



With all of us in mind

**Minutes of the Members' Council meeting held on 26 July 2013**

<b>Present:</b>	Marios Adamou	Staff – Medicine and pharmacy
	Ian Black	Chair of the Trust
	Hilary Brearley	Appointed – Barnsley Hospital NHS Foundation Trust
	Doug Dale	Public – Wakefield
	Nasim Hasnie	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Andrew Hill	Public – Barnsley
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Ann McAllister	Appointed – Calderdale Council
	Bob Mortimer	Public – Kirklees
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Dave Rigby	Public – Kirklees
	Barry Seal	Public – Kirklees
	Jeremy Smith	Public – Kirklees
	Michael Smith	Public – Calderdale
	Hazel Walker	Public – Wakefield
	Peter Walker	Public – Wakefield
	Laura Wharmby	Appointed – Staff side organisations
	Tony Wilkinson	Public – Calderdale (Lead Governor)
	David Woodhead	Public - Kirklees
<b>In attendance:</b>	Peter Aspinall	Non-Executive Director
	Inara Bennett	Previously appointed – Staff side organisations
	Adrian Berry	Director, Forensic Services
	Nisreen Booya	Medical Director
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Ellie Cooke	Manager, Deloitte (to item 7)
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Julie Fox	Non-Executive Director
	Steven Michael	Chief Executive
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development and Constitutional Affairs
	Karen Taylor	District Service Director, Calderdale and Kirklees
	Paul Thomson	Senior partner, Deloitte (to item 7)
	Helen Wollaston	Deputy Chair
<b>Apologies:</b>	Shaun Adam	Public – Barnsley
	Adrian Deakin	Staff – Nursing
	Netty Edwards	Staff – Nursing support
	Claire Girvan	Staff – Allied Health Professionals
	Margaret Isherwood	Appointed – Wakefield Council
	Robert Klaasen	Public – Wakefield
	Margaret Morgan	Appointed – Barnsley Council
	Kath Padgett	Appointed – University of Huddersfield
	Kevan Riggett	Public – Barnsley

**MC/13/27 Welcome, introduction and apologies (agenda item 1)**

Ian Black, Chair of the Trust, welcomed everyone to the meeting, in particular, Jules Preston, replacing Susan Walker as the appointed governor for Mid-Yorkshire Hospitals NHS Trust, Barry Seal, publicly elected governor for Kirklees, and Laura Wharmby, replacing Inara Bennett as the appointed governor for staff side organisations. All were attending their first meeting as a governor on the Members' Council. The apologies, as above, were noted.

He began by marking the Trust's fourth anniversary as a Foundation Trust on 1 May 2013. He felt this was a good time for a progress 'report'. This is a sustainable and viable Trust with excellent governance arrangements and is considered a 'good' Trust by Monitor, the

Foundation Trust Regulator. Quality is at the heart of everything the Trust does but it could and can do better. This is evidenced in the transformation programme the Trust is embarking on, which will look at what the Trust does and how it can do things differently in consultation and engagement with service users, carers, staff and partners.

**MC/13/28 Declaration of interests (agenda item 2)**

**The Members' Council NOTED the individual declarations from newly appointed or elected governors and CONFIRMED the changes to the Register of Interests as set out in the paper.**

**MC/13/29 Minutes of the previous meeting held on 1 May 2013 (agenda item 3)**

**The Members' Council APPROVED the minutes from the meeting held on 1 May 2013.** There were two matters arising.

MC/13/15 Quality Impact Assessment (page 3)

A briefing on the Quality Impact Assessment process was included in the additional papers given to governors for information.

MC/13/16 Unannounced visits programme (page 4)

In response to a query from Dave Rigby, Dawn Stephenson, Director of Corporate Development, confirmed that Tim Breedon, Director of Nursing, Clinical Governance and Safety, is developing a programme of visits in November 2013 and the details will be circulated to governors in due course. Helen Wollaston, Deputy Chair, added that members of Trust Board will be involved in a pilot for community services visits in September 2013 and follow up visits to areas first visited in 2012 during August 2013.

**MC/13/30 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)**

Ian Black commented on the following.

- The focus for today's meeting is item 7, the Trust's response to the Francis Report.
- The weather is currently lovely; however, for some service users, this can be an issue, particularly for patients in Newton Lodge, the Trust's medium secure unit. The experience of patients demonstrates the benefit of Trust investment in Newton Lodge to improve the quality of the environment.
- Engagement events to inform the Trust's transformation programme are in train. The events represent a genuine desire to hear people's views on the Trust's approach and plans. This includes service users, carers and members of the wider communities the Trust serves.
- As part of its annual visits programme, Monitor visited the Trust on 15 July 2013. The areas covered included strategy and high level Trust priorities, key challenges, particularly financial and quality/clinical, the local health economy, feedback on the Trust's annual plan, an update on the Trust's quarter 1 return, working of the current Board, Board development, skills of Non-Executive Directors and succession planning, interaction with governors, key risks and challenges from a Non-Executive Director perspective, the role and remit of the Clinical Governance and Clinical Safety Committee and Board assurance on clinical risks. The visit ended with a tour of Newton Lodge. The Chief Executive, Steven Michael, commented that the Trust's annual plan is seen as ambitious by Monitor but, as there is no reliance on efficiencies and savings in front-line services, did not present cause for concern.
- Trust Board focus is currently on the impact of cost improvements on the quality of the services it provides.

The Chair invited the Chief Executive to comment.

- He has been elected as the Chief Executive representative on the NHS Confederation mental health network board. This is a very interesting and useful forum, particularly in terms of access to senior politicians. The key message is integration; however, the rules of the 'system' seem to prohibit closer working. This is demonstrated by the Competition Commission decision not to approve a merger of two Trusts in Dorset. This will present a challenge to other Trusts in future. The focus nationally continues to be on acute Trusts despite the need to take a whole system approach.
- The Chief Executive informed the Members' Council of the recent whistleblowing incident in relation to issues around bed pressures, which was raised with the Care Quality Commission (CQC). This involved admission to an in-patient unit when no bed was available. The Trust met with the CQC on 17 June 2013. The Trust's policy is that, where every other avenue has been exhausted, staff must balance the risk and interests of the service user and this may mean admission without a bed. This is not a matter of custom and practice but common sense has to prevail. After discussion with the Trust, the CQC accepted that, in exceptional circumstances, admission is the only course of action the Trust can take in the interests of patient safety. The Trust has received informal feedback that no further action will be taken; however, formal feedback is still awaited.
- Payment by Results and the introduction of choice by the Department of Health continues to inform the national agenda.
- Eighteen months ago, the Forensic Business Delivery Unit (BDU) and Corporate Development directorate achieved the Customer Service Excellence standard following a pilot exercise. The full Trust was assessed against the standard in the spring and has received formal confirmation that it achieved full compliance with 54 of the 57 standards with eleven standards at 'compliance plus'. The Trust is just one of three NHS Trusts that have achieved the standard for the whole organisation and Steven Michael thanked everyone involved.
- The next stage for the transformation agenda is to consider the 'so what' from the engagement events. The first stage vision for all four strands will be considered by Trust Board and the Members' Council in October 2013, which will provide a clear view of the direction for key elements of services.

Barry Seal asked about Altogether Better and the impact of Any Qualified Provider. Steven Michael responded that Altogether Better is one example of the partnerships the Trust has with voluntary organisations. Another example is Creative Minds, which has provided benefits in creating alternative capacity and community networks. In relation to Any Qualified Provider, this is still at the margins for this Trust compared to other areas of the country and provides a tool for commissioners to widen the organisations that provide services. However, as Ian Black pointed out, it often ignores the pathway and the quality of outcomes before and after.

#### **MC/13/31 Consideration of the Trust's annual report and accounts 1 April 2012 to 31 March 2013 Report (agenda item 5)**

Alex Farrell, Deputy Chief Executive/Director of Finance, introduced this item and began by saying that the end-of-year outturn was consistent with the financial position reported to Monitor. The Trust achieved a financial risk rating of 4.3 (against a target of 3.6) and met its financial targets. The Head of Internal Audit Opinion was one of significant assurance and an unqualified opinion was given on the accounts by Deloitte. Two recommendations were made, which, for an organisation this size and complexity is an excellent achievement.

Paul Thomson, Senior Partner at Deloitte, outlined the scope of the work undertaken by Deloitte, the key findings and the audit findings, which were contained in the ISA 260

included in the papers for the Members' Council. Two recommendations were made in relation to a legally-binding lease on the Dales in Calderdale and a formal project plan for the implementation of Payment by Results. Neither has an impact on the audit opinion or was seen as a key audit risk.

Dave Rigby asked for Deloitte's view of the risk from Any Qualified Provider. Paul Thomson echoed the Chief Executive's comment made earlier. He would have expected more activity at this stage. In practice, it is on a small scale in this Trust's areas and, therefore, does not currently represent a material risk; however, the position will be reviewed regularly in the coming year.

Barry Seal commented on the Trust's achievement of cost improvement savings target at £10 million, which did not seem to be sufficient. Alex Farrell responded that it represented a level of 4%. Steven Michael added that the target for 2013/14 is 3.8%. The Trust will not generate a surplus for the sake of it but does need cash for its capital programme. Alex Farrell confirmed that the savings are recurrent.

Tony Wilkinson asked Deloitte to comment on this Trust's approach compared to other Trusts; was it creative or cautious? Paul Thomson responded that the Trust is genuinely fair and balanced in its approach.

Tony Wilkinson also asked for an explanation in relation to software licences. Paul Thomson responded that this was a technical treatment in the accounts regarding the investment of assets and did not represent a risk.

Dave Rigby, commenting on the Annual Governance Statement, asked whether the Trust could look into carers' issues on confidentiality and information sharing and address the issues around information governance more creatively. Steven Michael responded that this issue had been raised repeatedly by carers during the engagement events and in dialogue groups. He would be happy to ask for a review of the rules to ensure clarity and to promote use of advance directives to support service users when well to help when in a crisis by making their intentions known.

Dave Rigby also commented that there was no mention of the Members' Council in the Statement and it was agreed this would be addressed for 2013/14.

Michael Smith asked what the fees for consultancy referred to in Deloitte's report. Paul Thomson responded that this was for an analysis of the forensic market and identification of market opportunities but had no impact on the financial statements. Adrian Berry, Director of Forensic Services, commented that the consultancy had been very useful in determining opportunities and sub-specialisation, and forms an integral part of the forensic transformation agenda.

Barry Seal offered his congratulations to the Board and staff for the financial performance in 2012/13.

**The Members' Council AGREED to receive the annual report and accounts for 2012/13.**

#### **MC/13/32 Quality report 2012/13 (agenda item 6)**

Steven Michael reminded the Members' Council that the Trust has a duty to provide an annual quality report. A number of lessons were learnt in 2011/12 that informed production of the report in 2012/13. Paul Thomson confirmed that Deloitte had issued a limited assurance opinion on the content of the report and its consistency with internal and external

information. The Trust was keen that this year the report was seen as best in class and reviewed best practice to inform the report. He was happy to report a great improvement this year in terms of content, consistency and transparency and that the Trust had adopted many areas of best practice.

Data testing was undertaken on three performance indicators and a limited assurance opinion was given in respect of 'access to crisis resolution teams' and 'delayed transfers of care'. The work on 'incidents resulting in severe harm or death' raised a number of recommendations for the Trust. Deloitte stressed that this was in no way related to patient safety but related to the methodology used to capture information, which is not currently in line with Monitor's guidance (although it was noted that this is not mandatory for Foundation Trusts currently).

Deloitte will formally audit against the action plan during 2013/14.

Nasim Hasnie asked what the definitions meant. Paul Thomson responded that a clean, unmodified audit opinion had been given and he confirmed that the issues were not of significant or material interest to affect this opinion but specific action has been recommended.

In response to a comment from Tony Wilkinson, Ellie Cooke confirmed that a fuller explanation of the findings is included in the full report from Deloitte. The finding does not appear in the final quality report but it has gone to Monitor. This is a private report to the Trust and the Members' Council.

Dave Rigby commented that he was unaware of how the mapping system works. Paul Thomson responded that the Trust is working to a locally designed system, which works and reports as required. It is not mandatory to use the national system; however, he would like to see a clear mapping of the Trust's system with the national system and, therefore, he fully supported the recommendation in the report.

**The Members' Council AGREED to receive the quality report and the report from Deloitte on its external review of the report for 2012/13.**

### **MC/13/33 Trust response to the Francis Report (agenda item 7)**

Steven Michael introduced this item on behalf of Tim Breedon. A number of key actions have arisen from the workshops with staff and the specialist review. These are to:

- develop a communications plan;
- ensure messages are responded to within Trust organisational development plans and transformation plans;
- complete the work during September 2013; and
- monitor the work through the Clinical Governance and Clinical Safety Committee.

The Members' Council divided into four groups to consider three questions around formalising the commitment of governors, engagement with the membership and wider public, and the approach to the development of the skills and experience of governors. The feedback from these groups forms a separate paper.

Ian Black welcomed the divergence of opinion and views and commented that he would like to discuss these issues again at some point. He summarised as follows.

- The comments regarding use of the word 'mandatory' were taken on board but he would like to see a distinction between 'core' and 'discretionary'.

- He understood the view that newer governors should be offered more support.
- One-to-one meetings and annual reviews with the chair seem to be appreciated.
- There is good attendance at meetings from Non-Executive and Executive Directors and the Trust works hard to ensure this is the case.
- The Trust will take away the comments made and either review at the next meeting or at the evaluation session.

**MC/13/34 Serious incidents annual report 2012/13 (agenda item 8)**

Nisreen Booya, Medical Director, presented on behalf of Tim Breedon.

Bob Mortimer asked if there were any children involved in the incidents. Nisreen Booya confirmed there was one in Barnsley but this was outside the Trust's care.

Tony Wilkinson asked if there was any contact with Coroners' Offices. Nisreen Booya responded that the Trust has close working relationships with all Coroners' Offices; however, there is an issue regarding information available for the communities the Trust serves, which would be helpful information for the Trust in terms of themes and any instances where access to Trust service may have been an issue.

**MC/13/35 Trust annual plan 2013/14 (agenda item 9)**

Alex Farrell introduced this item and explained that the key challenge is to keep the day-to-day job of providing services running well whilst delivering service transformation.

Barry Seal commented that the cost improvement plans show the biggest savings on workforce. Ian Black responded that the workforce represents 80% of Trust expenditure. Alan Davis, Director of Human Resources and Workforce Development, added that the workforce reduction is in terms of establishment but this will not necessarily result in redundancies. Two tools used so far are voluntary redundancy and the Mutually Agreed Resignation Scheme. Over the next three years, an anticipated £8.8 million will be found from workforce productivity savings and £5.9 million on workforce re-design and management costs. The focus will be on re-training and re-skilling staff, and turnover; however, there will inevitably be some compulsory redundancies.

Dave Rigby commented that there is a significant increase between years with a large proportion coming from service re-design. He also asked how confident the Trust is about income generation. Steven Michael responded that service re-design reflects the transformation programme. A detailed view of how this will be delivered will come to the Members' Council along with the impact on enablers, such as information management and technology, and estates. He also commented that the income generation target is ambitious but he feels confident in winning competitive tenders for additional services.

Bob Mortimer commented on the cuts in NHS budgets in the next few years. Steven Michael responded that Trusts have been tasked with finding 4% savings year-on-year; however, there is a commitment to retain the level of NHS funding currently. Ian Black added that there is no certainty what will happen after the next General Election. The Trust must, therefore, ensure it retains as good a position as it can in the meantime to meet any new challenges.

Alex Farrell's suggestion to run a session for the Members' Council to inform development of the annual plan for 2014/15 was supported.

**MC/13/36 Transfer of children's health services from Barnsley Council (agenda item 10)**

Sean Rayner, District Service Director, Barnsley and Wakefield, explained that the paper relates to the transfer of the management of children's health services from Barnsley Council to the Trust at the request of commissioners. The service has a budget of £5.5 million for 2013/14 and involves 150 staff who already work for the Trust but are managed by Barnsley Council. There is no intention to work in any other way than in partnership as is currently the arrangement; this is a transfer of management arrangements.

Michael Smith questioned the cost of the transfer and how it had been incorporated into budgets. Alex Farrell responded that the staff are already employed by the Trust; therefore, there is no additional cost.

Tony Wilkinson asked if there was to be a similar arrangement in other areas. Sean Rayner responded that there is no similar legacy of management arrangements in other areas; however, it does offer a good opportunity to look at the Trust's service offer in other areas whilst recognising local differences.

Dave Rigby commented that an outline of the key issues would help and that this appears to be a move away from integrated services and pooled budgets. Sean Rayner responded that the pooled budget remains at commissioner level but not at provider level. This continues to be an integrated service but clarifies working arrangements and accountability for staff.

**The Members' Council AGREED to note the proposal from joint commissioners in Barnsley and the due diligence process to support the Trust's response to the proposal.** The Members' Council's support for the proposal will be sought in October 2013 following due consideration by Trust Board.

**MC/13/37 Performance report Quarter 1 2013/14 (agenda item 11)**

The Members' Council noted the quarter 1 2013/14 performance report.

**MC/13/38 Re-appointment of external audit (agenda item 12)**

Peter Aspinall, as Chair of the Audit Committee, commented that the Trust has a valued relationship with Deloitte and it is one that adds value to the Trust being one of mutual challenge. He also confirmed there had been a reduction in the annual audit fee of 5%.

**The Members' Council AGREED the proposal to re-appoint the Trust's external auditor, Deloitte, for a further two years from 1 October 2013.**

**MC/13/39 Members' Council Co-ordination Group annual report (agenda item 13)**

The Members' Council noted the annual report from the Co-ordination Group. Ian Black thanked Dave Rigby for his period as Chair of the Group. He reminded governors that this is a Members' Council group not the Trust's. Dave Rigby successfully managed and led this process, which has been of enormous help to make these meetings so supportive of the Trust and reflective of the Members' Council's needs.

**MC/13/40 Membership of the Foundation Trust Governors' Association (agenda item 14)**

**The Members' Council AGREED to renew the membership of the Foundation Trust Governors' Association from 1 September 2013.**

**MC/13/42      Date of next meeting (agenda item 15)**

The next meeting will be held in the afternoon of **Wednesday 23 October 2013** in the large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

**Signed** ..... **Date** .....