



With all of us in mind

Minutes of the Members' Council meeting held on 12 February 2016

Present:	Marios Adamou Stephen Baines Ian Black Garry Brownbridge Jackie Craven Andrew Crossley Adrian Deakin Claire Girvan Nasim Hasnie John Haworth Andrew Hill Ruth Mason Bob Mortimer Daniel Redmond Michael Smith Peter Walker Tony Wilkinson David Woodhead	Staff – Medicine and pharmacy Appointed – Calderdale Council Chair of the Trust Staff – Psychological Therapies Public – Wakefield 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 Public – Calderdale Public – Calderdale (Lead Governor) Public – Wakefield Public – Calderdale Public - Kirklees
In attendance:	Adrian Berry Tim Breedon Bernie Cherriman-Sykes Laurence Campbell Jon Cooke Rachel Court Alan Davis Charlotte Dyson Alex Farrell Julie Fox Kate Henry Jonathan Jones Steven Michael Sean Rayner Dawn Stephenson Karen Taylor	Medical Director Director of Nursing, Clinical Governance and Safety Integrated Governance Manager (author) Non-Executive Director Interim Director of Finance Non-Executive Director Director of Human Resources and Workforce Development Non-Executive Director Deputy Chief Executive Deputy Chair Director of Marketing, Engagement and Commercial Devel. Non-Executive Director Chief Executive District Director, Barnsley and Wakefield Director of Corporate Development District Director, Calderdale, Kirklees and Specialist Services
Apologies:	Michelle Collins Emma Dures Michael Fenton Manvir Flora Chris Hollins Susan Kirby Margaret Morgan Jules Preston Hazel Walker	Appointed – Wakefield Council Appointed – Barnsley Council Public – Kirklees Appointed – staff side organisations Public – Wakefield Public – Kirklees Appointed – Barnsley Council Appointed – Mid Yorkshire Hospitals NHS Trust Public – Wakefield

MC/16/01 Welcome, introduction and apologies (agenda item 1)

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

MC/16/02 Declaration of interests (agenda item 2)

There were no further declarations over and above those already made by governors.

MC/16/03 Minutes of the previous meeting held on 6 November 2015 and action points from the development session held on 13 October 2015 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 6 November 2015. There were no matters arising.

With regard to the development session held on 13 October 2015, Ian Black commented that he was disappointed that more governors had not been able to attend. He would like to invite Deloitte to facilitate another session as it is important that the Members' Council receives assurance from other sources aside from the Trust, particularly internal and external audit, and he saw this as part of development activity for governors. He undertook to discuss this further at the next Co-ordination Group meeting.

MC/16/04 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Budgets and annual planning

Ian Black began his remarks by commenting that governors will be aware of the financial challenges facing the NHS currently; however, a new development for annual planning in 2016/17 is the introduction of a 'control total' by NHS Improvement (the organisation that combines Monitor and the NHS Trust Development Agency). A 'control total' of £1.2 million has been set for this Trust. As a foundation trust, the Trust sets and approves its strategic and financial plans and its level of surplus. The Trust is happy to accept guidance and input into its planning process and understands the national position; however, Trust Board, and, in turn, the Members' Council, has to be confident that the Trust can meet its plans and this will include consideration of the implications of the 'control total' from NHS Improvement.

Michael Smith asked if the 'control total' is mandatory and what the implications would be for funding for the Trust. The Chief Executive, Steven Michael, responded that being a foundation trust means a number of freedoms and flexibilities are open to the Trust in relation to its financial plan and Trust Board can determine an appropriate financial position, which the Trust expects to retain to invest in its services. It is difficult for an external body to determine a trust's position without knowledge of its detailed position, commitments and local challenges. Trust Board's view, therefore, is to appreciate the advice and guidance, recognising the challenge for the NHS nationally and that the Trust is part of a broader system. The Trust will complete its annual plan and budget by the end of March 2016 taking into account the Trust's income and investment in services, and will work towards meeting the guidance provided by NHS Improvement.

IB confirmed that the annual planning and budgeting process has begun. Governors will remember that the Trust made a sustainability declaration last year and real challenges remain going forward. A full report will come to the next meeting.

Care Quality Commission (CQC) visit

Covered in more detail under agenda item 8.

IB commented that it is difficult to anticipate the outcome although the Trust's aspiration would be to achieve at least a 'good' rating.

Governor reviews

Governor reviews with the Chair are well underway. These are now a far more two-way discussion and governors are far more proactive with identifying the tools they need, demonstrating an aspiration to be a better governing body with a desire to really make a difference, and identifying where there are gaps.

Steven Michael began by comments with the Prime Minister's announcement that mental health is a priority for the Government. This is very welcome and is a recognition of the challenges faced by the sector; however, there are no new funds available, therefore, commissioners have to see mental health as a priority. Lord Crisp's report into acute adult psychiatric care in England has been published and concluded that people are travelling too far to access treatment. Out-of-area treatment will, therefore, be eliminated by 2017 and four-hour waiting targets will be introduced. Again, this is very welcome as long as it does not lead to a target-driven culture. This report reinforces the development of the West Yorkshire Urgent and Emergency Care Vanguard to improve services through integrated working across the county.

Adrian Deakin asked if there was additional funding for child and adolescent mental health services (CAMHS). Steven Michael responded that there is further investment and the Trust has been invited to express an interest in developing enhanced Tier 3/4 CAMHS and is working with Leeds and York Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust to take this forward.

Steven Michael also commented that Barry Sheerman, MP for Huddersfield, has invited him to join a Westminster Commission on Autism reporting in May 2016. The focus of the review is fair access to healthcare and treatment.

He ended by congratulating Paula Phillips, Service Manager/Nurse Consultant in Forensic CAMHS, who was honoured in the New Year's Honours with a MBE. The Trust's previous Medical Director, Nisreen Booya, was also honoured with a MBE for services to healthcare, particularly mental health.

MC/16/05 Potential implications for the Trust arising from the Southern Health NHS Foundation Trust concerns (agenda item 5)

Tim Breedon took the Members' Council through the background to the paper and the assurance provided to Trust Board regarding the Trust's approach to serious incident management. Julie Fox commented that the Clinical Governance and Clinical Safety Committee receives a quarterly report on serious incidents, trends, themes and learning lessons as well as an annual report, which is also presented to Trust Board and the Members' Council. As Chair of the Committee, she also receives notification of all serious incidents, which is very sobering.

John Haworth commented that the report only covers 5 to 10% of unexpected deaths. He asked about the others and whether the Trust was looking at ways to review these. Tim Breedon responded that people in contact with Trust services are part of the Trust's systems and processes; however, there are a number of people not known to Trust services and the Trust is very keen to link with the wider system on suicide prevention. Clinical commissioning groups are keen to take this forward but there are issues for Coroners in releasing information. The Urgent and Emergency Care Vanguard will help put pressure in the system for further work.

Bob Mortimer asked whether the Trust has contact with forces personnel who are referred to services in Birmingham. Tim Breedon responded that there would be a link if the individual had contact with Trust services but, otherwise, the Trust would not be aware.

Tony Wilkinson asked whether the Freedom of Information request from the BBC could include any additional information not readily available. Tim Breedon responded that the Trust's response includes information already in the public domain and immediately available. Tony Wilkinson also asked if it was not mandatory for staff to report unexpected

deaths. Tim Breedon responded that the Trust encourages and supports an open and transparent reporting culture and he will look to change the wording in the report.

Adrian Deakin asked about interoperability of systems. Tim Breedon responded that all Trust staff are aware of the need to record on Datix although the Trust is aware that there are some instances where information has to be duplicated due to different systems in use within different organisations.

Claire Girvan asked if sufficient resource was in place for supported reading. Tim Breedon responded that the Trust works hard to ensure resources are in place although there are occasions when there is pressure on the timing of this.

Steven Michael commented on the useful summary of the Mazars Southern Health report from Mills and Reeve, which particularly highlighted cultural issues within Southern Health at the time. He also commented that no-one should lose sight of the young man whose death led to the review and the report in the first place.

Michael Smith asked how the Trust can be sure there is no Southern Health on the horizon at this Trust. Julie Fox responded that the Trust has good systems in place and this is evidenced by reports to the Clinical Governance and Clinical Safety Committee, which highlights the robustness of these systems. Feedback from families is also very positive. She accepted that no system is perfect; however, she is assured by the Trust's practice. Ian Black added that the Trust should indeed learn lessons but this should be from the best in the sector not necessarily from the worst.

Steven Michael commented on the announcement earlier in the day from the Secretary of State for Health regarding the imposition of new contracts on junior doctors. This is unprecedented in the NHS and the escalation of industrial action will have an impact on Trust services.

MC/16/06 Mandatory and local indicators for the Trust's quality accounts (agenda item 6)

The Members' Council noted that the Quality Group selected gate kept admissions and delayed transfer of care as mandatory indicators for testing, and care planning, in particular whether a care plan has been completed, implemented and reviewed, as the local indicator.

MC/16/07 Performance report Quarter 3 2015/16 (agenda item 7)

Ian Black introduced Jon Cooke, interim Director of Finance, who joined the Trust on 4 January 2016. Alex Farrell then took the Members' Council through the performance highlights and explained the position in relation to improving access to psychological therapies. The Trust is reporting a performance of 71.6% on the six-week access indicator against a target of 75%. This is due to a reduction in capacity as a result of vacancies and maternity leave. The indication from a review of January 2016 data is that the Trust is on target to achieve this in month 10.

Trust clinical information system

She went on to explain the position with the Trust's mental health clinical information system.

A major upgrade was undertaken at the end of November 2015 following detailed testing. She outlined the issues following implementation and the work undertaken to resolve these. Trust Board and the Board's Information Management and Technology Forum were informed. Issues were subsequently found, which the Trust is currently working to resolve

and she very much appreciated staff resilience in coping with the situation. There will be a review of the options open to the Trust by the Executive Management Team and the Trust is in dialogue with the supplier regarding recourse.

Tony Wilkinson asked if clinical staff were aware of the issues and the implications for patients. Adrian Berry responded that clinicians are very much aware as the issues impact on an individual's ability to access and use the clinical information system. Contingency arrangements are in place to limit the impact on patients but there will be an impact in terms of having to run dual systems as an interim measure. Staff concerns centre on their confidence in the system. Marios Adamou commented that the issues have not interrupted patient care but, if the situation was to continue for a prolonged period, this would be a worry.

Steven Michael added that there is only one supplier in the market; therefore, the Trust is tied to using the current contractor. The Trust has commissioned an independent review of the implementation from its external auditor, Deloitte. Alex Farrell also confirmed that this has been treated as a serious incident.

Tony Wilkinson asked whether the Trust has involved governors and Non-Executive Directors in a timely way. Ian Black responded that Non-Executive Directors were informed through Trust Board, the Information Management and Technology Forum, which he chairs, and through serious incident reporting. He was of the view that Non-Executive Director involvement had been timely and appropriate. In relation to governors, the incident took place very near to the last meeting and was, at the time, operational in nature. His judgement, therefore, was that the situation was being managed effectively and it was not necessary to communicate to the Members' Council at that time. Alex Farrell commented that, although the issues arose from the implementation, it was only in January 2016 that significant issues came to light and were reported to the Information Management and Technology Forum on 5 January 2016 and Trust Board on 29 January 2016. The position was only really clear towards the end of January 2016 so the Members' Council meeting today is very timely.

Steven Michael commented that the Trust will use internal audit and the independent review to assess whether internal controls could or should have identified issues and problems.

Finance update and other performance issues

Jon Cooke took the Members' Council through the financial position. John Haworth asked how the Trust could now plan for a surplus when it is not achieving its cost savings target. Jon Cooke responded that contingencies in the plan are used to offset underperformance. Ian Black commented that Trust Board is confident that the Trust will achieve its end-of-year forecast. Laurence Campbell added that, although non-recurrent substitutions will fill the gap, this may present issues for 2016/17.

Stephen Baines asked about the early intervention in psychosis target. Alex Farrell responded that the target is set historically on an assumption of numbers and this has not changed over time. In 2016/17, a whole suite of new, more relevant indicators will be introduced.

Ian Black clarified that commercial negotiations are currently in place to dispose of a piece of land owned by the Trust and this will be included in the report at quarter 4.

Garry Brownbridge commented that the improving access to psychological therapies service is small and works at primary care level. The Trust also has psychological therapy services across its districts at secondary care level and these also have targets, which are being met.

He suggested it would be fairer to reflect performance across Trust services to give a balanced picture.

Adrian Deakin expressed a concern regarding agency costs at the six-month point. Alex Farrell responded that agency costs are monitored closely. A cap has been introduced nationally through a phased approach and the Trust is compliant with national requirements. A key issue is the ability to recruit speciality doctors and agency staff are used to cover the work. Work has begun to develop a more sustainable workforce model to reduce and limit the need for agency staff.

John Haworth asked about the vacancy rate. Alex Farrell responded that the Trust is currently working through the metrics and it will be reported in quarter 4.

MC/16/08 Care Quality Commission – preparing for our inspection (agenda item 8)

Ian Black commented that the Trust took the decision not to commission an independent assessment of readiness. Trust Board considers this to be a good Trust, which is aware of its weaknesses. He was pleased with the thoroughness and robustness of preparation, particularly the programme of unannounced and announced visits. Also, there are people within the Trust who have taken part in or chaired visits or are expert advisers to the CQC. He confirmed that the Trust's report would be published on its website.

MC/16/09 Trust Board appointments (agenda item 9)

Re-appointment of Non-Executive Director (agenda item 9.1)

Jonathan Jones left the meeting for this item.

Ian Black outlined the rationale and the exceptional circumstances influencing the proposal. **The Members' Council APPROVED the proposal to re-appoint Jonathan Jones for a further year to 31 May 2017.**

Ratification of Chief Executive appointment (agenda item 9.2)

Ian Black explained the process undertaken culminating in interviews on the 10 and 11 February 2016. It was the unanimous view of the panel to appoint Rob Webster, currently Chief Executive of the NHS Confederation and with previous Chief Executive experience in Leeds and Calderdale. He believed it was an excellent appointment for the Trust. He confirmed that Rob Webster has accepted the offer. **The Members' Council RATIFIED the appointment of Rob Webster as Chief Executive of the Trust.**

MC/16/10 Members' Council business items (agenda item 10)

Members' Council elections (agenda item 10.1)

The report from Dawn Stephenson was noted.

Members' Council work programme (agenda item 10.2)

The Members' Council APPROVED the work programme for 2016.

MC/16/11 Date of next meeting (agenda item 11)

The next meeting will be held in the morning of Friday 6 May 2016 at the Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER.

On behalf of the Members' Council, Michael Smith thanked Steven Michael and expressed his appreciation for his time as Chief Executive of the Trust. He is leaving the Trust in a

great place and the Members' Council is happy that his successor has such a good legacy to build on. He also thanked Steven for his personal support and wished him well for the future. Steven Michael responded that this had been a long journey for the Trust. The organisation is rooted in its communities, which is reflected in an involved and engaged membership able to challenge, with the type of Members' Council the Trust should have and deserves, and which is treated with dignity and respect by the Board and all in the organisation.

Signed **Date**