees	Claire Den Burger-Green (re-appointed)
Staff, Psychological Therapies	Melanie Mott

AL welcomed new and re-appointed governors to the Members' Council.

It was RESOLVED to RECEIVE the update to the outcome of the Members' Council elections.

MC/24/35 Integrated Performance Report (to be taken as read and questions to be submitted in advance) (agenda item 8.8)

Natalie McMillan (NMc) explained the key highlights of the Integrated Performance Report (IPR);

- Overall performance is good
- Work is ongoing to ensure staff are recording equality data, the metrics for those with a disability is currently amber
- The number of people with risk assessment and care plans is below target and this has been discussed in the Equality, Inclusion and Involvement Committee and the Quality and Safety Committee. The improvement programmes have been discussed.
- The out of area bed placement has improved, this isn't driven by finance, and this is about reducing out of area placements in relation to the impact on individuals and carers
- The clinically ready for discharge has improved
- There will be challenges with finance in 2024/25

- There is a concern regarding reporting of incidents of injuries, diseases and dangerous occurrence regulation (RIDDOR). None of the incidents led to further enquiry and there were no hotspot areas identified.
- The capital spend against plan has been achieved in March 2024
- There is a slight improvement against sickness absence, but the Trust benchmark well across Yorkshire
- There has been an improvement in appraisals figures
- Mandatory training around Cardiopulmonary Resuscitation and Reducing Restrictive Physical Interventions has been discussed at the Quality and Safety Committee as they are below target. There has been some work to increase the capacity of those teams and ensure staff are able to attend this training

CDBG asked what the red, amber and green colours meant. NMc explained that red means that the Trust was not achieving targets, green is achieving to the target or better and amber is working towards the target but not quite achieved the target.

JL asked about the threshold of >=78% which was next to the appraisals, as the figure for March 2024 is 84.2% but the Trust was above the 78%. NMc explained this was discussed at the People and Remuneration Committee and although it isn't apparent in this report, the threshold was changed incrementally throughout the year to help teams to get closer to the target of 95%.

Sue Spencer (SS) asked whether the Trust has specific months when staff should be doing their appraisals, she explained Barnsley Hospital have specific focused months for appraisals which is successful. MBu said the Trust doesn't do this but it has been discussed and the Trust is moving towards this process.

PS asked about the Trust cash position which was around £70m in March 2024 and what the money was used for. Adrian Snarr (ASn) explained the original Foundation Trust regime encouraged the Trust to remain in surplus and generate cash reserves for investment. The Capital expenditure limit is set, and the Trust cannot exceed this. ASn explained that this cash means that the Trust can pay suppliers on time and there is flexibility to do this. There is a significant sum of interest which is also being generated.

CDBG asked whether the threshold for training was set by the Trust and not nationally. She also asked whether future reports could show the target figure. MBu explained some are Trust thresholds and some are nationally set. MBu said the feedback will be provided to the performance team if governors wanted the report to identify which was Trust thresholds and which were national.

Action: Performance and Information team

BC asked why the fire training was green as compared to other training. ASn the other areas are challenging because they are face-to-face training as compared to e-learning. ASn said there are some requirements for face-to-face training with the fire training, but this is every few years rather than annually.

Daz Dooler (DD) informed the group that the uptake for reducing restrictive physical interventions training was low against the target of 80% and asked whether there was a link between this and the increase in RIDDOR incidents. DT said the training uptake is reviewed when there is an incident on the ward and there hasn't been any pattern identified.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/24/36 Older People's Services inpatient transformation – update (agenda item 9)

Subha Thiyagesh (ST) updated the Members' Council on recent activity, the current position and the timeline for the older people's inpatient transformation programme.

ST thanked governors for attending the formal public consultation events. The consultation ended at the end of March 2024 with over 1,500 responses received to the consultation survey. She explained the Trust reached out to our Places. ST explained the consultation document was displayed in various different formats and there was use of different media such as social media and the radio. The responses were from a diverse group of family including staff members, service users, families and carers.

ST explained the data is currently being analysed by external partners and the full consultation report will be completed by the end of May 2024.

ST highlighted there are several work-strands which has now been established to take the work programme through to the decision and then implementation.

- Finance (capital and revenue)
- Travel, Transport and Parking
- Quality Impact
- Equality Impact
- estates and planning
- operational change planning

ST thanked Bob Morse (BM) who was on the travel, transport and parking workstream and explained governors can join the different workstreams and they can contact the corporate governance team with their interest.

ST explained that the decision-making sign off via the Trust Board will take place around August or September 2024 and these timescales may change as this is dependent on the date of the national elections.

The Trust will also consult Joint Health Overview and Scrutiny Committee and seek approval from a Joint Integrated Change Board Committee and receive assurance to proceed from NHS England.

It was RESOLVED to RECEIVE the update on the Older People's Services inpatient transformation.

MC/24/37 Strategy refresh – update (agenda item 10)

Dawn Lawson (DL) presented an update on the Trust strategy.

DL reported that some really good feedback has been received from across the Trust and 20% of colleagues engaged with this work. DL thanked the people experience team with helping to engage staff, there were also approximately 1500 community voices.

BM asked what the FLAIR survey meant. DL explained the FLAIR was a survey which was commissioned to seek experiences of the Trust Black and Ethnic Minority colleagues. She explained data from this survey will be triangulated with other feedback to build an accurate picture.

DL explained once the work is reviewed, the objectives will be drafted which will be sent out to teams across the organisation, there will also be metrics for the objectives. The data from the All of Us conversation will be pulled together into a report, and it will be a tool going forward

listening to the community members to draw on this in the future. DL confirmed Members' Council will also be involved in the process.

It was RESOLVED to RECEIVE an update to the Trust strategy refresh.

MC/24/38 Focus On item: Well-led framework / Care Quality Commission (CQC) inspection - 2024 for governors (agenda item 11)

Darryl Thompson (DT) presented the well-led framework and explained there is a link in the presentation to the Care Quality Commission (CQC) website which governors can access independently.

DT presented the key highlights;

- CQC's guidance on how they assess the well-led key question aims to support NHS trusts to understand what good leadership looks like.
- Leading well has a significant impact on staff morale and service user and carer experiences of care.
- Leading well enables better care delivery, and a more sustainable health and care service
- The guidance has been jointly developed by CQC and NHS England. It incorporates key developments in health and care policy and best practice. It includes expectations around system working, freedom to speak up and continuous improvement.
- The overall Trust rating is "Good", this was despite the changes to one core service.
- The overall score will be rated on the well-led inspection, informed by the CQC's broader view of quality and safety in the Trust.
- DT explained the CQC provide a breakdown of the well-led key question and these are presented as eight quality statements. This helps the Trust understand how this applies to the Trust and individuals.
- (1) Shared direction and culture, this is shared vision and strategy
- (2) Capable compassionate and inclusive leaders.
- (3) Freedom to speak up
- (4) Workforce equality, diversity and inclusion
- (5) Governance, management and sustainability
- (6) Partnerships and communities
- (7) Learning, improvement and innovation
- (8) Environmental sustainability – sustainable development
- Well-led activity and preparation – DT explained the above eight quality statements are being reviewed in several workstreams.
- There are a series of fortnightly sessions with Trust Board with a facilitated discussion on each quality statement.
- A desktop exercise to review the data and information that could potentially be requested as part of the well-led review which is kept up to date and monitored.
- An organisation called AQUA are providing mentoring sessions for staff who maybe interviewed as part of the well-led review and this includes governors
- There are ongoing conversations with staff at all levels of the Trust on leading well on day-to-day.
- DT encouraged governors to participate with the AQUA mentoring session and the dates will be circulated to all governors.

Action: Corporate governance team

MM asked if there were feedback questionnaires used for people who have undergone the Freedom to Speak Up process. DT informed that as part of the process, people are invited to offer their feedback which is also reported to Mike Ford, Non-Executive Director.

It was RESOLVED to RECEIVE an update on the well-led framework.

MC/24/39 Closing remarks and annual work programme 2024/25 (agenda item 12)

MBu thanked the Members' Council for participating in the meeting.

MBu reminded Members' Council that the Freedom to Speak Up update report has been deferred to the November 2024 meeting in line with the annual reporting timeframe.

It was RESOLVED to RECEIVE the work programme for 2024/25.

MC/24/40 Any Other Business (agenda item 13)

Keith Stuart-Clarke (KSC) asked whether the staff fire training was online or face-to-face. AL confirmed that after a number of years the training is face-to-face but on an annual basis it is held virtually via e-learning.

It was RESOLVED to NOTE any other business.

MC/24/41 Future meetings of the Members' Council (agenda item 11)

- Wednesday 14 August 2024, (hybrid/ Kendray Hospital, Barnsley)
- Wednesday 18 September 2024, Annual Members' Meeting, Fieldhead Hospital, Wakefield
- Friday 15 November 2024, Joint Trust Board and Members' Council meeting (hybrid/ Fieldhead Hospital, Wakefield)
- Friday 14 February 2025 (hybrid – venue to be confirmed)

It was RESOLVED to RECEIVE the dates of the next Members' Council meetings.

12.30 - Close of public meeting