

Members' Council

Friday 4 November 2016

10:00 (with refreshments available from 9:30) and ending with lunch at 12 noon. This will be followed by the joint meeting with Trust Board from 12:30 to 14:30

Conference room 1, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF

Item	Time	Subject Matter	Presented by	Action
1.	10:00	Welcome, introductions and apologies	Ian Black, Chair	Verbal item To receive
2.		Declaration of Interests	Ian Black, Chair	Paper To agree
3.		Minutes of the previous meeting held on 22 July 2016	Ian Black, Chair	Paper To agree
4.	10:10	Chair's report and feedback from Trust Board Chief Executive's comments	Ian Black, Chair Rob Webster, Chief Executive	Verbal item To receive
5.	10:20	Care Quality Commission – update on our inspection	Tim Breedon, Director of Nursing	Presentation To receive
6.	10:40	Update on Trust's financial position 2016/17 and implications for the Trust's operational plan and performance report Quarter 2 2016/17	Mark Brooks, Director of Finance	Presentation To receive
7.	11:10	Supporting a culture of safety and respect (Raising Concerns at Work including Whistleblowing Policy and Freedom to Speak Up Guardian)	Alan Davis, Director of Human Resources	Presentation To receive
8.	11:20	<u>Members' Council business items</u> 8.1 Chair's appraisal	Julie Fox, Deputy Chair	Paper To receive

Item	Time	Subject Matter	Presented by	Action
	8.2	Members' Council objectives for the coming year	Dawn Stephenson, Director of Corporate Development	Paper To agree
	8.3	Members' Council annual work programme	Andrew Hill, Lead Governor	Paper To agree
9.	11:50	<u>Closing remarks and dates</u>	Ian Black, Chair	Verbal item
		<ul style="list-style-type: none"> - Annual Members' Meeting, 16:30 at The Civic, Barnsley - Friday 3 February 2017, morning meeting followed by the Member's Council Development and Evaluation session (Textile Centre of Excellence, Huddersfield) - Friday 28 April 2017, morning meeting (Barnsley Football Club) - Wednesday 26 July 2017, afternoon meeting (Fieldhead, Wakefield) - Friday 3 November 2017, morning meeting (Elsie Whiteley Innovation Centre, Halifax) 		
	12:00	<i>Lunch</i>		
	12:30	Joint meeting with Trust Board (details in separate programme)		Members' Council and Trust Board
	14:30	<i>Close</i>		

Members' Council 4 November 2016

Agenda item:	2
Report Title:	Members' Council Declaration of Interests
Report By:	Dawn Stephenson on behalf of the Chair
Job Title:	Director of Corporate Development
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this item is to provide information regarding the declarations made by governors on their interests as set out in the Constitution and Monitor Code of Governance.

Recommendation

The Members' Council is asked to NOTE the new individual declaration made from an elected governor and to CONFIRM the change to the Register of Interests.

Background

The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and Monitor require a register of interests to be developed and maintained in relation to the Members' Council. During the year, if any such Declaration should change, governors are required to notify the Trust so that the Register can be amended and such amendments reported to the Members' Council.

Both the Members' Council and Trust Board receive assurance that there is no conflict of interest in the administration of the Trust's business through the annual declaration exercise and the requirement for governors to consider and declare any interests at each meeting.

There are no legal implications arising from the paper; however, the requirement for governors to declare their interests on an annual basis is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution.

Process

The Integrated Governance Manager is responsible for administering the process on behalf of the Chair of the Trust and the Company Secretary. The declared interests of governors are reported in the annual report and the register of interests is published on the Trust's website.

Members' Council Declaration of Interests

Governor	Description of interest
BROWNBIDGE, Garry Staff elected, psychological therapies	<ul style="list-style-type: none"> ➤ National Essay Marker, Institute of Group Analysis ➤ National Dissertation Supervisor, Institute of Group Analysis ➤ National Clinical Interviewer, Institute of Group Analysis ➤ Training Group Analyst, Group Analysis North

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 there is support and encouragement for staff to complete the survey and, sometimes, it has to be accepted that no response is positive.

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 2015, 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**

DRAFT

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’).

DRAFT

MEMBERS' COUNCIL 22 JULY 2016 – ACTION POINTS

Minute ref	Action	Lead	Timescale	Progress
MC/16/12	Circulate outcome of Chair's appraisal. Agenda item November 2016.	JF/BC-S	Prior to November meeting	Agenda item November 2016.
MC/16/27	Consider a possible agenda item on the outcome of the health and wellbeing survey	IB	Members' Council Co-ordination Group for November meeting	Summary circulated to Members' Council in November. Agenda item for February 2017.
MC/16/28	Agree continued monitoring of Care Quality Commission action plan	IB	Members' Council Co-ordination Group for November meeting	Provide update at November 2016 meeting.
MC/16/29	Provide update on the budget position following Trust Board meeting in September 2016	IB	November 2016 meeting	Provide update at November 2016 meeting.
MC/16/32	Consider customer services and serious incidents annual reports	TB/DS	Members' Council Quality Group 30 August 2016	Members' Council Quality Group meeting 30 August 2016.



Members' Council

4th November 2016

Trust Performance

Quarter 2 2016/17



Quality Update 2016/17 – Q2

CQUINS (Quality Indicators)

- £800k income at risk if not achieved.
- Risk on flu vaccines, cardio metabolic assessment, mental health clustering, care plans.
- Actions in place to address each, including major drive on flu vaccines.

Quality Update 2016/17 – Q2

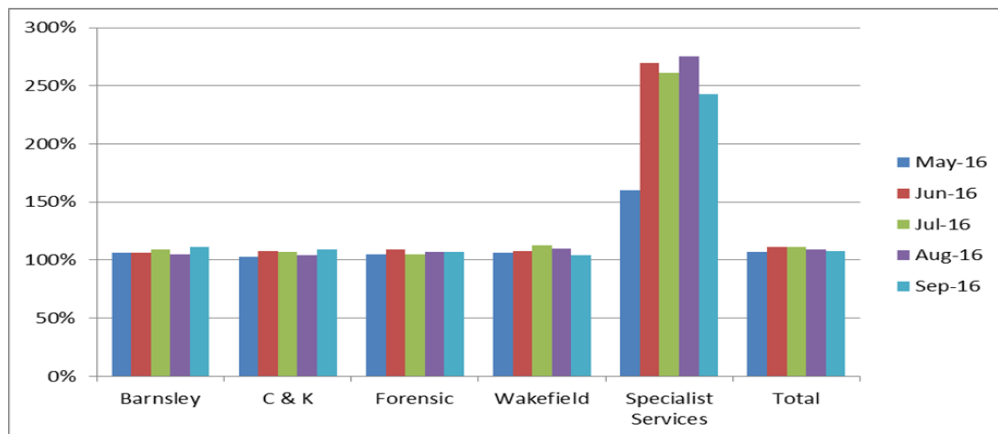
South West Yorkshire Partnership



NHS Foundation Trust

Safer Staffing

The number of wards who are achieving 100% and above has remained consistently above 60%. Exception reporting for staffing below 80% fill rate for registered staff, and below 90% fill rate overall staffing remains in place. The exception reports provide explanation as to why staffing levels were low, how the situation was managed, what impact it may have had on patient care and how it could be prevented in the future. Where planned levels were not met, contingency plans were put into place. Within several areas the rates continue to be achieved through the usage of Non-Registered staff in Registered vacancies. There continues to be high levels of acuity which increases the levels of observation required. This factor, plus two bespoke care packages, accounts for the high fill rates in specialist services. There has been a decrease in the overall levels of reporting of inappropriate skill mix however Wakefield acute services remain a significant challenge. The reduced bed capacity is mitigating the position and remains under regular review as new recruits enter the service.



With all of us in mind.

Quality Update 2016/17 – Q2

South West Yorkshire Partnership



NHS Foundation Trust

CQC Action Plan Progress

Meeting with the CQC confirmed that our action plan has been approved and any revisits will focus on the regulatory breaches “must dos”. There is an opportunity for a ratings review if the actions can be completed and approved by the CQC within 6 months of our publication date 23.6.16. Where our action plan indicates completion the CQC may conduct unannounced inspections and we have the opportunity to invite them to re-inspect when we feel appropriate. Our approach is being reviewed internally and is subject to a discussion at our next CQC relationship meeting on the 9th November.

- Any impact resulting from delay in meeting planned timescales has been assessed to ensure that safety and quality is maintained.
- Key issues in relation to delivering against the action plan are as follows :-
 - Clinic room reviews
 - Ongoing RiO issues
 - Recording of consent and capacity assessments

The following table shows the Trust’s progress to date against the findings from the CQC action plan.

	MUST (n=33)	SHOULD (n=59)
Under review	0	1 (2%)
Completed	9 (28%)	32 (50%)
On track	10 (31%)	14 (22%)
Amber/Green	4 (13%)	8 (12%)
Amber/Red	8 (25%)	8 (12%)
Red	1 (3%)	1 (2%)

With all of us in mind.

0-19 Exit

- Services transferred on October 1st

Quality Update 2016/17 – Q2

South West Yorkshire Partnership



NHS Foundation Trust

Patient Experience – Friends and Family Test

- 74% of patients/carer's extremely likely to recommend the Trust services.
- Community Services - 97% extremely likely to recommend the Trust services
 - All service lines achieved 75% or above for patients/carer's stating they were extremely likely to recommend the Trusts services.
- Mental Health Services - 65% would recommend the Trust services.
 - Significant variance across the services in the numbers extremely likely to recommend the Trust - between 30% (CAMHS) and 100% (Mental Health Other).
 - Small numbers stating they were extremely unlikely to recommend.
 - Positive trust wide increase in compliments received.
 - 83 formal complaints received compared to 74 in Q2.

With all of us in mind.

Quality Update 2016/17 – Q2

South West Yorkshire Partnership



NHS Foundation Trust

Incidents

- Summary of Q2 incidents compared to Q1:

	Q1	Q2	Trend
Green no harm	2136	2019	↓
Green low harm	976	943	↓
Yellow	297	317	↑
Amber	81	73	↓
Red	10	20	↑
Total	3500	3372	↓

Serious Incidents

- No never events reported in Q2
- Reduction in serious incidents
- (Q1=13, Q2=11)

Serious Incidents	Q2
Apparent suicide	9
Death other	0
Physical violence by patient	0
Self harm	1
Slip,trip or fall	0
Pressure ulcer	0
Information governance	0
Formal patient absence without leave	1

With all of us in mind.

NHS Improvement Compliance

Monitor Risk Rating:

- Finance risk rating = 4*
- Governance risk rating = Green
- New Single Oversight Framework replaces above risk ratings from October 1st

Performance against mandated standards of access and outcomes:

- No areas of risk identified with Q2.
- Continued Improvement in IAPT treatment within 6 weeks of referral to 84% for Q2 (above threshold).

NHS Improvement Compliance

Single Oversight Framework:

- Single Oversight Framework to replace current risk ratings process from October 1st.
- New ratings on Finance, Quality, Operational Performance, Strategic Change, Leadership.
- Rating of 1- 4, with 1 being the best.
- We are rated as 2 – targeted support.
- Issues – Requires improvement of CQC rating, agency spend.

** Range of 1- 4, with 4 being the best*

NHS Improvement

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q2
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	tbc
Delayed Transfers of Care	7.50%	26%
% Admissions Gatekept by CRS Teams	95%	99.3%
% SU on CPA Followed up Within 7 Days of Discharge	95%	tbc
% SU on CPA Having Formal Review Within 12 Months	95%	98.2%
Data completeness: comm services – Referral to treatment information	50%	100%
Data completeness: comm services – Treatment activity information	50%	96.8%
Data completeness: Identifiers (mental health)	97%	99.7%
Data completeness: Outcomes for patients on CPA	50%	77.2%
Compliance with access to healthcare for people with a learning disability	Compliant	Compliant
IAPT - Treatment within 6 weeks of referral	75%	83.36%
IAPT - Treatment within 18 weeks of referral	95%	99.3%
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	82.0%

For the KPI's identified as "tbc" - July and August data shows achievement. No issues have been identified during June 16, therefore achievement of these indicators is anticipated.

With all of us in mind.

Trust Key Performance Indicators

Finance Quarter 2 2016/2017

Performance Indicator		Year to Date	Forecast
1	NHS Improvement Risk Rating	4	4
2	Surplus	£1.3m	£1.9m
3	Agency Spend	£5.2m	£8.1m
4	Cash	£26.2m	£21.6m
5	Capital Expenditure	£4.7m	£12.4m
6	Delivery of Cost Improvement Programme	£4.7m	£9.1m
7	Better Payment	97%	

Red

Variance from plan greater than 15%

Amber

Variance from plan ranging from 5% to 15%

Green

In line, or greater than plan

With **all of us** in mind.

Finance Quarter 2 2016/17

Key performance issues

- Net surplus of £1.3m, achieved in line with plan. £0.6m of this due to additional central funding.
- Cost pressures remain on use of out of area beds, and agency staffing costs (have not yet started to reduce).
- Cash balance of 26.2m – below plan.
- Capital expenditure of £4.7m, Pontefract and Wakefield hubs, Fieldhead re-development.
- Cost Improvement Programme delivery of £4.7m (0.8m below plan).
- Financial risk rating of 4 (best possible score).
- 97% of supplier invoices paid within 30 days.
- A number of risks make achievement of year-end target more challenging.
- Deficit in September due to redundancy costs and out of area bed placements.

Operational Plan 2017/18 and 2018/19

- Need to complete operational and finance plan by December 23rd, with a draft submission on November 24th.
- 2 Year Financial Plan required.
- Control total (surplus) of £2.4m in 17/18 set by NHS Improvement compared to £0.5m in this year.
- Impact of pay inflation, apprenticeship levy, non-recurrent 16/17 measures and other cost pressures means almost £11m cost savings required.
- We need to decide if we can achieve the control total and understand the implications if we do/don't.
- Limited capital funding available nationally.
- Huge national focus and scrutiny of individual Trust finances.
- Plans need to be aligned with local STPs.

**Members' Council
4 November 2016**

Agenda item:	8.1
Report Title:	Chair's appraisal
Report By:	Julie Fox
Job Title:	Deputy Chair
Action:	To receive

EXECUTIVE SUMMARYRecommendation

The Members' Council is asked to RECEIVE the following report on the Chair's appraisal.

Background

Good practice and the Monitor Code of Governance suggest that, led by the Senior Independent Director, the Non-Executive Directors should meet without the Chair at least annually to evaluate the Chair's performance, as part of a process, which should be agreed with the Member's Council, for appraising the chair. The process for the Chair's appraisal followed that of previous years to enable all members of Trust Board and all governors to contribute.

Process

There were three strands to the process for 2016.

1. The Chair has undertaken a self-assessment in the form of an online questionnaire.
2. All Board Directors have been asked to complete an online questionnaire.
3. Facilitated by the Deputy Chair, governors were asked to assess the Chair's performance in an interactive session on 6 May 2016. *It should be noted that, although done as a group, each governor's response is entirely confidential and responses cannot be attributed to an individual.*

As part of the process, the Deputy Chair established with the Lead Governor if there were any additional views or comments he would wish to make or governors would wish to raise.

Responses

Out of fifteen Trust Board respondents, thirteen responded. This represents a good overall response.

Out of thirty possible governor responses, thirteen responded.

Outcome of appraisal

Overall, Ian is seen as a Chair who adds value to the work of the Trust, having a positive impact on the performance of the Board and, ultimately, the performance of the Trust. He has authority and credibility and acts impartially, chairing the board well: allowing for discussion and yet being purposeful in getting through the agenda.

Having engaging relationships between the Board and the Members' Council, he is well versed in the business of the Trust, and the national picture. He allows challenges on the functioning of Trust operations in a positive manner. He demonstrates effective, knowledgeable leadership and has a warm, personable style. Viewed as hard working, he is seen as a real ambassador for the Trust.

Review of Objectives for 2015-16

1. To further develop regional and national partnerships

Ian is a board member on NHS Providers and an active participant in local and regional chair networks.

2. To work with the Chief Executive to ensure the Executive Management Team is 'future-proofed', for example, on the appointment of a Commercial Director

Ian led the process working with the Members Council on the appointment of our new Chief Executive Rob Webster and contributed to the appointment of our new Finance Director Mark Brooks.

3. To ensure readiness for the Care Quality Commission visit through the well-led review and more formal visit programme, to increase visibility of Board with the staff and increase Board knowledge of the services we provide

Ian as Chair of the Trust worked with the Chief Executive to lead the well-led process (commissioned through Deloitte), development of the subsequent action plan and was fully involved in the CQC inspection demonstrating board leadership and visibility, including feedback at the Quality Summit with our key stakeholders.

4. To hold the Executive Management Team to account, including our plans for investment
Ian holds the Executive Team to account, as Chair of the Trust through his roles on the sub-committees of the board and, via his regular 1:1 meetings with the Chief Executive including the setting and review of objectives.

5. To show visible leadership on the diversity and inclusion agenda

Ian demonstrates leadership around the Equality and Inclusion agenda through his chairing of the Trust Equality and Inclusion Forum and reporting of the actions being taken, into the Board.

Questionnaire Responses

The questionnaires to Members' Council and the Trust Board included a number of statements which respondents were asked to strongly agree/agree or disagree/strongly disagree, plus an opportunity to comment, in particular suggesting what Ian could do 'do more of' and 'do less of'.

Areas of considerable strength included effective relationships, fulfilling his commitments, acting impartially and having a significant impact on the work of the Board and the Trust. A number of statements had one respondent (per question) who disagreed but the other respondents either agreed or strongly agreed in all but one area. This was '*is able to articulate clearly the Trust's vision and strategy*' where three respondents disagreed.

An overwhelming majority of Members' Council participants scored the statements 'strongly agree' or 'agree'. Areas which were 'don't know/unsure' responses included visibility within the Trust and being an effective ambassador.

General comments included asking him to keep a focus on our business, on our values and

to put the service user in the centre of our work along with developing a strong and effective working relationship with the new Chief Executive and the Director of Finance.

'Ian offers solid chairmanship and leadership of the Board and effective, constructive challenge of the Executive'

Do less of

There were very few 'do less of' comments, but those that did focused on the Members' Council having less paperwork (though it was acknowledged that this was necessary in order to keep fully informed) and a view that under pressure, Ian sometimes allows his irritation and concern to move the agenda on, to come to the fore.

Do more of

Ensure Board time is focused on priority items and strategy, be clearer about annual and long term objectives, and the difference between public and private Board agendas, and how we measure progress and achievement. Ensure sufficient focus is given to improvement as well as assurance, sometimes to be more flexible about time on agenda items and ensure all Board members contribute at meetings.

Continue being an open organisation, try for more funding, spend time in clinical areas and with service users, give more time for discussion to allow all members to put their point across, maybe giving more time if needed so that we don't feel like we are just there to tick the boxes and not provide challenge. Allow the deputy chair more visibility.

Self-assessment

The chair self-assessed himself as being 'strongly agree' or 'agree' on all the statements. He identified a number of big issues to focus on for the coming year which included continued development of both the Trust Board and the Members' Council, continued involvement in the regional and national focus for the Trust, for example on the Sustainability and Transformation Plans and his own role on the NHS Providers' Board, full engagement with the Care Quality Commission inspection results and actions and continuing the Trust focus on values.

Objectives for 2016-17

1. **Visibility** - not only will Ian undertake visits to services around the Trust, he will also ensure (like the Chief Executive), that those visits are publicised via the various communications from the leadership team. This had been a suggestion for all Board members which Ian was keen to take up.
2. **Ensuring contributions from all Board members** - whilst Ian tries to do this, it can be difficult to both chair the meeting and ensure participation. Julie will observe and feedback back to Ian so that he can take appropriate action if necessary
3. **Priorities** - Ian will link Trust priority areas to the amount of time given to them on the agenda in order to ensure those areas get priority. This will include the new strategy being developed.
4. **More NED visibility at Members' Council meetings** - Ian will involve NEDs more in meetings by including presentations by the chair of the committee to say how a particular issue is being scrutinised.

Members' Council 4 November 2016

Agenda item:	9.2
Report Title:	Members' Council objectives 2016 to 2018
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	For approval

EXECUTIVE SUMMARY

Recommendation

The Members' Council is asked to REVIEW and APPROVED the below objectives.

Subject to any changes agreed through discussion / debate at the meeting, underpinning actions will be developed through a small time limited sub-group of the Members' Council.

Purpose and format

The purpose of this item is to seek approval from the Members' Council for the Members' Council objectives 2016 to 2018.

Background

In October 2014 Members' Council approved a set of objectives for the period 2014 to 2016. These objectives now need reviewing and approving by Members' Council.

A number of objectives are statutory duties and are a given, others have originated from Members' Council meetings and development sessions.

Proposed objectives

1. Fulfil and comply with statutory duties (see below)
2. Contribute to the induction of new members
3. Use connections to promote the Trust and its services
4. Provide support to improve the engagement and involvement of members
5. Contribute to the Trust's governance and assurance processes to improve the quality of its services
6. Promote the role of the Members' Council to staff and ensure the view / feelings of staff are communicated
7. Inform the preparation of the Trust's forward plan

Statutory duties**Objective**

To appoint and, if appropriate, remove the chair

To appoint and, if appropriate, remove the other non-executive directors

To decide the remuneration and allowances and other terms and conditions of office of the chair and other non-executive directors

To approve (or not) any new appointment of a chief executive

To appoint and, if appropriate, remove the NHS foundation trust's auditor

To receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors

To hold the non-executive directors, individually and collectively, to account for the performance of the board of directors

To represent the interests of the members of the trust as a whole and the interests of the public

To approve "significant transactions";

To approve an application by the trust to enter into a merger, acquisition, separation or dissolution

To decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions

To approve amendments to the trust's constitution

**Members' Council
4 November 2016**

Agenda item:	9.3
Report Title:	Members Council Annual Work Plan 2017
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To approve

EXECUTIVE SUMMARY

Purpose and format

The purpose of this report is to seek approval from the Members' Council for their annual work programme for 2017.

Recommendation

The Members' Council is asked to APPROVE the report.

Introduction

The Members' Council should annually review its work programme for the following calendar year, ensuring that the scheduled agenda items allow them to discharge their agreed objectives. A number of objectives are statutory duties and are a given, others have originated from Members' Council meetings and development sessions. These objectives were presented in an earlier paper at item 9.2 for approval by the Members Council.

Next steps

Subject to approval of the attached work programme, Members Council are asked to put themselves forward to contribute to form 2 small time limited sub-groups:

1. Review of the Membership Strategy
2. Review of the Trust's Constitution



With all of us in mind

Members' Council annual work programme 2017

Agenda item/issue	Feb	April	July	Nov
Minutes and matters arising	x	x	x	x
Declaration of interests	x	x	x	x
Chair's/CE's report and feedback from Trust Board	x	x	x	x
Performance reports	x	x	x	x
Appointment of Non-Executive Directors (if required)	x	x	x	x
Ratification of Executive Director appointments (if required)	x	x	x	x
Evaluation/Development session (to follow main meeting)	x			
Review and approval of Membership Strategy	x			
Review and approval of Trust Constitution	x			
Strategic meeting with Trust Board				x
Members' Council elections	x	x		
Local indicator for Quality Accounts	x			
Consultation/review of Audit Committee terms of reference		x		
Chair and Non-Executive Directors' remuneration (process and timescales)				x
Appointment of Lead Governor		x		
Private patient income (against £1 million threshold)		x		
Annual report and accounts			x	
Quality report and external assurance			x	
Appointment of Trust's auditors (external) – not applicable in 2017				
Annual report unannounced/planned visits		x		
Care Quality Commission Action Plan		x		
Chair's appraisal		x	x	
Trust annual plans and budgets, including analysis of cost improvements	x	x		

Agenda item/issue	Feb	April	July	Nov
Annual plan (Monitor)		x		
Transformation update		x		x
Serious incidents annual report			x	
Customer services annual report			x	
Members' Council Co-ordination Group annual report			x	
Members' Council objectives				x
Members' Council meeting dates and annual work programme				x
Other agenda items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included. Suggestions include: <ul style="list-style-type: none"> - Holding Non-Executive Directors to account (November 2017) 		x	x	x