



With all of us in mind

Minutes of the Members' Council meeting held on 30 January 2015

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

MC/15/01 Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting.

MC/15/02 Declaration of interests (agenda item 2)

There were no additional or further declarations made; however, Jules Preston asked the Members' Council to note that Mid-Yorkshire Hospitals NHS Trust is part of a different partnership to this Trust tendering for Care Closer to Home services in Kirklees. This was not considered to be a significant conflict of interest given the agenda for this meeting.

MC/15/03 Minutes of the previous meeting held on 24 October 2014 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 24 October 2014. The action points were noted and there were no matters arising.

MC/15/04 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Ian Black began his remarks by commenting on the joint meeting with Trust Board, which follows this meeting and is Governors' opportunity to influence Trust strategic direction and the annual plan. He went on to comment that Governor annual reviews have now started and his aim is to complete these by the end of February 2015. He will ensure there is an agenda item for April's meeting to look at common themes and features. One theme emerging so far is that small group working is the preferred option for many Governors.

Ian Black went on to say that he was pleased to inform the Members' Council that an 'outstanding' rating had been given to another service in Barnsley – the musculo-skeletal service – which is the third service in the district to receive such a rating. He was of the view that the visits programme was an excellent initiative and fits well with the 15 Steps Challenge, which Governors are involved in.

Ian Black also mentioned the policy announcement from Nick Clegg, Deputy Prime Minister, regarding the model for suicide prevention adopted in Detroit. Whilst this was laudable and commendable, his concern is how this would work in the current arrangements in the NHS. Quite rightly, there is detailed investigation and review into each of the Trust's (secondary care) serious incidents with recommendations from which the Trust can learn; however, no agency will know the full extent of suicides in its area and his concern is the lack of investigation into suicides where individuals were not receiving care from the Trust or were no longer in receipt of Trust services/secondary care. He is involved in a national initiative to look at this through NHS Providers.

Ian Black commented on the Trust's sickness absence performance, currently at 4.6% against a target of 4% with varying performance across the Trust. Trust Board, through the Remuneration and Terms of Service Committee, will look at whether the target is the right one as part of planning for 2015/16, developing an evidence-based target with a clear rationale for the target set. Adrian Deakin asked if the Trust could measure sickness from a different aspect, such as hours lost. Ian Black responded that the target currently is an aspirational one and current performance puts the Trust as a top performer in the North of England and in the top 20% nationally; however, he will certainly ask the Committee to consider alternative ways of assessing absence on an evidence base to support a realistic and achievable target for 2015/16 and beyond.

Under his remarks, Steven Michael also commented on the 'outstanding' rating given to the musculo-skeletal service in Barnsley and why it was given such a rating. He took part in the visit and commented that it was clear that staff are delivering the service required of them with positive feedback from service users and an excellent standard of care. He commented on the efficient and robust admin system, the understanding by staff to effectively manage

risk in clinical activity and the effective management of the hub/spoke arrangements operating in the service.

He went on to talk about the General Election in May 2015 where it is clear that the NHS will be a central issue. The Five-Year Forward Vision, setting out the vision for the NHS, is a sensible document and the Trust is supportive of the direction of travel; however, the organisational and institutional model is not set up to deliver in a way the vision suggests and presents a significant challenge to effect change. The Dalton Review sets out options for models for provider organisations. Organisations will need to be 'credentialised' if they wish to be part of this process and the Trust will go through this process alongside the huge challenge faced within the NHS and by the Trust itself to remain sustainable and viable. Public satisfaction with the NHS is running at its highest level with a public perception that the NHS is doing a good job in increasingly difficult circumstances.

'Parity of esteem' provides for an increased level of attention for mental health at national level and will form a key part of national policy; however, resources are needed against a backdrop of difficulties in other sectors of the NHS, for example, acute trusts. Staying true to its values and goals is, therefore, very important to ensure the Trust continues to deliver services to the best possible standard. Areas of concern do remain, such as child and adolescent mental health services in Calderdale and Kirklees. The Trust continues to work hard to address issues; however, it is very obvious that further investment is required, particularly in crisis services.

He ended by saying that he is part of a national group to review leadership and management within the NHS with the aim to empower staff at all levels.

Andrew Hill commented on the plan by Barnsley Council to de-commission 30 intermediate care beds. Sean Rayner responded that the Council and Clinical Commissioning Group continue to consider the potential de-commissioning from 31 March 2015. This would result in a significant gap and create additional issues for services supporting individuals in their own homes and care homes, which the Trust would not currently be able to support. Steven Michael added that it would also present difficulties for Barnsley Hospital NHS Foundation Trust in terms of delayed discharge. Hilary Brearley commented that beds in the community are not suitable for accepting people in hospital who need to be discharged; therefore, a different configuration is needed, which may result in the need for fewer beds.

In response to a question regarding the methodology to come to a rating for Trust visits, Steven Michael responded that the visits programme is based on the Care Quality Commission (CQC) framework covering five domains of safe, caring, responsive, effective and well-led. It is a team approach, which reviews a body of evidence prior to a visit. The team agrees who will review which areas during the visit, which includes talking to service users and carers, and staff. Following the visit, the team agrees the rating for each domain and then comes to an agreement on an overall rating.

Michael Smith asked if any services require improvement. Steven Michael responded that there are. For example, child and adolescent mental health services would rate as 'requires improvement' rather than inadequate given the amount of resource and effort the Trust has put in to stabilise the service and make it work since its transfer. Tim Breedon explained to the Members' Council the action taken by the Trust, the key areas of improvement, the challenges and action needed; however, the Trust recognises that progress has not been as quick as it would have wanted. Funding and the commissioning model for the service are part of the challenge. He suggested an update to the next Quality Group meeting. Adrian Berry added that the Trust may come to the conclusion that the model as currently configured will not deliver an adequate service. Ian Black confirmed that the Clinical

Governance and Clinical Safety Committee will continue to scrutinise and monitor progress against the action plan on behalf of Trust Board.

In response to an issue raised by Bob Mortimer, Ian Black commented that a key issue currently is how health and social care work together and how services can work together and integrate to the benefit of service users and carers rather than focus on differences and lines of responsibility.

Ian Black went on to comment on the quarterly return the Trust makes to its Regulator, Monitor, reporting both detailed financial information and items 'by exception'. The report demonstrates to Monitor that the Trust is aware of areas of risk and where it needs to focus improvement activity.

MC/15/05 Performance report Quarter 3 2014/15 (agenda item 5)

Alex Farrell took the Members' Council through the key highlights from the quarter 3 report and the performance dashboard. The full report can be found on the Trust's website.

Tim Breedon commented on the two outstanding CQC compliance issues and confirmed that the Trust has completed the actions agreed with the CQC. The CQC has been notified but there is no indication of when it will re-visit to close and remove the compliance actions. He also commented that the planned themed review of crisis services in Barnsley by the CQC will be re-scheduled.

Adrian Deakin asked how the Trust determines what training is mandatory and what is essential for a service. Alan Davis responded that specialist advisers define what is needed linked to national guidance and Trust priorities. This tends to be a generalised approach rather than risk-based and in 2015/16 the Trust will seek to support managers to determine what is mandatory and what is essential in their area. The Trust will also look to improve access to training for staff and ways of enabling managers to gauge how their service is performing. Clare Girvan commented that a lot of work has been done by the Trust; however, it is part of an individual member of staff's professional responsibility to ensure they carry out their own mandatory training. Alan Davis agreed that this should be a joint approach being just as much staff responsibility as the Trust's to ensure training is undertaken.

In response to a question from John Haworth, Tim Breedon commented that there would be a focus on enhancing the provision of training through a two-pronged approach to make training available in the best possible way and to ensure services are able to release staff.

Alex Farrell also took the Members' Council through the current financial position, plans to utilise additional surplus and the cost improvement programme. Alan Davis outlined the current capital position and the reasons for the underspend. Clare Girvan asked if there were any areas of risk. Ian Black responded that sometimes plans have to change to reflect changing priorities or changes in circumstances and there will be areas where the Trust does not achieve its plan; however, the Trust does robustly measure performance against its targets and plans to ensure it is aware of areas of underperformance with mitigating action in place to address. Alex Farrell commented that there has been a significant amount of substitution where alternative cost improvements have been found, particularly in areas where the original cost saving was found not to be achievable in part or in full.

Jules Preston asked if the Trust would use its operational surplus and additional cash to improve payment of invoices to suppliers, particularly local suppliers. Alex Farrell responded that there had been a radical review last year of how the Trust organises creditor payments

and she agreed that there was room for improvement. The Trust aims to increase the proportion of items purchased through purchase orders, which will speed up payment.

Garry Brownbridge asked if the cost improvement programme was harsh. His particular concern was where staff leave and there is doubt whether they will be replaced. Alex Farrell responded that the report presents the quarter 3 position and the predicted spend on pay increases in the next quarter as vacancies are filled. Most of the end-of-year surplus will be attributable to re-valuation of estate and not through under-delivery of cost savings. Garry Brownbridge responded that staff are leaving and not being replaced. Ian Black responded that the Trust focuses on recurrent figures, which show the underlying position. The Trust cannot invest and improve if it does not make a surplus and is not financially sustainable. Helen Wollaston added that Trust Board does look at the level of vacant posts and whether this is having an impact on the quality and delivery of services, and to ensure the Trust has the capacity to deliver safe and effective services. It will continue to do so and, if there are specific examples, then the Trust needs to know. Steven Michael commented that the Trust's response is to ensure there is clarity of service vision and offer as this provides more certainty in its plans. The Trust works with staff side, holding both formal meetings and detailed financially-focussed meetings. Staff are able to feed any concerns to staff side. Alex Farrell added that the Trust uses service line reporting to understand its resources at team level and how resource can be managed better to ensure the Trust is getting best value for money and utilises resources to the best effect across all Trust services.

Hazel Walker asked if there was one particular area that is a problem as some areas are achieving. Ian Black responded that the Trust does not see particular services as a 'problem'. The most difficult and constant issue facing the Trust is to improve quality whilst reducing its cost base. This is being managed well at all levels but remains difficult. Alex Farrell added that this is one reason why the Trust has invested in a health intelligence and innovation function to use data and evidence to measure its performance and to benchmark with others.

MC/15/06 Data breaches – Freedom of Information request (agenda item 6)
The Members' Council NOTED the report.

MC/15/07 Members' Council business items (agenda item 7)

Chair re-appointment (agenda item 7.1)

Ian Black left the meeting for this item.

Michael Smith assumed the Chair for this item and explained that it was the clear view of the Nominations Committee that Ian Black has been an excellent and effective Chair and was happy to recommend that the Members' Council re-appoints Ian Black as Chair for a further three years.

The Members' Council APPROVED the proposal to re-appoint Ian Black as Chair of the Trust for a further period of three years from 1 May 2015 to 30 April 2018.

Members' Council elections (agenda item 7.2)

Dawn Stephenson explained that there would be a more detailed outline of the timescales for the elections when the award of the contract for election services is made. **The Members' Council NOTED the paper.**

Ian Black informed the Members' Council that Tony Wilkinson's term as Lead Governor ends on 30 April 2015, as agreed by the Members' Council, although his term of office as a governor ends on 30 April 2016. He thanked Tony for his time as Lead Governor and commented that he has found it immensely useful as Chair to have someone to discuss

issues with and to seek sound advice. There would, therefore, be a vacancy for the role of Lead Governor from 1 May 2015. He outlined the three key aspects to the role:

- to act as a sounding board and provide advice to the Chair;
- to be the contact for Monitor outside of Trust Board if the Trust has major difficulties or issues; and
- to form a view and advise other governors if/ when the Trust is involved in a significant transaction.

The process is managed by the Nominations Committee and is open to publicly elected governors. He ended by commenting that this is a significant appointment and should not be undertaken lightly. He asked individuals to come forward either directly to him or to Bernie Cherriman-Sykes.

Internal and external audit arrangements (agenda item 7.3)

The Members' Council NOTED the paper from the Chair of the Audit Committee and that the Trust is seeking two governors to support the process to appoint the Trust's external auditors.

Quality review of audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales (agenda item 7.4)

The Members' Council NOTED the report.

NHS Providers – elections to Governor Policy Board (agenda item 7.5)

The Members' Council NOTED the report. Ian Black informed the Members' Council that two individuals had put themselves forward for election to the Governor Policy Board, Marios Adamou and Michael Smith. He will discuss with both candidates and agree who should put themselves forward as the Trust's nominee. He will also raise his concern regarding the process, which may not necessarily provide the best calibre of governors within the required timescale.

Ian Black also informed the Members' Council that NHS Providers has circulated information on a conference for governors in April 2015 and the Trust is able to send two volunteers. He encouraged Governors to put themselves forward as a key theme from Governor reviews is the benefit of training events and conference such as these to network and share ideas.

Quality Accounts 2014/15 – mandated indicators (agenda item 7.6)

Tim Breedon introduced this item and proposed the selection of delayed transfers of care and seven-day follow up from the mandated indicators. Steven Michael commented that both support key clinical priorities for the Trust and, therefore, contribute to effective clinical practice. **The Members' Council APPROVED the selection of delayed transfers of care and seven-day follow up as mandated indicators.**

For the local indicator, Tim Breedon suggested an indicator based on pressure ulcer incidents related to improvement and reporting as this is a key performance area for Trust Board and the Clinical Governance and Clinical Safety Committee. He suggested taking this back to the Members' Council Quality Group in February 2015 for further discussion. **The Members' Council APPROVED the proposal to adopt a local indicator around pressure ulcers and for the detail to be agreed by the Members' Council Quality Group.**

Jeremy Smith asked how many suicides there have been in hospital and how many prevented if an individual is in hospital. Helen Wollaston replied that there had been one incident on an in-patient ward; however, the second part of the question was impossible to answer. Care and treatment is reviewed in each serious incident to learn lessons. Tim Breedon added that there is some information in the serious incident annual report on

suicide prevention, which he would be happy to share. Diane Smith commented that, nationally, 26% of all suicides are in touch with services and there is some empirical evidence that the Trust can use to support its annual reporting in this area.

MC/15/08 Any other business

Non-Executive Director vacancies

Ian Black informed the Members' Council that the terms of office for two Non-Executive Directors come to an end during 2015 and the Trust will lose, collectively, twelve years' service. This forms a key part of the Trust's governance arrangements and the benefits of a board that refreshes itself are very clear. Peter Aspinall will leave the Trust at the end of April 2015 and Helen Wollaston at the end of July 2015. The recruitment process is overseen by the Nominations Committee. The Trust held an open evening on 15 January 2015 to encourage people to apply, which was a very successful event and it was encouraging to see such a diverse group of people with real interest in the Trust considering applying. The formal process begins on 8 February 2015 with an advertisement in the Sunday Times and the process is supported by Penna to ensure openness and transparency.

MC/15/09 Date of next meeting (agenda item 8)

The next meeting will be held in the afternoon of Wednesday 29 April 2015 in the large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

Ian Black reminded Governors that there will be an opportunity to visit the Trust's museum on the Fieldhead site and the start time of the meeting will be adjusted accordingly to allow for this. He encouraged Governors to attend early to visit the museum and it was his intention to ask for views and feedback at the beginning of the next meeting.

Signed **Date**