



With all of us in mind

### Minutes of the Members' Council meeting held on 25 July 2014

<b>Present:</b>	Marios Adamou	Staff – Medicine and pharmacy
	Jean Askew	Appointed – Wakefield Council
	Ian Black	Chair of the Trust
	Hilary Brearley	Appointed – Barnsley Hospital NHS Foundation Trust
	Garry Brownbridge	Staff – Psychological Therapies
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Michael Fenton	Public – Kirklees
	Claire Girvan	Staff – Allied Health Professionals
	Nasim Hasnie	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Andrew Hill	Public – Barnsley
	Robert Klaasen	Public – Wakefield
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Mortimer	Public – Kirklees
	Cath O'Halloran	Appointed – University of Huddersfield
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Daniel Redmond	Public – Calderdale
	Jeremy Smith	Public – Kirklees
	Michael Smith	Public – Calderdale
	Hazel Walker	Public – Wakefield
	Peter Walker	Public – Wakefield
	Tony Wilkinson	Public – Calderdale (Lead Governor)
<b>In attendance:</b>	Peter Aspinall	Non-Executive Director
	Adrian Berry	Director of Forensic Services
	Nisreen Booya	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Laurence Campbell	Non-Executive Director
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
	John Keaveny	Deputy District Service Director, Calderdale and Kirklees
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development
	Paul Thomson	Partner, Deloitte
<b>Apologies:</b>	Doug Dale	Public – Wakefield
	Adrian Deakin	Staff – Nursing
	Netty Edwards	Staff – Nursing support
	Margaret Morgan	Appointed – Barnsley Council
	Kevan Riggett	Public – Barnsley
	Barry Seal	Public – Kirklees
	Laura Wharmby	Appointed – Staff side organisations
	Adam Wilkinson	Appointed – Calderdale Council
	David Woodhead	Public - Kirklees

#### MC/14/22 Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting. He also welcomed and introduced new governors:

- Jean Askew, appointed, Wakefield Council;
- Garry Brownbridge, staff elected, psychological therapies;
- Jackie Craven, public elected, Wakefield;
- Andrew Crossley, public elected, Barnsley;

- Michael Fenton, public elected, Kirklees; and
- Cath O'Halloran, appointed, University of Huddersfield.

With support from Michael Smith, Chair of the Co-ordination Group, he explained why there was no discussion item at this meeting and that he will ensure it is included for October's meeting.

He ended his opening remarks with the announcement by the Medical Director, Nisreen Booya, of her decision to retire at the end of September 2014. He invited Marios Adamou to say a few words in appreciation of her work and contribution to both the Trust and to healthcare. The Chair confirmed that a recruitment process is in place, which should be complete by Trust Board on 23 September 2014. This is a Trust Board appointment and will be reported to the Members' Council as soon as possible after the appointment is made.

### **MC/14/23 Declaration of interests (agenda item 2)**

**The Members' Council NOTED the individual declarations made and CONFIRMED the changes to the Register of Interests as set out in the paper.** There were no further declarations made.

### **MC/14/24 Minutes of the previous meeting held on 30 April 2014 (agenda item 3)**

**The Members' Council APPROVED the minutes from the meeting held on 30 April 2014.** There were no matters arising.

### **MC/14/25 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)**

#### The NHS and our partners

Ian Black began with a good news story following a report on national health services by the Commonwealth Fund. The NHS was considered to be the best health service when compared to other countries such as the USA, Germany, France and Sweden. Based on this assessment, how well is our Trust doing? He suggested three measures:

- quality and the views of our service users;
- how well the organisation is performing – our governance; and
- finance.

In terms of its risk ratings with Monitor, the Trust is green for governance and achieves a score of 4 (the highest) for finance. This puts the Trust in the top quartile of foundation trusts. He went on to comment that transformation of services is currently the most important area for this Trust to ensure effectiveness and efficiency of services in future, both in the short and longer term.

Partnership working is vital to the Trust and he commented on the current position at Barnsley Hospital NHS Foundation Trust (BHFT), which is working with Monitor and KPMG to address financial concerns. Another acute trust partner, Mid-Yorkshire Hospitals NHS Trust (MYT), has recently been inspected by the Care Quality Commission (CQC) and he invited Jules Preston, Chair of MYT, to comment on the experience and the outcome. Jules Preston confirmed that it had been a demanding and thorough process and the CQC was, on the whole, positive in its initial feedback. One area of interest for this Trust is an improvement in staff understanding of the Mental Capacity Act as identified by the CQC.

Ian Black went on to comment that this Trust will receive a visit before the end of 2015, but no dates are known as yet.

#### Quarterly monitoring

The Trust makes a return to Monitor on a quarterly basis and the submission is approved by Trust Board. This is primarily finance-based but the Trust also reports on targets and indicators, and areas of compliance, such as absence without leave, mixed sex accommodation, serious incidents and CQC visits. It also reports on other areas Monitor should be aware of, such as specialist commissioning and the Strategic Outline Case in partnership with Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Locala.

#### Specialist commissioning – secure services

The Members' Council was previously informed of the announcement by NHS England in April 2014 of the intention to reduce its budget allocations to trusts to meet the shortfall in specialist commissioning budgets. Following discussion at Trust Board, the Trust wrote to NHS England giving a strong case for its position and asking NHS England to review the budget allocation. The full budget originally agreed has now been allocated to the Trust.

#### Chief Executive honours

Although not present at today's meeting, Ian Black congratulated the Chief Executive, Steven Michael, who was awarded an OBE in the Queen's Birthday Honours list for services to healthcare. He was also recognised in the Health Service Journal's 'Care Integration 50', which identifies the 50 most influential people involved in the integration of health and social care services nationally, where he was ranked in the top ten at number six. Ian Black commented that this represents recognition for Steven Michael personally and also for the Trust.

#### Chief Executive's remarks

In the Chief Executive's absence, Alex Farrell updated the Members' Council on a number of areas.

- The agenda reflects that the Trust is at the end of one year and the beginning of a new year through presentation of the annual report and accounts, and the Quality Accounts, and presentation of the Trust's two-year operational and five-year strategic plans.
- Monitor has provided feedback on the Trust's two-year plan and is broadly supportive with two areas of risk identified in relation achievement of the cost improvement programme and potential loss of contract income.
- Monitor visited the Trust on 23 June 2014 as part of its annual programme of visits to foundation trusts. The visit was positive with a focus on the way committees work and the level and degree of challenge, the role of Trust Board in setting the strategic direction for the Trust, links to the Members' Council, priorities for the annual plan and the role of Trust Board in shaping this agenda.
- In terms of the five-year plan, there are three key aims.
  - To do the day job well.
  - To deliver the transformation of services supported by engagement and consultation with people who use services and staff. It cannot be underestimated how big a challenge this will present.
  - Manage our partnerships, which are vital for the sustainability and continued provision and delivery of services. This is exemplified in the Barnsley Pioneer work and the development of the vision for community services in the Strategic Outline Case for Calderdale and Greater Huddersfield.

### **MC/14/26 Trust annual report and accounts 2013/14 (agenda item 5)**

Peter Aspinall, as Chair of the Audit Committee, introduced this item and commented that the annual report and accounts are an important part of Trust governance arrangements. The Trust works closely with its external auditor, Deloitte, which is appointed by the Members' Council, in a spirit of openness and transparency. The annual report and accounts, along with the Quality Accounts, were approved by the Audit Committee on 23 May 2014 and submitted to Monitor.

Paul Thomson, Partner at Deloitte, took the Members' Council through the key highlights and findings from the audit. At the year-end, the Trust reported:

- a surplus of £3.8 million;
- an EBITDA margin of 6.4%;
- achievement of the cost improvement programme of £8.9 million;
- a year-end financial risk rating of 4; and
- a cash balance at the end of the year of £33.1 million.

Paul Thomson commented that this represents an excellent position for the Trust, particularly in comparison with others.

There were no significant issues as a result of the audit and an unqualified opinion on the annual report and accounts was issued. There was one audit adjustment in relation to a misstatement for a provision for HM Revenue and Customs (HMRC), which had been made prudently by the Trust. The Audit Committee supported the Trust's view that the provision should be retained until confirmation of HMRC's position. Two recommendations were made in relation to a formal, legally-binding agreement for the Dales and obtaining signed contract variations before rendering services covered by the variations. Both were accepted by management with an appropriate action plan in place.

Jules Preston asked if the level of cost savings was considered appropriate. Alex Farrell responded that it represented just under 4% of the Trust's income and was mainly comprised of efficiency savings. Future years are higher and will focus on transformation.

**The Members' Council RECEIVED the annual report and accounts for 2013/14.**

### **MC/14/27 Quality Report 2013/14 and external assurance review (agenda item 6)**

Tim Breedon introduced this item and began by saying that the Quality Report is a public statement of quality improvement activity throughout the year. It is an important statement; however, there are many other aspects monitored by the Trust to measure quality performance. Targets set are stretching and, in some areas, show an improvement but, for some, not quite at the level originally envisaged.

The Members' Council has been involved in the development and production of the Quality Report and this has been very helpful and important, particularly in terms of ensuring the document is clear and accessible. The Members' Council Quality Group as chaired by Michael Smith, also now looks in detail at the Trust's quality priorities and how it is addressing and progressing these.

Tim Breedon went on to highlight the good response from partners this year. He also commented on the 7-day follow up target. An issue arose the year regarding the scope of the target, which has now been resolved.

Paul Thomson took the Members' Council through the key highlights of the audit findings. The document was a well written and clear report, demonstrating real improvement over the last three years, particularly in comparison with other Trusts. Three indicators were tested for data quality; two were mandated by Monitor and one chosen by the Members' Council.

Advice was sought from Monitor on the Trust's position in relation to the 7-day follow up target on the content of the measure. Monitor did not require the Trust to re-state its position and additional narrative was agreed with Deloitte. Therefore, Deloitte was able to issue an unqualified opinion on the Quality Accounts.

All recommendations arising from Deloitte's testing were accepted by management and action is in train to address these.

**The Members' Council RECEIVED the Quality Accounts for 2013/14.**

### **MC/14/28 Trust five-year strategic plan 2014/15 to 2018/19 (agenda item 7)**

Alex Farrell introduced this item and provided a background to the decision by Monitor to require trusts to produce two-year operational and five-year strategic plans. Most trusts are relatively good at short-term planning; however, longer-term strategic planning falls short of what is needed, particularly in terms of understanding local needs and future demand, alignment with partners and commissioners' plans, and identification of large scale change.

The five-year strategic plan is very much based on the Trust's values and has been developed using a 'bottom-up' approach in consultation with local teams.

A key requirement of the plan is a declaration of sustainability by Trust Board over one, three and five years, clinically, operationally and financially. Trust Board considers that, in the current configuration, it is unlikely that any provider could make such a claim over five years and the Trust felt its position was sustainable to the end of year 3. To be sustainable, a different organisational form is needed providing services on a bigger footprint. The Trust's four-stage plan for sustainability was outlined encompassing:

- specialised commissioning;
- core NHS mental health regional services (consolidation and pathway development);
- local commissioning footprint, using payment by results to focus and streamline a specialist offer supporting third sector/alternative offer; and
- enabling communities in partnership with local authorities and public health by reducing use of statutory services, creating capacity in primary care through substitution to alternative cheaper capacity, creating social capital and self-directed support.

Bob Mortimer commented that a potential change in Government in May 2015 may produce further change and challenge; therefore, finances are uncertain. Ian Black responded that the declaration of sustainability expresses the Trust's confidence of its position. The Trust recognises the degree of change needed. Under its new Chief Executive, the NHS will publish a new five-year plan in October 2014. The Trust will, of course, respond, working to align its own plans with that of the wider NHS. Over the next three years, the Trust will work to ensure it is in as good a position as possible to meet the challenges ahead and to play a full part in developing alternative and new arrangements.

Claire Girvan asked for assurance that the Trust can maintain quality in year 1 and onwards given the cost improvements proposed. Alex Farrell responded that areas such as changes to shift patterns and the allocation of time for training are indeed subject to a Quality Impact Assessment to ensure quality is protected and operational safety maintained. Tim Breedon

added that the nature of parts of the plan for 2014/15 has required more detailed scrutiny and it has, therefore, taken longer to complete the Assessments. He commented that all plans are developed by services.

Nasim Hasnie commented that there is a very real difference between quality and standards. Services should be delivered to certain standards and the Trust is expected to deliver to these standards with reduced funding. There has to be a finite amount of efficiencies that can be found. Ian Black responded that he would be happy to have a wider discussion at the Members' Council on how the Trust ensures quality at a high level whilst still reducing costs.

Alan Davis commented that the wellbeing of staff and how the Trust supports staff working shifts is something the Trust needs to develop. The Trust takes the wellbeing of its staff very seriously and the effect on staff wellbeing and the quality of services delivered will be closely monitored as revised shift patterns are implemented. Hilary Brearley commented that BHFT has just introduced twelve-hour shift patterns and has noticed an increase in sickness absence. She would be happy to share intelligence with the Trust.

**The Members' Council NOTED the content of the Trust's five-year strategic plan and the declaration of sustainability**

**MC/14/29 Incident management annual report 2013/14 (agenda item 8)**

Tim Breedon presented the headlines from the annual report on incident management for 2013/14.

Andrew Hill asked if any of the pressure ulcer incidents arise from patients originating from the private sector. Tim Breedon responded that the Trust identifies avoidable and unavoidable incidents and focuses its improvement activity on those that are avoidable. Further work will be done to identify where pressure ulcers originate from to help commissioners support improvement activity with other organisations. Tony Wilkinson asked if there was a prevalence in any particular area. Tim Breedon responded that the incidents are mainly in Barnsley due to the services delivered by the BDU. Peter Walker asked if the Trust was working with other Trusts to minimise incidents. Tim Breedon responded that incident reports are reviewed with acute Trusts and commissioners for learning. Claire Girvan asked if this was a performance issue or an environmental issue. Tim Breedon responded that this will be part of the further analytical work to determine origin and causal factors.

Bob Mortimer asked if the Police bring serious cases directly to the Trust. Tim Breedon explained that the Trust is relatively well served with three Section 136 (place of safety) suites in Calderdale, which covers Calderdale and Kirklees, Barnsley and Wakefield. However, it is difficult to balance demand and resource, particularly at times of peak demand. The Trust has close working arrangements and agreements on the use of the service with the Police and local authorities. Trust nursing staff also work with the Police to understand different ways of working, pressures on services and priorities. The Government's Crisis Concordat also sets out how different organisations can and should work together to improve outcomes for people experiencing mental health crisis.

**MC/14/30 National staff survey 2013, wellbeing survey and Friends and Family test for staff (agenda item 9)**

Ashley Hambling presented feedback from the NHS staff survey and six-monthly wellbeing survey.

Claire Girvan asked what the response rate is for both surveys. Ashley Hambling responded that it is 50% of 850 for the national NHS survey and between 40 and 50% for the wellbeing survey, which covers all staff. In response to a question from Jackie Craven, Ashley Hambling responded that training and development covers all staff across all localities and all grades. The Trust looks at different and creative ways to deliver training.

Garry Brownbridge commented that staff are stressed due to the nature of the work they do and the cost efficiencies in place. He was concerned that the Trust is showing a surplus of £3.8 million and asked how this was spent and whether it could be spent on front-line staff. Alex Farrell responded that there was £4 million of additional investment in 2013/14 to address cost pressures and investment in service improvement. The surplus represents only 1% of Trust income and generates cash to fund capital developments, and maintain and improve services in areas such as Newton Lodge and the Calderdale hub.

Ian Black commented that the Trust is committed to continue with staff surveys and to learn from the outcomes. He would like to see the response rate increase and the Trust must encourage this by enabling staff to see that the Trust responds and acts.

Hazel Walker commented that communication between senior managers and staff was an area highlighted in both surveys and asked if this could be improved. Ian Black responded that a programme of senior staff visits is in place and increased visibility is a key development during 2014/15 given the numbers of buildings and locations services are provided from. Hilary Brearley commented that a similar issue arose in BHFT and the Trust went back to staff to seek qualitative information. She suggested it might be worth seeking clarification on what staff see as 'senior management'. The Trust has also increased its response rates to the national survey and she would be happy to share this information.

Nasim Hasnie asked what the Trust is doing to improve the positive response from staff to recommend Trust services and as a place to work. Ashley Hambling responded that work is ongoing to identify ways to improve the response rate. Claire Girvan commented that this is a difficult question for staff to answer as they might not be aware if it was for their own service or the wider Trust, and it may therefore, affect how they answer.

Alan Davis commented that the local survey can tailor questions to staff and drill down responses to individual teams and units to see differences. The challenge is to respond to the findings and act appropriately. Responses are confidential, no group is analysed below eight staff and the Trust does not have any detailed information on individual responses. The Trust cannot identify any individual nor would it want to. John Haworth suggested that staff should be offered alternative ways to complete the survey.

#### **MC/14/31 Performance report Quarter 1 2014/15 (agenda item 10)**

Alex Farrell took the Members' Council through the key points from the quarter 1 report.

#### **MC/14/32 Monitor Code of Governance (agenda item 11)**

**The Members' Council RECEIVED the report on the Trust's compliance with Monitor's Code of Governance.**

#### **MC/14/33 Membership of the Nominations Committee (agenda item 12)**

*Marios Adamou and Nasim Hasnie left the meeting for this item.*

**The Members' Council unanimously AGREED the appointment of Marios Adamou and Nasim Hasnie to the Nominations Committee.** On re-joining the meeting, Ian Black congratulated both on their appointment and thanked them for putting themselves forward.

**MC/14/34 Membership of the Foundation Trust Governors' Association (agenda item 13)**

Tony Wilkinson commented that he was supportive of the proposal and that, if the Foundation Trust Governors' Association was not viable, the Foundation Trust Network was probably the only place to ensure the governor's voice continues to be heard.

**The Members' Council SUPPORTED the proposal for the Foundation Trust Governors' Association to become part of the Foundation Trust Network and for the Chair to use the Trust's vote in support of this proposal.**

**MC/14/35 Date of next meeting (agenda item 14)**

The next meeting will be held in the morning of Friday 24 October 2014 in the large conference room, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF. The dates for 2015 were confirmed as:

- Friday 30 January 2015 morning meeting, conference room 2, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF (this will include the annual joint meeting with Trust Board);
- Wednesday 29 April 2015 afternoon meeting, large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP;
- Friday 25 July 2015 afternoon meeting, Legends Suite, Oakwell Stadium, Barnsley FC, Grove Street, Barnsley, S71 1ET; and
- Wednesday 4 November 2014 afternoon meeting, large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

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