NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Minutes of the Members' Council meeting
15 November 2024, 10.10 – 12.45

Hybrid meeting
Microsoft Teams and Fieldhead Hospital, Ouchthorpe Lane, Wakefield

Present:	Marie Burnham (MBu)	Chair
	Bob Clayden (BC)	Public - Wakefield
	Cllr Geraldine Carter (GC)	Appointed – Calderdale Council
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Helen Dale (HD)	Staff – Nursing support
	Emma Hall (EH)	Appointed – Mid Yorkshire NHS Teaching Hospital
	Adam Jhugroo (AJh)	Public – Calderdale
	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
	Valentina McPharlan	Public – Kirklees
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Natalie McMillan (NMc)	Non-Executive Director/ Deputy Chair
	Bob Morse (BM)	Public – Kirklees
	Melanie Mott (MM)	Staff – Psychological Therapies
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
	Stephen Baines (SB)	Public – Calderdale
	Nesar Rafiq (NR)	Public – Wakefield
	Jacob Agoro (JA)	Staff – Nursing
In attendance:		
	Mark Brooks (MBr)	Chief Executive
	Gary Ellis (GE)	Non-executive director
	Mike Ford (MF)	Non-executive director
	Julie Hall (JH)	Deputy director of corporate governance
	Jon Head (JHe)	Chief People Officer
	Margaret Kitching (MK)	Non-executive director
	Dawn Lawson (DL)	Executive director of strategy and change
	Chris Lennox (CL)	Interim Chief Operating Officer
	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
	David Webster (DW)	Non-Executive Director
	Estelle Myers (EM)	Freedom to Speak Up Guardian (Item 7.3 only)

	Andy Lister (AL)	Head of Corporate Governance / Company Secretary
	Andrew Betteridge (AB)	Corporate governance administrator
	Gemma Lockwood (GL)	Corporate governance manager
	Debbie Beynon-Fisher (DBF)	Corporate Governance Officer (author)
Apologies: Members' Council		
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Cllr Abi Moore (AM)	Appointed – Barnsley Council Public – Wakefield
	Claire Den Burger-Green (CDBG)	Public – Kirklees/Deputy Lead Governor
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Anne Magee (AM)	Appointed – Staff side
	Daniel Goff (DG)	Public – Barnsley
	Sara Javid (SJ)	Public - Kirklees
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart-Clarke	Public – Barnsley
Apologies:	Erfana Mahmood (EM)	Non-Executive Director
	Sean Rayner (SR)	Director of provider development

MC/24/72 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/24/73 Declarations of interest (agenda item 2)

MBu asked governors if they had any declarations of interests, governors did not share any additional declarations of interest.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/24/74 Minutes of the previous Members' Council meeting held on 14 August 2024 and extraordinary Member's Council meeting held on 13 September 2024 (agenda item 3)

It was RESOLVED to APPROVE minutes of the Members' Council meeting on 14 August 2024 and 13 September 2024 as a true and accurate record.

MC/24/75 Matters arising from the previous meeting held on 14 August 2024 (agenda item 4)

Action from 14 August 2024/ MC/24/58 Care Quality Commission (CQC) Action plan update
Darryl Thompson (DT) confirmed that a review of executive director, non-executive director and governor attendance at quality assurance system visits has taken place. Governor attendance will be promoted for future quality visits and the Nursing, Quality and Professions team along with Corporate Governance colleagues will proactively share quality visit dates in order to provide more opportunities for governors to attend.

Marie Burnham (MBu) noted both governors and non-executive directors are required to join quality assurance system visits in order to provide assurance.

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

MC/24/76 Chair's report and feedback from Trust Board (agenda item 5)

MBu advised that the format of the report has changed in order to provide a brief summary of activities of non-executive colleagues. However, on review it has been agreed to revert back to the previous format to include all activities. MBu noted that the paper provides a summary of the non-executive activities and includes Kate Quail (non-executive director) and Mandy Rayner (non-executive director) for the reporting period. Governors were invited to join Trust Board Committee meetings should they wish to observe the meeting.

MBu also advised that governors should attend Trust Board, this is a requirement from the Care Quality Commission (CQC) and a rota has been established to help ensure governor attendance.

It was RESOLVED to NOTE the Chairs' report.

MC/24/77 Chief Executive's comments on the operating context (agenda item 6)

Mark Brooks (MBr) provided a summary of the key points of note since the last Members' Council meeting. Following the formation of the new government, the new secretary of state commissioned the Darzi report to look into the NHS which captured many issues including evidence of low productivity since the pandemic, long waiting times becoming accepted as normal, variable levels of quality and the disproportionately high amount of available funding into the acute sector.

Financial austerity was felt to be the main driver along with limited capital investment and the significant impact following the pandemic. The report also noted the move towards increased community care, and movement from analogue to digital systems and treatment to prevention. A new 10 year plan for health is under development which is expected to be published in May 2025. An extensive public engagement exercise is also underway, and staff are involved in a number of national exercises related to this.

Andy Lister (AL) will circulate the link to enable colleagues to get involved and ensure that the mental health voice is heard in terms of community services, learning disabilities and autism. **Action: Andy Lister**

MBr provided an update on the Trust's acquisition of Cheswold Park Hospital, a provider of adult secure services in Doncaster for people across North, South and West Yorkshire. The Trust were asked by NHS England (NHSE) to take on the provision of the service due to significant quality and financial challenges.

MBr praised the staff who have been involved and thanked them for their hard work which included working closely with NHSE and the Integrated Care Board (ICB). MBr also noted the significant support received from the senior leadership team of the NHS to enable the Trust to take over the service from early October 2024.

Cheswold Park Hospital is a 112 bedded medium secure unit which employs around 350 staff. A lot of work with the Care Quality Commission (CQC) has taken place following their inspection report in November 2024 and the national media have also reported that Cheswold Park is no longer in special measures which is a positive step forward. Welcome events at Cheswold Park have been taking place in order to integrate the staff into the Trust.

MBr referenced the older people's transformation programme and advised that following 8 years of hard work and review through various overview and scrutiny committees (as well as the wider system including the local Integrated Care Board meetings), approval for the programme has been received. The programme will take some time to complete and will involve a new building in order to accommodate the additional beds.
MBu thanked the Chief Medical Officer Professor Subha Thiyagesh (ST) and her team for their hard work.

MBr reported that nationally there is a huge focus on the financial position of the NHS with the Trust facing a significant financial challenge going forward. The Director of Finance, Adrian Snarr (AS) will provide a more detailed update later in the meeting.

Dr Penny Dash of the NHS Confederation and Sir Mike Richards, former leader of the CQC, have undertaken a review of the CQC. The CQC have taken the comments received on board and are looking at ways to adapt and ensure services are appropriate.

Following a difficult year in terms of periods of industrial action, MBr reported that this has been resolved and no further industrial action is expected.

There have been significant changes to the Mental Health Act which are currently going through Parliament. These changes will have a significant impact on the Trust and will take several years to implement.

MBr introduced Jon Head who joined the Trust in September as the new Chief People Officer. Carol Harris, the Trust's previous Chief Operating Officer has moved on as Chief Operating Officer for the Greater Manchester Mental Health NHS Foundation Trust and will be replaced in early January 2025 by Adele Fox. In the interim, Chris Lennox is acting up as Interim Chief Operating Officer.

Councillor Geraldine Carter (GC) requested a copy of the Chief Executive's update. MBu advised that as the report was a verbal update, a written report is not available however a comprehensive summary of the update will be included in the minutes of the meeting. MBr also agreed to provide a summary report of the operational context for future meetings.

Action: Mark Brooks

Phil Shire (PS) noted a recent update in "The Headlines" regarding recruitment and asked whether allowing only internal recruitment would have an adverse impact on vacancies.

MBr confirmed that the first stage of recruitment will be internal applicants only, however, if it is not possible to fill a vacancy internally, the post can be advertised externally by exception.

Adrian Snarr (AS) added that currently the Trust is over established with 120 whole time equivalent (WTE) ahead of plan. By allowing only internal recruitment to take place, this allows the Trust to return to planned ambitions around workforce for the year. A vacancy recruitment panel is also in place and Chris Lennox (CL) confirmed that this is an efficient process that allows posts to be advertised quickly. Where internal recruitment is not feasible or where there are risks to clinical or patient safety, necessary posts are moved straight to exceptionality to enable the Trust to meet its statutory responsibilities.

Darryl Thompson (DT) added that a quality impact assessment (QIA) process is also in place to monitor the impact of vacancies on quality and safety.

John Laville (JLa) congratulated ST and the Trust on the successful approval of the older people's transformation programme and asked whether the governor responsibility extends to Cheswold Park Hospital.

MBr confirmed Cheswold is now part of the Trust, governor responsibility will include Cheswold Park and MBr reported the Trust will review the geographical representation of governors and consider how the acquisition of Cheswold Park affects the constitution of the Members Council.

Action: Andy Lister

Sarah Leason-Hurley (SLH) also noted that a lot of work has taken place around improving opportunities for career progression and staff retention and the change to internal recruitment has had a positive impact in terms of allowing development opportunities for staff already employed by the Trust.

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

MC/24/78 Members' Council annual items (agenda item 7) MC/24/78a Patient Experience Annual Report (agenda item 7.1)

DT provided a summary of the patient experience annual report and advised that the report had been received by the Quality and Safety Committee, was approved at Trust Board and had also been reviewed by the Members' Council Quality Group. The report highlights the volume of feedback received into the Trust which includes over 10,000 pieces of information, areas of focus and improvement as well as any learning as an organisation.

DT acknowledged a question put forward by Bob Clayden (BC) around who made the judgement related to a statement within the report "*Information about the numbers of comments and compliments is also detailed within this report. A comment is something that is unrelated to care and treatment, for example feedback about parking or food provision".*

DT provided the "definition" of a complaint which was taken from the local authority, social services and NHS complaints regulation which is directly implacable to care. If food is an aspect of patient care, for example, where the wrong diet has been administered then that would constitute a complaint, anything else would be seen as patient experience and would not require the same level of investigation. However, if a serious incident occurred related to food, then a serious investigation process was be instigated.

Elaine Lane (EL) added that the Trust is working hard to ensure food is included as part of the patient experience.

Nat McMillan (NMc) provided some additional assurance for governors around the subject of food and how this is an important part of patient care. NMc advised that this is a subject that the non-executive directors have picked up for discussion at the Quality and Safety Committee and Trust Board. Non-executive directors have also challenged the difference between a report where the Trust scored highly in relation to food, how that correlates with feedback received from service users and patients and how this information is captured outside of formal data capture processes in order to ensure that the voices of people and the reality of their experience is being heard.

BC raised a further question regarding the detail around the volunteer role to gather complaint data and requested clarification around what this would involve and an explanation of the term "complainant".

DT confirmed that volunteers will be distributing and collecting responses to a standardised questionnaire from all individuals who have engaged with the team in order to gain insight from a range of stakeholders including complainants, staff involved in complaints, heads of services, third parties including local authorities, members of parliament and other organisations. The term "complainant" means a person who has made a complaint.

Bob Morse (BM) noted that the report states that a significant amount of feedback has been received into the Trust through the friends and family test and requested further information around how many transactions were made during the reporting period.

DT advised that this information would be included in the annual reporting and some figures are available as part of the annual quality account.

BM raised a concern related to the number of instances where complaints have not been recorded and stated it would be useful to know the proportion (%) compared to the actual number of transactions.

BC acknowledged that it is very difficult to assess what is not known and that a lot of people will not complain.

Cllr Geraldine Carter (GC) noted that the Trust is receiving less feedback from older aged people and asked what is being done to help people in the community to contact the Trust as it is not easy for older people to complain, particularly if they do not have access to technology or are suffering from a mental health issue.

MBu stated that a meeting has taken place recently to review engagement and look at what work is taking place to improve this.

DT agreed that the Trust needs to hear from as many people as possible in terms of complaints as well as compliments and advised that the Trust is working hard to ensure that everyone has an opportunity to make their views known. A link has been added to the Trust's external website to allow people to share feedback anonymously. DT agreed to take this discussion back to the Quality and Professions team for further exploration.

Action: Darryl Thompson

Dawn Lawson (DL) advised that there are different ways of capturing insight. Data that is captured can provide more understanding around themes and help to gain insight around whose voice is being captured. Clinicians and colleagues involved in patient care are also able to engage with patients on their journey and the Connecting People Programme also helps to pick up any themes.

It was RESOLVED to receive the Patient Experience Annual Report

MC/24/79 Incident Management Annual Report (agenda item 7.2)

DT presented the incident management annual report which has been reviewed by the Quality and Safety Committee, approved by Trust Board and has also been reviewed by the Members' Council Quality Group. DT advised that the Trust continues to have a robust incident management process which is maintained through a high level of scrutiny and governance.

The Trust also continues to focus on improving the quality of incident recording, strengthen data quality processes for incident data to ensure accuracy and continue to raise awareness and promote incident reporting across the organisation as this is a key method of learning and improving.

It was RESOLVED to receive the Incident Management Annual Report

MC/24/80 Freedom To Speak Up – Annual survey results and planning tool (agenda item 7.3)

Estelle Myers (EM) presented the Freedom to Speak Up (FTSU) annual report which provides an update on governance, activity and progress during 2023/24. The report has also been presented at the People and Remuneration Committee and Trust Board.

The Trust has maintained its position in quartile 2 compared to other peer Trusts and the data has shown that concerns have been raised from all care groups as well as all staff professional groups, except healthcare scientists as there are very few within the Trust.

In order to continue to promote the service, the FTSU team continue to carry out visits to all services including 10 sessions with internationally educated nurses, care certificate individuals, junior doctor and chief medical officer meetings, staff welcome events and Cheswold Park Hospital.

Phil Shire (PS) noted that the level of issues raised across the organisation stands at 0.1% however in the Barnsley Physical Health care group the level is 1.1%. PS asked what steps are being taken to understand the much higher reporting in Barnsley compared to the rest of the organisation.

EM confirmed that there are a variety of issues raised, and the level fluctuates depending on the type of issues raised. The FTSU teamwork with the people directorate and operational colleagues to help resolve any issues in order to find a way forward. Issues are also continually monitored to ensure any trends are identified as soon as possible.

Julie Hall (JH) added that the FTSU team work very closely with the Nursing Quality and Professions team to identify trends, themes and issues related to care. Further intelligence is taken from complaints received, incidents and staff surveys and all this information is linked into quality visits.

EM confirmed that the team also signpost staff to alternative ways of raising concerns if they do not feel they can go through their managers.

John Laville (JLa) queried whether there is any correlation between staff who have raised concerns and staff who then decide to leave the Trust.

EM confirmed that there is a leavers survey that staff are able to complete however it would not provide that level of detail. Leavers are also offered an exit interview with a member of

staff of their choosing as well as an anonymous survey. If staff feel they have suffered as a result of coming forward, they can discuss this with EM and go through the detriment process, which is overseen by Mike Ford (MF) (non-executive director) to ensure it has been through the correct checks and balances. On closure of a FTSU case a follow up survey is offered with further follow ups at three, six and twelve-month intervals to allow staff to raise any further concerns.

MF added that cases of detriment are reviewed in detail and confirmed that in the two cases of detriment that were reported, it was found that the individuals did not suffer any detriment, by the legal definition, from raising their concerns.

Margaret Kitching (MK) stated the report was very well written and noted that the fact that there has been an increase in the number of concerns raised indicates a positive reporting culture. The new quality assurance system will look at pulling together all the information from complaints, staff surveys and FTSU concerns prior to undertaking the new formulated visits. It is hoped that this will test the assurance process when trends or themes are identified.

JH added that EM is a very proactive FTSU guardian, and the Trust is one of the few organisations where the FTSU guardian is key trained for forensic services so is able to walk onto a forensic ward and speak to staff directly.

Further comments were received acknowledging that the report was very well written, easy to understand and shows that the organisation takes is responsibilities seriously.

It was RESOLVED to receive the FTSU Annual survey results and planning tool

Members' Council business items (agenda item 8)

MC/24/81 Appointment of Deputy Chair/Senior Independent Director (agenda item 8.1)

Natalie McMillan (NMc) and executive directors left the meeting for item 8.1.

Andy Lister (AL) provided an explanation of the process that is undertaken in order to appoint the Deputy Chair/Senior Independent Director. The Nominations Committee has a duty to appoint the Chair, Non-Executive Directors, Deputy Chair, Senior Independent Director, Lead Governor and Deputy Lead Governor. The committee review and consider appointments before making a recommendation to the Members Council for approval. Following a discussion with MBu, NMc and the non-executive directors, it was agreed to put NMc forward for the role of Deputy Chair/Senior Independent Director. NMc was noted to be keen to undertake this role, is supported by her non-executive colleagues and the Nominations Committee have requested approval of the recommendation from Members Council.

BC stated that he has concerns regarding the role of Senior Independent Director and Deputy Chair being a combined role and asked that this be noted.

MBu provided an explanation of the reason behind the decision and advised that this is the best option for the Trust.

AL added that the combined role will continue to be reviewed going forward to ensure it remains appropriate and NMc will remain in post throughout her term as non-executive director unless the Trust decides that it is not working and the role needs to be reviewed.

It was RESOLVED to APPROVE the Appointment of Deputy Chair/Senior Independent Director

MC/24/82 Appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 8.2)

AL reported that Nesar Rafiq (NR) has put himself forward and has been accepted as appointed governor for the Member's Council Quality Group. Therefore, there is currently only one vacancy remaining for the appointed governor for the Members' Council Co-ordination group.

It was RESOLVED to APPROVE the Appointment to Member's Council Groups

MC/24/83 Assurance from Members' Council groups and Nominations Committee (to be taken as read and submit questions in advance) (agenda item 8.3) The report was taken as read.

It was RESOLVED to NOTE and RECEIVE the Assurance from Members' Council groups and Nominations Committee

MC/24/84 Members' Council mid-year election – outcome and Members' Council elections 2025 process (agenda item 8.4)

AL summarised the mid-year process and the outcome of the mid-year elections and welcomed the new governors to the meeting. The next round of elections will take place in the New Year and the position as of December 2024 is that there is one vacancy in Barnsley, two in Kirklees, two in Calderdale and one in Wakefield.

Civica Election Services (CES) will manage the election process and are in the process of putting together quotes and the election timetable for January 2025.

GC acknowledged that attendance at Members' Council meetings is a big commitment and it is very difficult for councillors to represent their authorities at this meeting. It was agreed that communication should take place with local authorities regarding the importance of attendance at this meeting, the link between the organisation and local health and wellbeing boards and the governor role. **Action: Corporate Governance Team**

It was RESOLVED to RECEIVE the Members' Council mid-year election – outcome and Members' Council elections 2025 process

MC/24/85 Governor feedback from virtual meetings (agenda item 8.5)

JLa advised that there was good attendance from governors at the pre-meet today where the following items were noted:

- JLa stated that he has been contacted regarding a number of confidential issues.
- BC provided links to the West Yorkshire Staff Wellbeing Hub following the NHS survey "Tell us what you think".
- There was a discussion regarding hearing from people who are not routinely heard and "easy to ignore". Similar themes were discussed around complaints and concerns around repercussions.
- Following a discussion with AL outside the meeting regarding opportunities for governors and increased visibility and transparency, JLa advised that the corporate governance team will be putting together a list of opportunities for governors. A group will be established to review the "must do's" and "can do's" and consider workloads and capacity so as not to put too much pressure on individual governors but also ensure that all areas are covered. A further update will be brought back to the next meeting.

Mike Ford (MF) requested governor feedback on the question-and-answer sessions and whether there are any areas which could be improved.

JLa stated that the feedback received has been positive and the sessions have been well received and are working well.

AL added that any additional feedback, ideas or areas for improvement would be welcomed.

It was RESOLVED to RECEIVE the Governor feedback from virtual meetings

MC/24/86 Integrated Performance Report (to be taken as read and submit questions in advance) (agenda item 9)

David Webster (DW) provided a summary of the Integrated Performance Report (IPR) for Quarter 2 and noted the key points:

- Improving health – positive position with all metrics reported to be green, except percentage of service users who have had their equality data recorded – disability which is red at 45%.
  • Improving care – Percentage of service users clinically ready for discharge was noted and reasons for the delay are due to the availability of suitable placements.
- Improving resources – The number of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents was noted as an area of concern. There have been four incidents related to violence and aggression against staff and two incidents related to accidents.
- Making SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) a great place to work – work place appraisals have increased to 89.1% which is just below the amber target of 90%.
- Financial performance – The Trust position has reduced against plan with further work required to get back to breakeven. The Trust financial sustainability programme for 2024/25 is being reviewed. The Trust is expected to meet the target however the plan will include a number of non-recurrent activities which will create a larger gap for future years.

In relation to the percentage of service users who have had their equality data recorded (disability), GC requested clarification around this metric, the current position and what would be classed as a disability.

Dawn Lawson (DL) advised that there are ongoing issues related to the system and being able to extract the summary data. A piece of work is currently underway which has taken longer than expected however the position is expected to improve in the next quarter. The term “disability” is used where service users have disclosed that they have a disability either physical or mental health related.

With regards to the percentage of service users who have had their equality data recorded – deprivation (postcode), DL stated that there is clear evidence around deprivation and people who do not have a postcode having access to services, eg travellers or homeless.

DL also noted that deprivation may also be due to accessibility due to living in rural areas. For example, DNA’s (Did Not Attend) are reviewed to consider whether service users did not attend for their appointment due to lack of accessible public transport. This helps provide local authorities with intelligence when designing their services to ensure that people are not disadvantaged due to where they live.

JLa noted the reduction in the maximum 6 week wait for diagnostic procedures from 66% to 41% against a target of 99%. JLa also suggested a more detailed focus at the next Members’ Council meeting on the financial challenge and what areas of savings are being considered in order to understand the position.

Chris Lennox (CL) advised that the maximum 6 week wait for diagnostic procedures is related specifically to paediatric audiology. There are both national and regional challenges in meeting

the increased demand for hearing tests for children and intensive support has been put in place following staffing challenges in Barnsley, including a staff bereavement, and the position is improving.

NMc provided an update following a discussion at the People and Remuneration Committee regarding the appraisal target and whether the target of 95% is achievable and if a 90% target would be more realistic. The Trust continues to stress the importance of staff appraisals and Audit Committee also acknowledged the hard work of operational managers in getting to the current position.

MBu noted that the Trust continues to perform well against national targets and work to review thresholds and targets is underway in order to avoid creating any further problems. MBu also confirmed that this information is available in the public domain.

Sarah Leason-Hurley (SLH) added that the percentage rate also depends on the size of the team as in a small team, one person can have a significant impact on the percentage reported.

Jon Head (JH) stated that feedback is an essential part of the appraisal process and should be embedded in culture. While appraisal rates can be high it is important that appraisals are of good quality and more effort should be made in terms of giving and receiving feedback. The Trust is looking at a new appraisal system to make the process easier and ensure that appraisals add value for staff in terms of their roles and wellbeing.

Overall, MBu noted that the Trust is performing well both regionally and nationally.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/24/87 Focus on item: Equality Involvement, Communication and Membership (ECIM) – strategy refresh (agenda item 10)

Dawn Lawson (DL) presented the Developing the next Equality, Involvement, Communication and Membership Strategy and provided a summary of the key points. Over a quarter of staff were involved in the process with over 1500 responses received from the public and this was used to shape the strategy and approach. It was noted that this is a positive result in terms of staff responses and the annual planning, appraisal process, Board Assurance Framework and IPR will be structured around strategic intent and will include input from all staff. Going forward an update will be brought back to each Members' Council meeting following discussions that have taken place prior to sign off by Trust Board in March 2025. An annual review will also be carried out to ensure that the direction of the strategy is correct. **Action: Dawn Lawson**

Following discussion it was agreed that when talking about equality the message needs to be that equality applies to everyone. It was acknowledged that it will be a challenge to ensure that the message is reaching everyone and MBu requested that governors think about what equality means and how to get the message across to everyone.

MBr added that the staff survey has identified groups of staff that report having a worse experience than others and an important part of developing the strategy and ongoing support is to ensure that everyone feels respected.

Phil Shire (PS) stated it would be helpful to look at the current position in order consider any areas that require an increased focus. PS also noted that there are areas of inequalities that are out of Trust control and stated that the Trust should concentrate on areas where an impact can be made.

DL advised that a discussion took place yesterday at the Executive Management Team (EMT) meeting and an annual report will be produced from the previous strategy. EMT agreed a clear plan for the next stage and a strengths weaknesses opportunities threats (SWOT) analysis

has been completed on areas where the Trust has performed well and where there are areas requiring improvement that are within the Trust's gift to change.

It was RESOLVED to RECEIVE the Equality Involvement, Communication and Membership (ECIM) – strategy refresh.

MC/24/88 Closing remarks and annual work programme 2024/25 (agenda item 11)

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

MC/24/89 Future meetings of the Members' Council (agenda item 12)

- Friday 14 February 2025 (hybrid – venue to be confirmed)

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

MC/24/90 Any Other Business (agenda item 13)

BC requested that the executive summary section on front sheets be moved higher up so it is easier to read. AL agreed to have a conversation with BC outside the meeting to discuss this further with a view to making the change.

Action: Andy Lister

It was RESOLVED to NOTE any other business.

Close of public meeting

MC/24/91 Private meeting (governors only)

All executive and non-executive directors left the room for this item. The Chair and Governors remained.

It was RESOLVED to APPROVE the minutes from the private members council meeting of 14 August 2024.