

Minutes of the Members' Council meeting held on 22 July 2016

Present:	Shaun Adam	Public – Barnsley
	Ian Black	Chair of the Trust
	Jessica Carrington	Appointed – Wakefield Council
	Bob Clayden	Public – Wakefield
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Trudi Enright	Public – Calderdale
	Claire Girvan	Staff – Allied Health Professionals
	Stefanie Hampson	Appointed – Staff side organisations
	Nasim Hasnie	Public – Kirklees
	Andrew Hill	Public – Barnsley
	Carol Irving	Public – Kirklees
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Mortimer	Public – Kirklees
	Chris Pillai	Appointed – Calderdale Council
	Daniel Redmond	Public – Calderdale
	Caroline Saunders	Appointed – Barnsley Council
	Phil Shire	Public – Calderdale
	Jeremy Smith	Public – Kirklees
	In attendance:	Hazel Walker
Peter Walker		Public – Wakefield
Adrian Berry		Medical Director
Tim Breedon		Director of Nursing, Clinical Governance and Safety
Mark Brooks		Director of Finance
Laurence Campbell		Non-Executive Director
Bernie Cherriman-Sykes		Integrated Governance Manager (author)
Rachel Court		Non-Executive Director
Charlotte Dyson		Non-Executive Director
Julie Fox		Deputy Chair
Carol Harris		Director of Forensic and Specialist Services
Kate Henry		Director of Marketing, Engagement and Commercial Devel.
Paul Hewitson		Director, Deloitte
Chris Jones		Non-Executive Director
Jonathan Jones		Non-Executive Director
Diane Smith		Director of Health Intelligence and Innovation
Dawn Stephenson		Director of Corporate Development
Karen Taylor		District Director, Calderdale and Kirklees
Rob Webster		Chief Executive
Apologies:		Marios Adamou
	Garry Brownbridge	Staff – Psychological Therapies
	Adrian Deakin	Staff – Nursing
	Michael Fenton	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Chris Hollins	Public – Wakefield
	Sarah Kendal	Appointed – University of Huddersfield
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Richard Smith	Appointed – Kirklees Council
	Gemma Wilson	Staff – Nursing support
David Woodhead	Public – Kirklees	

MC/16/24 Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting, in particular newly elected governors attending their first meeting, namely Trudi Enright (Calderdale), Shaun Adam (Barnsley) and Phil Shire (Calderdale). He also welcomed newly appointed local authority

governors attending their first meeting, namely Jessica Carrington (Wakefield), Chris Pillai (Calderdale) and Caroline Saunders (Barnsley). Richard Smith has also been appointed by Kirklees Council but was unable to attend this meeting. He thanked local authority governors leaving the Members' Council – Stephen Baines (Calderdale), Michelle Collins (Wakefield) and Emma Dures (Barnsley). He also welcomed Rob Webster, Chief Executive, and Mark Brooks, Director of Finance, attending their first Members' Council meeting following appointment in May and June 2016 respectively.

MC/16/25 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.

MC/16/26 Minutes of the previous meeting held on 6 May 2016 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 6 May 2016. There was one matter arising relating to the Chair's appraisal (MC/16/12). Julie Fox reported that the outcome of the Chair's appraisal has been delayed and a paper will be circulated to the Members' Council before the next meeting for formal consideration in November 2016.

The action points were noted.

MC/16/27 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Chair's report

Ian Black began his remarks by commenting that he continued to work towards his objective for this year "to get out more" and had recently been appointed as Chair of the Finance and General Purposes Committee for NHS Providers' Board.

He also provided feedback from the Trust Board meeting on 19 July 2016 and encouraged all governors to attend Trust Board meetings as they provide the best opportunity to fulfil the Members' Council's duty to hold Non-Executive Directors to account. The main areas for discussion were the Care Quality Commission (CQC) inspection outcome and the Trust's financial position.

Chief Executive remarks

Rob Webster began his remarks by giving the Members' Council a brief introduction to his background and experience. His approach is very much based on being held to account by people who represent the people the Trust serves.

He went on to comment that there is a huge amount happening politically, some of which will impact on health. Jeremy Hunt continues as Secretary of State for Health and this offers some stability in a time of change. He has taken personal responsibility for mental health, which is a good thing. It is important for the Trust to focus on what it can control. The Five-Year Forward View is in place, which sets out the direction for the NHS and the focus nationally is on delivery. This is where the Trust also needs to focus. Publication of the Forward View was followed by the Five-Year Forward View for GPs and, yesterday, for mental health. The main themes are a seven-day NHS ("right care, right time, right quality"), an integrated mental and physical health approach and helping people to lead better lives by promoting better mental health and preventing poor mental health. Additional funding of £1

billion has been allocated to mental health over the next three to five years; however, this is only likely to be available if overall NHS finances are managed well.

Locally, there is a focus on 'place' with partners to ensure sustainable care is offered in a holistic way not for the benefit of individual organisations. These are supported by local Sustainability and Transformation Plans (STPs), which aim to bring all health and social care providers together to develop a system-based approach to improve health outcomes. The Trust is involved in two, in West Yorkshire, which he chairs, and South Yorkshire. The Trust is well positioned to be part of the solution and it is the job of Trust Board and the Executive Management Team (EMT) to ensure this happens.

Listening events for staff have been held across the Trust, which have influenced his objectives as Chief Executive to reflect what staff see as important. Directors' objectives will reflect the Chief Executive's objectives and then cascade through the organisation. Key to being a successful organisation is to live the Trust's values and these are embedded in both his and Trust Board's approach, and the Trust's ambition. The Members' Council will be kept informed and consulted as appropriate.

Bob Mortimer commented that the Trust must ensure it gets its share of funding and benefits from the additional funding announced. Rob Webster responded that there has been an indicative allocation from Government for the next three to five years on a regional basis and the Trust now needs to work to ensure it gets its share for the benefit of people who use its services.

Carol Irving asked how the Trust retains staff and ensures they are listened to and feel valued. She felt there should be further work to talk to staff who did not complete the wellbeing survey. Rob Webster responded that evidence shows that, if staff feel valued and cared for, they will produce better outcomes. His belief is that staff engagement and communications should be engrained in everything the Trust does. Over half of Trust staff voluntarily completed the survey, which is an excellent response rate and probably amongst the best in the country, and very much better than the response to the national NHS staff survey. The Trust will address the concerns and issues arising from the survey. Ian Black commented that he would take this to the Members' Council Co-ordination Group to consider as a possible agenda item at a future meeting. Hazel Walker asked whether the outcome of the survey is fed back to staff. Claire Girvan responded that there is detailed feedback and it is broken down by BDU. There are also focus groups to share findings and actions to address issues and concerns raised. Stefanie Hampson added that that staff are supported to complete the survey and it was acknowledged that the 'no responses' could not be interpreted as either positive or negative.

Ian Black commented that there are common themes running through the Chief Executive's objectives relating to getting to know and understand the organisation, communication and engagement, and CQC action plan and annual plan delivery. He added that, in relation to the health and wellbeing survey, it is important that the results can be seen at team level allowing action to be targeted and tailored to individual services. In response to a question from Daniel Redmond, Rob Webster commented that it is important for the Trust to hear voices and views outside of the 'norm'. When he joined the Trust, he circulated his leadership principles, which included the notion that there will not always be consensus. The key to engagement with staff is to ask what is good and what would they want to change, and then doing something about the answers. He holds a 'huddle' every Monday, which is a two-way process and an opportunity for staff to engage. If the Members' Council has any further ideas, the Trust would be receptive, through Kate Henry for communication and engagement with staff, and Dawn Stephenson on developing an engaged and involved membership.

MC/16/28 Care Quality Commission – update on our inspection (agenda item 5)

Ian Black began this item by commenting that he was disappointed with the outcome of the inspection. He feels this is a good Trust aspiring to be outstanding and this remains his view after the inspection. The Quality Summit was held on 14 July 2016 and Andrew Hill and Claire Girvan attended representing the Members' Council as well as Jules Preston in his capacity as Chair of Mid-Yorkshire Hospitals NHS Trust. He thanked all partners who attended at such short notice. The Trust is required to submit its action plan by 9 August 2016, which will be incorporated into wider quality improvement plans already in place. This session provides the Members' Council with an opportunity to contribute to the Trust's position.

Rob Webster took the Members' Council through his slides from the Quality Summit. Without exception, all Trust services were found to be caring and the report highlights how staff treat people with kindness, care and compassion. Across fourteen reports, more than 70% of the individual ratings were 'Good' (green) and overall there are eight 'Good' ratings across all community, mental health and learning disability services. 'Requires improvement' means that services are safe and the organisation has the ability to resolve the issues that need to be resolved itself. Outstanding areas were identified as the effectiveness of end-of-life services and the caring nature of our community services for children, young people and families.

Areas that 'require improvement', include access issues in child and adolescent mental health services and psychological therapies, elements of staffing, elements of internal governance and one clinical information system (RiO) following recent upgrade. These areas reflect areas staff have already identified as requiring improvement in engagement events. Staff were asked if they wanted to challenge the findings or to get on with action to address the recommendations and improve. The unanimous view was to get on with it.

Tim Breedon took the Members' Council through the Trust's approach to working together to support improvement.

Claire Girvan commented on the short notice for the Quality Summit and commented on the strong attendance from partners. There was a real sense of shared responsibility from partners, which was very reassuring.

The group discussion focused on the following.

1. Governors' first thoughts on the findings and the Trust's response.
2. Identification of two/three areas for further discussion and, specifically, where governors can have input and offer support to the Trust.
3. Identification of which areas the Members' Council Quality Group should look at on behalf of the Members' Council and what should come back to the Members' Council on a regular basis.
4. In relation to implementation of the action plan and taking forward improvement activity, identification of what questions governors want to ask/challenge Non-Executive Directors and what questions governors would want Non-Executive Directors to be asking of the EMT at Trust Board.

Group facilitators were asked to provide a headline for their group's deliberations (the full feedback can be found at the end of these minutes).

Group 1

Deliver and monitor the action plan to drive quality improvement in line with the Trust's mission and values.

Group 2

The Members' Council Quality Group should focus on the outcome of the wellbeing survey and how it triangulates with the CQC hotspots with a deep dive into areas of concern.

Group 3

The Quality Group should focus on mandatory training, particularly Mental Health Act training and access, and the action plan should be a regular item.

Group 4

The Members' Council should focus on areas of concern to enable governors to challenge Trust Board.

Ian Black ended this item by commenting on two matters. Firstly, the CQC 'must dos' and 'should dos' will be treated in the same way by the Trust giving each equal value. Secondly, all Directors are part of a performance related pay scheme, which includes corporate/gateway and personal objectives. For 2015/16, if the Trust's CQC rating was not 'good' or above, no payment would be made. There is, therefore, no payment for Directors this year.

MC/16/29 Update on the Trust's financial position and implications for the Trust's operational plan (agenda item 6) and performance report Q1 2016/17 (agenda item 7)

These two items were taken together.

Mark Brooks took the Members' Council through the highlights of quarter 1 performance. The full performance report will be circulated when it is available. He commented that, compared to the majority of Trusts in England, this Trust performs well. The Trust has achieved its improving access to psychological therapies and early intervention targets in month 3 due to the hard work of staff and the aim will now be to sustain this performance going forward.

Tim Breedon outlined the quality highlights in relation to:

- Police liaison scheme;
- safeguarding;
- safer staffing;
- 0-19 exit plans;
- Right Care, Barnsley;
- tissue viability;
- incidents; and
- patient experience.

Mark Brooks went on to provide the financial highlights. The Trust has a new surplus target of £1.8 million consisting of the original £500,000 and sustainability and transformation funding of £1.3 million, subject to the Trust achieving certain targets.

The Trust currently has a net surplus of £1 million; however, this is generated by vacancies of £3 million offset by use of agency staffing of £2.1 million. Cost pressures remain, in particular, out-of-area placements and gender-specific psychiatric intensive care services. The Trust has been set a target for agency spend. It does try to avoid use of agency

staffing; however, there are some areas where this is just not possible. The position will not get any easier as the year goes on and there are concerns about the end-of-year outturn. Risks relate to the loss of services, which will impact on income, continued use of agency staffing at the current level and under-achievement on the cost improvement programme. Adrian Berry commented that use of medical agency staff is relatively small but at a relatively high cost. It is usually in relation to:

- unexpected resignations and a gap in recruitment therefore requiring the gap to be filled;
- posts retained as vacant as services are changed and filled on a short-term basis by agency staff; and
- difficulties in recruiting to some posts nationally.

Ian Black commented that the Trust must appoint the appropriate individual to posts and it may not always be able to do so quickly. This applies across all posts in the Trust. He was highlighting that the Trust is unlikely to achieve its agency cap level but will do all it can to reduce the current level of agency spend. 'Red' rated cost savings will be a challenge to achieve. Safer staffing levels represent the optimal staffing levels. The CQC use a minimal level definition based on acute trust practice and this is not always easy to translate to Trust services. The Trust has to address any areas of shortfall. Claire Girvan commented that this is linked to the Trust being seen as an attractive place to work.

Governors noted that, out of staffing numbers of approximately 4,700, the Trust is carrying between 300 and 400 vacancies; however, this is not across all service areas. Rob Webster advised that Alan Davis is refreshing the workforce strategy over the summer. A joint approach to recruitment and retention will also be developed across West Yorkshire through the STP.

Ian Black advised that Trust Board had agreed, at its meeting on 19 July 2016, to retain its current budget; however, this will be a key item for review and discussion in September 2016 with a report back to the Members' Council for discussion on 4 November 2016.

The Members' Council was supportive of the approach taken at this meeting on performance reporting.

MC/16/30 Annual report, accounts and Quality Report 2015/16 (agenda item 8)

Paul Hewitson thanked the Members' Council for inviting Deloitte to attend the meeting and took governors through the scope of the audit, which takes a risk-based approach with a focus on areas of judgement as opposed to fact. For 2015/16, Deloitte identified risks around delivery of the Trust's cost improvement programme, the CQC inspection and arrangements in place for senior temporary staff.

At the year-end, the Trust reported:

- a surplus for the year of £0.2 million;
- an actual EBITDA margin of 4.4%;
- achievement of the cost improvement programme of £12.4 million;
- a year-end financial risk rating of 4; and
- a cash position of £27.1 million.

In general, his view is that the Trust is weathering the storm better than most other trusts. He also outlined areas of non-audit work undertaken by Deloitte during the year, which included the review of the upgrade to RiO.

Daniel Redmond asked whether Deloitte looked at the continued move to make medical records electronic and centralised. Paul Hewitson responded that it did not as a whole but its audit work for the Trust's Quality Accounts includes elements of medical records and record keeping. If this is an area of concern, he suggested asking the Members' Council Quality Group to consider in more detail.

Bob Clayden asked if the big savings made on IT procurement had had an impact on RiO. Mark Brooks responded that the two are not connected being two distinct issues. The procurement savings were a consequence of outsourcing and no savings were made in relation to RiO. The issues with RiO relate to issues set out in the report (under agenda item 9) and were mainly relating to planning and preparation for the upgrade.

The Members' Council AGREED to receive the annual report and accounts.

MC/16/31 Implementation of the upgrade to the Trust's clinical information system (RiO) (agenda item 9)

Dawn Stephenson introduced this item and commented that the report from Deloitte was fair and balanced regarding the additional work both parties could have done beforehand. It provides insight for the Trust to learn lessons and a number of recommendations. An action plan is in place, which Mark Brooks will take forward with the Information Management and Technology Forum of Trust Board and the Audit Committee.

Mark Brooks commented that issues are being closed slowly but surely. The system logging off remains a key issue; however, instances have reduced by 90% since January 2016. A process is in place with the supplier to diagnose the cause of each incident. Mark Brooks also commented that work with the supplier has identified that this Trust uses RiO in a different way to other users, which only came to light as a result of the upgrade.

Claire Girvan commented that, hopefully, when all issues are resolved, the Trust can spend time looking forward, particularly in relation to service user and carer use of technology.

MC/16/32 Customer services and serious incidents annual reports 2015/16 (agenda item 10)

Both annual reports will be considered in detail by the Members' Council Quality Group at its meeting on 30 August 2016.

MC/16/33 Members' Council business items (agenda item 11)

Appointment of Lead Governor (agenda item 11.1)

This item was taken after agenda item 1 on the agenda. Andrew Hill left the meeting for this item.

Ian Black explained the process through the Nominations Committee and that the Committee was recommending the appointment of Andrew Hill as Lead Governor.

The Members' Council supported the recommendation from the Nominations Committee to appoint Andrew Hill as Lead Governor for a period of two years, subject to his re-election as a governor in 2017, from 22 July 2016 to 30 April 2018 with the option to extend the appointment for a further year to 30 April 2019.

Andrew Hill re-joined the meeting following this decision.

MC/16/34 Date of next meeting (agenda item 12)

The next meeting will be held in the morning of Friday 4 November 2016 at the Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield, HD2 1YF.

In his closing remarks, Ian Black commented that the relationship between the Chair and Lead Governor is very important providing advice and guidance on when and how to share information with governors. He is happy for governors to raise issues with him as Chair or with Andrew Hill as Lead Governor. Any issues in relation to the Chair and/or Trust Board should be channelled through the Lead Governor.



Signed

Date 4 November 2016

MC/16/28 Care Quality Commission – update on our inspection (agenda item 5)

Feedback from group work

The group discussions focused on the following.

1. Governors' first thoughts on the findings and the Trust's response.
2. Identification of two/three areas for further discussion and, specifically, where governors can have input and offer support to the Trust.
3. Identification of which areas the Members' Council Quality Group should look at on behalf of the Members' Council and what should come back to the Members' Council on a regular basis.
4. In relation to implementation of the action plan and taking forward improvement activity, identification of what questions governors want to ask/challenge Non-Executive Directors and what questions governors would want Non-Executive Directors to be asking of the EMT at Trust Board.

Group 1

Headline – deliver and monitor the action plan to drive quality improvement in line with the Trust's mission and values.

1. Governors' first thoughts on the findings and the Trust's response.
 - Disappointed with rating and lack of acknowledgement of what we are working on.
 - Concern that Mental Health Act and Mental Capacity Act training was not previously mandatory.
 - Lots of 'green' and plans in place for areas of 'requires improvement'.
 - Community services all 'good' – what can other areas learn?
 - Concern around length of some waiting times.
2. Identification of two/three areas for further discussion and, specifically, where governors can have input and offer support to the Trust.
 - Waiting times – child and adolescent mental health services and psychological therapies.
 - Clinical information - ?additional short-term resources needed, including RiO.
 - Staffing – this isn't just about doctors and nurses.
3. Identification of which areas the Members' Council Quality Group should look at on behalf of the Members' Council and what should come back to the Members' Council on a regular basis.
 - As question 2.
 - Clinical supervision recording.
 - Mandatory training – Mental Health and Mental Capacity Acts.
4. In relation to implementation of the action plan and taking forward improvement activity, identification of what questions governors want to ask/challenge Non-Executive Directors and what questions governors would want Non-Executive Directors to be asking of the EMT at Trust Board.

- How the action plan stays live.
- How is it measured and monitored?
- Some of the answers may lie with our partners. How will we link to the wider system/STP, etc.?
- Are objectives/actions SMART?
- Are we clear where there are dependencies with other organisations?

Group 2

Headline – the Members’ Council Quality Group should focus on the outcome of the wellbeing survey and how it triangulates with the CQC hotspots with a deep dive into areas of concern.

1. Governors’ first thoughts on the findings and the Trust’s response.
 - Variability across all areas – does this reflect funding arrangements?
 - Difficult to separate areas – in-patient and community services are linked.
 - Two outstanding services in Barnsley.
 - Correlation between requires improvement and ability to retain/recruit staff.
 - Develop common learning across wards rated ‘green’ and share with those rated ‘amber’ – could be leadership differences at team level.
 - Clinical records – improvement of systems.
 - Robustness of audit systems.

2. Identification of two/three areas for further discussion and, specifically, where governors can have input and offer support to the Trust.
 - Governors’ ‘lens’/15 Steps/unannounced visits (prioritised for risk) and buddy in an area for a period.
 - Re-visit ‘quality visit’ approach.
 - Check actions from CQC on unannounced visits – build in.
 - Arrangements for staff in times of stress.

3. Identification of which areas the Members’ Council Quality Group should look at on behalf of the Members’ Council and what should come back to the Members’ Council on a regular basis.
 - Health and wellbeing survey – triangulate with CQC report hotspots.
 - Areas of sickness/retention – deep dive review.

4. In relation to implementation of the action plan and taking forward improvement activity, identification of what questions governors want to ask/challenge Non-Executive Directors and what questions governors would want Non-Executive Directors to be asking of the EMT at Trust Board.
 - To chase up recording/improvement and investment.
 - IT strategy.
 - Access times/partnerships with commissioners and local authorities.

Group 3

Headline – the Quality Group should focus on mandatory training, particularly Mental Health Act training and access, and the action plan should be a regular item.

1. Governors' first thoughts on the findings and the Trust's response.
 - Initially concerned – but reassured somewhat by today's opening session.
 - The definition of 'requires improvement' by the Chief Executive was helpful.
 - 'Requires improvement' conjures up that staff aren't doing their job! However, further investigation negates this and points to systems.
2. Identification of two/three areas for further discussion and, specifically, where governors can have input and offer support to the Trust.
 - Staff retention – reasons? Need to improve understanding and then to inform workforce strategy
 - Adults of working age worst results. Why?
Most ill patients.
Junior members of staff working with support workers.
Sometimes difficult to get optimum desirable members of staff.
Challenging environment for staff.
Benchmarking shows the Trust is not an outlier.
 - Mental Health Act legislation – is this a systems issue and has this been addressed for the future?
 - Child and adolescent mental health services – what does this mean? First assessment within four weeks but there can be waits within the pathway.
3. Identification of which areas the Members' Council Quality Group should look at on behalf of the Members' Council and what should come back to the Members' Council on a regular basis.
 - Mandatory training for Mental Health Act.
 - Access to services.
 - Progress report on CQC action plan regular item on Quality Group/Members' Council agendas.
4. In relation to implementation of the action plan and taking forward improvement activity, identification of what questions governors want to ask/challenge Non-Executive Directors and what questions governors would want Non-Executive Directors to be asking of the EMT at Trust Board.
 - What is actually being done?
 - Measurable outcomes – evidence that what is being done is working and making a positive difference.
 - Non-Executive Director slot on Members' Council agenda for Q&A session?
 - SMART objectives.

Group 4

Headline – the Members' Council should focus on areas of concern to enable governors to challenge Trust Board.

1. Governors' first thoughts on the findings and the Trust's response.
 - Themes identified across services were recognised.
 - Expected 'better' outcome.

- Have we focussed too much on finances?
 - Values – change to ‘must’, reflecting ambition and aims.
2. Identification of two/three areas for further discussion and, specifically, where governors can have input and offer support to the Trust.
 - Challenge, particularly in areas where the Trust might not be performing as well as it should – need more information? However, the size/complexity of the organisation is a barrier.
 - Use ‘fresh eyes’ (induction).
 - Communicate with the Members’ Council – issues and risks such as RiO upgrade. The Members’ Council should not have to find out from others.
 - More detail on some areas – use a grid to focus efforts on ‘requires improvement’ to enable the Members’ Council to identify the questions they need to ask.
 - More proactive – supportive of organisation to address – but governors need help to identify how.
 - Provide a ‘snapshot’ of areas ‘requiring improvement’ – detailed scrutiny of individual service action plans (which supports the above).
 3. Identification of which areas the Members’ Council Quality Group should look at on behalf of the Members’ Council and what should come back to the Members’ Council on a regular basis.
 - Governors involved in visits to services and how they can then be involved in follow up.
 - Want to feel that governors ‘make a difference’ – not here to ‘rubber stamp’ items.
 - More information on ‘red’ areas in performance reports – but emphasis on service/quality improvement rather than finances (for example, mandatory training is ‘red’).