Minutes of the Members' Council meeting
14 February 2025, 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
	Adam Jhugroo (AJh)	Public – Calderdale
	Elaine Lane (EL)	Staff – Allied Health Professionals
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	John Lycett (JLy)	Public – Barnsley
	Valentina McParland	Public – Kirklees
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Natalie McMillan (NMc)	Non-Executive Director/ Deputy Chair
	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
	Daz Dooler (DD)	Public – Wakefield
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Emma Hall (EH)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Keith Stuart-Clarke	Public – Barnsley
In attendance:		
	Mark Brooks (MBr)	Chief Executive
	Gary Ellis (GE)	Non-executive director
	Mike Ford (MF)	Non-executive director
	Izzy Worswick (IW)	Assistant 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
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	David Webster (DW)	Non-Executive Director
	Adele Fox (AF)	Chief Operating Officer
	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		
	Bob Morse (BM)	Public - Kirklees

	Claire Den Burger-Green (CDBG)	Public – Kirklees / Deputy governor lead
	Rosie King (RK)	Public – Wakefield
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Helen Dale (HD)	Staff – Nursing support
	Daniel Goff (DG)	Public – Barnsley
	Leonie Gleadall (LG)	Staff – Non-clinical support
	Sarah Leason – Hurley (SLH)	Staff – Social workers
	Melanie Mott (MM)	Staff – Psychological Therapies
	Anne Magee (AM)	Staff – Staff side
	David Webster (DW)	Non-executive director
	Erfana Mahmood (EM)	Non-executive director
	Fatima Shahzad	Public – Rest of Yorkshire and Humber
Apologies:	Adrian Snarr (AS)	Executive Director of Finance, Estates and Resources
	Sean Rayner (SR)	Director of provider development
	Professor Subha Thiyagesh (ST)	Chief Medical Officer

MC/25/01 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 was being recorded to support minute taking, and that the recording would be deleted once the minutes had 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 requested to remain on mute, unless speaking.

MBu informed the meeting that David Webster (DW) had made the decision to stand down as non-executive director at the end of April 2025. MBu thanked DW for his hard work over the last 3 years.

MBu also noted that after 7 years as a non-executive director, Erfana Mahmood's (EM) term was coming to an end. Erfana's term was previously extended by 1 year however, in line with the terms set by NHS England, it is not possible to extend the term any further. MBu thanked EM for her outstanding support over the last 7 years. She advised that a process was already in place to support the recruitment to both non-executive director posts.

MBu advised that Claire Den Burger-Green (CDBG) had also announced her plans to stand down as deputy lead governor. MBu thanked Claire for her support and added that Claire will remain as a governor for the Trust. Nominations for the new deputy lead governor will be sought and a communication will be sent out from the Corporate Governance Team. It was noted that the appointment of deputy lead governors is dealt with through the Nominations Committee and Members' Council.

MBu introduced Adele Fox (AF) as the new chief operating officer for the Trust. Adele joined the Trust at the beginning of January and Mbu stated she had already had a positive impact.

MBu also advised that Julie Hall has been seconded to support the integration of Cheswold Park Hospital into the Trust and Izzy Worswick (IW) seconded into the role of assistant director

for corporate governance for the next 15 months and will oversee the Trust Board secretariat and issues related to corporate governance. IW was welcomed to the meeting.

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

MC/25/02 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/25/03 Minutes of the previous Members' Council meeting held on 15 November 2024 and Joint Members' Council and Trust Board meeting held on 15 November 2024 (agenda item 3)

It was noted that the spelling of Valentia McParland's name was incorrect on page 4 and page 19. It was agreed the minutes would be updated with the correct spelling.

Action – Corporate governance team

It was RESOLVED to APPROVE the minutes of the Members' Council meeting on 15 November 2024 and Joint Members' Council and Trust Board meeting held on 15 November 2024 as a true and accurate record.

MC/25/04 Matters arising from the previous meeting held on 15 November 2024 (agenda item 4)

John Laville (JLa) raised a query regarding the wording of action MC/24/87 and the frequency of updates being brought back to Members' Council. Dawn Lawson (DL) explained that the plan was to bring the Equality, Involvement, Communication and Membership (EICM) strategy back to Members' Council before it is finalised and once finalised it will be brought back to the meeting annually. It was agreed to reword the action to make it clearer.

Action – Corporate governance team

Bob Clayden (BC) requested feedback following the changes to the executive summary format. The meeting agreed that the revised format was helpful, and Andy Lister (AL) confirmed that the executive summary will continue to be produced in this format going forward.

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

MC/25/04 Chair's report and feedback from Trust Board (agenda item 5)

MBu provided a summary of the chair's report and feedback from Trust Board and advised that the report provided a summary of the work undertaken by the chair and non-executive directors every week. MBu thanked the non-executive directors for their hard work and support to the Trust.

Mbu advised that the report also provided a summary of key events that have taken place since the last Members' Council meeting in November 2024 including the Crofton ward carol service attended by non-executive directors and the Fieldhead carol service attended by the chair.

MBu updated that the shadow board programme continues, which is run in conjunction with Leeds and York Partnership NHS Foundation Trust. The shadow board creates a safe learning space for aspirant directors, allowing participants to support their development in the right environment allowing them to flourish and experience what it is like to be a board director. MBu reported that the shadow board experience has proved successful so far.

MBu updated that the Trust is working towards Teaching Trust status, and that further updates would be provided in due course.

It was RESOLVED to RECEIVE the Chairs' report.

MC/25/05 Chief Executive's Report (agenda item 6)

The chief executive's report was taken as read. Mark Brooks (MBr) noted that since the report was written, the NHS planning guidance had been received which details the financial challenge that all NHS organisations will be facing going forward.

BC raised a question around whether the Trust receives any money for reaching a particular level of flu vaccination compliance. MBr confirmed that the Trust no longer receives any performance related payment. Since the pandemic vaccination uptake in general has declined and the Trust position is similar to most other organisations in terms of the numbers of staff receiving the vaccine.

Councillor Geraldine Carter (GC) provided clarification around her previous request at the last meeting for further updates to the chief executive's report as the report is written and shared a week prior to the Members' Council meeting. MBu confirmed that since the report was written the only additional update was in relation to the NHS planning guidance which MBr had provided at the start of the agenda item.

Daz Dooler (DD) queried whether the government's decision to put £22billion into the NHS had eased any of the financial pressure faced by the Trust. MBr advised that the cost of recent pay increases, national insurance changes, cost of new drugs and pension costs is greater than £22billion. Therefore, the Trust will receive 4% less income next year which equates to circa £15-16 million less than this year and the financial pressure faced by the organisation is expected to continue.

Phil Shire (PS) noted that only 53% of frontline staff had received the flu vaccination. MBr stated that the number of staff receiving the vaccination is not as high as previous years and the overall uptake from the general public is lower, however the Trust is not an outlier, and the figures are comparable with other organisations. Mask wearing was reintroduced across inpatient areas over the winter period due to the flu vaccination numbers being lower. The Trust undertake a significant amount of promotion for the vaccine and a review of this is required in order to understand the reasons why staff are not accepting the vaccine.

PS also raised a question in relation to finance, productivity and partnership working and asked whether there is any scope in improving this as it has been noted publicly that the NHS is not as productive as it should be. MBr stated that a productivity review of the Trust's community mental health services has taken place, led by an external organisation as part of the South Yorkshire Integrated Care Plan. MBr noted that the Trust has the lowest number of out of area bed placements across Yorkshire and Humber, which is positive for service users however comes at a cost due to 7 day working, bed flow and management due to additional staffing. Inpatient occupancy levels are currently between 95% and 105% which is a cost premium due to the additional staffing required. MBr gave an example of productivity following a recent visit with a community team and acknowledged that there are opportunities for better productivity. MBu added that the Trust must also ensure that the public purse is being spent

as efficiently as possible and noted that mental health organisations work on contracts where payment is by block and not on activity levels. Therefore, the Trust continue to accept patients. She raised the importance of making sure staff are looked after and supported whilst continuing to provide safe care to service users. The Trust is also reviewing non-essential vacancies across the Trust and this will continue with some difficult conversations and decisions to be made going forward.

DD raised a concern around the amount of pressure faced by the Trust which is being seen in community services and the voluntary sector following a significant increase in the number of referrals received over the last few months. DD suggested that governors need to push back to the government stating that people need time to recover as mental health issues are not solved quickly. MBu agreed and added that there are also ways the Trust can look to be more efficient to support the challenges.

Margaret Kitching (MK) added that the Trust is working hard on improving digital solutions in order to improve productivity and efficiencies for frontline staff and this is key to enabling staff to spend more time on patient care rather than record keeping. Adam Jhugroo (AJh) stated that artificial intelligence (AI) is being used more and more in general practice to support patient consultation and note writing, and this could be used to increase efficiencies and support digital note taking and record keeping. MBu added that consideration should also be given to moving mental health to a preventative model which would result in less people presenting with higher acuity. MBr provided a summary of work that has already taken place in terms of digital solutions. Electronic prescribing medicines administration (EPMA) has been introduced which has had a significant impact in terms of efficiencies and accuracy of prescribing. The Trust also has an electronic patient system (SystmOne) and work has taken place with the SystmOne team to help identify areas to support staff to be more efficient and effective.

In terms of prevention, MBr stated that although demand has been exceptionally high over the last few years, the mental health investment standard has focused on younger people's services with a mental health support team in most schools. The impact of this will take time to be seen but it is hoped that through engagement with young people this may prevent serious challenges later on. DD added that more work is required around prevention and ensuring that people who are referred to services have the right information. Consideration also needs to be given around information that states that mental health issues do not necessarily mean a referral into the services and this will help reduce some of the pressure. It would also be helpful for schools to start explaining mental health and getting the right information out to children and families. MBu agreed and stated that work is ongoing with the voluntary and private sectors working with the NHS to promote avenues of support.

It was RESOLVED to RECEIVE the Chief Executive's report.

Mark Brooks left the meeting

MC/25/05 Members' Council business items (agenda item 7)

MC/25/06 Review of Trust Constitution (SFIs and scheme of delegation) (agenda item 7.1)

Phil Shire (PS) left the meeting

Izzy Worswick (IW) advised that a yearly review of the Trust's Constitution takes place and a recent discussion and review took place at Trust Board in January where it was agreed to recommend that Members' Council approve the changes to the Trust Constitution. IW noted that there have been some statutory and organisational changes which include:

Statutory changes

- Best practice in relation to non-executive director terms and the need for any extension beyond 6 years (2 x 3 year terms) being subject to rigorous review and NHS England approval.
- Monitor references removed and replaced with NHS England where appropriate.

Organisational changes

- An amendment to governor tenure, to allow, by exception, the extension of a governor's final 3 year term by 12 months, subject to approval by the Members' Council.
- The description of the services the Trust offers has been updated to include the provision of adult secure services at Cheswold Park Hospital in South Yorkshire.
- Trust Board committee updates
  - Quality and safety committee - title updated
  - Commissioning committee – title updated

IW advised that the Standing Financial Instructions and Scheme of Delegation had been included in papers for information only. A full review, involving internal and external stakeholders, has been completed to review and update the Trust's Standing Financial Instructions. Any stakeholder feedback has been incorporated.

Members' Council were asked to receive the recommendation from Trust Board to approve the changes to the Trust Constitution and note the changes to the standing financial instructions.

Andy Lister (AL) added that a meeting took place with Bob Clayden (BC) to go through any points of accuracy and AL will make the necessary changes before the documents are published.

GC raised a query regarding the role and function of Members' Council in relation to "*Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied*". GC stated that there is no information related to the forward plan on the Trust website and requested clarification around the forward plan and what is expected of her in her role as governor. Dawn Lawson (DL) advised that the forward plan is a plan of the work of the Members' Council throughout the year and the role of governors is to bring in the voice of communities to help with decision making and discussion around each item. GC requested a copy of the forward plan to review outside the meeting and present to the health and wellbeing board in order to obtain local feedback from partners. AL stated the Trust strategy is currently going through a transitional phase and the new strategy will be in place from 1 April 2025 along with an updated annual plan that will be added onto the Trust website. DL confirmed that the strategy and annual plan have been written in consultation with partners. More information around the Trust's annual plan is to be added to the Trust website with hyperlinks. An updated annual plan to be shared with governors.

Action – Dawn Lawson

Darryl Thompson (DT) also noted that the annual quality account includes planning and quality priorities for the year ahead and is shared with all partners. This will be presented to the Members' Council Quality Group as well as Members' Council.

GC also noted that the dates of the Members' Council meetings were not listed on the Trust website. Corporate governance team to review and update the Members' Council meeting information, including meeting dates, on the Trust website.

Action – Corporate governance team

It was RESOLVED to APPROVE the Review of Trust Constitution (scheme of delegation).

MC/25/07 Extension of governor final term (agenda item 7.2)

Following the approval to extend governor's final term by 12 months, AL advised that any extension has to be voted through a quorate Members' Council meeting. The meeting today was noted to be quorate. AL stated that as there are a number of governors who are currently in their first 3 year term, a proposal is put forward to extend Phil Shire's (PS) term by 12 months in order to provide additional support to the newer Members' Council governors. AL noted that this has had an impact on the Members' Council elections, in that should the proposal for PS's term to be extended be accepted, this will result in there being one less governor vacancy.

GC declared an interest in that she has known PS for a number of years on a personal level.

Members' Council accepted the proposal to extend PS's term by 12 months.

It was RESOLVED to APPROVE the Extension of governor final term.

MC/25/08 Appointment to Members' Council groups (agenda item 7.3)

PS rejoined the meeting

AL advised that there was a vacancy on the Members' Council Coordination Group and GC has put herself forward to become a member, effective immediately.

AL also noted that following CDBG's decision to stand down as deputy lead chair, there are now vacancies on both the Members' Council Quality Group and Members' Council Coordination Group. Expressions of interest will be sought to fill both these positions in due course.

It was RESOLVED to RECEIVE the appointment to Members' Council groups and Nominations Committee.

MC/25/09 Assurance from Members' Council groups and Nominations Committee (agenda item 7.4)

The assurance from Members' Council groups and Nominations Committee was taken as read.

It was RESOLVED to RECEIVE assurance from Members' Council groups and Nominations Committee.

MC/25/10 Review of Chair and Non-Executive director remuneration (agenda item 7.5)

Jon Head (JH) provided a summary of the review of chair and non-executive director remuneration and advised that the report was for Members' Council to receive and was an

update on remuneration for the chair and non-executive directors in line and in accordance with the national framework arrangements for remuneration. Due to the significant change in the size of the Trust following the acquisition of Cheswold Park Hospital, the Trust is now recognised as being a "large" Trust. The recommended Chair's pay range for the Trust has increased slightly. Renumeration for the audit committee chair and deputy chair, as well as non-executive directors has been set out by the national framework and MBu advised that the Trust is in line with all other NHS organisations. JH also noted that feedback from NHS England has been received stating that they have no intention to revise the levels of remuneration.

GC raised a question around whether there is any flexibility to increase remuneration for non-executive directors as well as the chair as non-executive workloads are also expected to increase along with the increase in the size of the Trust. MBu advised that as a Foundation Trust is it possible to determine the chair and non-executive directors' remuneration however the Trust previously made the decision to follow the guidance from NHS England. MBu acknowledged the significant amount of work that non-executive directors undertake. Mike Ford (MF) added that remuneration reflects wider financial issues and will become more of an issue when recruiting new non-executive directors into the NHS as a whole as well as the Trust due to the amount of work required and the fact that pay has not increased over the last 6 years. Therefore, the Trust may struggle to recruit people with the right level of current experience and skills in areas such as AI, digital and sustainability. MK suggested that recruitment need to be completely honest in terms of expectations when advertising non-executive director roles. MBu agreed and stated that during the last non-executive recruitment process, the requirement was for experienced non-executive directors with specific skills. Nesar Rafiq (NR) stated that the Trust should consider how they recruit non executives from different backgrounds in order to provide a different perspective, in addition to recruiting based on skill set. JLa confirmed that the current non-executive directors are from different areas of industry and not just the NHS. When undertaking recruitment, the Trust will always look for people from different backgrounds and different sectors including non-NHS, and review the skill set of the current Board to consider where there are gaps. MBu thanked Member's Council for their input and comments.

It was RESOLVED to RECEIVE the Review of Chair and Non-Executive director remuneration.

MC/25/11 Care Quality Commission (CQC) action plan updates (agenda item 7.6)

Keith Stuart-Clarke (KSC) joined the meeting.

The CQC action plan update was taken as read. Darryl Thompson (DT) advised that the update has been presented to Trust Board in November 2024 and a further update would be presented to the Quality and Safety Committee in March 2025. DT noted that the CQC actions are under constant review and work are in place to progress them further. DT noted that following a request from Trust Board, an example had been included in the update demonstrating the governance and sign off process for actions and how the Trust maintains confidence that progress is maintained going forward.

Based on the audit, which was carried out in December 2024, JLa queried whether the board of governors was satisfied with the progress made so far and whether the actions should have been completed by now. DT stated that the aim was to close the actions as soon as possible but in a way that ensures that that they have been fully implemented with a plan to embed the actions further going forward. In terms of prone restraint, DT confirmed that the Reducing Restrictive Practice Intervention (RRPI) team are working with care group colleagues to progress this work as soon as possible. DT reported that he is satisfied with the progress

made so far which will help to support a sustained improvement. MK added that the quality and safety committee challenge progress on a regular basis, particularly around prone restraint and RRPI and the committee have scrutinised the evidence across the region and acknowledged that the Trust is doing well in terms of reducing incidents. Where there are issues related to ligatures, non-executive directors also continue to push this issue to ensure that there is a tight grip and the estates plan is prioritised. As a relatively new non-executive director for the Trust, MK stated that her opinion of SWYPFT is that the Trust operates to gold and platinum standards of assurance and the audits demonstrate an acceptable level of assurance. NR also congratulated the executive directors, non-executive directors and staff for their hard work while working under pressure.

BC reported that during a previous quality monitoring visit it was noted that bank staff did not receive the same level of RRPI training as substantive staff and this could lead to a risk that the ward would not have enough adequately trained staff which could potentially be picked up by the CQC. DT confirmed that there are mandatory training expectations for all bank staff, particularly around RRPI training, and only bank staff who are trained and have the right level of clinical skills would be deployed into an inpatient area. There is a clear focus around mandatory training and compliance is monitored to ensure that staff have the required level of expertise.

It was RESOLVED to RECEIVE the CQC action plan updates.

MC/25/12 Chairs' appraisal – process (agenda item 7.7)

The chairs' appraisal paper was taken as read.

AL provided a summary and advised that the process will be led by Nat McMillan (NMc) (deputy chair) and will include executive directors, non-executive directors, governors and internal and external stakeholders who will all be invited to contribute to the appraisal process. A questionnaire was developed last year which was found to be effective and this process will be repeated this year. The lead governor, deputy lead governor and a member of each of the Members' Council groups will be invited to complete the appraisal questionnaire independently before coming together to discuss and agree a resolution. The deadline for the questionnaire is end of June 2025 and updates will be provided throughout the process. There will be an opportunity for governors to have sight of the initial appraisal. The Members' Council approved the process as stipulated within the paper.

It was RESOLVED to RECEIVE the Chairs' appraisal – process.

MC/25/13 Members' Council elections - update (agenda item 7.8)

AL provided an update on the Members' Council elections and advised that the election process was scheduled to begin 2 weeks prior to the meeting but was pending decision today to appoint PS for a further 12 months. He outlined that current vacancies were: 1 vacancy in Wakefield, 2 in Kirklees, 1 in Calderdale and 1 in Barnsley. He advised the "notice of poll" would be issued from Monday 17 February 2025 and added to the Trust website with a link to the website. All the necessary information will be included in all communications through Civica. AL advised that the nomination stage will begin on Monday 17 February 2025 and will be open for a period of 1 month with electoral voting from 7 to 30 April 2025 in order to appoint for 1 May 2025. Therefore, despite the delay, it is expected that the original timeline will be met.

GC queried how vacancies are publicised. AL stated that as the Trust is a membership organisation, applicants need to be a member in order to vote. MBu confirmed that new

members are being sought all the time and members will receive a letter notifying them of the vacancies within their designated constituency. AL confirmed that there are no staff vacancies only public vacancies at this time.

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

MC/25/14 Governor feedback from virtual meetings (agenda item 7.9)

JLa provided a summary of feedback from virtual meetings and community feedback sessions and advised that in relation to complaints, the feedback received was that the Trust complaints process takes too long and when a response to a compliant is received, it appears to be a standard response stating that the Trust will try to do better with little acknowledgement of lessons learnt while investigating the complaint. JLa queried why, when there has been some learning from a complaint, this cannot be fed back to the individual? MBu stated that the once a compliant process has been completed it is signed off by the chief executive. Over recent years, the complaints process has changed significantly. DT stated that he will pass this feedback to the team but provided assurance that there are no standard responses to complaints and each compliant is reviewed by the executive trio (chief nurse, chief medical officer and chief operating officer) with a focus on the tone of the response as well as to ensure all the elements of the complaint have been addressed and highlight any learning before final sign off by the chief executive. DT stated that he would be keen to understand where this has not been done well enough. DT advised that 18 months previously there had been a large backlog of complaints and the team had worked extremely hard to reduce this. In November it was noted that 100% of complaints received a response within 6 months, which is the national standard. JLa stated that, in his opinion, this needed to improve and that the Trust should be aiming to be outstanding and to respond more quickly. DL added that she was recently involved in the sign off process while the chief executive was on annual leave and 1 particular response was 21 pages long. Therefore, there are complexities when reviewing complaints and the Trust would rather provide a detailed response rather than a quick response which does not get down to the "nitty gritty" detail. DL requested that specific examples be shared with the executive team where the responses were not acceptable in order for the Trust to learn from them.

NR challenged the use of the term "nitty gritty" and provided context to the phrase. Others had not been aware of connotations. DL thanked NR for bringing this to the attention of Members' Council, apologised and stated that this phrase would not be used again.

JLa raised a concern related to patient discharge back to the community and their GP where service users could be discharged back to the community and the care of a GP who has no knowledge of the service user, their condition or mental health medication. Paula Scott-Loftus (quality governance lead) recently joined a group to go through the process of discharge and JLa advised he did not feel the Trust is following the process in all cases. JLa requested an audit of 10 individuals in each of the 4 places to look at the discharge process followed. Adele Fox (AF) advised that she recently joined a carers forum meeting and listened to the experience of individuals who have been referred back to a different GP and found this difficult. AF confirmed that a process is in place where service users must be referred back to primary care and AF agreed to look at this process in more detail in order to ensure that the GP is aware that the service user is back under their care and that they understand the level of support required. AF agreed to review the discharge process for service users back into the community and the care of their GP to ensure that GPs are aware that service users are back under their care and the level of support required. AF to present a paper to the quality and safety committee before bringing it back to Members' Council.

Action – Adele Fox

MBu agreed that a selective audit in 4 localities with 10 service users who have been discharged should take place to check whether the process has been followed. MK suggested undertaking an experience audit of individuals who have been discharged to obtain their experience rather than checking whether the process has been followed. JLa stated that some individuals are reluctant to raise an issue once they have been discharged. JLa agreed to see if there are any service users he was aware of from his discussions who would be willing to talk about their experience.

JLa also raised an issue following the news that a private provider in Bradford has had a negative CQC inspection and asked whether there are any of the Trust's service users placed with that particular provider and if so, what are the Trust's responsibilities to these service users. MBu confirmed that there are no service users from the Trust under the care of the private provider and the only area of responsibility for the Trust would be if the Trust has commissioned that service. MK noted that a poor CQC inspection might mean that the organisation would not be in a position to take any new admissions and this may have an impact on the Trust in terms of additional pressure.

In relation to the Nottinghamshire Healthcare Independent Review, BC requested reassurance that the Trust is intending to review the report in full. MK confirmed that the report has been published in full and is on the government website. It was noted that a paper will be presented to EMT this week and public Trust Board in March.

It was RESOLVED to RECEIVE the Governor feedback from virtual meetings.

MC/25/15 Integrated Performance Report (agenda item 7.10)

Mark Brooks rejoined the meeting.

Gary Ellis (GE) presented a summary of the Integrated Performance Report for quarter 3 and advised that performance metrics (improving health) are all green and above the threshold. The Trust continues to take action around the collection of information related to protected characteristics by codesigning services and ensuring these are representative of the population that the Trust serves.

The number of people with a risk assessment/staying safe plan in place within 24 hours of admission demonstrates an increase for inpatient services with a slight deterioration for community services. GE noted that all service users without a risk assessment are followed up individually within the care group in order to maintain patient safety. The Trust continues to stress the importance of timely risk assessments and continue to look for opportunities to improve the position. The number of service users clinically ready for discharge improved in December however there continue to be a number of service users whose discharge is delayed which may impact future performance. Work is continuing with partners to ensure that people are discharged as soon as possible.

The national target for out of area beds. The Trust has 5 service users currently out of area. This is a largely positive position for service users as well as the Trust's financial position and GE confirmed that the data includes all out of area placements regardless of commissioner. Work continues to ensure service users are cared for close to home. Workforce challenges have led to an increase in temporary staffing, primarily though bank usage and this is expected to continue to be a financial challenge for the Trust.

GE summarised the Trust's financial position and advised that the challenges will continue with the position in December 2024 reporting a £911k deficit against plan which will be a challenge going forward in achieving a breakeven position. There has been additional capital allocation due to the acquisition of Cheswold Park Hospital with a total capital allocation of

£8.1m. One area of spend is the older peoples' transformation and this work has been delayed therefore the teams are working hard to maximise the full allocation.

GE advised that management of the overall workforce continues with a focus on agency spend. There were some significant reductions in the previous financial year (2023/24) and this has continued to fluctuate this year with an increase in spend by £30k compared to last month. However, it was noted that this included the increase in costs associated with Cheswold Park Hospital.

There were 11 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in quarter 3 which is greater than quarter 2 but lower than quarter 1. All staff involved in violence and aggression incidents have been supported through recuperation and follow up appointments with occupational health as well as "welcome back" meetings with departmental managers. There were no enquiries from either the Health and Safety Executive or the CQC following the reporting of these incidents in quarter 3. MBu provided clarification that the 11 incidents occurred in 3 areas of the organisation where there are specific challenges related to individual service users.

The percentage of ligature jobs completed within timeframe is currently 100% and all urgent jobs are being actioned within 2 days. GE thanked the estates team for their hard work in keeping up to the work and reaching this position.

In terms of workforce, turnover continues to be positive at 7.6% which highlights that the Trust is successfully retaining staff within the organisation.

Sickness absence has increased in December 2024 to 5.7% due to the increase in the number of cold viruses, flu and gastric illnesses over the colder months. The majority of sickness is related to short term absence and most care groups have seen an increase in December 2024. Hot spots areas continue to be managed within care groups however the increase has led to an increase in bank and agency staff.

It was acknowledged that it is important that staff receive an appraisal. GE noted that there has been an issue with the appraisal system since 16 December 2024 which has led to a delay in the reporting of appraisals for staff, however an alternative reporting system is currently in place. MBu added that the plan is to move away from WorkPal as a reporting system onto the electronic staff record system (ESR) and staff continue to be appraised in the interim.

Mandatory training compliance remains above threshold including RRPI training which is a positive position. E-rostering continue to ensure that wards have access to adequately trained staff at all times. Information governance training is just below the 95% threshold at 93.6% and work will continue over the coming months to ensure that the Trust meets the 95% target.

Incident reporting remains within the expected range.

The Trust continues to perform well against the national metrics. However maximum 6 week wait for diagnostic procedures remains an area of concern with a current position of 49.5% against a target of 99% and is related to staffing issues within the paediatric audiology service. The service has set a trajectory for improvement and is preparing a business case for commissioners following a demand and capacity exercise.

NR raised a question regarding the 80% threshold for the cardiopulmonary and RRPI training and 85% threshold for fire training. NR asked why the thresholds are not set at 100% with an aim to have all staff trained in these areas. DT advised that the Trust will always aim to reach 100% however the metrics take into account where staff are on leave from work and are not

available to undertake the training. The system provides assurance that there are enough adequately trained staff available on each ward at all times. NR queried when the targets were set and requested that the targets be set at 100%. MBu explained that some of the thresholds are set nationally and are predetermined. However executive colleagues undertake a yearly review of targets which are agreed through Trust Board as reasonable thresholds that are practical, appropriate and ambitious.

In terms of financial sustainability and efficiencies, JLa requested more information around how the £22m savings will be achieved and in which areas. MBr advised that Adrian Snarr, (director of finance, estates and resources) would be able to provide the detail however the focus for the Trust this year is around 2 key areas; reduction of out of area bed usage which has been achieved and reduction in the level of vacancies. Further information is included in the financial performance report which is presented to Trust Board. To obtain more detailed financial information around the required £22m savings for the next Members' Council meeting.

Action – Adrian Snarr

CG asked whether agency spend within the overall workforce includes bank usage. CG noted that it had been highlighted in the national press that there has been an increase in the number of adults diagnosed at GP level with ASD/ADHD (Autism Spectrum Disorder/Attention Deficit Hyperactivity Disorder) and asked whether this is having an impact on waiting times in the Trust. MBr confirmed that the agency figures do not include bank usage. He advised that GPs do not diagnose ASD/ADHD but do refer people into service providers, dependant on where they live. There is a different pathway in Calderdale (Right to Choose) compared to Kirklees and Wakefield. Over the last 5 years there has been a 500% increase in the number of referrals into the Trust which has had an impact on access to services as well as increased waiting times. MF advised that the Members' Council Quality Group are also undertaking a deep dive into ADHD.

BC queried whether the carbon impact in terms of business milage is due to undertaking reduced milage or using better vehicles. MBr confirmed that it is down to both factors. The estates vehicle fleet is almost all electric vehicles and mileage claims reduced during the pandemic however there has been an increase over recent months as teams and services undertake more patient visits in the community. MBr noted that the biggest impact is around estates and when any upgrades to the estate take place, the Trust always look at the most up to date technology in order to reduce the Trust's carbon emissions.

NR asked whether the Trust has made a decision to step away from the social media platform "X" (formally known as Twitter) and whether its use aligned to the Trust values. DL confirmed that a discussion has taken place around the use of "X" and other social media platforms. DL advised that to not use "X" would result in the loss of contact with over 9,000 staff and service users. DL added that there are clinical teams that use "X" as a way to engage with service users, therefore no final decision has been made at this time.

NR requested clarification around the 128% fill rate figure. DT provided an explanation stating that this is related to a requirement for extra staffing over establishment in order to keep service users safe. This also comes at an increased cost to the Trust which is an added pressure. MBu confirmed that AF and DT continue to monitor this going forward. PS asked whether when increasing the fill rate figure, there is a detrimental impact on the quality of service when there is not enough registered staff available or whether this is a better use of resources. DT stated that the use of substantive nurses on shift would be the ideal in order to ensure the best outcomes for service users. However, when that is not possible, the service will seek to appoint a registered nurse onto that shift when there is a gap due to sickness or absence. When a registered nurse is not available, a healthcare support worker will be

brought in to maintain a level of safety. PS asked whether there is a percentage of registered staff required as a standard? DT confirmed that there is a core expectation which varies across all inpatient areas dependent on the demands of the ward and how many registered nurses are on each shift. This is the standard that has been set and will be reviewed as part of the establishment review.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/25/16 Focus on item: Update to Equality, Inclusion, Communications and Membership Strategy (agenda item 8)

DL presented an update on the equality, diversity and inclusion (EDI) strategy and following feedback received from the Members' Council, this has been taken forward into objective 6. DL provided a summary of the Trust's strategic aims as part of the revised Trust Strategy and requested support from governors to look at ways to engage with communities, particularly communities where there is very little contact. DL requested thoughts and advice on how to interact with communities and governors were asked to contact DL direct with any ideas. MBu added that the Trust has spent a lot of time this year re-establishing what the strategy should look like in order to be in a position to launch the new strategy for the next 5-10 years. Following the launch, a deployment plan will be put in place where executive and non-executive colleagues will be given objectives to deliver the plan for every year of the strategy. MBu asked that governors review the strategy and the slides before they are finalised, after which a deployment plan will be developed. MBu added that EDI is critical to the Trust strategy in order to understand staff and people being able to access the Trust services. AL agreed to send the slides out to governors in order for them to reply with any feedback.

Action – Corporate governance team

NR stated that the actions of the Trust and its staff is the best way to deliver the strategy, treating everyone with dignity and respect. NR suggested adding a statement saying that the EDI is for everyone and suggested that a briefing with governors to explain the benefits of the strategy would be helpful.

JLa advised that a subgroup meeting took place between governors and Sue Barton (Deputy director of strategy, inclusion and change) and Sharon Kennedy (Assistant director of strategy, equality and inclusion) which was a useful meeting for governors to provide input and challenge. An outcome from the meeting was to obtain a list of organisations that the Trust work with so that governors can support engagement with our communities. JLa added that it is also important that more young people are invited to join as governors. It is important that governors share the message around mental health and the work that goes on within the organisation.

It was RESOLVED to RECEIVE the update to Equality, Inclusion, Communications and Membership Strategy.

MC/25/17 Closing remarks and annual work programme 2024/25 (agenda item 9)

Members' Council agreed to approve the work programme for 2024/25.

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

MC/25/18 Any Other Business (agenda item 10)

MBu noted that the meeting was the last meeting for BC and thanked him on behalf of Members' Council and the Trust for his contribution as a governor to the Trust and wished him well for the future. JLa also thanked BC for his support as well as the rest of the Members's Council governors.

It was RESOLVED to NOTE any other business.

MC/25/18 Future meetings of the Members' Council (agenda item 11)

- Wednesday 7 May 2025 (hybrid – venue to be confirmed)

It was RESOLVED to APPROVE the date of the next Members' Council meetings.

Close of public meeting