



With all of us in mind

Minutes of the Members' Council meeting held on 31 January 2014

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

MC/14/01 Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting. He welcomed Stephen Baines to his first Members' Council meeting as the appointed governor for Calderdale Council.

MC/14/02 Declaration of interests (agenda item 2)

There were no declarations over and above those presented to the Members' Council in May 2013 or made since.

MC/14/03 Minutes of the previous meeting held on 22 October 2013 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 22 October 2013. There were two matters arising.

MC/13/31 Annual report and accounts 2012/13 (page 2)

Dave Rigby asked if there was any progress on the carers' issues in relation to confidentiality he raised previously. Alex Farrell responded that two key issues for the Trust's Data Quality Steering Group, chaired by Tim Breedon, are care planning and record keeping. This will include agreement of a protocol on information sharing. Dave Rigby asked that this is communicated to the Carers' Dialogue Group. Dawn Stephenson added that work is ongoing within the transformation programme in relation to information sharing and this work will be brought back to the Members' Council.

MC/13/53 Quality Group (page 5)

Ian Black thanked governors who had volunteered to join the Group, which met for the first time on 2 December 2013 (notes included in the information pack).

MC/14/04 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Ian Black commented on the following.

A number of governors have attended GovernWell modules and, from his review meetings, three themes have emerged.

- People have learned a lot from attending.
- Some have found the finance module too simplistic; others too complex.
- The modules have provided an opportunity for valuable networking with governors from other foundation trusts.

Trust Board took place on Tuesday and there was excellent governor attendance. He suggested that all governors should attend a Trust Board meeting at least once a year.

Financial position

Trust Board focussed in particular on the Trust's financial position. The Trust is confident in relation to its financial position and performance for 2013/14; however, future years present a challenge. In March 2014, Trust Board will approve the detail of the 2014/15 budget and an outline for a further four years. Three key issues will affect the Trust's finances:

- income deflation 2%;
- non-pay inflation 2.7%; and
- cost improvement programme 5.5%.

Transformation of services will be key to achieving a balanced budget.

The Trust will also be expected to make a declaration that it will be sustainable over the next five years. This will be a difficult declaration to sign and will involve a detailed explanation in support. Trust Board is of the view that the Trust will remain sustainable but a number of developments and challenges will be highlighted in the declaration. More detail will be presented to the Members' Council in April 2014.

Dave Rigby asked what representative bodies for provider NHS organisations were doing to counter the message in national and local media that the Government has ring-fenced NHS

funds. The Chief Executive responded that trusts are subject to a tariff deflator, which means that, in real terms, there is a reduction in the amount of money received by provider trusts, which amounts to 1.5% for acute trusts and 1.8% for mental health trusts. To facilitate the change needed in the health and social care sectors, a different approach is needed to facilitate change within the NHS both at local and national level and, therefore, there is less in the system for provider trusts. The NHS Confederation meets with Ministers and raises the challenges this presents. Steven Michael also alerted the Members' Council to contact from the Wakefield Express following December's Trust Board meeting about Trust finances. His response had been that the Trust's budgets are reduced in real terms and he provided an explanation of how the Trust was mitigating against this reduction. This reflects the Trust's 'duty of candour'.

The Chair added that the General Election in 2015 will also affect planning assumptions and it is the stated aim of all political parties to bring health and social care closer together.

Marios Adamou asked how long the Trust could continue to use cost improvements to counter reduced income. The Chair responded that this year had really seen the end of 'salami slicing' and incremental cost cutting and, therefore, the 5.5% cost savings must be achieved through service transformation, which will result in investment in some services and different ways of working in others.

Stephen Baines commented that funding for public health has increased; however, it is not ring-fenced and the onus is on councillors to ensure it is spent on what it is meant for and not to subsidise other areas.

Quarter 3 Monitor report and self-certification

The Chair reported that the Trust was green for both governance and finance risk ratings and the Trust is currently within the top third of foundation trusts. His aim is to be in the top quartile at the year-end; however, it will become more difficult to maintain this position.

National patient experience awards

The Trust has been shortlisted for the National Patient Experience Network national awards in the 'Setting the stage – measuring, reporting, acting' category. This represents the outcome of a concerted effort to gather patient feedback to inform service improvement and delivery and reflects the Trust's desire to learn from patient experience and good practice, as well as when things go wrong.

The Chief Executive added that it is important for the Trust to talk to people who use its services, carers and the public. This is exemplified through the engagement events over the last year. What is clear is the consistent feedback from all events to enable people to realise their potential and live well in their communities. This has presented a challenge in that it creates a tension both within services and with partners. Although people recognise the need for change, for some transformation is seen as continued efficiency savings rather than doing things differently. This includes offering alternative support as part of mainstream services. The day job also has to continue alongside transformation and staff need support to do this.

The Trust is working closely with partners and stakeholders, particularly commissioners, local authorities and acute trusts, to develop solutions to improve services. This may result in a challenge in relation to competition and collaboration but the Trust has to balance this with its duty to collaborate and partner in the local health economy.

Changes in regulation

The Chief Executive also drew governors' attention to the first wave of Care Quality Commission (CQC) inspections of mental health trusts. Both he and Nisreen Booya are

involved and the Trust will be able to learn from the experience of other Trusts and changes in regulatory approach. Dave Rigby asked if the Members' Council could receive a presentation on the new approach and links to the Trust's own programme at some point, which was supported.

Claire Girvan asked if staff's views matched those of service users and carers. Steven Michael responded that, in the main, they do. Staff understand the need to transform services but work in practice often does not reflect this. The leadership and management framework is based on a values-based approach, supported by a number of leadership and management developments to invest in staff development and resilience during a time of change. Helen Wollaston added that it was agreed at Trust Board on Tuesday that the Trust should move forward with transformation and people need to know what it means for them in practical terms.

Michael Smith asked if the Trust was being privatised. Ian Black responded that, nationally, one-third of services put out to tender by clinical commissioning groups are now in the private sector so there is a slight nervousness. Some Trust services are very attractive to the private sector and there is a concern that services are segmented and not part of a pathway of care and treatment leading to difficulties in transition between different service providers.

Steven Michael commented that a key issue is the number of different providers, which has resulted in a recognition by Monitor and NHS England that some provider arrangements will need to change. There are a number of organisations in the healthcare sector, which have been there for some time, that provide additional capacity which the NHS cannot provide; however, if NHS arrangements change, additional capacity might be created, which would affect private providers. Therefore, the current circumstances also have implications for other types of organisations that provide healthcare.

Nasim Hasnie commented that the Trust must be a learning organisation to cope with year-on-year decreases in its funding. Steven Michael responded that 4% efficiencies over time basically cover the shortfall but will not provide funds for investment and development needed to support transformational change.

Dave Rigby expressed a concern about the sustainability declaration Monitor requires the Trust to sign. He asked if there was any collective Trust view on the challenges this would pose. Ian Black responded that the Trust will provide a rationale and explanation for its response but some trusts may not; however, there is no collective response. Alex Farrell commented that this is a test by Monitor of Trusts' forward thinking and what strategies are in place to deal with the level of challenge to the foundation trust sector. Steven Michael added that the Trust will use previous self-declarations to build on for its declaration of sustainability and a statement of effectiveness and efficiency for the longer-term. Ian Black commented that planning in the longer-term is difficult given the constant level of change in the system; however, it does demonstrate the need for more effective strategic planning.

MC/14/05 Francis Report (agenda item 5)

Dawn Stephenson introduced this item on behalf of Tim Breedon. She reminded the Members' Council that the Trust has addressed the recommendations in the Francis Report where it can as part of its existing governance arrangements. A 'Francis Into Action' Steering Group has been established to support staff on the development journey.

Dave Rigby commented that it was difficult for governors to gauge where indicators of concern should be taken further. He would welcome guidance from the CQC and Monitor and a session on how the Members' Council can interpret and use information to raise

concerns. An example from another Trust of where a concern has been raised and what happened as a result would also be useful.

Dawn Stephenson responded that there is now a Quality Group, which will look at performance issues in more detail but she agreed a session would be useful. Steven Michael added that, if the governing body is aware of issues of public concern, then it is the duty of governors to bring these to the Trust's attention through Trust Board and to seek assurance on the Trust's response. Helen Wollaston supported this and urged governors to bring concerns and seek assurance.

MC/14/06 Update on Trust unannounced visits (agenda item 6)

Ian Black thanked governors who took part in the visits in November 2013 and he made a commitment to continue service visits in future.

Adrian Deakin asked whether there were any plans to extend the visits to community services. Ian Black responded that there had been a pilot in 2013 and Dawn Stephenson confirmed that the intention is to design a community team programme, which will link into the roll-out of the 15-steps programme within in-patient services based on the national toolkit and tailored to local circumstances and needs. Nisreen Booya added that community team visits would present a challenge but can be done, particularly in terms of looking at team effectiveness and efficiency.

Kevan Riggett has been involved in the 15-steps pilot in Barnsley and was asked to feedback on his experience. His main observation was how different the look and culture of the wards visited were depending on the service provided. He also commented that those involved in the pilot offered different perspectives on the services visited. Bob Mortimer added that the most interesting feature of the visits he was involved in was the conversations with staff, which demonstrated a real and strong commitment. Kath Padgett commented that it would be useful to involve student nurses in the visit teams.

MC/14/07 Performance report Quarter 3 2013/14 (agenda item 7)

Alex Farrell took the Members' Council through the key points from the quarter 3 report. The following comments were made and issues raised.

General

- Alex Farrell explained that the early intervention target is a national target and is based on a proportion of the population. The Trust is discussing a more realistic target with commissioners.
- Dave Rigby commented on the 70% befriending target where actual performance was only 30% and asked whether the service was available in all Trust areas and, if not, what plans there were to make it so. Dawn Stephenson responded that, due to staffing issues, there had been limited resources available and the focus has been on keeping the service going without using additional resource. The focus is on Wakefield currently but the resource issues are now resolved and the service will be extended to other areas.
- Steven Michael added that the Trust has signed up to the Improving Recovery through Organisational Change approach and part of this will be to introduce peer support workers through a volunteer network, which will also increase support into services.
- Dave Rigby commented on mental health clustering, which appears to be a long-standing issue for the Trust and it is, therefore, difficult to find assurance. Alex Farrell responded that there is a focus at team and Business Delivery Unit level with a set trajectory for improvement. This is supported by focused training and development.

Detailed reports show a trajectory of improvement and the Trust is now able to identify specific areas of underperformance and focus resources. This analysis has also led to a review of caseloads. Adrian Deakin asked if it would cause additional pressure if this became a CQUIN target in 2014/15. Alex Farrell responded that this is seen by commissioners as something the Trust is required to do as a measure of quality demonstrating good clinical practice and record keeping so it is unlikely to incentivise this target. Sean Rayner added that the dedicated support and focus has produced demonstrable improvements and he was assured the Trust would meet its target.

- Dave Rigby asked if there was targeted support for staff who have never undertaken information governance training. Alex Farrell responded that support is in place and flexible arrangements can be adopted.
- With reference to the transparency disclosure, Andrew Hill asked for more information on the payment to Sheffield City Council of £40,000. Alex Farrell agreed to provide further detail; however, she stressed that procurement is subject to rigorous processes in terms of value for money. Sean Rayner added that it could relate to smoking cessation services in Sheffield due to the nature of the contract as the Trust provides services in Sheffield through Barnsley BDU.

Sickness absence

- Andrew Hill commented on the high sickness absence in District Nursing in Barnsley. Sean Rayner responded that it represents ten staff on long-term sickness absence, which is unique to this service. The absence is not work-related; it more reflects the age profile of the team.
- Alan Davis added that analysis enables the Trust to look at team and service line level, which then allows an assessment of whether absence is linked to other issues, such as change and resilience. It will also ensure that accessible support arrangements and mechanisms are available to staff. Part of a manager's role is the health and wellbeing of his/her staff and the Trust offers support to managers to facilitate this. Claire Girvan added that there is an emphasis for managers to support staff within supervision meetings and through appraisal.
- Bob Mortimer asked if the Trust was aware of when staff on long-term sickness absence would return to work. Alex Farrell responded that staff are managed through the Sickness Absence Policy and each case is unique in how it is managed. Alan Davis added that managers are also able to refer staff to the occupational health service. A bigger issue for the Trust is how it keeps people at work before they are actually absent.
- Nasim Hasnie asked whether there were any 'hotspots'. Alex Farrell responded that forensic services and some areas in Kirklees have higher absence rates but management action is in place.
- Andrew Hill commented that sickness absence does have an impact on services and Alex Farrell responded that the Trust needs to capture this if it is a concern raised by service users or carers.

Cost improvement programme

- Marios Adamou asked whether change could be managed through income generation rather than continued cost reductions. Alex Farrell responded that there are assumptions in the annual plan in relation to income and areas for development are reflected in the plan; however, these have to be realistic and achievable.
- Marios Adamou also asked how long the Trust could continue to make savings without risk and how the Trust is able to transform and then make cuts to transformed services. Alex Farrell responded that the Trust has reached the point where it has to respond differently and to react to what people have told the Trust they want.
- Steven Michael added that there will also be a point where alternative provision is no longer sustainable. This comes back to the duty of candour and ability to risk assess and ensure the position for providers is recognised nationally.

- Ian Black suggested a further discussion on this area in April 2014 as part of the item on Trust budgets and plans.

Patient experience report

Dawn Stephenson explained that the Trust is developing a set of key performance indicators for patient experience for use across the organisation and for benchmarking in conjunction with service users and carers, and governors. Volunteers were sought for the Patient Experience Steering Group to take this forward.

MC/14/08 Update on elections to the Members' Council (agenda item 8)

Dawn Stephenson explained that the Trust had asked Electoral Reform Services to support a different, more proactive campaign to encourage people to stand for election; however, there is a role for governors to support the process by using their networks to encourage people to put themselves forward.

MC/14/09 Update on the process for the appointment of Non-Executive Director (agenda item 9)

The Members' Council noted the update on the appointment of a Non-Executive Director to replace Bernard Fee.

MC/14/10 Process for Chair and Non-Executive Director remuneration (agenda item 10)

The Chair and Non-Executive Directors left the meeting for this item.

As Tony Wilkinson was unable to attend this meeting due to illness, Dawn Stephenson, in her role as Company Secretary, assumed the Chair for this item, and reminded the Members' Council of the process so far. She then invited Alan Davis to update governors.

Alan Davis commented that the small group set up to consider whether there should be a review of the Chair and Non-Executive Director remuneration had met. One key issue is the nature of the Non-Executive Director role and the time commitment involved. Therefore, it was agreed an external review would be appropriate and commissioned from Capita, given its previous support for the Members' Council in this area. The review would cover national benchmarking, consider developments in the role and the impact on time commitment (both nationally and locally). It will also include a review of the national survey undertaken by the Foundation Trust Network. The Group will meet again to review the report, and a report and recommendation presented to the Members' Council in April 2014.

The Chair and Non-Executive Directors re-joined the meeting.

MC/14/11 Date of next meeting (agenda item 11)

The next meeting will be held in the morning of Wednesday 30 April 2014 in the Legends' Suite, Oakwell Stadium, Barnsley FC, Grove Street, Barnsley, S71 1ET.

MC/14/12 Any other business

Quality Accounts 2013/14

Dawn Stephenson alerted the Members' Council to the confirmation from Monitor that, following auditor concerns, it will re-introduce a local indicator to the external assurance of Quality Accounts to be selected by the Members' Council. This would replace formal

